AFRICAN POPULATION AND HEALTH RESEARCH CENTRE
NAIROBI SLUM DEMOGRAPHIC SURVEILLANCE SYSTEM
VERBAL AUTOPSY QUESTIONNAIRE

A. BACKGROUND (Pick A.3 to A.6 from Death form)

A.1 FIELD WORKER'S CODE

A. 2 DATE OF INTERVIEW

A.3. NAME OF THE DECEASED..……

A.4 ID OF THE DECEASED

A.5. DATE OF BIRTH

A.6 DATE OF DEATH

A.7 GENDER OF DECEASED (F=Female; M=Male)

A.8. ID OF ROOM WHERE DECEASED USED TO SLEEP

B. RESPONDENT'S PARTICULARS

B.1 RESPONDENT'S NAME …….

B.2 RESPONDENT'S ID

B.3 RESPONDENT'S RELATIONSHIP TO DECEASED (Get code from [1]) ……..

C. OFFICE/FIELD CHECK DETAILS

C.1 FS CODE & CHECK DATE

C.2 OFFICE CODE & CHECK DATE

[1] **Relationships:** HHH=Household Head; WIF=Wife; HUS=Husband; CHD=Child; SOL=Son-in-law; BRO=Brother; SIS=Sister; BIL=Brother-in-law; SIL=Sister-in-law; DIL=Daughter-in-law; PIL=Parent-in-law; PAR=Parent; GDP=Grand parent; GCH=Grand child; CWF=Co-wife; OTH=Other; NRL=Not related; UNK=Unknown Relationship.

NB: THROUGHOUT THIS QUESTIONNAIRE, USE "1" FOR "YES", "2" FOR "NO" AND "8" FOR DK.

1. OPEN HISTORY

_____

1.1 NAME AND LOCATION OF PLACE WHERE DEATH OCCURRED_____ ☐
(1=Hospital, 2=Other Health facil. inside slum; 3=Other Health Facil. outside; 4=At home; 5=Other

1. 2 WAS THE RESPONDENT LIVING IN HOUSEHOLD AT THE TIME OF (NAME'S) ILLNESS OR (NAME)'S DEATH?
(1=Was here throughout illness; 2=was here for part of the illness duration; 3=Was not living here)…… ☐

1.3 COULD YOU TELL ME ABOUT (NAME OF DECEASED)'S ILLNESS THAT LED TO HIS/HER DEATH?

PROMPT: WAS THERE ANYTHING ELSE?

1.4. BELOW ARE LISTED A NUMBER OF SYMPTOMS/CONDITIONS. FOR EACH OF THESE, RECORD IN "1" IF IT WAS MENTIONED IN THE OPEN-ENDED HISTORY IN THE PRECEDING PAGE, AND "2" IF NOT.

a.	ACCIDENT……	
b.	BORN PREMATURE……	
c.	COMA……	
d.	COMPLICATED DELIVERY……	
e.	COUGH……	
f.	DIARRHOEA……	
g.	DIFFICULT BREATHING……	
h.	FEVER……	
i.	FIT……	
j.	INJURY……	
k.	JAUNDICE……	
l.	KWASHIORKOR……	
m.	MALARIA……	
n.	MALFORMATION……	
o.	MARASMUS……	
p.	MEASLES……	
q.	MULTIPLE BIRTH ……	
r.	PNEUMONIA……	
s.	RAPID BREATHING……	
t.	RASH……	
u.	STIFF NECK……	
v.	TETANUS……	
w.	VERY SMALL AT BIRTH……	
x.	VERY THIN……	
y.	DYSENTRY……	
z.	CHOLERA……	
aa	TYPHOID……	
OTHER (Specify_____)		

1.5. WAS THIS DEATH DUE TO SUICIDE?

1.6 WHAT WAS THE LENGTH OF TIME (NAME) WAS ILL BEFORE HE/SHE DIED? (in MONTHS)
(Use "000" for less than 1 month and "888" for "Not known")

