**Conducting the Verbal Autopsy Interview**

This guide accompanies the Verbal Autopsy Tool (Annex 1 in the MDSR Technical Guidelines). It is designed to help data collectors understand each question of the form so that they can fill it in as completely and accurately as possible.

**(1) Materials to take to a VA interview**

You should take the following supplies with you when you go into the field to collect VA data:

- This guide
- The handout “10 Tips for Collecting Good Quality Data through a Verbal Autopsy”
- Blank maternal death verbal autopsy formats
- Informed Consent form
- Pens for writing
- Address of the household you will visit and contact details of the local HEW

**(2) General instructions for the verbal autopsy questionnaire**

Section I of Annex 1 (Notification tool) should have been filled out with information provided by the local HEW. If enough information has been provided by the HEW during Notification, then Section II (Screening) can be used immediately to determine whether the death was likely to have been maternal. If so, then a VA can be arranged within 3-4 weeks, as suggested by the Technical Guidelines.

If the Notification data are insufficient to complete the Screening section, then it will be necessary to visit the community to collect additional data. In this case, the Screening and Verbal Autopsy can be conducted on the same day.

Be sure to follow the 10 Tips for Collecting Good Quality Data through a Verbal Autopsy. It is particularly important to approach household members sensitively, introduce yourself, and take some time to build trust and express your sympathy for the death of their family member before you start the interview.

Ask the questions slowly and clearly so the respondent understands. Allow the respondent to think about the question before recording their answer. Note that respondents may give answers that they think will please the interviewer. Do not show any surprise, approval or disapproval of the respondent’s answer by the tone of your voice or facial expression.

**Note:** Record information as it has been reported to you. Do NOT make assumptions or “guess” the right answer. If respondents are unable or choose not to answer a question, leave it blank.

**(3) Informed Consent**

The informed consent form must be filled out before you start to collect the VA information. Ensure you go through all the sections of the form and explain anything that is not clear. All respondents should sign the form to indicate that they are willing to participate.
Note: Even if a respondent has signed the form, they can choose to stop the interview at any time or refuse to answer specific questions.

(4) Instructions by Section

Interview Information

➢ I. People who participated in the interview: Using the name of the respondent is optional as this reduces confidentiality. List just the first name of respondents so that you can refer to them by name during the interview. Summarise how the person was related to the deceased woman (husband, mother-in-law, neighbour, friend) and add a ✓ to indicate whether s/he was present during the woman’s illness, death or both. If some respondents are not present during the whole interview, you can record what time they arrived (if late) or left (if did not stay until the end).

➢ II. Interviewer related: These 4 questions relate to yourself and the characteristics of the interview. Please ensure your phone number is included in case the maternal death review committee needs to contact you for follow-up questions.

III. Identification/Background Information

1. ID Number: Allocate a unique identifying code using the instructions in the Technical Guidance, based on the region, zone and the local health centre closest to the residence of the deceased woman.

2. Age: Write the age of the woman in years. If family members are not certain about her age, ask for a rough estimate and clearly mark that the age is not known exactly, e.g. “about 34” or “between 27 and 30”.

3. Time and date of death: Record the date of the woman’s death (using the Ethiopian calendar) and the time at which she died. You can write down an approximate time if respondents are not certain, such as “about 2 pm” or “late at night.”

4. Ethnicity: Write down the ethnicity as reported by family members.

5. Address where death occurred: Place a ✓ against the type of place where the woman died. In the blank space of the answer box, write the name of the specific health post, health centre or hospital where she died if she died in a facility. If she died at a house, put down the name of the kebele, or, if the respondents agree, you can write the specific address. For deaths in transit, write down how far from a facility the death occurred, and name the specific facility.

6. Place of usual residence: If family members agree, record the address where the woman usually lived. If she died at home, this should be the same address that was given in #5 above, but it may be a different address if she was staying with relatives when she died. If respondents are concerned about confidentiality, then try to get permission to record just the name of the kebele.

7. Marital status of the deceased: Place a ✓ against the correct marital status. “Other” may include separated, or cases where the location of the husband or whether he is still alive are not known.

8. Religion: Place a ✓ against the correct marital status. If the religion of the woman is unknown, this can be recoded next to the “other” category.
9. **Educational status of the deceased**: Place a ✓ against the correct category. If respondents report that the woman could not read or write at all, then mark option 1. If she had no formal education but had basic reading and writing ability (e.g., could read a newspaper or a health promotion leaflet), then choose option 2. Otherwise record the number of grades completed in option 3 or that her educational status was unknown (option 4).

10. **Level of education of the husband**: Same as above. It is best if you can ask the husband this question directly.

11. **Occupation of the deceased**: Place a ✓ against the occupation that describes the primary way the woman earned an income. Option 5 refers to women who usually had paid employment but were not working at the time of the death. If the woman was a full-time housewife, record that in Option 6 “others.”

