

**VERBAL DIAGNOSIS FORM: DEATH OF CHILD UNDER 29 DAYS**

Area		Serial Number	
Date of interview			
Interviewer			
Location Identifier 1			
Location Identifier 2			
Name of head of household			
Relationship of respondent to the deceased	1-Father		2-Mother
	4-Sibling		3-Spouse
	6-Other relative		5-Child
		7-No relation	
Did you live with the respondent in the period leading to death?		1-Yes	
		2-No	
Name of deceased			
Sex  1-Male      2-Female		Date of birth	
		Day	Month
Place of death		Year	
		N-Home H-Health facility	
		O-Other	
Date of death		Day	Month
		Year	

[illegible]

"Excuse me, I will ask you some questions concerning symptoms that the deceased had/showed when s/he was ill. Some of these questions may not appear to be directly related to his/her death. Please bear with me and answer all the questions. They will help us to get clear picture of all possible symptoms that the deceased had"

SYMPTOMS CONCERNING THE MOTHER		
1 How is the child's mother now?	1-healthy, fine 2-she is sick 3-died	9-Don't know
2 Was it a difficult birth?	1-Yes 2-No	9-Don't know
3 Did the mother have fits before giving birth?	1-Yes 2-No	9-Don't know
4 Did/does the mother have high blood pressure?	1-Yes 2-No 9-Don't know	
5 Did the mother have a febrile illness at the time of delivery?	1-Yes 2-No	9-Don't know
6 Did the child's mother suffer from any of these conditions?	1-Diabetes 2-Heart disease 3-TB 4-Epilepsy 5-None	9-Don't know

EVENTS DURING BIRTH OF A CHILD			
7	Where did the mother give birth?	2-Health facility 1-Home 3-In transit 4-Other place	9-Don't know
8	Who assisted the birth?	1-none 2-Untrained TBA 3-Trained TBA	9-Don't know 4-Health professional
9	Had the mother received Tetanus Toxoid vaccination (TT)?	1-Yes 2-No	9-Don't know
10	If yes, how many TT injections did she receive?	(number)	
11	Was the child ...	1-a singleton? 2-twin	9-Don't know
12	Was it a forceps or vacuum delivery?	1-Yes 2-No	9-Don't know
13	Was it a caesarian delivery?	1-Yes 2-No	9-Don't know
14	Was it a prolonged labour?	1-Yes 2-No	9-Don't know
15	Did waters break 1 day or more before contractions during late pregnancy, labour or delivery?	1-Yes 2-No	9-Don't know
16	Was the child premature?	1-Yes 2-No	9-Don't know
17F	If yes, how many months or weeks?		Months Weeks
18	Did the baby stop 'playing' in the womb before labour?	1-Yes 2-No 9-Don't know	
19	If no, did the baby breathe at all after delivery?	1-Yes 2-No	9-Don't know

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SYMPTOMS CONCERNING THE MOTHER (cntd...)		
20 Was the baby dead at birth?	1-Yes 2-No 9-Don't know	
21 Did the umbilical cord come before the baby was born?	1-Yes 2-No 9-Don't know	

ASK THESE QUESTIONS IF THE CHILD WAS BORN ALIVE		
22 Did the child cry immediately after birth?	1-Yes 2-No 9-Don't know	
23 Was the child able to breast-feed?	1-Yes 2-No 9-Don't know	
24-F If NO, was the problem with the child (1) or the mother (2)?	1-child 2-mother 9-Don't know	
25 Was the child weighed after being born?	1-Yes 2-No 9-Don't know	
26F If yes, how much did the child weigh?		Kgs
27 Did the child have any malformation at birth?	1-Yes 2-No 9-Don't know	
28 Did the eye colour change to yellow (jaundice)?	1-Yes 2-No 9-Don't know	
29F If yes, how many days after being born?		Days
30 Did the child have any problem with the umbilical cord?	1-Yes 2-No 9-Don't know	
31 Did the child have a fever?		Days
32 Did the child have convulsions?	1-Yes 2-No 9-Don't know	
33 During the period of illness did s/he have areas of skin that were red peeling or skin rash with blisters containing pus?	1-Yes 2-No 9-Don't know	
34 Was the child coughing?		Days
35 Did the child have difficulty in breathing?		Days
36 Did s/he have fast breathing?		Days
37 Did s/he have indrawing of the chest while breathing?		Days
38 Was the child vomiting?		Days
39 Did s/he have diarrhoea?		Days
40 Was the child unable to breast-feed when s/he was ill?		Days
41 Was there a bulge in the child's fontanel?		Days
42 Did the child die from ...	1-an injury? 2-accident? 3-Neither 1 nor 2 9-Don't know	
43-F If answer to Qn. 42 is 1 or 2, what kind of injury or accident?		
44 Were there any bruises or signs of injury on child body after birth?	1-Yes 2-No 9-Don't know	
45 During the illness that led to death did the child become unconscious?	1-Yes 2-No 9-Don't know	

Health services used by the deceased during his/her illness in the period leading to death		
Was given traditional medicine	1-Yes 2-No 9-Don't know	
Mother gave modern medicine	1-Yes 2-No 9-Don't know	
Medicine from family	1-Yes 2-No 9-Don't know	

Went to traditional healer	1-Yes 2-No 9-Don't know
Village health worker	1-Yes 2-No 9-Don't know
Government Dispensary	1-Yes 2-No 9-Don't know
Government Health Centre)	1-Yes 2-No 9-Don't know
Government Hospital	1-Yes 2-No 9-Don't know
Medicine from any Govt Health Facility	1-Yes 2-No 9-Don't know
Private Dispensary	1-Yes 2-No 9-Don't know
Private Health Centre	1-Yes 2-No 9-Don't know
Private Hospital	1-Yes 2-No 9-Don't know
Private Pharmacy	1-Yes 2-No 9-Don't know
Didn't get any service	1-No Service

Evidence and Summary of Details		
Death Certificate		
Cause of death		
Burial Permit		
Cause of death		
Post mortem results		
Cause of death		
MCH/ANC Card		
Hospital prescription forms		
Treatment cards		
Hospital discharge forms		
Diagnosis:		
Other hospital documents		
Laboratory/cytology results		
No Evidence		

Did a health worker tell you the cause of death?	1-Yes 2-No 9-Don't know
If yes, what did s/he say?	

The deceased was....		
Resident in the DSS area	R	
Dead body brought home for burial	M	
Home-coming sick	O	

Cause of death according to interviewer		
Code:		

Additions on Chinese version: what was the colour of newborn (to help distinguish between live and still births); question on nature of stools in case of diarrhoea (as a confirmatory question).