2012 WHO VERBAL AUTOPSY

SAMPLE QUESTIONNAIRE 1

Death of a child
Under 4 weeks (0-28 days)

World Health Organization

DEATH OF A CHILD AGED UNDER 4 WEEKS (28 DAYS)

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 1. BASIC INFORMATION ABOUT THE INTERVIEW AND THE RESPONDENT		
2A120	Name of verbal autopsy interviewer: Surname _____ Name _____	
2A140	RECORD THE DATE OF INTERVIEW	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
2A130	RECORD THE TIME AT START OF INTERVIEW MORNING =1 EVENING=2	MORNING/EVENING ☐ HOUR ☐☐ MINUTES ☐☐
2A100	Name of verbal autopsy respondent: Surname _____ Name _____	
2A110	What is your relationship to the deceased?	FATHER ☐ MOTHER ☐ SIBLING ☐ OTHER RELATIVE _____ (SPECIFY) ☐ NO RELATION ☐
2A115	Did you live with the deceased in the period leading to her/his death?	YES ☐ NO ☐
SECTION 2. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH		
1A100	What was the name of the deceased? Surname _____ Name _____	
1A110	Was the deceased female or male?	MALE ☐ FEMALE ☐
1A200	ls date of birth known?	YES ☐ NO ☐
1A210	+ When was the deceased born?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A220	ls date of death known?	YES ☐ NO ☐
1A230	+ When did s/he die?	DAY ☐☐ MONTH ☐☐ YEAR ☐☐☐☐
1A260	How old was the deceased when s/he died?	DAYS ☐☐ HOURS ☐☐
1A500	What was her/his citizenship/nationality?	CITIZEN BY BIRTH ☐ NATURALIZED CITIZ. ☐ ALIEN ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A510	What was her/his ethnicity?	ETHNICITY A ETHNICITY B ETHNICITY C OTHER (specify) _____
1A520	What was her/his place of birth?	
	1 Larger admin area (e.g., province) _____	LARGER ADNMIN AREA
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA
	3 Locality (e.g., city, village) _____	LOCALITY
		DON'T KNOW
	4 Urban/Rural	URBAN RURAL
	5 Other country	OTHER COUNTRY (specify) _____
1A530	What was her/his place of usual residence?	
	1 Larger admin area (e.g., province) _____	LARGER ADMIN AREA
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA
	3 Locality (e.g., city, village) _____	LOCALITY
		DON'T KNOW
	4 Urban/Rural	URBAN RURAL
	5 Other country	OTHER COUNTRY (specify) _____
1A550	Where did death occur?	
	1 Larger admin area (e.g., province) _____	LARGER ADMIN AREA
	2 Smaller admin area (e.g., county) _____	SMALLER ADMIN AREA
	3 Locality (e.g., city, village) _____	LOCALITY
		DON'T KNOW
	4 Urban/Rural	URBAN RURAL
	5 Other country	OTHER COUNTRY (specify) _____
1A560	What was the site of death?	HOSPITAL OTHER HEALTH FACILITY HOME OTHER (specify) _____ DON'T KNOW
1A630	What was the name of the mother? Surname _____ Name _____	
1A620	What was the name of the father? Surname _____ Name _____	

SECTION 3. DEATH REGISTRATION AND CERTIFICATION

1A700	Death registration number	
1A710	Date of registration RECORD '98' IF DON'T KNOW DAY OR MONTH RECORD '9998' IF DON'T KNOW YEAR	DAY MONTH YEAR

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
1A720	Place where the death is registered: 1 Larger admin area (e.g., province) _____ 2 Smaller admin area (e.g., county) _____ 3 Locality (e.g., city, village) _____ 4 Urban/Rural 5 Name of local registrar Surname _____ Name _____	LARGER ADMIN AREA ☐☐☐ SMALLER ADMIN AREA ☐☐☐ LOCALITY ☐☐☐ URBAN ☐ RURAL ☐ DON'T KNOW ☐
1A730	National identification number of deceased	☐☐☐☐☐☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH		
	Could you tell me about the illness/events that led to her his/death?	
	CAUSE OF DEATH 1 ACCORDING TO RESPONDENT	
	CAUSE OF DEATH 2 ACCORDING TO RESPONDENT	

