

**SOCIAL AUTOPSY TOOL FOR CHILD DEATHS (29 DAYS TO 14 YEARS)  
AN INDEPTH TOOL**

**OPEN HISTORY QUESTION**

*Instructions to interviewer - Allow the respondent to tell you about the illness in his or her own words. Do not prompt except for asking whether there was anything else after the respondent finishes. Keep prompting until the respondent says there was nothing else. While recording, underline any unfamiliar terms.*

**PROBE FOR:**

***Recognition in the home** (first symptoms recognised, other symptoms, when did they realise it was severe, who recognized the first and severe symptoms)*

***Timing** (how long it took from first symptoms to realising it was severe)*

***Actions taken in home and outside the home** (how long after first symptom and severe symptoms, what actions, what treatment, who made the decision, reason for this action, if not going outside for care – why?)*

***Provider behaviour** (advice given, treatment given, referral, referral experience, timing of referral, reasons for not going or delaying referral)*

**ASK :**

*Could you tell me about the illness that led to the child’s death?*

*Is there anything that you or anyone else could have done differently to prevent this death? Why?*

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1. TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS					
1.1. SYMPTOMS IN CHRONOLOGICAL ORDER (AFTER ILLNESS STARTED)	<b>SYMPTOM</b> 1: _____ 2: _____ 3: _____ 4: _____ 5: _____		<b>DAY RECOGNISED</b> DAY: 1 _____ DAY: _____ DAY: _____ DAY: _____ DAY: _____		S1/D1 S2/D2 S3/D3 S4/D4 S5/D5
1.2. HOW LONG AFTER YOU RECOGNISED THE FIRST SYMPTOM DID THE CHILD DIE?	DAYS ..... <input type="text"/> <input type="text"/> DON'T KNOW .....99				DITI
1.3. DID THE CHILD USUALLY SLEEP UNDER A BED NET?	YES .....1 NO .....2 DON'T KNOW .....99				CBED
1.4. DID S/HE RECEIVE ANY TREATMENT BEFORE S/HE DIED?	YES .....1 NO .....2 DON'T KNOW .....99		→1.33 →END		ANYT
1.5. WHY DID THE CHILD NOT RECEIVE ANY TREATMENT?	_____ _____ _____		→END		NTRE
1.6. HOW WAS S/HE TREATED AT HOME?	NO HOME TREATMENT .....1 WITH DRUGS .....2 WITH HERBS .....3 OTHER (SPECIFY) .....4 DON'T KNOW .....99		→1.36 →1.36		HOTR
1.7. WHAT TYPE OF TREATMENT WAS GIVEN TO THE CHILD?	MALARIA DRUG (SPECIFY) .....1 ANTIBIOTIC (SPECIFY) .....2 PARACETAMOL .....3 OTHER (SPECIFY) .....4 DON'T KNOW .....99				TYTRH
1.8. HOW MUCH TIME AFTER ILLNESS STARTED WAS CARE INITIALIZED AT HOME?	DAYS ..... <input type="text"/> <input type="text"/> DON'T KNOW .....99				DCAH
1.9. WAS THE CHILD BROUGHT OUTSIDE THE HOME FOR CARE WHILE SHE HAD THIS ILLNESS?	YES .....1 NO .....2 DON'T KNOW .....99		→1.38 →1.52		CSLOC
1.10. WHY DID YOU NOT TAKE THE CHILD FOR OUTSIDE CARE?	_____ _____ _____		→1.52		NOUT
1.11. ON WHICH DAY AFTER THE FIRST SYMPTOM WAS THE CHILD BROUGHT OUTSIDE THE HOME FOR CARE?	DAYS ..... <input type="text"/> <input type="text"/> DON'T KNOW .....99				DCARS
1.12. WHERE DID YOU GO TO SEEK TREATMENT? (CIRCLE ALL THAT APPLY – PROBE BY SAYING “ANYWHERE ELSE”)	HOSPITAL .....1 HEALTH CENTRE .....2 PRIVATE CLINIC .....3 DRUG SHOP .....4 TRADITIONAL HEALER .....5 OTHER (SPECIFY) .....6 DON'T KNOW .....99				WHITR
1.13. CARE SOUGHT IN CHRONOLOGICAL ORDER					
<b>TYPE OF PROVIDER - USE CODES ABOVE</b>					
<b>WHEN – DAYS AFTER ILLNESS STARTED</b>					
<b>TYPE OF PROVIDER:</b>	<b>WHEN?</b>	<b>FACILITY NAME:</b>	<b>VILLAGE:</b>	<b>DISTRICT:</b>	
1: _____	DAY: _____	_____	_____	_____	P1/W1
2: _____	DAY: _____	_____	_____	_____	P2/W2
3: _____	DAY: _____	_____	_____	_____	P3/W3
4: _____	DAY: _____	_____	_____	_____	P4/W4

