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

Resuscitation		
Resuscitation attempted	Y	N
Duration of resuscitation	__ __ __minutes ☐ Unknown	N/A
Resuscitation details	☐Bag and mask ventilation ☐Chest compressions ☐Adrenaline ☐Other_____	☐Too late ☐Clinical team agree futility ☐Uncertain ☐Other_____

Answer the following question based on clinical notes, and clinician verbal report:

Section 1: CHILD INJURIES AND ACCIDENTS

Verbal Autopsy	
Did the child suffer an injury or accident that led to death? *Select 1*	☐ Yes ☐ No ☐ Don't know ☐ Refused to answer
If not in notes, and clinicians cannot answer, skip to section 2: Background. CHAIN participants should have been excluded if admitted with trauma, however some may be disclosed after death.	
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

Was the injury or accident intentionally inflicted by someone else?	☐ Yes ☐ No ☐ Don't know ☐ Refused to answer

SECTION 2: BACKGROUND

How long did the illness last?	☐ <24h __ __ days __ __ months ☐ Don't know
How old was the deceased at the time of death?	__ __ months

SECTION 3: INFANT AND CHILD DEATHS

During the illness that led to death did the child have a fever?	☐ Yes	☐ No	☐ Don't know
How many days did the fever last?	☐ Less than 24 hours	__ __ days	☐ Don't know
Did the fever continue until death?	☐ Yes	☐ No	☐ Don't know
How severe was the fever?	☐ Mild <38C	☐ Moderate 38-39.5C	☐ Severe >39.5C ☐ Don't know
During the illness that led to death, did the child have more frequent loose or liquid stools than usual?	☐ Yes	☐ No	☐ Don't know
How many stools did the child have on the day that loose or liquid stools were most frequent?	__ __ stools		☐ Don't know
Did the frequent loose or liquid stools continue until death?	☐ Yes	☐ No	☐ Don't know
During the illness that led to death, did the child have a cough?	☐ Yes	☐ No	☐ Don't know
For how many days did the cough last?	__ __ days		☐ Don't know
Was the cough very severe?	☐ Yes	☐ No	☐ Don't know
During the illness that led to death, did the child have difficulty breathing?	☐ Yes	☐ No	☐ Don't know
For how many days did the difficult breathing last?	__ __ days		☐ Don't know
During the illness that led to death, did the child have fast breathing?	☐ Yes	☐ No	☐ Don't know
For how many days did the fast breathing last?	__ __ days		☐ Don't know
During the illness that led to death, did he/she have indrawing of the chest?	☐ Yes	☐ No	☐ Don't know
During the illness that led to death, did his/her breathing sound like grunting?	☐ Yes	☐ No	☐ Don't know
Did the child experience any generalized convulsions or fits during the illness that led to death?	☐ Yes	☐ No	☐ Don't know
Was the child unconscious during the illness that led to death?	☐ Yes	☐ No	☐ Don't know

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How long before death did unconsciousness start?	☐ Less than 6 hours ☐ 24 hours or more	☐ 6-23 hours ☐ 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	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	☐ 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

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