

Verbal Autopsy Form

Adapted from the WHO 2016 Verbal Autopsy Instrument.

To be conducted at the home of the deceased participant with the deceased's caregiver.

General Information*Date and Time of Data Collection* [automatically entered]

Name of research nurse: _____

Medical Record Number:																					
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Name of deceased child: _____

Date of interview

		(dd	/	mm	/	yyyy)				

Date of hospital/emergency discharge

		(dd	mm	/	yyyy)				

The patient was discharged from the:

- 1 hospital
 2 NICU
 3 emergency department

Name of caregiver: _____

What is your (the respondent's) relationship to the deceased?

- 1 mother
 2 father
 3 aunt
 4 uncle
 5 grandmother
 6 grandfather
 7 sister
 8 brother
 9 family friend
 10 other. Please specify _____

Is the child's mother deceased?

- 1 yes
 2 no
 3 I don't know

Is the date of death known?

- 1 yes
 2 no
 3 refused to answer

If Yes,

(dd/ mm/ yyyy)

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If Refused to answer, how old was the child at the time of death? _____

Circle one: weeks/months/years

Where did the deceased die?

- 1 hospital
 2 other health facility
 3 home
 4 en route to hospital or facility
 5 other. Please specify: _____
 6 doesn't know
 7 refused to answer

Where did the death occur? (specify country, province, district, village)

Thank you for meeting with me. Can you please tell me in your own words about the events that led to the death?

Record detailed notes of response; use additional paper as needed. If needed, probe for additional details on when respondent recognized symptoms, care sought, barriers to care, issues with transport, abnormalities, etc.

Death from Injury or Accident

Did the deceased child die from an injury or accident?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, What kind of injury or accident?

- 1 road traffic accident

If Yes, What was the deceased child's role in the road traffic accident?

- 1 pedestrian
- 2 passenger in car
- 3 passenger in motorcycle
- 4 other
- 5 doesn't know
- 6 refused to answer

What was the counterpart that was hit during the road traffic accident?

- 1 pedestrian
- 2 stationary object
- 3 car or light vehicle
- 4 bus or heavy vehicle
- 5 motorcycle
- 6 pedal cycle
- 7 doesn't know
- 8 refused to answer

- 2 injured in a fall

- 3 poisoning

If Yes, with what? _____

- 4 drowning

- 5 bit or stung by a venomous animal

If Yes, What was the animal?

- 1 dog
- 2 snake
- 3 insect or scorpion
- 4 other. Please specify _____
- 5 doesn't know
- 6 refused to answer

- 6 injured by an animal (non-venomous)?

If Yes, What was the animal?

- 1 dog
- 2 snake
- 3 insect or scorpion
- 4 other. Please specify _____
- 5 doesn't know
- 6 refused to answer

- 7 injured by burns/fire

- 8 subject to violence (suicide, homicide, abuse)

- 9 injured by a firearm

- 10 stabbed cut or pierced

- 11 strangled

- 12 injured by blunt force

13 injured by force of nature

14 electrocution

If Yes, Was the injury accidental?

1 yes

2 no

3 doesn't know

4 refused to answer

Health Status Before Death

Before the illness that led to death, was the baby/child growing normally?

1 yes

2 no

3 doesn't know

4 refused to answer

For how long was he/she ill before death?

_____ (Circle: days weeks months years)

Did he/she die suddenly?

1 yes

2 no

3 doesn't know

4 refused to answer

Was there any diagnosis by a health professional of tuberculosis?

1 yes

2 no

3 doesn't know

4 refused to answer

Was an HIV test ever positive for the deceased child?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, Was there any diagnosis by a health professional of AIDS?

1 yes

2 no

3 doesn't know

4 refused to answer

Did he/she have a recent (within 1 week of death) *positive* test by a health professional for malaria?

1 yes

2 no

3 doesn't know

4 refused to answer

Did he/she have a recent (within 1 week of death) *negative* test by a health professional for malaria?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of measles?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of heart disease?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of diabetes?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of asthma?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of epilepsy?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of cancer?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of sickle cell disease?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of kidney disease?

