### Death

<table>
<thead>
<tr>
<th>Date of verbal autopsy</th>
<th>Date of death</th>
<th>Date research team aware of death</th>
<th>Primary caregiver present at time of death</th>
<th>Died at home</th>
<th>Died in healthcare facility</th>
<th>Relationship of person interviewed to child</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/31/2022</td>
<td>12/31/2022</td>
<td>12/31/2022</td>
<td>N/A</td>
<td>Y</td>
<td>Y</td>
<td>Mother</td>
</tr>
</tbody>
</table>

**DATE OF VERBAL AUTOPSY**

- **N/A family refused or not contactable**

**PRIMARY CAREGIVER PRESENT AT TIME OF DEATH**

- **N/A**

**DEATH IN HEALTHCARE FACILITY**

- **N/A**

**RELATIONSHIP OF PERSON INTERVIEWED TO CHILD**

- **N/A**

---

**IF IT HAS NOT BEEN POSSIBLE TO COMPLETE A VERBAL AUTOPSY FOR THIS CHILD LEAVE THE REST OF THIS FORM BLANK AND COMPLETE A STUDY CONCLUSION FORM**

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>
<tbody>
<tr>
<td><strong>Did the child suffer an injury or accident that led to death?</strong></td>
</tr>
<tr>
<td>Select 1</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
</tbody>
</table>

*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.*

<table>
<thead>
<tr>
<th>What kind of injury or accident did the child suffer from? <strong>Select all that apply</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Road traffic crash/ injury</strong></td>
</tr>
<tr>
<td><strong>Significant fall</strong></td>
</tr>
<tr>
<td><strong>Drowning</strong></td>
</tr>
</tbody>
</table>
### CHAIN INPATIENT VA FORM

<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>□ Other injury, specify</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>Bite or sting by venomous animal</td>
<td>□ Refused to answer</td>
</tr>
<tr>
<td>□ Refused to answer</td>
<td></td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Other injury, specify</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>□ Don’t know</td>
<td></td>
</tr>
<tr>
<td>□ Refused to answer</td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 2: BACKGROUND

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<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  □ Don’t know</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>□ &lt;38°C  □ 38-39.5°C  □ &gt;39.5°C</td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child have more</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
<tr>
<td>frequent loose or liquid stools than usual?</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>How many stools did the child have on the day that loose or liquid</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
<tr>
<td>stools were most frequent?</td>
<td>□ 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>□ Yes  □ No  □ 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</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
<tr>
<td>breathing?</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>For how many days did the difficult breathing last?</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
<tr>
<td>During the illness that led to death, did the child have fast</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
<tr>
<td>breathing?</td>
<td>□ Don’t know</td>
</tr>
<tr>
<td>For how many days did the fast breathing last?</td>
<td>□ Yes  □ No  □ Don’t know</td>
</tr>
</tbody>
</table>

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

CHAIN Inpatient Verbal Autopsy V1.59 29th December 2016
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<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>
<tr>
<td>Was the child unconscious during the illness that led to death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How long before death did unconsciousness start?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child have a stiff neck during the illness that led to death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child have a bulging fontanelle during the illness that led to death?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the month before he/she died, did have a skin rash?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>How many days did the rash last?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child’s skin flake off in patches?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child’s hair change in color to a reddish or yellowish color?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did the child have a protruding belly?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child suffer from anaemia or pallor?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child have swelling in the armpits?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did the child bleed from anywhere?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>During the illness that led to death, did he/she have areas of the skin that turned black?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**SECTION 4: HEALTH RECORDS**

<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 where the care was sought:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Was a death certificate issued?</td>
<td>Yes</td>
<td></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></td>
</tr>
<tr>
<td>Record the other underlying causes of death from the certificate.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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CHAIN INPATIENT VA FORM

END

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