

Annex 4: Verbal autopsy tool (maternal death review tool at community level)

[To be undertaken for all suspected maternal deaths irrespective of place of death, including facility deaths]

I. People who participated in the interview:			
<i>Note: A person who was there at the time of illness or death can participate in the interview. Up to four interviewees can be interviewed.</i>			
S.N	Name of the Interviewees	Relationship with the diseased	Was around at the time of:
			Illness
1			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
2			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
3			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
4			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
II. Interviewer Information			
1	Interviewer name:	_____	
2	Date of interview:	DD/MM/YYYY ____/____/____/	
3	Language of interview:	_____	
4	Phone number of interviewer	_____	
III. Identification/ Back ground information:			
No	Questions	Response	
1	ID Number		
2	Age of deceased		
3	Time of death and date of death		
4	Ethnicity		
5	Place of Death	1. Home/ Relatives' Home (Name: _____) 2. Health Post (Name of HP: _____) 3. Health Centre (Name of HC: _____) 4. Hospital (Name of hospital: _____) 5. In Transit (Distance from the destination in km: _____)	
6	Place of residency of deceased	Woreda/sub-city _____ Got _____ Kebele _____ House number _____	
7	Marital status of the deceased	1. Single 3. Divorced 2. Married 4. Widowed	
8	Religion of deceased	1. Orthodox 3. Protestant 2. Muslim 4. Others (specify)-----	
9	Educational status of the deceased	1.No formal Education 2.No formal education, but can read and write 3.Elementary school 4. High school 5. College and above 4. Don't know	
10	Level of education of the husband	1. No formal Education 2. No formal education, but can read and write 3.Elementary school 4. High school 5. College and above 4. Don't know	
11	Occupation of the deceased	1. Farmer 5. Unemployed 2. Merchant/tradesperson 6. Public employee 3. House wife 7. Others (specify) _____ 4. Daily laborer	
12	Occupation of the husband	1. Farmer 4. Daily laborer 2. Merchant/tradesperson 5. Unemployed 3. Public employee 6. Others _____	
13	Family's monthly income if possible	_____ Birr	
14	Do you have a death certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	If Yes to Q14, ask to see the documents. Record important cause of death and identified problems		
IV. Pregnancy related questions			

1.	Number of pregnancies including those that ended in miscarriage and still births _____	
2.	Number of births, including that ended in Stillbirths and early neonatal deaths _____	
3.	Number of living children _____	
4.	Duration of the index pregnancy in months _____	
5.	Has she ever attended antenatal care (ANC)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known
6.	If ANC, If YES, in what month of pregnancy was her first ANC visit? _____	
7.	If yes to Q7, where did she receive ANC Services (Check all that apply)	<input type="checkbox"/> HP <input type="checkbox"/> Public Hospital <input type="checkbox"/> Public HC <input type="checkbox"/> Private clinic or hospital (specify) _____
8.	If she had ANC, Number of ANC visits? _____	
9.	Do you know is she had any medical problems before she died? If yes, Check ALL that apply	
Condition		
	Check if identified	If Yes, When was the condition identified?
Malaria (fever, chills, rigors)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Tuberculosis (cough> 3 weeks, fever, night sweating, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10.	. Did she receive treatment for any of the conditions mentioned above? <i>Specify Treatment provided for each condition (separating modern and traditional treatments) If NO treatment was provided, leave blank.</i>	
	<i>Disease</i>	<i>Modern treatment</i> <i>Traditional/cultural treatment</i>
	Malaria (fever, chills, rigors)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Tuberculosis (cough> 3 weeks, fever, night sweating, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
	HIV/AIDS	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Anemia	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Hypertension	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Others (Specify) _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
11	If it was delivery/Abortion, who assisted the delivery/Abortion?	1. Family/elderly 3. HEWs 2. TBA 4. HCWs
12	Mode of delivery	1.Vaginal delivery 2. Abdominal operated delivery(CS or hysterectomy)
13	Date of delivery/abortion	_____
14	Place of delivery/abortion	1. Home 2. On transit 3. H/post 4. H/center 5. Hospital 6.Clinic
15	Were any of the following problems experienced during pregnancy? Tick ALL those that apply	1. Seizure/abnormal body movement 3. Fever 2. Bleeding 4. Other (specify)
16	Did she seek care for the problems experienced?	Yes <input type="checkbox"/> No <input type="checkbox"/> If YES, briefly DESCRIBE _____
17	Did she attend PNC or PAC?	1. Yes 3. Knot known 2. No 4. Not applicable
18	If yes for PNC/PAC, number of visits _____	
V. Community factors		
1	Number of days/hours she was sick before she died (<i>Number of hours and days - specify</i>) _____	
2	Problems before she died: Tick ALL that apply	<input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Baby stuck/Prolonged labor <input type="checkbox"/> Fits <input type="checkbox"/> Other (specify) <input type="checkbox"/> Fever

3	Was any care sought for the problem? If "No" to question number 3 go to number 9	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	If yes to Q3 above, how long after the problem/illness was detected was care sought? (<i>Number of hours and days - specify</i>) _____		
5	Where was care sought and obtained?	<input type="checkbox"/> Traditional Healer <input type="checkbox"/> Health Extension Worker <input type="checkbox"/> Others (specify) _____	<input type="checkbox"/> Health Centre <input type="checkbox"/> Hospital
6	How long after seeking care did she arrive at a health facility? (<i>Number of hours and days - specify</i>) _____		
7	What mode of transport was used if care was obtained?		
8	For how long was the care given? (<i>Number of hours and days - specify</i>) _____		
9	If no to Q3 above, what was the main reason why care was not sought?	<input type="checkbox"/> Not knowing the impact of the illness <input type="checkbox"/> Past good obstetric outcomes at home <input type="checkbox"/> No nearby health facility	<input type="checkbox"/> Lack of transport <input type="checkbox"/> Lack of money <input type="checkbox"/> Others (Specify)
10	How long would it take to walk from this house to the nearest (<i>Number of hours and days - specify</i>)	Health post _____ Hours/days Health center _____ Hours/days Hospital _____ Hours/days	
11	If you want to go to health center or hospital, what mode of transport would you be able to use? (Tick ALL that apply)	<input type="checkbox"/> Rented /public transport <input type="checkbox"/> Ambulance	<input type="checkbox"/> Private car <input type="checkbox"/> Others (specify) _____

INSTRUCTION: This form should be stored with a copy of the relevant maternal death reporting format in a secured location (e.g. locked cupboard in HC manager's office)