VERBAL AUTOPSY QUESTIONNAIRE 2:
DEATH OF A CHILD AGED 28 DAYS TO 14 YEARS

CONSENT STATEMENT

Good Morning/Good Afternoon/ Good Evening.

My name is ___________________________and I am working with _______________________University.

We are collecting information on the causes of death in the community. We would very much appreciate your participation in this effort. We want to ask you about the circumstances leading to the death of the deceased. Whatever information you provide will be kept strictly confidential. No information identifying you or the deceased will ever be released to anyone outside of this information-collection activity. Participation in this survey is voluntary and you can choose not to answer any individual question or all of the questions. You may also stop the interview completely at any time without any consequences at all. However, we hope that you will participate in this survey since the results will help the government improve services for people.

At this time, do you want to ask me anything about the purpose or content of this interview?

May I begin the interview now?

Signature of interviewer: ______________________________ Date: ________________________

RESPONDENT AGREES TO BE INTERVIEWED ….. 1 Respondent does not agree to be interviewed …… 2 → END

Personal data of the deceased:	I.D of the deceased
Name of the deceased _____________________	Family code
Kebele name and code ____________________	House number
Name of village/genda _____________________	

Section 1: VA Interviewer Contact Result

Name of interviewer: ______________________	Kebele name __________________		Family ID ___________
Interviewer signature : ______________________			
Name of supervisors: ______________________			
Supervisors signature : ______________________	House number: ______________________		
Outcome of first visit	1.Completed 2. Not around home 3. Interrupted 4. Refused		Date of appointment for other time visit ______________________
Outcome of second visit	1.Completed 2. Not around home 3. Interrupted 4. Refused		Date of appointment for other time visit ______________________
Outcome of third Visit	1.Completed 2. Not around home 3. Interrupted 4. Refused		Date of appointment for other time visit ______________________
Name of interviewee:	Age of interviewee:		Sex of interviewee: 1. Male 2. female
Date of interview (ETC): Day/Month/Year	______/______/________		

SECTION 2. BASIC INFORMATION ABOUT RESPONDENT			
201	RECORD THE TIME AT START OF INTERVIEW	HOUR ……………………… [ ][ ] MINUTES ………………….. [ ][ ]	
202	Relationship of respondent to the deceased?	FATHER ………………………………1 MOTHER…………………………. …. 2 SIBLING ………………………………4 OTHER RELATIVE _____________ 6 (SPECIFY) NO RELATION ……………………… 8	
203	Did you live with the deceased in the period leading to her/his death	Yes ……………………………………1 No ……………………………………..2	

SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH			
301	Was the deceased female or male?	FEMALE ………………………………1 MALE …………………………………2	
302	When was the deceased born? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY ……………………… [ ][ ] MONTH ………………… [ ][ ] YEAR ……………… [ ][ ][ ][ ]	
303	How old was the deceased when s/he died?	AGE IN DAYS………………… [ ][ ]	
304	What was her/his occupation, that is what kind or work did s/he mainly do?	______________________ ______________________ ______________________ [ ][ ]	
305	What was the highest level of formal education the deceased attended?	None ……………………………………1 Primary …………………………………2 Secondary ………………………………3 Don't know ……………………………8	
306	What was her/his marital status?	Never married …………………………..1 Married/living with a partner ………… 2 Widowed ……………………………….3 Divorced ……………………………….4 Separated ………………………………5 Don't know ……………………………8	
307	When did s/he die? RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	Day ………………………….. [ ][ ] Month ………………………… [ ][ ] Year ………………… [ ][ ][ ][ ]	

309	Where did s/he die?	Hospital …………………………………1 Other health faculty……….................2 Home……………………………………..3 Other ___________________________6 (specify) Don't know………………………………8	

310	For deaths at hospital or health facility, record facility name and address: ____ ____

SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
401	Could You Tell Me About the Illness/Events that Led To Her/His Death?	
402	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
403	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	

SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS
I would like to ask you some questions concerning previously known medical conditions the deceased had; injuries and accidents that the deceased suffered; and signs and symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get a clear picture of all possible symptoms that the deceased had.