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 4. PREGNANCY HISTORY		
	I would like to ask you some questions concerning the mother and symptoms that the deceased had/showed at birth and shortly after. Some of these questions may not appear to be directly related to the baby's death. Kindly be patient and answer all the questions. They will help us to get a clear picture of all possible symptoms that [NAME] had.	
3D500	How many births, including stillbirths, did the baby's mother have before this baby?	NUMBER OF BIRTHS/ STILLBIRTHS ☐☐ DON'T KNOW ☐
3D210	How many weeks was the pregnancy when the baby was born?	NUMBER OF WEEKS ☐☐ DON'T KNOW ☐
3D510	During the pregnancy did the baby's mother suffer from high blood pressure?	YES ☐ NO ☐ DON'T KNOW ☐
3D550	Did the baby's mother have vaginal bleeding during the last 3 months of pregnancy but before labour started?	YES ☐ NO ☐ DON'T KNOW ☐
3D520	Did the baby's mother have foul smelling vaginal discharge during pregnancy and/or after delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D540	During the last 3 months of pregnancy did the baby's mother suffer from blurred vision?	YES ☐ NO ☐ DON'T KNOW ☐
3D530	During the last 3 months of pregnancy did the baby's mother suffer from convulsions?	YES ☐ NO ☐ DON'T KNOW ☐
3D100	Was the child part of a multiple birth?	YES ☐ NO ☐ DON'T KNOW ☐
3D110	Was the child born in a complicated delivery?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 5. DELIVERY HISTORY		
3D560	Was the child born in a health facility?	YES ☐ NO ☐ DON'T KNOW ☐
3D570	Was the child born at home?	YES ☐ NO ☐ DON'T KNOW ☐
3D580	Was the child born somewhere else (e.g. on the way to a health facility)?	YES ☐ NO ☐ DON'T KNOW ☐
3D590	Did the mother receive professional assistance during the delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D120	Was the baby born 24 hours or more after the water broke?	YES ☐ NO ☐ DON'T KNOW ☐
3D130	Did the baby stop moving in the womb before labour started?	YES ☐ NO ☐ DON'T KNOW ☐
3D140	Was baby born in a normal vaginal delivery?	YES ☐ NO ☐ DON'T KNOW ☐
3D150	Was baby born with forceps/vacuum?	YES ☐ NO ☐ DON'T KNOW ☐
3D160	Was baby delivered by caesarean section?	YES ☐ NO ☐ DON'T KNOW ☐
3D170	Did the baby's bottom, feet, arm or hand come into the vagina before its head?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 6. CONDITION OF THE BABY SOON AFTER BIRTH		
3D180	Was the baby of abnormal size?	YES ☐ NO ☐ DON'T KNOW ☐
3D190	+ Was the baby smaller than normal, weighing under + 2.5 kg?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3D200	+ Was the baby larger than normal, weighing over 4.5 kg?	YES NO DON'T KNOW
3D220	Was the umbilical cord wrapped several times (more than once) around the neck of the child at birth?	YES NO DON'T KNOW
3D230	Did the baby have any noticeable malformation?	YES NO DON'T KNOW
3D240	+ Did the baby have a swelling/defect on the back?	YES NO DON'T KNOW
3D250	+ Did the baby have a very large head?	YES NO DON'T KNOW
3D260	+ Did the baby have a very small head?	YES NO DON'T KNOW
3D280	Was the baby blue in colour at birth?	YES NO DON'T KNOW
3D300	Did the baby breathe after birth, even a little?	YES NO DON'T KNOW
3D310	Was the baby given assistance to breathe at birth?	YES NO DON'T KNOW
3D290	Did the baby ever cry after birth, even if only a little bit?	YES NO DON'T KNOW
3D320	If the baby did not cry or breathe, was it born dead?	YES NO DON'T KNOW
3D330	+ Was the dead baby macerated, that is, showed signs of decay?	YES NO DON'T KNOW
SECTION 7. HISTORY OF INJURIES/ACCIDENTS		
3E100	Did the baby suffer from any injury or accident that led to her/his death?	YES NO DON'T KNOW
3E110	+ Did the baby suffer from a road traffic accident?	YES NO DON'T KNOW
3E120	+ + Was the baby injured as a pedestrian?	YES NO DON'T KNOW
3E130	+ + + Was the baby injured as an occupant of a car vehicle?	YES NO DON'T KNOW
3E140	+ + + Was the baby injured as an occupant of a bus/heavy + + + transport vehicle?	YES NO DON'T KNOW
