AFRICAN POPULATION & HEALTH RESEARCH CENTER (APHRC)
NAIROBI URBAN HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM (NUHDSS)
VERBAL AUTOPSY FORM FOR CHILDREN UNDER-FIVE YEARS

A. BACKGROUND

GET AND CONFIRM RESPONSES FOR A.4 TO A.10 FROM DEATH REGISTRATION FORM

A.1. START TIME

A.2. FIELD WORKER'S CODE

A.3. DATE OF INTERVIEW

A.4. NAME OF THE DECEASED PERSON ………………………………………………………………………………………….

A.5. ID OF THE DECEASED PERSON

A.6. HOUSEHOLD ID

A.7. DATE OF BIRTH OF THE DECEASED PERSON

A.8. DATE OF DEATH

A.9. SEX OF THE DECEASED PERSON (F=Female; M=Male)

A.10 ID OF ROOM WHERE (NAME) USED TO SLEEP

CODE   AGE

A.11. COMPUTE AGE AT DEATH IN DAYS IF < 1 MONTH, IN MONTHS OTHERWISE.
RECORD D=DAYS, M=MONTHS IN 1st BOX AND DURATION IN LAST 2 BOXES **[CHECK A.7 &A.8]**

B. RESPONDENT PARTICULARS

B.1. What is your **full** name?…………………………………………………………………………………………….

B.2. DOES RESPONDENT STAY IN THIS HOUSEHOLD? (1=YES; 2= NO)   **[IF 2 SKIP TO B.4]**

B.3 REPONDENT'S LINE NUMBER IN HOUSEHOLD LISTING   **[SKIP TO B.5]**

B.4. RECORD ID OF ROOM WHERE RESPONDENT SLEEPS

B.5. What is your relationship to (NAME OF CHILD)? **(CODE SHEET A[2])**

B.6. Were you taking care of (NAME) at the time of his/her illness or death?
(0=No; 1=Yes, throughout illness duration; 2=Yes, for part of the illness duration)

C. RESULT OF INTERVIEW **(CODE SHEET A[7])** ………………………………………………………………

SECTION 1: OPEN HISTORY

1.1 Please tell me the name of the place where (NAME) died
(RECORD THE PROVINCE/DISTRICT/LOCATION/VILLAGE OR ESTATE)
P)……………………….(D)………………………(L)………………………(V/E)……………………

RECORD THE CODE FOR AREA/TOWN WHERE DEATH OCCURRED **(CODE SHEET A⁵)**

1.2. Did (NAME) die in the house, at a health facility, enroute to a health facility or elsewhere?
(HS=HOUSE; HF=HEALTH FACILITY; RT=EN ROUTE TO HEALTH FACILITY;
OT**=**ELSEWHERE, SPECIFY…………………………..

1.3. Please, tell me about the circumstances that surrounded (NAME'S) death.
PROBE FOR MORE DETAILS: WAS THERE ANYTHING ELSE?

……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……
……

1.4 FOR EACH OF THE SYMPTOMS/CONDITIONS LISTED BELOW, CIRCLE THE LETTERS ON THE RIGHT IF MENTIONED IN 1.3, ELSE LEAVE IT UNCIRCLED. (DO NOT READ OUT WHAT IS CONTAINED IN THIS LIST).

a.	Accident	a.
b.	HIV/AIDS	b.
c.	Born Premature	c.
d.	Cholera	d.
e.	Coma	e.
f.	Complicated Delivery	f.
g.	Cough	g.
h.	Diarrhoea	h.
i.	Difficult Breathing	i.
j.	Dysentry	j.
k.	Fever	k.
l.	Fit/Convulsion	l.
m.	Injury	m.
n.	Jaundice	n.
o.	Kwashiorkor	o.
p.	Malaria	p.
q.	Malformation	q.
r.	Marasmus	r.
s.	Measles	s.
t.	Meningitis	t.
u.	Multiple Birth	u.
v.	Pneumonia	v.
w.	Rapid Breathing	w.
x.	Rash	x.
y.	Stiff Neck	y.
z.	Tetanus	z.
aa.	Tuberculosis (TB)	aa.
ab.	Typhoid	ab.
ac.	Very small at birth	ac.
ad.	Very thin	ad.
ae.	Vomiting	ae.
af.	Others (specify)	af.