- 1 yes

- 2 no
- 3 doesn't know
- 4 refused to answer

Was there any diagnosis by a health professional of liver disease?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

General Signs and Symptoms Associated with Final Illness

Did he/she have a fever?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, How long did the fever last? _____
(Circle: days weeks doesn't know)

If Yes, Did the fever continue until death?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, How severe was the fever?

- 1 mild
- 2 moderate
- 3 severe
- 4 doesn't know
- 5 refused to answer

If Yes, What was the pattern of the fever?

- 1 continuous
- 2 on and off
- 3 only at night
- 4 doesn't know
- 5 refused to answer

Did he/she have night sweats?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have a cough?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, For how long did he/she have a cough? _____
(Circle: days weeks doesn't know)

If Yes, Was the cough productive with sputum?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Was the cough very severe?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she cough up blood?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she make a "whooping sound" when coughing?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she have any difficulty breathing?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, For how long did the difficulty breathing last? _____
(Circle: days weeks doesn't know)

If Yes, Was the difficulty continuous or on and off?

- 1 continuous
- 2 on and off
- 3 doesn't know
- 4 refused to answer

During the illness that led to death, did he/she have fast breathing?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, How long did the fast breathing last? _____
(Circle: days weeks doesn't know)

During the illness that led to death, did you see the lower chest wall/ribs being pulled in as the child breathed?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

During the illness that led to death, did his/her breathing sound like any of the following?

- 1 stridor
- 2 grunting

- 3 wheezing
- 4 doesn't know
- 5 refused to answer

If the child was able to speak, did he/she have chest pain?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, How long did he/she have chest pain? _____
(Circle: days weeks doesn't know)

Did he/she have more frequent or loose or liquid stools than normal?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, For how long? _____
(Circle: days weeks doesn't know)

If Yes, How many stools did the child have on the day the loose stools were most frequent? _____

(Circle: days weeks doesn't know)

If Yes, How long before death did the frequent or loose stools start?

(Circle: days weeks doesn't know)

If Yes, Did the frequent loose or liquid stools continue until death?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

At any time during the final illness was there blood in the stools?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Was there blood in the stools up until death?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she vomit?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she vomit in the week preceding the death?

- 1 yes
- 2 no
- 3 doesn't know

4 refused to answer

If Yes, Was there blood in the vomit?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, Was the vomit black?

1 yes

2 no

3 doesn't know

4 refused to answer

Did he/she have any belly (abdominal) problem?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, Did he/she have belly (abdominal) pain?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, Was the belly (abdominal) pain severe?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, For how long did he/she have belly (abdominal) pain?

_____ (Circle: days weeks months doesn't know)

If Yes, Was the pain in the upper or lower belly (abdomen)?

1 upper abdomen

2 lower abdomen

3 upper and lower abdomen

4 doesn't know

5 refused to answer

Did he/she have a more than usually protruding belly (abdomen) before death?

1 yes

2 no

3 doesn't know

4 refused to answer

If Yes, For how long? _____ (Circle: days weeks months doesn't know)

If Yes, How rapidly did he/she develop the protruding belly (abdomen)?

1 rapidly

2 slowly

3 doesn't know

4 refused to answer

If Yes, Did he/she have any mass in the belly (abdomen)?

1 rapidly

- 2 slowly
 3 doesn't know
 4 refused to answer

If Yes, For how long? _____ (Circle: days weeks months doesn't know)

Did he/she have a severe headache?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Did he/she have a stiff/painful neck during the illness that led to death?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, For how long? _____ (Circle: days weeks doesn't know)

During the illness that led to death, did the baby have a bulging or raised fontanelle (soft spot on the head)?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

During the illness that led to death, did the baby have a sunken fontanelle (soft spot on the head)?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Was he/she unconscious during the illness that led to death?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, Was he/she unconscious for more than 24 hours before death?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, How long before death did unconsciousness start? _____
(Circle: hours days doesn't know)

If Yes, Did the unconsciousness start suddenly, quickly (or at least within a single day)?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, Did the unconsciousness continue until death?

- 1 yes

- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have convulsions?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she experience any generalized convulsions or fits during the illness that led to death?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If yes, Did he/she become unconscious immediately after the convulsion?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have any urine problems?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she urinate more often than usual?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, During the final illness before death, did he/she ever pass blood in the urine?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she stop urinating?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have sores or ulcers anywhere on the body?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did the sores have clear fluid or pus?

