# CHAIN INPATIENT VA FORM V1.60

## Death

<table>
<thead>
<tr>
<th>Date medical team aware of death</th>
<th><em><strong>/</strong></em>/____</th>
<th>Time child last seen alive by medical team</th>
<th><em><strong>:</strong></em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time medical team aware of death</td>
<td><strong>:</strong>:__</td>
<td>Primary Carer present at time of death?</td>
<td>Y</td>
</tr>
</tbody>
</table>

## Resuscitation

<table>
<thead>
<tr>
<th>Resuscitation attempted</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Duration of resuscitation</td>
<td>___ minutes</td>
<td>Unknown</td>
</tr>
<tr>
<td>Resuscitation details</td>
<td>Bag and mask ventilation</td>
<td>Too late</td>
</tr>
<tr>
<td></td>
<td>Chest compressions</td>
<td>Clinical team agree futility</td>
</tr>
<tr>
<td></td>
<td>Adrenaline</td>
<td>Uncertain</td>
</tr>
<tr>
<td></td>
<td>Other ______________________</td>
<td>Other ______________________</td>
</tr>
</tbody>
</table>

## Verbal Autopsy

Did the child suffer an injury or accident that led to death?

*Select 1*

- Yes
- No
- Don’t know
- Refused to answer

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.

What kind of injury or accident did the child suffer from? *Select all that apply*

- Road traffic crash/ injury
- Poisoning
- Significant fall
- Burn/Fire
- Drowning
- Homicide, abuse
- Drowning
- Refused to answer
- Bite or sting by venomous animal
- Don’t know
- Other injury, specify

---

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

CHAIN Inpatient Verbal Autopsy V1.60 20th Feb 2017
### Was the injury or accident intentionally inflicted by someone else?

- [ ] Yes
- [ ] No
- [ ] Don’t know
- [ ] Refused to answer

### 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?**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know

- **How many days did the fever last?**
  - [ ] Less than 24 hours
  - [ ] ___ days
  - [ ] Don’t know

- **Did the fever continue until death?**
  - [ ] Yes
  - [ ] No
  - [ ] Don’t know

- **How severe was the fever?**
  - [ ] Mild <38C
  - [ ] Moderate 38-39.5C
  - [ ] Severe >39.5C
  - [ ] Don’t know

- **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 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
- [ ] 6-23 hours
- [ ] 24 hours or more
- [ ] Don’t know

Did the child have a stiff neck during the illness that led to death?

- [ ] Yes
- [ ] No
- [ ] Don’t know

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?

________________________________

Record the name and address of the hospital, health center or clinic where the care was sought:

________________________________

What was the date of death

__ __ / __ __ / __ __ __ __  

- [ ] Don’t know

D   D  /  M  M  /   Y   Y    Y   Y

Was a death certificate issued?

- [ ] Yes
- [ ] No

Is the death certificate available?

- [ ] Yes
- [ ] No
- [ ] Don’t know

Record the immediate cause of death from the certificate.

________________________________

- [ ] N/A

Record the other underlying causes of death from the certificate.

________________________________

- [ ] N/A

END