1.5a Did (NAME) have an illness around the time he/she died?
   (1=YES; 2=NO; 8=DON'T KNOW)

1.5b Did (NAME) have an injury around the time he/she died?
(1=YES; 2=NO; 8=DON'T KNOW)

1.6. For how long was (NAME) ill/injured before he/she died?   CODE   DURATION
[D=DAYS; M=MONTHS; Y=YEARS ; N=NO DURATION GIVEN]
97=REFUSAL; 98=DON'T KNOW

1.7. Was health care sought while (NAME) was sick/injured?   (1=YES; 2=NO; 8=DON'T KNOW)
[IF THE ANSWER IS 2 OR 8, SKIP AND READ INSTRUCTION JUST BEFORE Q. 1.10]

1.8. Where was care sought? **[CIRCLE ON ALL THOSE MENTIONED]**

    a. Government Hospital   a.
    b. Private not for profit Hospital (e.g. Missionary or muslim founded charity hospitals)   b.
    c. Private for profit Hospital   c.
    d. Government health center/dispensary/clinic(including city council clinics)   d.
    e. Private health center/Clinic Not for Profit   e.
    f. Private health center/Clinic- For profit   f.
    g. Traditional healer   g.
    h. Religious healer   h
    i Pharmacy/Drug seller/Store/Market   i
    j Other (specify)   …………………………………………………………..   j

1.9 If care was sought from more than one source, which one of them was the first?
(INDICATE SOURCE USING Q.1.8 ABOVE AND LETTER E.g "1.8d", "1.8f" e.t.c.)

[CHECK Q. 1.5a.   IF ANSWER IS 2 OR 8, SKIP TO INSTRUCTION JUST BEFORE Q. 1.11]

1.10 What illness do you think (NAME) had/died of?
[CIRCLE THOSE MENTIONED AND PROBE i.e "ANY OTHER"?]

    a. HIV/AIDS   a.
    b. Cholera   b.
    c. Dysentry   c.
    d. Diarhoea   d.
    e. Kwashiokor   e.
    f. Malaria   f.
    g. Marasmus   g.
    h. Measles   h.
    i. Pneumonia   i.
    j. Tetanus   j.
    k. Typhoid   k.
    l. Tuberculosis (TB)   l.
    m. Other (specify)   m.

CHECK Q. 1.5 b. [IF ANSWER IS 2 or 8, SKIP TO Q. 1.12]

1.11. What was the cause of the injury?   **[CIRCLE THOSE MENTIONED]**

    a. Vehicle accident   a.
    b. Fall   b.
    c. Drowning   c.
    d. Poisoning   d.
    e. Alcohol/Drug overdose   e.
    f. Shooting   f.
    g. Bite or sting by venomous animals   g.
    h. Burn (scald/flame)   h.
    i. Strangulation   i.
    j. Cuts/stab   j
    k Assault by blunt object   k
    L Other (specify)   …………………………………………………………..……………..   L

1.111 Was the cause of the injury accidental or intentional?
    1=Accidental; 2=Intentional; 3=Don't know

1.12. What was the most immediate cause of death (in Q.1.10 or Q1.11)?

RECORD THE QUESTION NUMBER AND LETTER FOR THE IMMEDIATE CAUSE
(e.g., 110g or 111g)

1.13. How long did the child survive the immediate cause above (Q1.12) before death?
(1=LESS THAN 24 HRS; 2=1 DAY OR MORE; 8=DON'T KNOW)
[CHECK: IF THE ANSWER IN 1.5b IS 1 AND ANSWER IN 1.5a IS EITHER 2 OR 8, SKIP TO SECTION 3]

SECTION 2: BIRTH AND DEATH CIRCUMSTANCES

A: BIRTH CIRCUMSTANCES FOR ALL DEATHS UNDER ONE (1) YEAR

CHECK Q. A.11. [IF ANSWER GREATER THAN 12 MONTHS, SKIP TO Q. 2.15]

2.1. Was (NAME) a singleton or multiple birth? (1=SINGLE; 2=MULTIPE)

2.2. Did the pregnancy end, 1=Early; 2=On time; 3=Late; 8=Don't know?

2.3. Was the pregnancy complicated?   (1=YES; 2=NO; 8=DON'T KNOW)
[IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.6]

2.4. At what stage was it complicated? (1=FROM 20 WEEKS ONWARDS; 2=DURING LABOUR;
3=AFTER DELIVERY 4=DURING AND AFTER DELIVERY)

2.5. Did any of the following complications occur? (1=YES; 2=NO; 8=DON'T KNOW)

READ OUT EACH OF THE ITEMS BELOW AND FILL 1= (YES);2= (NO), OR 8= (DON'T KNOW)
a. Mother had convulsions/fits

b. Child's feet/buttocks delivered first

c. There was excessive bleeding during pregnancy or delivery

d. Emergency caesarean section was done

e. Water broke many hours or days before labor began

f. Labor was long (> 24 hours for first-timers and > 8-10 hours for repeaters)

2.6. At the time of birth:
a. Did the baby have some bruises or marks of injury on the body? (1=YES; 2=NO; 8=DK)

b. Did the baby have some malformations (on the head, body or extremities?) (1=YES; 2=NO; 8=DK)

c. Was the baby able to breathe unaided/cry?   (1=YES; 2=NO; 8=DK)

d. Was the baby, 1=Very small; 2=Smaller than usual; 3=About average size; 4=Larger than usual
8=Don't know?

