

## **Data collection forms (recruitment form, D7/week 3 form, verbal autopsy forms)**

### **Recruitment Interview - (ID: 135)**

Q01, Page a (1), SECTION 0: Background

1. BACKGROUND INFORMATION

2. 1. Country/Site: - [01a01]

1.  - [var] Burkina Faso
2.  - [var] Uganda: Mbale Municipality
3.  - [var] Uganda: Bungokho
4.  - [var] Zambia: Site 1
5.  - [var] Zambia: Site 2
6.  - [var] SA Paarl
7.  - [var] SA Rietveli
8.  - [var] SA Umlazi

(Select only 1 - ONE!)

3. 2. Interviewer - [01a02B]

1.  - [DAJO] DAJO
2.  - [COMA] COMA
3.  - [SOSE] SOSE
4.  - [TRDA] TRDA
5.  - [TOED] TOED
6.  - [8] Other, specify

(Select only 1 - ONE!)

4. 3. Date: - [01a03]

\_\_\_/\_\_\_/\_\_\_\_\_

5. 4. Time: - [01a04]

H:\_\_\_M:\_\_\_S:\_\_\_

6. 5. GPS coordinates (Optional) - [01a05]

1.  - [01a05\_1] Longitude \_\_\_\_\_ (Text)
2.  - [01a05\_2] Latitude \_\_\_\_\_ (Text)
3.  - [01a05\_3] Altitude \_\_\_\_\_ (Text)

7. CONSENT FOR SCREENING (Read out loud)

We come from the collaborative research project between Centre MURAZ Research Institute, the Regional health Directorate of Banfora, the Banfora health District and the Promise Study group.

INFO: CONSENT FOR SCREENING (Read out loud)

We come from the Centre MURAZ Research Institute. We are conducting a study on Child Health. We wish to include you in this study. We will be visiting you regularly, asking some questions. Are you willing to participate?. (Full informed consent will be administered before).

8. This is study collaboration between four African countries which do research on safer child feeding and child health. We are conducting a study on child health.

9. We wonder if we could include you in the study, but before doing that we might ask you a few questions. Can we do that?

10. 6. Oral consent for screening given? - [01a06]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

INFO: If no, Rule EH : No ? Discontinuation from SI

Say thank you and ask for reason for non-participation; fill in separate form

11. 7. Another language spoken than the one chosen from the list? - [01a07]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

INFO: If no, skip to 10

12. 8. Which Language is the Interview translated into? - [01a08]

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13. 9. External Translator needed? - [01a09]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

14. 10. Sub-County/Division/Department

(Do not read out) - [01a10B]

1.  - [4001] Banfora
2.  - [4002] Sidéradougou
3.  - [4003] Soubakaniendougou

(Select only 1 - ONE!)

15. 11. Parish/Ward (CLUSTER CODE in Burkina)

(Do not read out) - [01a11B]

1.  - [4001] Boborola
2.  - [4002] Kossara
3.  - [4003] Damana
4.  - [4004] Deguè-Deguè
5.  - [4005] Gouindougouba
6.  - [4006] Karfiguéla
7.  - [4007] Kirbina
8.  - [4008] Kotou
9.  - [4009] Kouéré
10.  - [4010] Laferma
11.  - [4011] Lémouroudougou
12.  - [4012] Lémouroudougou Cité
13.  - [4013] Létieféso
14.  - [4014] Nafona 1
15.  - [4015] Niamirandougou
16.  - [4016] Sikanadjô
17.  - [4017] Siniéna
18.  - [4018] Tangora
19.  - [4019] Tatana
20.  - [4020] Tiékouna
21.  - [4021] Tiempangoura
22.  - [4022] Zédougou
23.  - [4023] Gouin-Gouin
24.  - [4024] Noumousso

(Select only 1 - ONE!)

1. INITIAL SCREENING QUESTIONS

2. 1. Do you have any intention to move from your village/cell within the next year? - [01b01]

- 1. [ ] - [1] Yes
- 2. [ ] - [2] No

(Select only 1 - ONE!)

3. 2. Where will you move to? - [01b02]

- 1. [ ] - [1] Within the cluster/village
- 2. [ ] - [2] Outside the cluster/village

(Select only 1 - ONE!)

INFO: If alternative 2 chosen, Rule EH: Discontinuation from SI - Say thank you and fill in form 'reason for non-participation'

4. 3. I can see / have understood / have been told that you are pregnant now, can you please tell me how many months you have been pregnant? If obviously given birth; ask when.

