### Death

<table>
<thead>
<tr>
<th>Date medical team aware of death</th>
<th>Time child last seen alive by medical team</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/</strong></strong>/____ D D / M M / Y Y Y</td>
<td><strong><strong>:</strong></strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time medical team aware of death</th>
<th>Primary Carer present at time of death?</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>:</strong></strong></td>
<td>☐ Y ☐ N</td>
</tr>
</tbody>
</table>

### Resuscitation

<table>
<thead>
<tr>
<th>Resuscitation attempted</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of resuscitation</td>
<td>____ ___ minutes</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Resuscitation details</th>
<th>☐ Bag and mask ventilation</th>
<th>☐ Too late</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Chest compressions</td>
<td>☐ Clinical team agree futility</td>
</tr>
<tr>
<td></td>
<td>☐ Adrenaline</td>
<td>☐ Uncertain</td>
</tr>
<tr>
<td></td>
<td>☐ Other ____________________</td>
<td>☐ 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
- ☐ Significant fall
- ☐ Drowning
- ☐ Bite or sting by venomous animal
- ☐ Other injury, specify ________________
- ☐ Poisoning
- ☐ Burn/Fire
- ☐ Homicide, abuse
- ☐ Refused to answer
- ☐ Don’t know

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

CHAIN Inpatient Verbal Autopsy V1.60 20th Feb 2017
**CHAIN INPATIENT VA FORM V1.60**

**SECTION 2: BACKGROUND**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the injury or accident intentionally inflicted by someone else?</td>
<td>Yes  No  Don’t know Refused to answer</td>
</tr>
<tr>
<td>How long did the illness last?</td>
<td>&lt;24h  __ __ days  __ __ months  Don’t know</td>
</tr>
<tr>
<td>How old was the deceased at the time of death?</td>
<td>__ __ months</td>
</tr>
</tbody>
</table>

**SECTION 3: INFANT AND CHILD DEATHS**

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

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### 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

### 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

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