B: ONLY FOR DEATHS AT AGE LESS THAN 28 DAYS OLD

CHECK Q. A.11.   [IF ANSWER GREATER THAN 28 DAYS,   SKIP TO Q. 2.15.]

2.7. Did the child stop being able to suckle before s/he died? (1=YES; 2=NO; 3=NEVER SUCKLED;
8=DON'T KNOW). **[IF ANSWER IS 2, 3, OR 8,   SKIP TO Q. 2.10]**

2.8. How long before s/he died did the child stop suckling?
(1=LESS THAN 1 DAY; 2=MORE THAN 1 DAY; 8=DON'T KNOW)

2.9. How long after birth (in days) did the child stop suckling? (21=21 AND MORE; 98=DON'T KNOW)

2.10. Did the child stop being able to cry before she/he died? (1=YES; 2=NO; 3=NEVER CRIED;
8=DON'T KNOW). **[IF ANSWER IS 2, 3, OR 8,   SKIP TO Q. 2.12]**

2.11. How long before s/he died did the child stop crying?
(1=LESS THAN 1 DAY; 2=MORE THAN 1 DAY; 8=DON'T KNOW) ☐

2.12. Did the child have redness or drainage from umbilical cord around the time of death? (1=Y; 2=N; 8=D) ☐

2.13. Did the child have tetanus around the time of death? (1=Y; 2=N; 8=D) ☐

2.14. Did the child have yellow eyes around the time of death? (1=Y; 2=N; 8=D) ☐

[SKIP TO SECTION 3]

C: FOR ALL DEATHS AT AGE BETWEEN 28 DAYS AND 5 YEARS

2.15. During the illness that led to (NAME'S) death, did s/he have any of the following general symptoms or conditions? (1=YES; 2=NO; 8=DON'T KNOW)

    a. Tetanus ☐

    b. Yellow eyes ☐

    c. Areas of skin red and hot ☐

    d. Skin rash with bumps containing pus ☐

    e. Stridor (demonstrate sound) ☐

    f. Grunting (demonstrate sound) ☐

    g. Wheezing (demonstrate sound) ☐

    h. Nostrils flared during breathing ☐

    i. Pneumonia (use local term) ☐

    j. Chest in-drawing ☐

    k. Stop breathing for a long time, and start again ☐

    l. Cough ☐

[IF ANSWER TO Q. 2.15-L (COUGH) IS 2 OR 8, SKIP TO Q. 2.17]

2.16. How many days did the cough last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

    a. Was it productive of yellowish sputum? (1=Y; 2=N; 8=D) ☐

    b. Did he/she cough blood? (1=Y; 2=N; 8=D) ☐

    c. Did he/she have night sweats? (1=Y; 2=N; 8=D) ☐

    d. Did the child have shortness of breath? (1=Y; 2=N; 8=D) ☐

    e. Did the child have chest pain? (1=Y; 2=N; 8=D) ☐

2.17. Before (NAME) died did he/she have diarrhoea or loose stool? (1=Y; 2=N; 8=D) ☐

[IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.18]

    a. For how many days did she/he have the diarhhoea? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

    b. Was there visible blood in the loose/liquid stools?(1=Y; 2=N; 8=D) ☐

    c. During the time with loose/liquid stools, did the child drink ORS? (1=Y; 2=N; 8=D) ☐

2.18. Was there a hard swelling in the armpits of the child?(1=Y; 2=N; 8=D) ☐

2.19. Was there a hard swelling in the groin of the child? (1=Y; 2=N; 8=D) ☐

2.20. Did the child have fever? (1=Y; 2=N; 8=D) **[IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.22]** ☐

2.21. How many days did the fever last? (21=21 AND MORE; 98=DON'T KNOW) ☐☐

2.22. Did the child have spasms or convulsions/fits?(1=Y; 2=N; 8=D) ☐

2.23. Did the child experience unconsciousness? (1=Y; 2=N; 8=D) **[IF 1 SKIP TO 2.28]** ☐

2.24. Did he/she stop being able to respond to a voice? (1=Y; 2=N; 8=D)   **[IF 2 OR 8, SKIP TO Q. 2.26]**

2.25. How long before she/he died did the child stop being able to respond to voice? (1=LESS THAN 12 HRS
     2=12 HOURS OR MORE; 8=DON'T KNOW)