- [01b03]

- 1. [ ] - [1] Seven or more than seven months pregnant; specify months  
\_\_\_\_\_ (Number)
- 2. [ ] - [2] Less than seven months
- 3. [ ] - [3] Have given birth

(Select only 1 - ONE!)

5. 4. Do you have any intention to breastfeed the baby you are expecting/or if obviously given birth, ask :do you breastfeed your baby? (U/B)

- [01b04]

- 1. [ ] - [1] Yes
- 2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: RULE EH: No ? Discontinuation from SI - Say thank you and fill in form 'reason for non-participation'

6. 5. All inclusion criteria fulfilled:

- 1. Lives in the selected cluster
- 2. Is pregnant
- 3. Has no plans to move outside the cluster within 1 year
- 4. Intends to breastfeed (U, BF, Z) - [01b05B]

- 1. [ ] - [1] Yes
- 2. [ ] - [2] No, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

INFO: Rule EH: No ? Discontinuation from SI

7. 6. No exclusion criteria fulfilled: 2.Reduced ability to collaborate for psychological/mental reasons 3.Severely ill 4.Having given birth and the baby is > 1 week old  
See help text - [01b06B]

1. [ ] - [1] Yes
2. [ ] - [2] No, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

INFO: If given birth and the child is < 1 week old, exclude if:

1. Severe malformation
2. Death of baby or mother
3. Other (specify)\_\_\_\_\_

8. 7. If less than 7 months pregnant: Ask for permission to come back later, and note approximate date of revisit: - [01b07]  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_

9. 8. In case she has given birth less than 1 week ago note Birth Date of baby. - [01b08]  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_

10. PAPER CONSENT FORM EXPLAINED AND ACCEPTED: USI given  
If not, ask for reason for non participation and note it down on the form "Reason for non-participation"

11. 9. Participant Id no/ Unique Subject Identifier (USI)  
- [01b09]  
\_\_\_\_\_

12. 10. Reason for non-participation - [01b10]

INFO: RULE: Do separate form: Reason for non-participation on paper, copi, fill in separately

Page c (3): SECTION I: Mother's Characteristics

1. MOTHER'S CHARACTERISTICS

2. 1. How old are you?

1b. What is your date of birth? - [01c01]  
\_\_\_\_\_

3. 2. Have you ever attended school? - [01c02]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: RULE: SKIP: If no, skip to q.4

4. 3. What is your highest level of education? - [01c03B]

1. [ ] - [1] CP1 (Primary)
2. [ ] - [2] CP2 (Primary)
3. [ ] - [3] CE1 (Primary)
4. [ ] - [4] CE2 (Primary)

5.  - [5] CM1 (Primary)
6.  - [6] CM2 (Primary)/Certificate
7.  - [7] 6 (Senior)
8.  - [8] 5 (Senior)
9.  - [9] 4 (Senior)
10.  - [10] 3 (Senior) /BEPC
11.  - [11] 2 (Senior)
12.  - [12] 1 (Senior)
13.  - [13] Terminal (Senior)/BAC
14.  - [14] Certificate: 1 Year
15.  - [15] Certificate: 2 Years
16.  - [16] Degree/Bachelor/Licence
17.  - [89] Education higher than bachelor/Licence
18.  - [99] Other, specify; give completed years \_\_\_\_\_

(Text)

(Select only 1 - ONE!)  
 INFO: Give completed level

5. 4. Do you have any vocational training or have you had any apprenticeship?

- [01c04]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

6. 5. Can you read? - [01c05]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

7. 6. Can you write? - [01c06]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

8. 7. How often do you read a newspaper/ have them read for you (those who cannot read)? - [01c07]

1.  - [1] Never
2.  - [2] Less than once a week
3.  - [3] Atleast once a week
4.  - [4] A few times a week
5.  - [5] Almost everyday

(Select only 1 - ONE!)

9. 8. How often do you listen to the radio? - [01c08]

1.  - [1] Never
2.  - [2] Less than once a week
3.  - [3] Atleast once a week
4.  - [4] A few times a week

5. [\_] - [5] Almost everyday

(Select only 1 - ONE!)

10. 9. How often do you watch television?

- [01c09]

1. [\_] - [1] Never
2. [\_] - [2] Less than once a week
3. [\_] - [3] Atleast once a week
4. [\_] - [4] A few times a week
5. [\_] - [5] Almost everyday

(Select only 1 - ONE!)

11. 10. Are you single, married, co-habiting, widowed, divorced or separated now?

- [01c10]

1. [\_] - [1] Single
2. [\_] - [2] Married
3. [\_] - [3] Co-habiting
4. [\_] - [4] Widowed
5. [\_] - [5] Divorced/Separated

(Select only 1 - ONE!)

