### Death

| Date medical team aware of death | __ __/ __ __/ __ __ __ __
| D D / M M / Y Y Y Y |
| Time child last seen alive by medical team | __ : __ __ |
| Primary Carer present at time of death? | ☐ Y ☐ N |

### Resuscitation

<table>
<thead>
<tr>
<th>Resuscitation attempted</th>
<th>Y N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of resuscitation</td>
<td>__ __ __ minutes</td>
</tr>
<tr>
<td>Resuscitation details</td>
<td>☐ Bag and mask ventilation ☐ Chest compressions ☐ Adrenaline ☐ Other______________</td>
</tr>
<tr>
<td></td>
<td>☐ Too late ☐ Clinical team agree futility ☐ Uncertain ☐ Other______________</td>
</tr>
</tbody>
</table>

### Verbal Autopsy

- **Did the child suffer an injury or accident that led to death?**
  - Select 1
  - ☐ Yes ☐ No ☐ Don’t know ☐ Refused to answer

- **What kind of injury or accident did the child suffer from?** Select all that apply
  - ☐ Road traffic crash/ injury ☐ Poisoning
  - ☐ Significant fall ☐ Burn/Fire
  - ☐ Drowning ☐ Homicide, abuse
  - ☐ Bite or sting by venomous animal ☐ Refused to answer
  - ☐ Other injury, specify ☐ Don’t know

---

Adapted from Population Health Metrics Research Consortium Shortened Verbal Autopsy Questionnaire Child Module

CHAIN Inpatient Verbal Autopsy V1.60 20th Feb 2017
## Section 1: General

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Was the injury or accident intentionally inflicted by someone else?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section 2: Background

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>How long did the illness last?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How old was the deceased at the time of death?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Section 3: Infant and Child Deaths

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
<th>Refused to answer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During the illness that led to death did the child have a fever?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How many days did the fever last?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did the fever continue until death?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How severe was the fever?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did the child have more frequent loose or liquid stools than usual?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>How many stools did the child have on the day that loose or liquid stools were most frequent?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did the frequent loose or liquid stools continue until death?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did the child have a cough?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For how many days did the cough last?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was the cough very severe?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did the child have difficulty breathing?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For how many days did the difficult breathing last?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did the child have fast breathing?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>For how many days did the fast breathing last?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did he/she have indrawing of the chest?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>During the illness that led to death, did his/her breathing sound like grunting?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Did the child experience any generalized convulsions or fits during the illness that led to death?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Was the child unconscious during the illness that led to death?</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### How long before death did unconsciousness start?
- □ Less than 6 hours
- □ 6-23 hours
- □ 24 hours or more
- □ Don’t know

### Did the child have a stiff neck during the illness that led to death?
- □ Yes
- □ No
- □ Don’t know

### Did the child have a bulging fontanelle during the illness that led to death?
- □ Yes
- □ No
- □ Don’t know

### During the month before he/she died, did have a skin rash?
- □ Yes
- □ No
- □ Don’t know

### How many days did the rash last?
- ___ ___ days
- Don’t know

### During the illness that led to death, did the child’s skin flake off in patches?
- □ Yes
- □ No
- □ Don’t know

### Did the child’s hair change in color to a reddish or yellowish color?
- □ Yes
- □ No
- □ Don’t know

### Did the child have a protruding belly?
- □ Yes
- □ No
- □ Don’t know

### During the illness that led to death, did the child suffer from anaemia or pallor?
- □ Yes
- □ No
- □ Don’t know

### During the illness that led to death, did the child have swelling in the armpits?
- □ Yes
- □ No
- □ Don’t know

### During the illness that led to death, did the child bleed from anywhere?
- □ Yes
- □ No
- □ Don’t know

### During the illness that led to death, did he/she have areas of the skin that turned black?
- □ Yes
- □ No
- □ Don’t know

### SECTION 4: HEALTH RECORDS

### Is the cause of death known/recorded?
- □ Yes
- □ No
- □ Don’t know

### What was the cause of death?

______________________________

### Record the name and address of the hospital, health center or clinic where the care was sought:

______________________________

### What was the date of death

___ ___ / ___ ___ / ___ ___ ____________

- □ Don’t know

### Was a death certificate issued?
- □ Yes
- □ No

### Is the death certificate available?
- □ Yes
- □ No
- Don’t know

### Record the immediate cause of death from the certificate.

______________________________

- □ N/A

### Record the other underlying causes of death from the certificate.

______________________________

- □ N/A

END