## Death

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

**Primary Carer present at time of death?**

- [ ] Y
- [ ] N

## 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>
<tr>
<td>Resuscitation details</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bag and mask ventilation</td>
<td></td>
<td>Too late</td>
</tr>
<tr>
<td>- Chest compressions</td>
<td></td>
<td>Clinical team agree futility</td>
</tr>
<tr>
<td>- Adrenaline</td>
<td></td>
<td>Uncertain</td>
</tr>
<tr>
<td>- Other_________________</td>
<td></td>
<td>Other_________________</td>
</tr>
</tbody>
</table>

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

Section 1: CHILD INJURIES AND ACCIDENTS

### Verbal Autopsy

Adapted from Population Health Metrics Research Consortium Shortened Verbal Autopsy Questionnaire Child Module
### 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
- Drowning
- Burn/Fire
- Homicide, abuse
- Venomous bite or sting by to answer animal
- Other injury, specify ______
- Refused
- Don’t know

### Was the injury or accident intentionally inflicted by someone else?

- Yes
- No
- Don’t know
- Refused to answer

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**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

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**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

---

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

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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>Did the fever continue until death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How severe was the fever?</td>
<td></td>
<td></td>
<td></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></td>
<td></td>
<td></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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the frequent loose or liquid stools continue until death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child have a cough?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For how many days did the cough last?</td>
<td>___ ___ days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was the cough very severe?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child have difficulty breathing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For how many days did the difficult breathing last?</td>
<td>___ ___ days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child have fast breathing?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For how many days did the fast breathing last?</td>
<td>___ ___ days</td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did he/she have indrawing of the chest?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did his/her breathing sound like grunting?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child experience any generalized convulsions or fits during the illness that led to death?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Adapted from Population Health Metrics Research Consortium Shortened Verbal Autopsy Questionnaire Child Module
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Was the child unconscious during the illness that led to death?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>How long before death did unconsciousness start?</td>
<td>☐ Less than 6 hours ☐ 6-23 hours ☐ 24 hours or more ☐ Don’t know</td>
</tr>
<tr>
<td>Did the child have a stiff neck during the illness that led to death?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>Did the child have a bulging fontanelle during the illness that led to death?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>During the month before he/she died, did have a skin rash?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>How many days did the rash last?</td>
<td>___ ___ days ☐ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did the child’s skin flake off in patches?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>Did the child’s hair change in color to a reddish or yellowish color?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>Did the child have a protruding belly?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did the child suffer from anaemia or pallor?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did the child have swelling in the armpits?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did the child bleed from anywhere?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did he/she have areas of the skin that turned black?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
</tbody>
</table>

**SECTION 4: HEALTH RECORDS**

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the cause of death known/recorded?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>What was the cause of death?</td>
<td>____________________________</td>
</tr>
<tr>
<td>Record the name and address of the hospital, health center or clinic where the care was sought:</td>
<td></td>
</tr>
<tr>
<td>What was the date of death</td>
<td>__ __ / __ __ / __ __ __ __</td>
</tr>
<tr>
<td>Was a death certificate issued?</td>
<td>☐ Yes ☐ No</td>
</tr>
<tr>
<td>Is the death certificate available?</td>
<td>☐ Yes ☐ No ☐ Don’t know</td>
</tr>
<tr>
<td>Record the immediate cause of death from the certificate.</td>
<td>____________________________</td>
</tr>
<tr>
<td>Record the other underlying causes of death from the certificate.</td>
<td>____________________________</td>
</tr>
<tr>
<td>END</td>
<td>☐ N/A</td>
</tr>
</tbody>
</table>