INFO: RULE/SKIP: If not married (alt.2) skip to q.15

12. 11. How did you get married?

- [01c11]

1. [\_] - [1] Religious
2. [\_] - [2] Civil
3. [\_] - [3] Traditional

(Select only 1 - ONE!)

13. 12. Does your husband have any other wives? - [01c12]

1. [\_] - [1] Yes
2. [\_] - [2] No
3. [\_] - [3] Don't Know

(Select only 1 - ONE!)

INFO: RULE/SKIP: If no(alt. 2) or do not know (alt. 3), skip to q.15

14. 13. How many? - [01c13]

15. 14. Do you share the same compound? - [01c14]

1. [\_] - [1] Yes
2. [\_] - [2] No

(Select only 1 - ONE!)

16. 15. What is your tribe? - [01c15B]

1. [ ] - [1] Dioula
2. [ ] - [2] Karaboro
3. [ ] - [3] Gouin
4. [ ] - [4] Toussian
5. [ ] - [5] Dogossé
6. [ ] - [6] Sénoufo
7. [ ] - [7] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

17. 16. What is your religion? - [01c16]

1. [ ] - [1] Protestantism/National church
2. [ ] - [2] Catholic
3. [ ] - [3] Islam
4. [ ] - [4] Hinduism
5. [ ] - [5] Budhhism
6. [ ] - [6] Judaism
7. [ ] - [7] Adventist
8. [ ] - [8] Jehova's Witness/Mormones
9. [ ] - [9] Traditional believer
- 10.[ ] - [10] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

INFO: Protestantism=

Any national church or free church sharing the basic theological concepts with Protestantism as Anglicans/ Lutherans/ Calvinists/ Baptists/ Methodists/ Pentecostals/ Newer free churches etc.  
SDA: Seventh Day Adventists

Page d (4), SECTION II: Pregnancy History

1. PREGNANCY HISTORY

2. 1. How many children have you given birth to?  
(Exclude the one who is the study baby, who she might have delivered less than 1 week ago) - [01d01]

1. [ ] - [1] Given birth to one or more, specify number \_\_\_\_ (Number)
2. [ ] - [2] Never given birth

(Select only 1 - ONE!)

INFO: ALT 2: See skip instruction SIII and SVII if alternative 2 ticked off

3. Now I will ask you questions about the child you expect:

INFO: RULE: To be disabled and activated if question : 01b03 alternative 3 is ticked off

PROBE: If she does not know

4. 2. Can you please tell me when your last menstrual period started?  
(See help text for probing) - [01d02]

\_\_\_\_\_

5. 3. Do you have any card from the ante natal clinic (ANC-card)? - [01d03]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)  
INFO: SKIP: If no, skip to S III

6. 4. May I please see it? - [01d04]

1.  - [1B] Yes
2.  - [2B] No

(Select only 1 - ONE!)

7. 4.1. Note last menstrual period given in the card: (date) - [01d04a1]

\_\_\_/\_\_\_/\_\_\_\_\_

8. 4.2/3. Note estimated duration of pregnancy at a given date: - [01d04a3]

1.  - [01d04a3\_1B] Note duration in months (HU) \_\_\_\_\_  
(Number)
2.  - [01d04a3\_2B] Given date \_\_\_\_\_ (Text)

9. 4.4. Note estimated date of delivery - [01d04a4]

\_\_\_/\_\_\_/\_\_\_\_\_

Page e (5), SECTION III: Breastfeeding experience and intentions

#### 1. BREASTFEEDING INTENTIONS

Now I will ask you questions about the child you expect:

1. How do you plan to feed your baby in the first month after birth? - [01e05]

1.  - [1] Breast Milk only
2.  - [2] Formula feed only
3.  - [3] Only give other liquids like cow's milk/water
4.  - [4] Breast feed and give other liquids
5.  - [5] Breastfeed and give other semisolid/solid feeds
6.  - [6] Others, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)  
INFO: RULE: Tick off all that apply

RULE: Probe if alt. 1 only

PROBE:

Is that all?/Anything else

2. Have you ever had any problems with your breasts? - [01e06]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)  
INFO: SKIP: If no, skip to section IV SES, EH page f q. 1

3. What was the problem? - [01e07]



1. [ ] - [01e07\_1] Engorgement
2. [ ] - [01e07\_2] Cracked nipples
3. [ ] - [01e07\_3] Inverted/flat nipples
4. [ ] - [01e07\_4] Abscess
5. [ ] - [01e07\_5] Infection
6. [ ] - [01e07\_6] Operation
7. [ ] - [01e07\_7] Trauma
8. [ ] - [01e07\_8] Others, specify \_\_\_\_\_ (Text)

4. When was that? - [01e08]

1. [ ] - [1] Months Ago \_\_\_\_\_ (Number)
2. [ ] - [2] Years Ago \_\_\_\_\_ (Number)

(Select only 1 - ONE!)

