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

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 ☐ Burn/Fire ☒ Drowning ☒ Homicide, abuse ☒ ☐ Bite or sting by to answer venomous animal Refused ☐ Don't know ☐ Other injury, specify _____
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

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

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	

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

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

Is the cause of death known/recorded?	☐ Yes	☐ No	☐ Don't know

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

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

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