

VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM. Hospital Research Centre Pune



Standard Verbal Autopsy Questionnaire

(Neonatal deaths)
(0 days to 27 days of age)

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Instructions to interviewer: Introduce yourself and explain the purpose of your visit. Ask for speaking to the mother or to another adult caretaker who was present during the illness that led to death. If this is not possible, arrange a time to revisit the household when the mother or concerned caretaker would be home.

Interview Start Time: :

SECTION 1: BACKGROUND INFORMATION OF THE DECEASED

Individual ID of the neonate <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Q 1.1	Full name of the neonate <i>(leave blank if the name is not given)</i>	_____
Q 1.2	Village name	_____ <input type="text"/> <input type="text"/> <input type="text"/> code
Q 1.3	Wadi name	_____ <input type="text"/> <input type="text"/> <input type="text"/> code
Q 1.4	Household number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.5	Date of Birth of the neonate:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 1.6	Where was it born?	01 Public Hospital 02 Private Hospital 03 Home 04 Enroute to the hospital 05 Other (specify)-----
Q 1.7	Was the birth attended by	01 Health professional 02 Trained Birth Attendant 03 Untrained Birth Attendant 04 Relatives 05 Other (specify):
Q 1.8	Sex of the neonate	01 Male 02 Female
Q 1.9	Death date of the neonate: (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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Q 1.10	Age at death	<input type="text"/> <input type="text"/> Days
Q 1.11	Where did the baby die? (circle relevant number)	01 Public Hospital 02 Private Hospital 03 Home 04 Enroute to the hospital 05 Other (specify)-----
Q 1.12	For deaths at hospital or health facility record facility name	<hr/>
Q 1.13	Address of the hospital or health facility	<hr/> <hr/>

SECTION 2. BACKGROUND INFORMATION ABOUT THE INTERVIEW

Q 2.1	Language of interview	01 Marathi 02 Hindi 03 English 04 Other Specify
Q 2.2	Interviewer Code (Identification number)	<input type="text"/> <input type="text"/>
Q 2.3	Date of the first interview attempt (DD/MM/YYYY)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date arranged for second interview attempt	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date arranged for third interview attempt	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Date Interview completed:	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

SECTION 3: INFORMATION ABOUT CARETAKER/RESPONDENT

Q 3.1	What is the name of the main respondent: Permanent ID (If applicable)	<hr/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q 3.2	What is the relationship of the main respondent to the deceased baby? (circle relevant number)	01 Mother 02 Father 03 Grandmother 04 Grandfather

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		05 Aunt 06 Uncle 07 Other Specify _____
Q 3.3	What is the age of the main respondent?	<input type="text"/> <input type="text"/> Years
Q 3.4	How many years of schooling has the main respondent completed?	<input type="text"/> <input type="text"/>
Q 3.5	Highest level of education of the respondent	01 Primary 02 Secondary 03 Tertiary 04 None
Q 3.6	Of those present at the interview, which of the following were present at the time of the illness that led to the death? (<i>options numbered as q3.6.1 to q3.6.7</i>)	
	01 Mother	01 Yes 02 No
	02 Father	01 Yes 02 No
	03 Grandmother	01 Yes 02 No
	04 Grandfather	01 Yes 02 No
	05 Aunt	01 Yes 02 No
	06 Uncle	01 Yes 02 No
	07 Other	01 Yes 02 No Specify _____
Q 3.7	Were other people present at the interview?	01 Yes 02 No
Q 3.8	How is the mother's health now?	01 Not Alive 02 Not Healthy 03 Healthy
Q 3.9	How is the father's health now? Is the father of the dead baby healthy?	01 Not Alive 02 Not Healthy 03 Healthy

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Take a moment to tick all items mentioned spontaneously in the open history questionnaire. Use this to guide you through the rest of the questionnaire

Q 4.2 Signs	How many days after the illness started did the signs begin	Duration of the signs (in days)	Severity: (01-Mild/ moderate, 02-Severe)
Q4.2.1			
Q4.2.2			
Q4.2.3			
Q4.2.4			
Q4.2.5			
Q4.2.6			
Q4.2.7			
Q4.2.8			
Q4.2.9			
Q4.2.10			

Note: When possible, use local term for the symptom

Q 4.3	When did the problem/illness start?	01 Immediately after birth 02 After a period of well being 999 NK	(If 2 or 999 go to section 5)
Q 4.4	What was the length of time of the illness immediately preceding the neonatal death?	<input type="text"/> <input type="text"/> days 999 NK	
Q 4.5	Was care sought outside the home while he/she had this illness?	01 Yes 02 No 999 NK	