Please tell me if the deceased suffer from any of the following illnesses:			
501	High blood pressure	Yes ....1 No ....2 Don't know 8	
502	Diabetes?	Yes ....1 No ....2 Don't know 8	
503	Asthma	Yes ....1 No ....2 Don't know 8	
504	Epilepsy?	Yes ....1 No ....2 Don't know 8	
505	Malnutrition?	Yes ....1 No ....2 Don't know 8	
506	Cancer?	Yes ....1 No ....2 Don't know 8	―► 508 ―► 508
507	Can you specify the type or site of cancer?	Type/site ________________ ________________	
508	Tuberculosis?	Yes ....1 No ....2 Don't know 8	
509	HIV/AIDS?	Yes ....1 No ....2 Don't know 8	
510	Did s/he suffer from any other medically diagnosed illness?	Yes ....1 No ....2 Don't know 8	―► 601 ―► 601
511	Can you specify the illness?	Illness ________________ ________________	

SECTION 6. HISOTRY OF INJURIES/ACCIDENTS			
601	Did s/he suffer from any injury or accident that led to her/his death?	Yes ....1 No ....2 Don't know 8	―► 604 ―► 604
602	What kind of injury or accident did the deceased suffer?	Road traffic accident .... 01 Fall .... 02 Drowning 03	

		Poisoning ………………………. … 04 Burns ……………………………… 05 Violence/assault ……………….... 06 Other (specify)________________96	
603	Was the injury or accident intentionally inflicted by someone else?	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	
604	CHECK QUESTION 304 FOR AGE AT DEATH: 10 YEARS OR OLDER ☐ ↓ UNDER 10 YEARS ☐ →		606
605	Do you think that s/he committed suicide?	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	
606	Did s/he suffer from any animal/insect bite that led to her/his death?	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	 → 608 → 608
607	What type of animal/insect?	Dog……………… ………………… ..1 Snake…………………....................2 Insect …………………………………..3 Other (Specify) ________________6 Don't know …………………………….8	
608	CHECK QUESTION 304 FOR AGE AT DEATH: UNDER ONE YEAR ☐ ↓ ONE YEAR OR OLDER ☐ →		801

SECTION 7. SYMPTOMOS AND SIGNS NOTED DURING THE FINAL ILLNESS OF INFANTS

701	Was the child small at birth?	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	
702	Was the child born premature?	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	→ 704 → 704
703	How many months or weeks premature? INDICATE PERIOD OF PREGNANCY	Weeks ………………………. Months ……………………….. Don't know …………..........998	
704	Was the child growing normally	Yes ………………………………….….1 No …………………………………….. 2 Don't know …………………………… 8	

705	Did the child have bulging of the fontanel?	Yes ……………………………………….1 No …………………………………….. 2 Don't know …………………………… 8	—► 801 —► 801
706	For how many days before death did s/he have the bulging?	Days ………………………… [ ][ ] Don't know …………………… 9 8	

SECTION 8. STATUS OF MOTHER AND SYMPTOMS NOTED DURING THE FINAL ILLNESS FOR ALL CHILDREN			
801	How is the mother's health now?	Health …………………………………1 Ill……………………………………….2 Note alive ……………………………..3 Don't know ……………………………8	
802	For how long was the child ill before s/he died?	DAYS ………………………… [ ][ ] Months ……………………….. [ ][ ] Don't know ………….............9 9 8	
803	Did s/he have a fever?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	—► 808 —► 808
804	For how long did s/he have a fever	DAYS ………………………… [ ][ ] Months ……………………….. [ ][ ] Don't know ………….............9 9 8	
805	Was the fever severe?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	
806	Was the fever continuous or on and off?	Continuous ………………. ………. …1 On and Off ……………………………2 Don't know ……………………………8	
807	Did s/she have chills/rigor?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	
808	Did s/he have cough?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	—► 812 —► 812
809	For how long did s/he have a cough?	DAYS ………………………… [ ][ ] Months ……………………….. [ ][ ] Don't know ………….............9 9 8	
810	Was the cough severe?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	
811	Did the child vomit after s/he coughed?	Yes ……………………………………1 No …………………………………….. 2 Don't know …………………………… 8	
		Yes ……………………………………1	