1.7 WAS CARE SOUGHT OUTSIDE THE HOME WHILE (NAME) WAS ILL?

"2" OR "8"-→Q.1.9

1.8 WAS CARE SOUGHT WITH EITHER OF THE FOLLOWING HEALTH PROVIDER/FACILITY?

a. GOVERNMENT HOSPITAL
b. GOVERNMENT HEALTH CENTER/CLINIC (INCLUDING CITY COUNCIL CLINICS)
c. PRIVATE HEALTH CENTER/CLINIC
d. TRADITIONAL HEALER
e. RELIGIOUS HEALER
f. PHARMACY, DRUG SELLER, STORE, MARKET
g. NGO\RELIGIOUS HEALTH CENTRE (THINK THIS CAN BR COVERED IN C)
h. OTHER (Specify: _____)

1.9 WAS DEATH DUE TO ANY OF THE FOLLOWING CAUSES?

a. VEHICLE ACCIDENT
b. FALL
c. DROWNING
d. POISONING
e. ALCOHOL/DRUG OVERDOSE
f. MUGGING/SHOOTING
g. BITE OR STING BY VENOMOUS ANIMALS
h. BURN
i. VIOLENCE
j. OTHER (Specify_____)

1.10. WHAT WAS THE MOST IMMEDIATE CAUSE OF DEATH (IN Q.1.9)?

1.11. HOW LONG DID THE DECEASED SURVIVE THE IMMEDIATE CAUSE ABOVE (Q1.10) BEFORE HE/SHE DIED?
(1=Less than 24 hours; 2=1 day or more; 8=DK)

SECTION 2: NEONATAL, POST-NEONATAL AND UNDER-TWELVE DEATHS

IF CHILD DIED AT AGE LESS THAN 28 DAYS → Q.2.1
IF CHILD DIED AT AGE 28 DAYS OR OLDER BUT LESS THAN 12 YEARS → Q.2.7
IF DEATH OCCURRED AT AGE 12 YEARS OR OLDER → SECTION 3

2.1 DID THE CHILD STOP BEING ABLE TO SUCKLE IN A NORMAL WAY BEFORE SHE/HE DIED? ☐
(3=NEVER SUCKLED)
(If 2, 3, or 8→ 2.4)

2.2 HOW LONG BEFORE HE/SHE DIED DID THE CHILD STOP SUCKLING? ☐
(1=Less than one day, 2=One day or more)

2.3. HOW LONG AFTER BIRTH DID THE CHILD STOP SUCKLING? (in days, 88=DK) ☐☐

2.4 DID THE CHILD STOP BEING ABLE TO CRY IN A NORMAL WAY BEFORE SHE/HE DIED? ☐
(3=NEVER CRIED)
(If 2, 3, or 8→ 2.6)

2.5. HOW LONG BEFORE HE/SHE DIED DID THE CHILD STOP CRYING? ☐
(1=Less than one day, 2=One day or more, 8=DK)

2.6. DID CHILD HAVE REDNESS OR DRAINAGE FROM UMBILICAL CORD?

2.7. DURING THE ILLNESS THAT LED TO HIS/HER DEATH, DID HE/SHE HAVE ANY OF THE FOLLOWING SYMPTOMS OR CONDITIONS?

a. TETANUS ☐
b. YELLOW EYES ☐
c. AREAS OF SKIN RED AND HOT ☐
d. SKIN RASH WITH BUMPS CONTAINING PUS ☐
e. STRIDOR (Demonstrate sound) ☐
f. GRUNTING (Demonstrate sound) ☐
g. WHEEZING (Demonstrate sound) ☐
h. NOSTRILS FLARED DURING BREATHING ☐
i. PNEUMONIA (Use local term) ☐
j. INDRAWING OF CHEST ☐
k. STOP BREATHING FOR A LONG TIME, AND START AGAIN ☐
l. FEVER ☐
(IF answer is “2=NO” or “8=DK” go to Q.n)
m. HOW MANY DAYS DID THE FEVER LAST? ☐☐
n. FREQUENT LOOSE OR LIQUID STOOL ☐
o. DIARRHOEA (use local term for diarrhoea) (IF both Q.n and Q.o are “2” or “8”, Go To Q.p) ☐

