

NEPAL Oil Massage Study – NEONATAL VERBAL AUTOPSY FORM

Week Date Worker ID _____

VDC Ward Sector HH

	NNIPSNUM	First Names	Last Name
Mother	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
Father	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____	_____
Child	<input type="text"/> of <input type="text"/>	_____	_____

Form Status:

1=completed Now: Met Status:
2=Not met within 6 months (STOP)
6=refused - **STOP**
7=Permanently Moved - **STOP**

Vital Status

1=alive

1=yes
1=6s

Section A: General Information

1.	Relationship of primary respondent to deceased	1=Mother 2=Father 3=Grandmother 4=Grandfather 5=Aunt 6=Other family member 7=TBA/ANM 8=Other _____ 9=Don't Know	<input type="checkbox"/>
2.	Was primary respondent present during the fatal illness or death?	0=No to either 1=Yes to illness only 2=Yes to death only 3=Yes to both 9=Don't know	<input type="checkbox"/>
3.	Age of primary respondent	15-97 = Age in years 98=98 or more 99= Don't Know	<input type="text"/> <input type="text"/>
4.	Primary respondent years of schooling	00=None 01-20 = Years of schooling 99=Don't Know	<input type="text"/> <input type="text"/>

Section B: Vital Information

5.	Date of Birth (record dd / mm / yy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
6.	Date of Death (record dd / mm / yy)	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>
7.	Time of Death (record hh:mm)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> <input type="text"/> → 1= 12:00 AM – 11:59 NOON 2= 12:00 PM – 11:59 MIDNIGHT
8.	Where did the child die?	1=Home/maiti/family member's house 2=Hospital (Go to Q8a) 3=Other health facility (Go to Q8a) 4=in transit to facility 5=Other _____
	8a. At what facility did he/she die?	_____
9.	Is the mother still alive?	0=No (Go to Q9a) 1=Yes (Go to Q10) 9=Don't Know
	9a. Did the mother die during or after delivery?	1=During delivery (Go to Q10) 2=After delivery (Go to Q9b) 9=Don't Know (Go to Q10)
	9b. How long after the delivery did she die?	00-90 days 91=more than 90 days 99=Don't know
10.	At birth, what was the size of the baby?	1=Very small 2=Smaller than usual 3=About average 4=Larger than average 9=Don't Know

Section C: Neonatal Module

11.	Did the child have an accident or injury just before death?	0=No (Go to Q12) 1=Yes (Go to Q11a) 9=Don't Know
	11a. What kind of injury or accident?	1=Fall or blow 2=Burn 3=Severe cut 4=Snake bite 5=Animal bite 6=Road accident 7=Other _____ 9=Don't Know

	11b. How many days after the accident did the child die?	00=Same day 01-28 = Number of days 99=Don't Know	<input type="text"/>
12.	Did the baby stop being able to cry?	0=No 1=Yes (Go to 12a) 9=Don't Know	<input type="text"/>
	12a. How long before the baby died did the baby stop crying?	1=Less than 1 day 2=One day or more 9=Don't know	<input type="text"/>
13.	Was the baby able to suckle in a normal way during the first day of life?	0=No (Go to Q13a) 1=Yes (Go to Q13b) 9=Don't Know (Go to Q13a)	<input type="text"/>
	13a. Did the baby ever suckle in a normal way?	0=No (Go to Q14) 1=Yes (Go to Q13b) 9=Don't Know (Go to Q14)	<input type="text"/>
	13b. Did the baby stop being able to suckle in a normal way?	0=No (Go to Q14) 1=Yes (Go to Q13c) 9=Don't Know (Go to Q14)	<input type="text"/>
	13c. How long after birth the baby stop suckling?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/>
	13d. Was the baby able to open his/her mouth at the time he/she stopped sucking?	0=No 1=Yes 9=Don't Know	<input type="text"/>
14.	During the illness that led to death did the baby have difficulty breathing?	0=No (Go to Q15) 1=Yes (Go to Q14a-b) 9=Don't Know (Go to Q15)	<input type="text"/>
	14a. At what age did the difficult breathing start	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/>
	14b. For how many days did the difficult breathing last?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/>
15.	During the illness that led to death did the baby have fast breathing?	0=No (Go to Q16) 1=Yes (Go to Q15a-b) 9=Don't Know (Go to Q16)	<input type="text"/>
	15a. At what age did the fast breathing start	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/>

	15b. For how many days did the fast breathing last?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/> <input type="text"/>
16.	During the illness that led to death did the baby have indrawing of the chest?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
17.	During the illness that led to death, did the baby have grunting?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
18.	During the illness that led to death, did the baby have spasms or convulsions?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
19.	During the illness that led to death, did the baby have any stiffening of the body or arching of the back?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
20.	During the illness that led to death, did the baby have fever?	0=No 1=Yes (Go to Q20a-b) 9=Don't Know	<input type="checkbox"/>
	20a. At what age did the fever start?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/> <input type="text"/>
	20b. For how many days did the fever last?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/> <input type="text"/>
21.	During the illness that led to death, did the baby become cold to touch?	0=No (Go to Q22) 1=Yes (Go to Q21a) 9=Don't Know (Go to Q22)	<input type="checkbox"/>
	21a. At what age did the baby start feeling cold to touch?	00=Less than 1 day 01-28 days 99=Don't Know	<input type="text"/> <input type="text"/>
22.	During the illness that led to death, did the baby become lethargic after a period of normal activity?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
23.	During the illness that led to death, did the baby become unresponsive or unconscious?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
24.	During the illness that led to death, did the baby have a bulging fontanelle?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>

25.	During the illness that led to death did the baby have pus drainage from the umbilical cord stump?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
26.	During the illness that led to death, did the baby have redness of the umbilical cord stump?	0=No (Go to Q27) 1=Yes (Go to Q26a) 9=Don't Know (Go to Q27)	<input type="checkbox"/>
	26a. Did the redness of the cord stump extend onto the abdominal skin?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
27.	During the illness that led to death, did the baby have skin bumps containing pus or a single large area of pus?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
28.	During the illness that led to death, did the baby have ulcers (pits)?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
29.	During the illness that led to death, did the baby have an area of the skin with redness and swelling	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
30.	During the illness that led to death, did the baby have and area of skin that turned black?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
31.	During the illness that led to death, did the baby bleed from anywhere?	0=No (Go to Q32) 1=Yes (Go to Q31a) 9=Don't Know (Go to Q32)	<input type="checkbox"/>
	31a. From where did the baby bleed?	<hr/> <hr/>	
32.	During the illness that led to death, did the baby have more frequent loose or liquid stools than usual?	0=No (Go to Q33) 1=Yes (Go to Q32a) 9=Don't Know (Go to Q33)	<input type="checkbox"/>
	32a. How many stools did the baby have on the day that diarrhea/loose stools were most frequent?	01-98 = Number of stools 99=Don't Know	<input type="text" value=""/> <input type="text" value=""/>
33.	During the illness that led to death, did the baby vomit everything each time after feeding?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>
34.	During the illness that led to death, did the baby have yellow skin?	0=No 1=Yes 9=Don't Know	<input type="checkbox"/>