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Q4.5.1	How many days after illness started was care sought?	<input type="text"/> <input type="text"/> days 999 NK	
Q4.5.2	Where or from whom did you seek care? <i>(Record all responses- record spontaneous answer and ask from anyone else? And record. Do not read options)</i> Q4.5.1 Traditional Healer Q4.5.2 Religious leader Q4.5.3 Vadu Rural Hospital Q4.5.4 KEM Hospital, Pune Q4.5.5 Government hospital Q4.5.6 Government health centre/clinic Q4.5.7 Community-based practitioner Q4.5.8 Private physician or nurse Q4.5.9 Pharmacy Q4.5.10 Drug seller, store or market	<hr/> 888 NA 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK 01 Yes 02 No 999 NK	

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	Q4.5.11 Relatives or friends	01 Yes 02 No 999 NK	
	Q4.5.12 Other (Specify) _____		
Q4.5.3	After respondent finishes, prompt: Did you seek care anywhere else		
Q4.5.4	Where or from whom was the care sought first?	888 NA 999 NK	_____
Q4.5.5	Where or from whom was the care sought second?	888 NA 999 NK	_____
Q4.5.6	Where or from whom was the care sought third?	888 NA 999 NK	_____

SECTION 5: ACCIDENTS AND INJURIES

Q 5.1	Did s/he die from an injury or accident?	01 Yes 02 No 999 NK	
Q 5.1.1	<i>If yes ask: What kind of injury or accident? Allow respondent to answer spontaneously</i>	01 Transport accident (pedestrian No) 02 Transport accident(passenger/driver) 03 Fall 04 Drowning 05 Poisoning (specify) _____ 06 Animal bite 07 Other bites or sting 08 Burn 09 Firearm 10 Sharp object- e.g. knife 11 Circumcision 12 Assault/abuse (specify): _____ 13 Other specify): _____	
Q 5.1.2	<i>If answer to 5.1.1 is 6, please specify</i>	01 Dog 02 Snake	

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Q 5.1.3	Did s/he die at the site where accident or injury occurred?	03 Other Specify _____ 999 NK	
Q5.1.4	For how long after the accident or injury did s/he survive?	01 Yes 02 No 999 NK	
Q5.1.5	Did the neonate receive medical care before death?	01 Died at the site 02 <24 hours 03 >=24 hours 999 NK	
Q5.1.5	Did the neonate receive medical care before death?	01 Yes 02 No 999 NK	

SECTION 6: OTHER NEONATAL CONDITIONS

Q 6.1	Was the baby a singleton or multiple births? <i>(If two or more children are born at the same time, it is counted as a multiple birth, even if one or more of the babies are born dead)</i>	01 Singleton 02 Multiple	
Q 6.2	Where was the baby born?	01 Public Hospital 02 Private Hospital 03 Home 04 En-route to the hospital 05 Other (specify)-----	
Q 6.3	Who managed the delivery when the baby was born?	01. Health professional (Doctor, midwife, nurse) 02. Traditional birth attendant 03. Relatives 04. Mother alone 05. Other (specify)_____	
Q 6.4	Were the last 12 weeks (3 months) of the pregnancy, labour or delivery Complicated?	01 Yes 02 No 999 NK	
Q6.4.1	If yes ask: What complications occurred during late pregnancy, labour or delivery? (Record all responses) (options to be numbered as 6.4.1.1 to 6.4.1.8)		
	Mother had convulsions	01 Yes 02 No 999 NK	

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	Excessive bleeding before or during delivery	01 Yes 02 No 999 NK	
	Water broke one day or more before contractions started	01 Yes 02 No 999 NK	
	Prolong or difficult labour (12 hours or more)	01 Yes 02 No 999 NK	
	Operative delivery (specify) _____	01 Yes 02 No 999 NK	
	The baby delivered feet first	01 Yes 02 No 999 NK	
	Mother ill throughout this period	01 Yes 02 No 999 NK	
	Other (specify) _____		
Q 6.4.2	(After respondent finishes prompt): Was there anything else? _____		
Q 6.5	How many months long was the pregnancy?	<input type="text"/> <input type="text"/> months 999 NK	
Q 6.6	Did the baby's mother receive any tetanus vaccinations since reaching adulthood before this pregnancy?	01 Yes 02 No 999 NK	
	If yes how many doses?	<input type="text"/> <input type="text"/> 999 NK	
Q 6.7	Did the baby's mother receive any tetanus vaccinations during the pregnancy?	01 Yes 02 No 999 NK	