2.26. Did he/she stop being able to follow movements with his/her eyes? (1=Y; 2=N; 8=D)
     [IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.28]

2.27. How long before she/he died did the child stop being able to follow movements with his/her eyes?
     1=LESS THAN 12 HOURS; 2=12 HOURS OR MORE; 8=DON'T KNOW)

2.28. Did the child develop stiff neck? (1=Y; 2=N; 8=D)

2.29. Did he/she have skin rash?(1=Y; 2=N; 8=D)
     [IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.30]
     a. Was rash all over his body? ((1=Y; 2=N; 8=D)

     b. Was the rash also seen on his face? (1=Y; 2=N; 8=D)

     c. How many days did the rash last? (21=21 AND MORE; 98=DON'T KNOW)

     d. Did the rash have blisters containing clear fluid? (1=Y; 2=N; 8=D)

     e. Did the skin crack/split or peel after the rash started? (1=Y; 2=N; 8=D)

     f. In your opinion could this illness have been measles? (1=Y; 2=N; 8=D)

2.30. Did the child become very thin? (1=Y; 2=N; 8=D)

2.31. Did the child have swollen legs or feet? (1=Y; 2=N; 8=D)
     [IF THE ANSWER IS 2 OR 8, SKIP TO Q. 2.32]
     a. How many days did the swelling of legs/feet last? (21=21AND MORE; 98=DON'T KNOW)

     b. Did the skin flake off in patches? (1=Y; 2=N; 8=D) ……..……..……......……..……………...……..…

     c. Did the hair change in colour to a reddish (or yellowish) colour? (1=Y; 2=N; 8=D)

     d. Did the child have kwashiorkor during the month before he/she died? (1=Y; 2=N; 8=D)

     e. Did the child have marasmus during the month before he/she died? (1=Y; 2=N; 8=D)

2.32. Did he/she suffer from 'lack of adequate blood' or 'pallor'? (1=Y; 2=N; 8=D)

     a. Did the child have pale palms? (1=Y; 2=N; 8=D)

     b. Was the child known (diagnosed) to have anemia? (1=Y; 2=N; 8=D)

     c. Did the child have white nails? (1=Y; 2=N; 8=D)

2.33. Did he/she have whitish rash inside the mouth or on the tongue? (1=Y; 2=N; 8=D)

2.34. Was malaria diagnosed before the child died? (1=Y; 2=N; 8=D)

2.35. Tell me any other signs and/or symptoms that the deceased had which was not mentioned above

....

....

....

....

SECTION 3: TREATMENTS AND RECORDS

I would like to ask a few questions about any drugs that (NAME) may have received during the illness that led to his/her death

3.1. Did (NAME) receive any of the following before his/her death:

    a. Antibiotics? (1=Y; 2=N; 8=D) ☐

    b. Antimalarials (e.g., Chloroquine, Fansidar, Quinine, Artemisinin, etc)? (1=Y; 2=N; 8=D) ☐

    c. Painkillers/Fever reliever (e.g., Aspirin, Paracetamol, Ibuprofen, etc)? (1=Y; 2=N; 8=D) ☐

    d. Others (specify) .... ☐

3.2. Do you have any health records that belonged to (NAME)? (0=NO; 1=YES, SEEN; 2=YES, BUT NOT SEEN; 8=DON'T KNOW). ☐

[IF ANSWER IS "0", "2" OR "8", SKIP TO Q. 3.3]

	Date	Weight (KG)
a. Date and most recent Weight on health records	☐☐☐☐☐☐	☐☐☐
b. Date & 2nd most recent Weight on health records	☐☐☐☐☐☐	☐☐☐
c. Date of last entry on the medical record	☐☐☐☐☐☐	
d. Record what is written on the medical record	....	

3.3. Was a death certificate issued? (0=NO; 1=YES, SEEN; 2=YES, BUT NOT SEEN; 8=DON'T KNOW) ☐

[IF ANSWER IS "0", "2" OR "8", SKIP TO Q. 3.5]

3.4. RECORD THE INFORMATION BELOW FROM THE DEATH CERTIFICATE:

    a. Immediate cause of death ....

    b. Underlying cause of death ....

3.5 Any general comment...

....

3.6. END TIME ☐☐☐☐

9.0 OFFICE/FIELD CHECK

9.1 FIELD SUPERVISOR/TEAM LEADER CODE ☐☐☐☐

9.2 DATA ENTRY CLERK'S CODE ☐☐☐☐