INFO: RULE:

Write answer in months or years ago. Probe till you get it as exact as possible (< 1 mo=0)

5. What did you do about the problem? - [01e09]

1. [ ] - [01e09\_1] Nothing
2. [ ] - [01e09\_2] Local medicine
3. [ ] - [01e09\_3] Modern medicine, describe \_\_\_\_\_ (Text)
4. [ ] - [01e09\_4] Operation
5. [ ] - [01e09\_5] Others, specify \_\_\_\_\_ (Text)

Page f (6), SECTION IV: Socio-Economic Status

1. SOCIAL ECONOMIC STATUS

2. 1. How many people normally live in your household? - [01f01]

\_\_\_\_\_

3. 2. How many of these are adults over 18 years? - [01f02]

1. [ ] - [1] Some, specify number \_\_\_\_\_ (Number)
2. [ ] - [2] None

(Select only 1 - ONE!)

INFO: SKIP: If 0, skip to 4

4. 3. How many of these adults over 18 years are women and how many are men? - [01f03]

1. [ ] - [01f03\_1] Women \_\_\_\_\_ (Number)
2. [ ] - [01f03\_2] Men \_\_\_\_\_ (Number)

5. 4. How many are children between 5 and 18 years? - [01f04]

1. [ ] - [1] Some, specify number \_\_\_\_\_ (Number)
2. [ ] - [2] There is none

(Select only 1 - ONE!)

INFO: SKIP: If 0, skip to 6

6. 5. How many of these children between 5 and 18 are girls and how many are boys? - [01f05]

1. [ ] - [01f05\_1] Girls \_\_\_\_\_ (Number)

2. [\_] - [01f05\_2] Boys \_\_\_\_\_ (Number)
7. 6. How many are children less than five years old? - [01f06]
1. [\_] - [1] Some, specify number \_\_\_\_\_ (Number)
2. [\_] - [2] None
- (Select only 1 - ONE!)
8. 7. How many of these children less than 5 years are girls and how many are boys? - [01f07]
1. [\_] - [01f07\_1] Girls \_\_\_\_\_ (Number)
2. [\_] - [01f07\_2] Boys \_\_\_\_\_ (Number)

Page g (7), Socio-Economic Status conti'd

1. SOCIAL ECONOMIC STATUS CONT'D

2. I am now going to ask you about what you have in your household. Please answer yes if you have it and no if you do not have it. Sometimes, I'll ask you to specify how many you have of a certain subject. I am interested in the items which work.

3. Do you have electricity in the house you are living? - [01g09]

1. [\_] - [1] Yes
2. [\_] - [2] No

(Select only 1 - ONE!)

4. Do you have any of the following in your household? - [01g10]

1. [\_] - [01g10\_1] Cupboard
2. [\_] - [01g10\_2] Bicycle
3. [\_] - [01g10\_3] Radio
4. [\_] - [01g10\_4] TV
5. [\_] - [01g10\_5] Mobile Phone/Telephone
6. [\_] - [01g10\_6] Gas Heater/Electric heater
7. [\_] - [01g10\_7] Refrigerator

8. [\_] - [01g10\_8] Motorcycle/scooter

9. [\_] - [01g10\_9] Car/truck

10. [\_] - [01g10\_10B] Cart

11. [\_] - [01g10\_11B] Plough

INFO: Help: Read the alternatives from the list item by item

5. What is the source of drinking water in your household? - [01g12]

1. [\_] - [01g12\_1] Pond, river or stream
2. [\_] - [01g12\_2] Unprotected natural spring
3. [\_] - [01g12\_3] Protected natural spring
4. [\_] - [01g12\_4] Rain water
5. [\_] - [01g12\_5] Open or unprotected well
6. [\_] - [01g12\_6] Covered well
7. [\_] - [01g12\_7] Borehole
8. [\_] - [01g12\_8] Public tap
9. [\_] - [01g12\_9] Piped into yard/plot
10. [\_] - [01g12\_10] Piped into dwelling
11. [\_] - [01g12\_11] Bottled water

12. [ ] - [01g12\_12] Others, specify \_\_\_\_\_ (Text)

