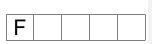
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Outpatient Death Report – Verbal Autopsy						
Date of verbal			Date of death			
autopsy	/	/				
	DD/MM/	Y Y Y Y				
	□ N/A family	refused or		/	/_	🗖 True
	not contactat	ole		D D/MI	N/YY	γγ DEstimated
Date research team aware of death	<u> </u>		Primary caregiver present at time of death		ΠY	ΠN
Died at home	□ Y	ΠN	Died in healthca	are facility	ΠY	D N
Relationship of person interviewed to child	□Mother	□Father	□Grandparent	□Sibli	ng	□ Other □ 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

Child

Initials

V	/erbal Autopsy		
Did the child suffer an injury or accident that led to death? Select 1	🗆 Yes 🔲 No 🗖 Don't kno	ow 🔲 Refused to answer	
If not in notes, and clinicians cannot answer, skip to section 2: Background. <mark>CHAIN participants should have been</mark> excluded if admitted with trauma, however some may be disclosed after death <mark>.</mark>			Commented [CO1]: To be deleted
	□ Road traffic crash/ injury	Poisoning	-
	□ Significant fall	□ Burn/Fire	
What kind of injury or accident did the child	Drowning	Homicide, abuse	
suffer from? Select all that apply	Bite or sting by venomous animal	Refused to answer	
	Don't know		
	Other injury, specify		
Was the injury or accident intentionally inflicted by someone else?	□ Yes □ No □ Don't kno	ow Refused to answer	Commented [CO2]: Footer at the bottom of the page tracked changes updated

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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

SECTION 3: INFANT AND CHILD DEATHS

During the illness that led to death did the child have a fever?	Tes No		🗖 Don't know		
How many days did the fever last?	Less than 24	4 hours	_days 🛛 Don't know		
Did the fever continue until death?	🗖 Yes]Yes □No □Don't kr			
How severe was the fever?	□ Mild <38C	☐ Moderate 38-39.5C	□ Severe □ Don't kno >39.5C		
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 kno		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 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	

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

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Commented [CO3]: Moved down from page 1

Child Initials I I I I I I I I I I I I I I I I I I I							
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?		🗆 N/A	
Record the name and address of the hospital, health center or clinic where the care was sought:			
Was a death certificate issued?	🗖 Yes	🗖 No	🗖 Don't know
Is the death certificate available?	🗖 Yes	🗖 No	🗖 Don't know
Record the immediate cause of death from the certificate.			
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