### 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>D D / M M / Y Y Y Y</td>
<td>D D / M M / Y Y Y Y</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>__ : __</td>
<td>□ Y □ N</td>
</tr>
</tbody>
</table>

### Resuscitation

<table>
<thead>
<tr>
<th>Resuscitation attempted</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Duration of resuscitation</th>
<th>Unknown</th>
<th>N/A</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Resuscitation details</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Bag and mask ventilation</td>
<td></td>
</tr>
<tr>
<td>□ Chest compressions</td>
<td></td>
</tr>
<tr>
<td>□ Adrenaline</td>
<td></td>
</tr>
<tr>
<td>□ Other____________________</td>
<td></td>
</tr>
</tbody>
</table>

| □ 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**

<table>
<thead>
<tr>
<th>Verbal Autopsy</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Did the child suffer an injury or accident that led to death?</th>
</tr>
</thead>
</table>
| Select 1

| □ Yes □ No □ Don’t know □ Refused to answer |

<table>
<thead>
<tr>
<th>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 closed after death.</th>
</tr>
</thead>
</table>

Adapted from Population Health Metrics Research Consortium Shortened Verbal Autopsy Questionnaire Child Module
**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
- ☐ Don’t know

**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
- ☐ Don’t know
- ☐ ____ hours
- ☐ ____ days

**Did the fever continue until death?**

- ☐ Yes
- ☐ No
- ☐ Don’t know

**How severe was the fever?**

- ☐ Mild
- ☐ Moderate
- ☐ Severe
- ☐ Don’t know
- <38°C
- 38-39.5°C
- >39.5°C

**Did the child have more frequent loose or liquid stools than usual?**

**How many stools did the child have on the day that loose or liquid stools were most frequent?**

- ☐ Yes
- ☐ No
- ☐ Don’t know
- ☐ ____ 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?**

**For how many days did the cough last?**

- ☐ Yes
- ☐ No
- ☐ Don’t know
- ☐ ____ days
- ☐ Don’t know

**Was the cough very severe?**

- ☐ Yes
- ☐ No
- ☐ 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
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

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

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

CHAIN Inpatient Verbal Autopsy V1.60 20th Feb 2017
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the cause of death known/recorded?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the cause of death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Record the name and address of the hospital, health center or clinic</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>where the care was sought:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>What was the date of death</td>
<td></td>
<td></td>
<td>Don’t know</td>
</tr>
<tr>
<td>Was a death certificate issued?</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Is the death certificate available?</td>
<td>Yes</td>
<td>No</td>
<td>Don’t know</td>
</tr>
<tr>
<td>Record the immediate cause of death from the certificate.</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
<tr>
<td>Record the other underlying causes of death from the certificate.</td>
<td></td>
<td></td>
<td>N/A</td>
</tr>
</tbody>
</table>

END