- 1 yes
- 2 no
- 3 doesn't know

- 4 refused to answer
- If Yes, Did he/she have an ulcer (pit) on the foot?
- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer
- If Yes, Did the ulcer on the foot ooze pus?
- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer
- If Yes, For how long? _____
- (Circle: hours days doesn't know)

During the illness that led to death, did he/she have any skin rash?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer
- If Yes, For how long? _____
- (Circle: hours days doesn't know)

If Yes, Where was the rash?

- 1 face
- 2 trunk or abdomen
- 3 extremities
- 4 everywhere
- 5 doesn't know
- 6 refused to answer

If Yes, Did he/she have measles rash (use local term)?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, During the illness that led to death, did his/her skin flake off in patches?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, During the illness that led to death, did he/she have areas of the skin that turned black?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, During the illness that led to death, did he/she have areas of the skin with redness and swelling?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

During the illness that led to death, did he/she bleed from anywhere?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, Did he/she bleed from the nose, mouth, or anus?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Did he/she have noticeable weight loss?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Was he/she severely thin?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

During the illness that led to death, did he/she have a white rash on the inside of the mouth or on the tongue?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Did he/she have stiffness of the whole body or was unable to open the mouth?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

Did he/she have puffiness of the face?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, For how long? _____
(Circle: hours days doesn't know)

During the illness that led to death, did he/she have swollen legs or feet?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, For how long? _____
(Circle: hours days doesn't know)

If yes, Did he/she have both feet swollen?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have general puffiness all over his/her body?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have any lumps?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she have any lumps on the neck?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she have any lumps in the armpit?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she have any lumps in the groin?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was he/she in any way paralyzed?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Did he/she have paralysis of only one side of the body?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Which were the limbs or body parts paralyzed?

- 1 right side (arms and legs)
- 2 left side (arms and legs)
- 3 one leg only
- 4 one arm only
- 5 whole body
- 6 other. Please specify _____
- 7 doesn't know

8 refused to answer

Did he/she have difficulty swallowing?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, For how long? _____
(Circle: hours days doesn't know)

If Yes, Was the difficulty with swallowing solids, liquids, or both?

- 1 solids
- 2 liquids
- 3 both
- 4 doesn't know
- 5 refused to answer

If Yes, Did he/she have pain upon swallowing?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have yellow discoloration of the eye?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, For how long? _____
(Circle: hours days doesn't know)

Did his/her hair change in color to a reddish or yellowish color?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she look pale (thinning/lack of blood) or have pale palms, eyes, or nail beds?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she have sunken eyes?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did he/she drink more water than usual?

- 1 yes
- 2 no
- 3 doesn't know

4 refused to answer

Health Services Utilization Prior to Death

In the final 3 days before death, were there any doubts about whether medical care was needed?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Was care sought outside the home since we last spoke on the phone?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

If Yes, Where or from whom did you seek care?

- 1 traditional healer
- 2 homeopath
- 3 religious leader
- 4 government hospital
- 5 government health center or clinic
- 6 private hospital
- 7 community-based health assistant
- 8 private physician
- 9 relative, friend (outside household)
- 10 pharmacy
- 11 other. Please specify _____
- 11 doesn't know
- 12 refused to answer

Did you use motorized transport to get to the health facility?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

In the final days before death, were any traditional medicines used?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Over the course of the illness, did the total costs of care and treatment prohibit other household payments?

- 1 yes
- 2 no
- 3 doesn't know
- 4 refused to answer

Did a healthcare worker tell you the cause of death?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, What did the health care worker say? _____

Death Certificate with Cause of Death

Was a death certificate issued?

- 1 yes
 2 no
 3 doesn't know
 4 refused to answer

If Yes, Do you have the death certificate?

- 1 yes
 2 no

If Yes, Is the date of registration available?

- 1 yes. Date of registration _____
 2 no

Place of registration? _____

If Yes, Record the immediate cause of death from the certificate.

If Yes, Record the antecedent cause(s) of death from the certificate.