o1. FOR HOW MANY DAYS DID HE/SHE HAVE LOOSE OR LIQUID STOOLS? (In DAYS)

o2. DO YOU THINK THAT THIS REPRESENTED 1=MORE OR 2=LESS LOOSE/LIQUID STOOL THAN USUAL?

o3. WAS THERE VISIBLE BLOOD IN THE LOOSE/LIQUID STOOLS?

o4. DURING THE TIME WITH LOOSE/LIQUID STOOLS, DID THE CHILD DRINK ORS?

p. COUGH

(IF answer is "2=NO" or "8=DK" go to Q.r)

q. HOW MANY DAYS DID THE COUGH LAST?

r. DIFFICULT BREATHING

(IF answer is "2=NO" or "8=DK" go to Q.t)

s. HOW MANY DAYS DID THE DIFFICULT BREATHING LAST?

t. RAPID BREATHING

(IF answer is "2=NO" or "8=DK" go to Q.v)

u. HOW MANY DAYS DID THE RAPID BREATHING LAST?

v. SPASMS OR CONVULSIONS/FITS

w. UNRESPONSIVE/UNCONSCIOUS

x. BULGING FONTANELLE

GOTO TO SECTION 4 IF CHILD DIED BELOW THE AGE OF 28 DAYS--- IF NOT, PROCEED WITH NEXT QUESTION.

y. STOP BEING ABLE TO GRASP (IF answer is "2=NO" or "8=DK" go to Q.z)

y1. HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO GRASP?
(1=Less than 12 hours; 2=12 hours or more; 8=DK)

z. STOP BEING ABLE TO RESPOND TO A VOICE (IF answer is "2=NO" or "8=DK" go to Q.aa)

aa1. HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO RESPOND TO VOICE?
(1=Less than 12 hours; 2=12 hours or more; 8=DK)

aa. STOP BEING ABLE TO FOLLOW MOVEMENTS WITH HIS/HER EYES (IF answer is "2=NO" or "8=DK" go to Q.bb)

aa1. HOW LONG BEFORE SHE/HE DIED DID THE CHILD STOP BEING ABLE TO FOLLOW WITH…..?
(1=Less than 12 hours; 2=12 hours or more; 8=DK)

bb. STIFF NECK

cc. SKIN RASH (If answer is '2=NO' or '8=DK', Go to dd)

cc1. WAS RASH ALL OVER DECEASED'S BODY?

cc2. WAS RASH ALSO ON DECEASED'S FACE?

cc3. HOW MANY DAYS DID THE RASH LAST?

cc4.DID THE RASH HAVE BLISTERS CONTAINING CLEAR FLUID?

cc5. DID THE SKIN CRACK/SPLIT OR PEEL AFTER THE RASH STARTED?

cc6. WAS THIS ILLNESS MEASLES?

dd. BECAME VERY THIN?

ee. SWOLLEN LEGS OR FEET? (If answer is '2=NO' or '8=DK', Go to Q.ff)

ff1. HOW MANY DAYS DID THE SWELLING OFLEGS/FEET LAST?

ff. SKIN FLAKED OFF IN PATCHES?

gg. HAIR CHANGED IN COLOUR TO A REDDISH (OR YELLOWISH) COLOUR?

hh. HAD KWASHIORKOR DURING THE MONTH BEFORE HE/SHE DIED

ii. HAD MARASMUS DURING THE MONTH BEFORE HE/SHE DIED

jj. SUFFERED FROM "LACK OF BLOOD" OR "PALLOR"

kk. HAD PALE PALMS

ll. HAD WHITE NAILS

mm. HAD SWELLING IN ARMPITS

nn. HAD SWELLING IN THE GROINS

oo. HAD WHITISH RASH INSIDE THE MOUTH OR ON THE TONGUE

GO TO SECTION 4.