3E150	+ + Was the baby injured as a passenger of a motorcycle?	YES NO DON'T KNOW
3E170	+ + Do you know anything about the counter-part that was hit + + during the road traffic accident?	YES NO
3E200	+ + + Was it a pedestrian?	YES NO DON'T KNOW
3E210	+ + + Was it a stationary object?	YES NO DON'T KNOW
3E220	+ + + Was it a car vehicle?	YES NO DON'T KNOW
3E230	+ + + Was it a bus or heavy transport vehicle?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3E240	+ + + Was it a motor cycle?	YES NO DON'T KNOW
3E250	+ + + Was it a pedal cycle?	YES NO DON'T KNOW
3E260	+ + + Was it something else?	YES (specify) _____ NO DON'T KNOW
3E300	+ Was the baby injured in a non-road transport accident?	YES NO DON'T KNOW
3E310	+ + Was the baby injured in a fall?	YES NO DON'T KNOW
3E320	+ + Did the baby die of drowning?	YES NO DON'T KNOW
3E330	+ + Did the baby suffer from burns?	YES NO DON'T KNOW
3E340	+ + Did (s)he suffer from any plant/animal/insect bite or sting that led + + to her/his death?	YES NO DON'T KNOW
3E400	+ + + Was it a dog?	YES NO DON'T KNOW
3E410	+ + + Was it a snake?	YES NO DON'T KNOW
3E420	+ + + Was it an insect?	YES NO DON'T KNOW
3E500	+ + Was the baby injured by a force of nature?	YES NO DON'T KNOW
3E510	+ + Was there any poisoning?	YES NO DON'T KNOW
3E520	+ Was the baby subject to violence or assault?	YES NO DON'T KNOW
3E530	+ Was the injury or accident intentionally inflicted by someone else?	YES NO DON'T KNOW
3E600	+ + Was the baby injured by a fire arm?	YES NO DON'T KNOW
3E610	+ + Was the baby injured from a stab, cut or pierce?	YES NO DON'T KNOW
3E620	+ + Was the baby injured by machinery?	YES NO DON'T KNOW
3E630	+ + Was the baby struck by an animal or object?	YES NO DON'T KNOW
SECTION 8. NEONATAL ILLNESS HISTORY		
3A280	Did the baby die during the wet season?	YES NO DON'T KNOW
3A290	Did the baby die during the dry season?	YES NO DON'T KNOW
3A300	For how long was the baby ill before s/he died?	NUMBER OF HOURS NUMBER OF DAYS DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3A310	Did the baby die suddenly?	YES NO DON'T KNOW
3D340	Was the baby able to suckle or bottle-feed within first 24 hours after birth?	YES NO DON'T KNOW
3D350	+ Did the baby stop suckling of bottle feeding 3 days after birth?	YES NO DON'T KNOW
3B460	Did the baby have convulsions?	YES NO DON'T KNOW
3D360	+ Did the baby have convulsions starting within the first day of life?	YES NO DON'T KNOW
3S370	+ Did the baby have convulsions starting on the second day or + later after birth?	YES NO DON'T KNOW
3D380	Did the baby's body become stiff, with the back arched backwards?	YES NO DON'T KNOW
3D390	Did the child have bulging or raised fontanelle?	YES NO DON'T KNOW
3D400	Did the child have a sunken fontanelle?	YES NO DON'T KNOW
3D410	+ Did the baby become unresponsive or unconscious soon + after birth (within less than 24 hours)?	YES NO DON'T KNOW
3D420	+ Did the baby become unresponsive or unconscious more + than 1 day after birth?	YES NO DON'T KNOW
3B100	Did the baby have a fever?	YES NO DON'T KNOW
3D430	Did the baby become cold to the touch before it died?	YES NO DON'T KNOW
3B130	Did the baby have a cough?	YES NO DON'T KNOW
3B170	+ Did the baby make a whooping sound when coughing? DEMONSTRATE	YES NO DON'T KNOW
3B180	Did the baby have any breathing problem?	YES NO DON'T KNOW
3B190	+ Did the baby have fast breathing?	YES NO DON'T KNOW
3B210	+ Did the baby have breathlessness?	YES NO DON'T KNOW
3B250	+ Did you see the lower chest wall/ribs being pulled in as the child + breathed?	YES NO DON'T KNOW
3B260	+ Did the baby have noisy breathing (grunting or wheezing)? + DEMONSTRATE	YES NO DON'T KNOW
3B280	Did the baby have diarrhoea?	YES NO DON'T KNOW
3B300	+ At any time during the final illness was there blood in the stools?	YES NO DON'T KNOW
3B310	Did the baby vomit?	YES NO DON'T KNOW
3B320	+ Did the baby vomit "coffee grounds" or bright red/blood?	YES NO DON'T KNOW