812	Did s/he have fast breathing?	No .... 2 Don't know 8	→ 818 → 818
813	For who long did s/he have fast breathing?	Days .... [ ][ ] Don't know 9 9 8	
814	Did s/he have difficulty in breathing?	Yes .... 1 No .... 2 Don't know 8	→ 820 → 820
815	For how long did s/he have difficulty in breathing?	Days .... [ ][ ] Don't know 98	
816	Did s/he have chest indrawing?	Yes .... 1 No .... 2 Don't know 8	→ 818 → 818
817	For how long did s/he have chest indrawing	Days .... [ ][ ] Don't know 98	
818	Did s/he have noisy breathing (grunting or wheezing)? DEMONSTRATE	Yes .... 1 No .... 2 Don't know 8	
819	Did s/he have flaring of the nostrils?	Yes .... 1 No .... 2 Don't know 8	
820	Did s/he have diarrhea?	Yes .... 1 No .... 2 Don't know 8	→ 824 → 824
821	For how long did s/he have diarrhoea?	Days .... [ ][ ] Don't know 9 8	
822	When the diarrhoea was most severe, how many times did s/he pass stool in a day?	Days .... [ ][ ] Don't know 9 8	
823	At any time during the final illness was there blood in the stool?	Yes .... 1 No .... 2 Don't know 8	
824	Did s/he vomit?	Yes .... 1 No .... 2 Don't know 8	→ 827 → 827
825	For how long did s/he vomit?	Days .... [ ][ ] Don't know 9 8	
826	When the vomiting was most severe, how many times did s/he vomit in a day?	Days .... [ ][ ] Don't know 9 8	
827	Did s/he have abdominal pain?	Yes .... 1 No .... 2 Don't know 8	→ 830 → 830
828	For how long did s/he have abdominal pain?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 998	

829	Was the abdominal pain severe?	Yes ....1 No .... 2 Don't know 8	
830	Did s/he have abdominal distension?	Yes ....1 No .... 2 Don't know 8	 —▶ 834 —▶ 834
831	For how long did s/he have abdominal distention?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 998	
832	Did the distension develop rapidly within days or gradually over months?	Rapidly within days ....1 Gradually over months.... 2 Don't know 8	
833	Was there a period of a day or longer during which s/he did not pass any stool?	Yes ....1 No .... 2 Don't know 8	
834	Did s/he have any mass in the abdomen?	Yes ....1 No .... 2 Don't know 8	 —▶ 836 —▶ 836
835	For how long did s/he have the mass in the abdomen?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 9 9 8	
836	Did s/he have headache?	Yes ....1 No .... 2 Don't know 8	 —▶ 839 —▶ 839
837	For how long did s/he have headache?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 9 9 8	
838	Was the headache severe?	Yes ....1 No .... 2 Don't know 8	
839	Did s/he have a stiff or painful neck?	Yes ....1 No .... 2 Don't know 8	 —▶ 841 —▶ 841
840	For how long did s/he have a stiff or painful neck	Days .... [ ][ ] Don't know 9 8	
841	Did s/he become unconscious	Yes ....1 No .... 2 Don't know 8	 —▶ 844 —▶ 844
842	For how long was s/he unconscious?	Days .... [ ][ ] Don't know 9 8	
843	Did the unconsciousness start suddenly, quickly within a single day, or slowly over many days?	Suddenly.... 1 Fast (in a day) ....2 Slowly (many days) ....3 Don't know 8	
844	Did s/he have convulsions?	Yes ....1 No .... 2 Don't know 8	 —▶ 846 —▶ 846