SECTION 3: ADOLESCENT/ADULT DEATHS

3.1 DID THE DECEASED HAVE ANY OF THE FOLLOWING JUST BEFORE HE/SHE DIED?

k. HYPERTENSION

l. DIABETES

m. EPILEPSY

n. TB

o. HIV/AIDS

3.2 DID SHE/HE HAVE FEVER ? (If answer is '2=NO' or '8=DK', Go to Q.3.3)

a. HOW MANY DAYS DID THE FEVER LAST? (in days, 87=87days and +, 88=DK)

b. WAS THE FEVER 1=SEVERE OR 2=MILD?

c. WAS THE FEVER 1=CONTINUOUS OR 2=ON & OFF?

3.3 DID SHE/HE HAVE RASH? (If answer is '2=NO' or '8=DK', Go to Q.3.4)

a. HOW MANY DAYS DID THE RASH LAST? (in days, 87=87days and +, 88=DK)

b. WAS THE RASH 1=SEVERE OR 2=MILD?

c. WHAT DID THE RASH LOOK LIKE?
(1=Measles rash; 2=Rash with clear fluid; 3=Rash with pus; 4=Other_____)

3.4 DID SHE/HE HAVE SORE EYES?

3.5 DID SHE/HE HAVE ITCHING OF SKIN?

3.6 HAD SHE/HE LOST WEIGHT BEFORE DEATH? (If answer is '2=NO' or '8=DK', Go to Q.3.8)

3.7 WAS THE WEIGHT LOSS 1=SEVERE OR 2=MODERATE?

3.8 SWELLING AROUND ANKLE

3.9 PUFFINESS OF THE FACE

3.10 LOOKED PALE

3.11 YELLOW EYES

3.12 SWELLING OF NECK

3.13 SWELLING OF ARMPIT

3.14 SWELLING OF GROIN

3.15 OTHER SWELLING OR ULCER

3.16 DID DECEASED HAVE COUGH? (If answer is '2=NO' or '8=DK', Go to Q.3.17)

a. HOW MANY DAYS DID THE COUGH LAST?

b. WAS THE COUGH PRODUCTIVE (SPUTUM)?

c. DID HE/SHE COUGH BLOOD?

3.17 DID SHE/HE HAVE SHORTNESS OF BREATHING? (If answer is '2=NO' or '8=DK', Go to Q.3.18)

a. HOW MANY DAYS DID THE BREATHLESSNESS LAST?

3.18 DID SHE/HE HAVE CHEST PAIN ? (If answer is '2=NO' or '8=DK', Go to Q.3.19)

a. WHERE WAS THE PAIN? (1=UP LEFT, 2=LOW LEFT, 3=UP RIGHT, 4=LOW RIGHT, 5=CENTER, 8=DK)

b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF?

3.19 DID SHE/HE HAVE DIARRHOEA? (If answer is '2=NO' or '8=DK', Go to Q.3.20)

a. HOW MANY DAYS DID THE DIARRHOEA LAST?

b. WAS THE DIARRHOEA 1=CONTINUOUS OR 2=ON & OFF?

c. HOW MANY TIMES DID HE/SHE PASS STOOL A DAY?

d. DID SHE PASS BLOOD IN THE STOOL?