1.14. HOW DID YOU TAKE THE CHILD TO THE FIRST AND LAST CARE PROVIDER?		1ST SOURCE	LAST SOURCE		
	PRIVATE CAR ..... 1 BICYCLE ..... 2 MOTORCYCLE ..... 3 TAXI ..... 4 ON FOOT ..... 5 OTHER (SPECIFY) ..... 6 DON'T KNOW ..... 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TRAN1 TRAN2
1.16. HOW MUCH TIME DID IT TAKE TO GO TO THE FIRST AND LAST PROVIDER?	HOURS ..... 1 DON'T KNOW ..... 99	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>		TIPR1 TIPR2
1.17. WHAT KIND OF TREATMENT WAS GIVEN TO THE CHILD AT THE FIRST AND LAST CARE PROVIDER?	TABLETS (SPECIFY) ..... 1 SYRUP (SPECIFY) ..... 2 BLOOD TRANSFUSION ..... 3 IV FLUID/ORS/INJECTION ..... 4 OXYGEN ..... 5 NO TREATMENT ..... 6 OTHER (SPECIFY) ..... 7 DON'T KNOW ..... 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TRE1 TRE2
1.18. HOW LONG AFTER YOU ARRIVED AT THE CARE PROVIDER WAS TREATMENT OBTAINED?	IMMEDIATELY ..... 1 HOURS ..... 2 DON'T KNOW ..... 99	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		TITRE1 TITRE2
1.19. DID YOU HAVE TO PAY FOR THE TREATMENT THAT WAS GIVEN TO YOU?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 99				PATRE
1.20. WAS THE CHILD EVER HOSPITALIZED DURING THE FINAL ILLNESS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 99				HOSPI
1.21. WAS THE CHILD EVER REFERRED TO ANOTHER PLACE OF CARE DURING THE FINAL ILLNESS?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 99			→1.52 →1.52	REF
1.22. WHERE DID THE PROVIDER TELL YOU TO TAKE THE CHILD FOR REFERRAL?	HOSPITAL ..... 1 HEALTH CENTRE ..... 2 PRIVATE CLINIC ..... 3 DRUG SHOP ..... 4 TRADITIONAL HEALER ..... 5 OTHER (SPECIFY) ..... 6 DON'T KNOW ..... 99				WHRE
1.23. WHAT WAS THE REASON FOR THE REFERRAL?	LACK OF EQUIPMENT ..... 1 FOR BETTER CARE ..... 2 LACK OF BLOOD ..... 3 LACK OF DRUGS ..... 4 LACK OF OXYGEN ..... 5 OTHER (SPECIFY) ..... 6 DON'T KNOW ..... 99				RERE
1.24. WAS THE CHILD TAKEN TO THE PLACE WHERE SHE/HE WAS REFERRED?	YES ..... 1 NO ..... 2 DON'T KNOW ..... 99			→1.52	TARE
1.25. WHY DID YOU NOT TAKE THE CHILD FOR REFERRAL CARE?	CHILD DIED BEFORE REACHING ..... 1 THOUGHT IT WASN'T NECESSARY ..... 2 HOPED/WAITED FOR IMPROVEMENT ..... 3 LACK OF MONEY ..... 4 LACK OF TRANSPORT ..... 5 OTHER (SPECIFY) ..... 6 DON'T KNOW ..... 99				REFNO
1.26. HOW MUCH DID YOU PAY FOR TRANSPORT DURING THE FINAL ILLNESS EPISODE?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> UGS				COSTR

1.27. HOW MUCH DID YOU PAY FOR TREATMENT AND OTHER COSTS RELATED TO CARE OF THE BABY (INCL. FEES FOR ADMISSION, CONSULTATION, LAB TESTS, CONSUMABLES ETC)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UGS		COSTP
1.28. HOW MUCH DID YOU PAY FOR OTHER COSTS (INCL. ACCOMODATION, FEEDING ETC)?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> UGS		COSTO

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