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	If yes how many doses?	<input type="text"/> <input type="text"/>	
		999 NK	
Q 6.8	Did the baby have any major lethal malformation at birth? <i>(explain malformation and insist on the difference between lethal malformations and non-lethal once)</i>	01 Yes 02 No 999 NK	
Q 6.8.1	If yes briefly describe		
Q 6.9	At the time of birth, was the baby: <i>(Read out choices)</i>	01 Very small 02 Smaller than average 03 About average 04 Larger than average 999 NK	
Q 6.10	Were there any bruises or signs of injury on baby's body after the birth?	01 Yes 02 No 999 NK	
Q 6.11	Did the baby have difficulties in breathing soon after birth? <i>(Note: This does not include gasps or very brief efforts to breathe)</i>	01 Yes 02 No 999 NK	
Q 6.12	12 Did the baby have difficulties in breathing after a period of well-being? <i>(Note: This does not include gasps or very brief efforts to breathe)</i>	01 Yes 02 No 999 NK	
Q 6.13	Did the baby have difficulties in feeding (sucking) soon after birth?	01 Yes 02 No 999 NK	
Q6.13.1	If yes, how long (days) did the baby have difficulties in sucking?	<input type="text"/> <input type="text"/> Days 999 NK	
Q 6.14	Did the baby have difficulties in feeding (sucking) after a period of Well-being?	01 Yes 02 No 999 NK	
Q 6.14.1	If yes, how long (days) did the baby have difficulties in sucking?	<input type="text"/> <input type="text"/> Days 999 NK	
		01 Yes	

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Q 6.15	Was s/he able to cry soon after birth?	02 No 999 NK	
Q 6.16	Did she/he have difficulties in crying after a period of well-being?	01 Yes 02 No 999 NK	
Q 6.17	During the illness that led to death Did she/he have spasms or convulsions?	01 Yes 02 No 999 NK	
Q 6.18	During the illness that led to death, Did she/he become nonresponsive or unconscious?	01 Yes 02 No 999 NK	
Q 6.19	During the illness that led to death, Did she/he have a bulging fontanel?	01 Yes 02 No 999 NK	
Q 6.20	During the illness that led to death, did s/he have yellow eyes or skin?	01 Yes 02 No 999 NK	
Q 6.21	During the illness that led to death, did s/he have redness around, or Drainage from, the umbilical cord stump?	01 Yes 02 No 999 NK	
Q 6.22	During the illness that led to death, Did s/he have areas of skin that were red, hot or peeling?	01 Yes 02 No 999 NK	
Q 6.23	During the illness that led to death, did s/he have a skin rash with Blisters containing pus?	01 Yes 02 No 999 NK	
Q 6.24	During the illness that led to death, did s/he have a fever?		
		<input type="text"/> <input type="text"/> Days	
Q 6.24.1	If yes ask: How many days did the Fever last?	999 NK	
Q 6.25	During the illness that led to death, did the baby's body feel cold when touched?	01 Yes 02 No 999 NK	
Q 6.26	During the illness that led to death, did s/he bleed from anywhere?	01 Yes 02 No 999 NK	

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Q.6.26.1	If yes ask: From where?	01 Yes 02 No 999 NK
Q 6.27	During the illness that led to death, did s/he have any vomiting or swelling of the abdomen?	01 Yes 02 No 999 NK
Q 6.28	During the illness that led to death, did s/he have diarrhoea (more Frequent or more liquid stools than usual)? Use local term	<input type="text"/> <input type="text"/> times in the day 999 NK
Q 6.28.1	If frequent or liquid stools, ask For how many days were the stools more frequent or liquid?	<input type="text"/> <input type="text"/> times in the day 999 NK
Q 6.28.2	On the day when the diarrhoea was most frequent, how many times did he/she pass stools?	999 NK
Q 6.28.3	Was there visible blood in the stools?	01 Yes 02 No 999 NK
Q 6.28.4	During the diarrhoeal episode, was the baby given any fluids such as ORS? (<i>when preparing the country-specific questionnaire, insert a list of home made fluids recommended by the National CDD program</i>)	01 Yes 02 No 999 NK
Q 6.29	During the illness that led to death, did s/he have any difficulty with breathing?	01 Yes 02 No 999 NK
Q 6.29.1	If yes ask: For how many days did the difficulty with breathing last?	<input type="text"/> <input type="text"/> Days 999 NK
Q 6.30	During the illness that led to death, did the baby have fast breathing?	01 Yes 02 No 999 NK
Q 6.30.1	If yes ask: For how many days did the fast breathing last?	<input type="text"/> <input type="text"/> Days 999 NK
Q 6.30.2	During the illness that led to death, did s/he have in drawing of chest?	01 Yes 02 No

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Q 6.31	During the illness that led to death, did the baby have a cough?	999 NK	
		<input type="checkbox"/> <input type="checkbox"/> Days	
Q 6.31.1	If yes ask: For how many days did the cough last?	999 NK	
		01 Yes 02 No	
Q 6.32	During the illness that led to death, did the baby ever have short periods of stopping and re-starting breathing?	999 NK	

SECTION 7.0: TREATMENT AND RECORDS

	Source	Summary of details	
	Death Certificate	Cause of death:	
	Burial permit	Cause of death:	
	Post-mortem results	Cause of death:	
	MCH Card		
	Hospital prescription forms		
	Treatment cards		
	Hospital discharge forms	Diagnosis:	
	Other hospital documents		
	Laboratory/cytology results		
	None	01 Yes No	