3.20 DID SHE/HE HAVE VOMITING? (If answer is '2=NO' or '8=DK', Go to Q.3.21)

a. HOW MANY DAYS DID THE VOMITING LAST?

b. WAS THE VOMITING 1=CONTINUOUS OR 2=ON & OFF?

c. HOW MANY TIMES DID HE/SHE VOMIT A DAY?

d. WHAT DID THE VOMITING LOOK LIKE?
(1=watery fluid, 2=Yellowish fluid, 3=Coffee coloured fluid, 4=Bloody, 5=Faecal matters, 6=Other_____)

3.21 DID SHE/HE HAVE ABDOMINAL PAIN? (If answer is '2=NO' or '8=DK', Go to Q.3.22)

a. WHAT WAS THE TYPE OF PAIN?
(1=Cramp, 2=Dull ache, 3=Burning pain, 4=Other)

b. WAS THE PAIN 1=CONTINUOUS OR 2=ON & OFF?

c. HOW MANY DAYS DID THE PAIN LAST?

3.22 DID SHE/HE HAVE DISTENSION OF ABDOMEN? (If answer is '2=NO' or '8=DK', Go to Q.3.23)

a. WAS THE DISTENSION OF THE ABDOMEN PAINFUL

b. WHAT WAS THE TYPE OF PAIN?
(1=Cramp, 2=Dull ache, 3=Burning pain, 4=Other)

c. DID THE DISTENSION DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME?

d. HOW MANY DAYS DID THE DISTENSION OF THE ABDOMEN LAST

3.23 DID DECEASED HAVE DIFFICULTY IN SWALLOWING? (If answer is '2=NO' or '8=DK', Go to Q.3.24)

a. HOW MANY DAYS DID HE/SHE HAVE DIFFICULTY SWALOWING?

3.24 DID SHE/HE HAVE ANY MASS IN THE ABDOMEN? (If answer is '2=NO' or '8=DK', Go to Q.3.25)

a. WHERE EXACTLY WAS THE MASS?
(1=Right upper abdomen, 2=Left upper abdomen, 3=lower abdomen, 4=Other_____)

3.25 DID SHE/HE HAVE HEADACHE ?

3.26 DID SHE/HE HAVE STIFF NECK? (If answer is '2=NO' or '8=DK', Go to Q.3.27)

a. FOR HOW MANY DAYS DID HE/SHE HAVE STIFF NECK?

3.27 DID SHE/HE EXPERIENCE UNCOUNCIOUSNESS? (If answer is '2=NO' or '8=DK', Go to Q.3.28)

a. HOW MANY DAYS DID THE UNCOUNCIOUSNESS LAST?

b. DID THE UNCOUNCIOUSNESS START 1=SUDDENLY OR 2=SLOWLY OVER A FEW DAYS?

3.28 DID SHE/HE HAVE FITS? (If answer is '2=NO' or '8=DK', Go to Q.3.29)

a. HOW MANY DAYS DID SHE/HE HAVE FITS?

b. WHEN THE FITS WERE MOST FREQUENT, HOW MANY FITS PER DAY DID SHE/HE HAVE?

c. BETWEEN FITS, WAS SHE/HE 1=AWAKE OR 2=UNCONSCIOUS?

d. DID SHE/HE HAVE DIFFICULTY IN OPENING THE MOUTH?

3.29 DID SHE/HE HAVE STIFFNESS IN THE WHOLE BODY? (If answer is '2=NO' or '8=DK', Go to Q.3.30)

a. HOW MANY DAYS DID THE BODY STIFFNESS LAST?

b. DID THE STIFFNESS DEVELOP 1=RAPIDLY OR 2=SLOWLY OVER TIME?

3.30 DID SHE/HE HAVE ANY SURGERY/OPERATION? (If answer is '2=NO' or '8=DK', Go to bottom of this page)

a. HOW MANY DAYS BEFORE HIS/HER DEATH DID SHE/HE HAVE THE SURGERY?

b. WHERE DID SHE HAVE THE SURGERY_____?
(1=hospital, 2=health facility within the slum, 3=other health facility outside slum, 4=Other)

IF DECEASED IS A FEMALE WITHIN THE 12-49 AGE RANGE, PROCEED WITH FOLLOWING PAGE. OTHERWISE, GO TO SECTION 4.