12. **Occupation of the husband**: Same as above. It is best if you can ask the husband this question directly.

13. **Family's monthly income**: As the respondents to estimate how much the household was earning each month. Income of all household members who lived together and shared daily expenses for food should be included in this calculation. Usually, this would include the deceased woman, her husband and children (if any) and any family members who shared the same house and meals on a regular basis.

**Do you have a death certificate?:** Death certificates are rare in Ethiopia and it is likely that only a few women who died in a hospital would have been provided with one. In future, however, they are likely to become more common. If the family has received a death certificate, ask to see it and record the Cause of Death and any contributing factors that have been listed on it. Also write down from whom/where the death certificate was provided.

1. **Pre-existing Problems**: Has she ever attended basic Antenatal care (ANC)?

   This is a screening question. If the answer is No or Not Known, skip the next question and proceed to the table about health conditions. Otherwise, place a ✓ next to ALL types of facility where she received ANC.

   Fill out the table by asking family members whether the woman had been diagnosed with any of the conditions listed. Place a ✓ next to ALL conditions the woman had, and write down when it had been identified (a rough estimate is fine, such as “ANC visit 2” or “after 3 months of pregnancy” or “During childhood”).

1.2 **Did she receive treatment for any of the conditions mentioned above?** Place a ✓ in one or both columns if the woman had received any treatment for her conditions (some women may have received BOTH modern and traditional treatments for the same condition). If the respondents know what kind of treatment she received, briefly note the details.

IV. Pregnancy Related Questions

1. **Number of pregnancies including those that ended in miscarriage and still births?**

   Write down the total number of pregnancies the woman had in her life, regardless of their outcome.

2. **Number of living children**: Give the number of the deceased woman’s children who have survived to the current day.
3. **Duration of the index pregnancy in months**: Write down the number of months of pregnancy the woman had completed at the time of her death. If respondents do not know exactly, make clear that the number is an estimate, i.e. “about 4 months.” If the woman delivered, record the number of months at which she delivered (e.g. “almost 9 months”)

4. **State of the pregnancy at the time of death**: Place a ✓ next to the correct outcome of the pregnancy.

5. **If it was delivery, who assisted the delivery?**: Place a ✓ next to ALL the types of people who assisted with the woman’s delivery. Others may include family members.

6. **Were any of the following problems experienced during pregnancy?** Place a ✓ next to ALL the signs and symptoms experienced by the woman and list any additional ones next to “Other”. Describe the care she received for ALL the problems she experienced in the empty space available.

V. Community Factors

1. **Number of days/hours she was sick before she died**: Give as accurate a time estimate as possible, but if the respondents are not clear, record an estimate.

2. **Problems before she died**: This list refers to problems experienced at the time the woman became ill, leading up to her death. Place a ✓ next to ALL the signs and symptoms experienced around the time of her death and write any others that are reported next to “Other”.

3. **Was any care sought for the problem?** Place a ✓ next to YES or NO. If NO, then skip questions 4-8 and proceed to question 9.

4. **If YES to Q3 above, how long after the problem/illness was it detected?**: Write down how many hours and/or days between the start of the problem and the time that care/treatment was “sought” – meaning that the decision was made to try to obtain treatment/care. Give as accurate a time estimate as possible, but if the respondents are not clear, record an estimate.

5. **Where was care sought and obtained?** Place a ✓ next to ALL the types of person/facility from where care or treatment were obtained.

6. **How long after seeking care did she arrive at a modern health facility?** “Modern” includes health post, health centre, and hospital. It does NOT include traditional healers. Record how many hours and/or days passed between deciding to obtain care or treatment and reaching one of the modern facilities. Give as accurate a time estimate as possible, but if the respondents are not clear, record an estimate.

7. **What mode of transport was used if care was obtained?** Write down the means of travel used by the woman to go to a health facility. Write down ALL modes of transport used if there was more than one.

8. **For how long was the care given?** Write down how many hours and/or days care or treatment were received for each type of treatment received. Then PROCEED to Q 10.

9. **If NO to Q3 above, what was the main reason why care was not sought?** This question is ONLY in cases where respondents indicated that no care/treatment had been sought in Q 3. Place a ✓ against just ONE response. You can record more details about the decision not to seek care in the “free text box” at the end of the form.
10. **How long would it take to walk from this house to the nearest ...**: Reach each of the health facilities out to the respondents and record how many hours and/or days it would take to reach *each of them* by foot.

11. **If you want to go to a health centre or hospital, what mode of transport would you be able to use?** Read all the options to the respondent and Place a ✓ next to ALL the types of transport that would be a *realistic way* to reach a health centre or hospital. Be sure to write down all the transport options mentioned by respondents.

**Free text box**

This is a blank space on the Verbal Autopsy Tool where you can record any additional details to the questions or other information received from respondents that will help to understand the events leading up to and during the deceased woman’s illness and death.

You can note down any information you feel is relevant here and would like the review committee to know about.