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
3B360	+ Did the baby have a more than usual protruding abdomen?	YES ☐ NO ☐ DON'T KNOW ☐
3D440	Did the baby have redness or discharge from the umbilical cord stump?	YES ☐ NO ☐ DON'T KNOW ☐
3B530	Did the baby have any skin problems?	YES ☐ NO ☐ DON'T KNOW ☐
3B540	+ Did the baby have any ulcers, abscess or sores + anywhere except the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B550	+ Did the baby have any ulcers, abscess or sores on the feet?	YES ☐ NO ☐ DON'T KNOW ☐
3B560	+ During the illness that led to death, did the baby have + any skin rash?	YES ☐ NO ☐ DON'T KNOW ☐
3B580	+ + Did the baby have measles rash?	YES ☐ NO ☐ DON'T KNOW ☐
3D450	Did the baby have yellow palms or soles?	YES ☐ NO ☐ DON'T KNOW ☐
3D460	Did the mother receive tetanus toxoid (TT) vaccine?	YES ☐ NO ☐ DON'T KNOW ☐

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES
SECTION 9 TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS		
3G100	Was s/he adequately vaccinated?	YES ☐ NO ☐ DON'T KNOW ☐
3G110	Did s/he receive any treatment for the illness that led to death?	YES ☐ NO ☐ DON'T KNOW ☐
3G120	+ Did s/he receive oral rehydration salts?	YES ☐ NO ☐ DON'T KNOW ☐
3G130	+ Did s/he receive (or needed) intravenous fluids (drip) treatment?	YES ☐ NO ☐ DON'T KNOW ☐
3G140	+ Did s/he receive (or needed) a blood transfusion?	YES ☐ NO ☐ DON'T KNOW ☐
3G150	+ Did s/he receive (or needed) treatment/food through a tube passed + through the nose?	YES ☐ NO ☐ DON'T KNOW ☐
3G160	+ Did s/he receive (or needed) injectable (IV or IM) antibiotics?	YES ☐ NO ☐ DON'T KNOW ☐
3G170	+ Did s/he have (or needed) an operation for the illness?	YES ☐ NO ☐ DON'T KNOW ☐
3G190	+ Was s/he discharged from the hospital very ill?	YES ☐ NO ☐ DON'T KNOW ☐
SECTION 10. BACKGROUND		
4A100	In the final days, did the baby travel to a hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A110	+ Did s/he use motorised transport to get to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A120	+ Were there any problems during admission to the hospital or + health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A130	+ Were there any problems with the way (s)he was treated (medical treatment, + procedures, inter-personal attitudes, respect, dignity) in the + hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A140	+ Were there any problems getting medications, or diagnostic tests + in the hospital or health facility?	YES ☐ NO ☐ DON'T KNOW ☐
4A150	Does it take more than 2 hours to get to the nearest hospital or health facility from the deceased's household?	YES ☐ NO ☐ DON'T KNOW ☐
4A160	In the final days before death, were there any doubts about whether medical care was needed?	YES ☐ NO ☐ DON'T KNOW ☐
4A170	In the final days before death, was traditional medicine used?	YES ☐ NO ☐ DON'T KNOW ☐
4A180	In the final days before death, did anyone use a telephone or cell phone to call for help?	YES ☐ NO ☐ DON'T KNOW ☐
4A190	Over the course of illness, did the total costs of care and treatment prohibit other household payments?	YES ☐ NO ☐ DON'T KNOW ☐

5A100 INTERVIEWER'SOBSERVATIONS

TO BE FILLED IN AFTER COMPLETING INTERVIEW

COMMENTS ON SPECIFIC QUESTIONS:

ANY OTHER COMMENTS:

SUPERVISOR'SOBSERVATIONS

NAME OF THE SUPERVISOR: _____ DATE: _____