ASK QUESTIONS ON THIS PAGE ONLY IF DECEASED IS A FEMALE WITHIN THE 12-49 YEARS AGE RANGE

3.31 WAS SHE PREGNANT AT THE TIME OF DEATH?
(If answer is '2=NO' or '8=DK', Go to Q.3.32)

a. HOW MANY MONTHS WAS SHE PREGNANT?

3.32 DID SHE DELIVER WITHIN 6 WEEKS/42 DAYS BEFORE DEATH?
(If answer is '2=NO' or '8=DK', Go to Q.3.33)

a. HOW MANY DAYS BEFORE HER DEATH DID SHE DELIVER?

b. WHERE DID SHE DELIVER _____?
(1=hospital, 2=Other health facility within the slum, 3=other health facility outside slum, 4= home, 5=Other)

c. DID THE LABOUR LAST 1=Less than 12 hrs, 2=12 hrs or more?

d. DID SHE HAVE TOO MUCH BLEEDING DURING DELIVERY

e. WHAT WAS THE MODE OF DELIVERY? (1=Vaginal, 2=Vacuum/forceps, 3=Cesarian) (If '1'→Q.3.33)

_____

f. WHERE DID SHE HAVE THE SURGERY/OPERATION_____?
(1=hospital, 2=health facility within the slum, 3=other health facility outside slum, 4=Other)

3.33 DID SHE HAVE ANY PREVIOUS COMPLICATED DELIVERY ?

3.34 DID SHE HAVE AN ABORTION WITHIN 42 DAYS BEFORE HER DEATH?

3.35 DID SHE HAVE IRREGULAR BLEEDING PER VAGINA?

3.36 DID SHE HAVE ANY SWELLING OR ULCER IN THE BREAST?

GO TO NEXT PAGE.

SECTION 4: TREATMENT AND RECORDS

I WOULD LIKE TO ASK A FEW QUESTIONS ABOUT ANY DRUGS THAT THE DECEASED MAY HAVE RECEIVED DURING THE ILLNESS THAT LED TO HIS/HER DEATH.

4.1 DID (NAME) RECEIVE ANY OF THE FOLLOWING BEFORE HER DEATH?

a. ANTIBIOTICS ☐

b. CHLOROQUINE ☐

c. ASPIRIN ☐

d. Other(specify)_____ ☐

4.2. DO YOU HAVE ANY HEALTH RECORDS THAT BELONGED TO (NAME)? (If "2" , "3" OR "8" → Q4.3) ☐
(1=YES, 2=NO, 3=HEALTH RECORD NOT SEEN, 8=NOT KNOWN)

a. DATE AND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)
DATE ☐☐☐☐☐☐☐☐ WEIGHT ☐☐☐

b. DATE AND 2ND MOST RECENT WEIGHT ON HEALTH RECORDS (Weight in KG)
DATE ☐☐☐☐☐☐☐☐ WEIGHT ☐☐☐

c. RECORD THE DATE OF LAST NOTE: ☐☐☐☐☐☐☐☐

AND TRANSCRIBE THE NOTE:

4.3. WAS A DEATH CERTIFICATE ISSUED? (If "2" , "3" OR "8" → END) ☐
(1=YES, 2=NO, 3=DEATH CERTIFICATE NOT SEEN, 8=NOT KNOWN)

4.4. RECORD THE INFORMATION a-e BELOW FROM THE DEATH CERTIFICATE

a. IMMEDIATE CAUSE OF DEATH_____

b. 1ST UNDERLYING CAUSE OF DEATH_____

c. 2ND UNDERLYING CAUSE OF DEATH_____

d. 3RD UNDERLYING CAUSE OF DEATH_____

e. CONTRIBUTING CAUSE(S) OF DEATH_____

END