845	For how long did s/he have convulsions?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 9 9 8	
846	Did s/he have paralysis of the lower limbs?	Yes ....1 No .... 2 Don't know 8	 → 849 → 849
847	How long did s/he have paralysis of the lower limbs?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 9 9 8	
848	Did the paralysis of the lower limbs start suddenly, quickly within a single day, or slowly over many days?	Suddenly................. .... 1 Fast (in a day) ....2 Slowly (many days) ....3 Don't know 8	
849	Was there any change in the amount of urine s/he passed daily?	Yes ....1 No .... 2 Don't know 8	 → 852 → 852
850	For how long did s/he have the change in the amount of urine s/he passed daily?	DAYS .... [ ][ ] Months .... [ ][ ] Don't know 9 9 8	
851	How much urine did s/he pass?	Too much .... .1 Too littlie .... 2 No urine at all ....3 Don't know 8	
852	During the illness that led to death, did s/he have any skin rash?	Yes ....1 No .... 2 Don't know 8	 → 856 → 856
853	For how long did s/he have the skin rash?	Days .... [ ][ ] Don't know 9 8	
854	Was the rash located on: 1. The face? 2. The trunk? 3. On the arms and legs?	**Yes No DK** Face .... 1 2 8 Trunk .... 1 2 8 Arms and Legs 1 2 8	
855	What did the rash look like	Measles rash ....1 Rash with clear fluid.......................2 Rash with pus ....3 Don't know 8	
856	Did s/he have red eyes?	Yes ....1 No .... 2 Don't know 8	
857	Did s/he have bleeding form the nose, mouth, or anus?	Yes ....1 No .... 2 Don't know 8	
858	Did s/he have weight loss?	Yes ....1 No .... 2 Don't know 8	 → 861 → 861
859	For how long before death did s/he have the weight loss?	DAYS .... [ ][ ] [ ][ ]	

		Months ……………………….. Don't know …………….........9 9 8	
860	Did s/he look very thin and wasted	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	
861	Did s/he have mouth sores or white patches in the mouth or on the tongue?	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	→863 →863
862	For how long did s/he have mouth sores or white patches in the mouth or on the tongue?	Days ………………………… ☐☐ Don't know …………………… 9 8	
863	Did s/he have any swelling?	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	→866 →866
864	For how long did s/he have the swelling?	DAYS ………………………… ☐☐ Months ……………………….. ☐☐ Don't know …………….........998	
865	Was the swelling on: 1 The face? 2 The joints? 3 The ankles? 4 The whole body? 5 Any other place?	Yes No DK Face ………………….. 1 2 8 Joints ……………….. 1 2 8 Ankles ………………… 1 2 8 Arms and Legs ……….. 1 2 8 Whole body …………… 1 2 8 Other place …………… 1 2 8 Specify ______________	
866	Did s/he have any lumps?	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	→869 →869
867	For how long did s/he have the lumps?	DAYS ………………………… ☐☐ Months ……………………….. ☐☐ Don't know …………….........998	
868	Were the lumps on: 1. The neck? 2. The armpit? 3. The groin? 4. Any other place?	Yes No DK Neck ………………….. 1 2 8 Armpit………………….. 1 2 8 Groin ………………….. 1 2 8 Other place …………… 1 2 8 Specify ______________	
869	Did s/he have yellow discoloration of the eyes?	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	→871 →871
870	For how long did s/he have the yellow discoloration of the eyes?	DAYS ………………………… ☐☐ Months ……………………….. ☐☐ Don't know …………….........998	
871	Did her/his hair color change to reddish or yellowish?	Yes ……………………………………1 No …………………………………… 2 Don't know …………………………… 8	→873 →873
872	For how long did s/he have reddish/yellowish hair?	DAYS ………………………… ☐☐	

		Months ……………………….. ______ Don't know …………….........998	
873	Did s/he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds	Yes …………………………………..…1 No …………………………………….. 2 Don't know …………………………… 8	 —▶875 —▶875
874	For how long did s/he look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds	Days ………………………… ☐☐ Don't know …………………… 98	
875	Did s/he have sunken eyes?	Yes …………………………………..…1 No …………………………………….. 2 Don't know …………………………… 8	 —▶901 —▶901
876	For how long did s/he have sunken eyes?	Days ………………………… ☐☐ Don't know …………………… 98	

SECTION 9. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS			
901	Was s/he vaccinated for measles?	Yes …………………………………..…1 No …………………………………….. 2 Don't know …………………………… 8	
902	Did s/he receive any treatment for the illness that led to death?	Yes …………………………………..…1 No …………………………………….. 2 Don't know …………………………… 8	 —▶909 —▶909
903	Can you please list the drugs s/he was given for the illness that led to death? COPY FROM PRESCRIPTION/DISCHARGE NOTES IF AVAILABLE	______ ______ ______	
904	What type of treatment did s/he receive: 1 Oral rehydration salts and/or intravenous fluids (drip) treatment? 2 Blood transfusion? 3 Treatment/food through a tube passed through the nose? 4 Any other treatment?	**Yes No DK** Ors/drip treatment …… 1 2 8 Blood transfusion …… 1 2 8 Through the nose…… 1 2 8 Other ______________1 2 8 Specify	
905	Please tell me at which of the following places/facilities s/he received treatment during the illness that led to death: 1 Home? 2 Traditional healer? 3 Government clinic? 4 Government hospital? 5 Private clinic? 6 Private hospital? 7 Pharmacy, drug seller, store? 8 Any other place or facility?	**Yes No DK** Home …………….. 1 2 8 Traditional healer………1 2 8 Government clinic……...1 2 8 Government hospital…...1 2 8 Private clinic ……………1 2 8 Private hospital…………1 2 8 Pharmacy/drug seller /store ……………….. 1 2 8 Other place __________1 2 8 Specify	
906	In the month before death, how many contacts with formal health services did s/he have?	Number of contacts………… ☐☐ Don't know …………………… 9 8	
907	Did a health care worker tell you the cause of death?	Yes …………………………………..…1 No …………………………………….. 2 Don't know …………………………… 8	 —▶909 —▶909
908	What did the health care worker say?	______ ______	

		________________	
909	Did s/he have any operation for the illness?	Yes ....1 No .... 2 Don't know 8	—▶ 1001 —▶ 1001
910	How long before death did s/he have the operation?	Days .... [ ][ ] Don't know 9 8	
911	On what part of the body was the operation?	Abdomen ....1 Chest ....2 Head ....3 Other ___________________________6 (Specify) Don't know 8	

SECTION 10. DATA ABSTRACTED FROM DEATH CERTIFICATE			
1001	Do you have a death certificate for the baby	Yes .... 1 No .... 2 Don't know 8	—▶ 1201 —▶ 1201
1002	Can I see the death certificate for the baby COPY DAY, MONTH AND YEAR OF DEATH FROM THE DEATH CERTIFICAT	Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]	
1003	COPY DAY, MONTH AND YEAR OF ISSUE OF DEATH CERTIFICATE.	Day [ ][ ] Month [ ][ ] Year [ ][ ][ ][ ]	
1004	Record the cause of death from the first (top) line of the death certificate ________________________________		
1005	Record the cause of death from the second line of the death certificate ________________________________		
1006	Record the cause of death from the third line of the death certificate ________________________________		
1007	Record the cause of death from the fourth line of the death certificate ________________________________		

INTERVIEWER'S OBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

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COMMENT ON SPECIFIC QUESTIONS:

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ANY OTHER COMMENTS:

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SUPERVISOR'S OBSERVATIONS

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NAME OF THE SUPERVISOR: ______________________ DATE ____________________