6. What do you do to the water before drinking it? - [01g13]

1. [ ] - [1] Nothing

2. [ ] - [2] Boil it

3. [ ] - [3] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

INFO: Help: Do not read out the list. Note spontaneous answer

Page i (9), SECTION V: Activities/Employment

1. ACTIVITIES / EMPLOYMENT

2. 1. Who is the head of the household? - [01i01]

1. [ ] - [1] A woman

2. [ ] - [2] A man

3. [ ] - [3] Not applicable, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

3. 2. Who is the main provider of income in the household? - [01i02]

1. [ ] - [1] Father of baby in the womb

2. [ ] - [2] Yourself

3. [ ] - [3] Older male relative

4. [ ] - [4] Older female relative

5. [ ] - [5] Other household member living at home

6. [ ] - [6] Not applicable

7. [ ] - [7] Other, specify who \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

INFO: RULE: Tick off her answers in the right category, do not read the list, but probe from it

SKIP: If alternative 2, skip q. 5 and 6

4. 3. Is the "main provider of income" currently employed? - [01i03]

1. [ ] - [1] Yes

2. [ ] - [2] No

(Select only 1 - ONE!)

5. 4. What are the main sources of income 'the main providers' has? - [01i04]

1. [ ] - [01i04\_1] Regular employment

2. [ ] - [01i04\_2] Irregular employment

3. [ ] - [01i04\_3] Home employment

4. [ ] - [01i04\_4] Contribution from others

5. [ ] - [01i04\_5] Retirement pension/grant

6. [ ] - [01i04\_6] Other state grant, specify \_\_\_\_\_ (Text)

7. [ ] - [01i04\_7] Relief programme

8. [ ] - [01i04\_8] No response

9. [ ] - [01i04\_9] Don't know

10. [ ] - [01i04\_10] Other, specify \_\_\_\_\_ (Text)

INFO: (Alt 3 = Any income generating activity performed at home)

6. 5. Do you earn money for yourself? - [01i05]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: Not to be asked when she is the main provider q. 1 alt 2

6. 6. How do you earn money for yourself? - [01i06]

1. [ ] - [01i06\_1] Regular employment
2. [ ] - [01i06\_2] Irregular employment
3. [ ] - [01i06\_3] Home employment
4. [ ] - [01i06\_4] No response
5. [ ] - [01i06\_5] Do not know
6. [ ] - [01i06\_6] Other, specify \_\_\_\_\_ (Text)

INFO: (Alt 3 = Any income generating activity performed at home)

Page j (10), SECTION VI: Questions on use of Clinical/Medical services

1. QUESTIONS ABOUT USE OF CLINICAL / MEDICAL SERVICES

2. 1. Have you attended any sessions at the antenatal care clinic (ANC)?  
- [01j01]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: SKIP: If no skip to q. 3

3. 2. How many times have you been there in this pregnancy? - [01j02]

\_\_\_\_\_

4. 3. Do you use a bed net for yourself? - [01j03]

1. [ ] - [1] Yes
2. [ ] - [2] No
3. [ ] - [3] Sometimes

(Select only 1 - ONE!)

5. 4. Have you been informed about the HIV voluntary counselling and testing (VCT) service? - [01j04]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: SKIP: If no skip to q. 9

6. 5. Have you been counselled on HIV? - [01j05]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

INFO: SKIP: If no skip to q. 9

7. 6. Have you been tested for HIV? - [01j06]

1.  - [1] Yes
2.  - [2] No
3.  - [3] Don't Know

(Select only 1 - ONE!)

8. 7. Are you willing to tell me the result of your HIV-test?  
- [01j07]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)  
INFO: SKIP: If no skip to q. 9

9. 8. What was the result? - [01j08]

1.  - [1] Negative
2.  - [2] Positive
3.  - [3] Don't know

(Select only 1 - ONE!)

10. 9. If you were given the chance, are you willing to go for voluntary counselling and testing - [01j09]

1.  - [1] Yes
2.  - [2] No
3.  - [3B] Non response

(Select only 1 - ONE!)

Page k (11), SECTION VII: Previous child mortality

1. PREVIOUS CHILD MORTALITY

2. 1. Has any of your children who were born alive died? - [01k01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)  
INFO: SKIP: If no, skip to SVIII; EH page 1

3. 2. How many of your children have died? - [01k02]

1.  - [1] One child has died
2.  - [2] More than one child have died, specify number  
\_\_\_\_\_ (Number)

(Select only 1 - ONE!)  
INFO: If alternative 1 given, disable q. 5

4. 3. May I ask how old your lastborn: (if more than 1 child death) child was when he/she died? - [01k03]

1.  - [01k03\_1] Days \_\_\_\_\_ (Number)
2.  - [01k03\_2] Weeks \_\_\_\_\_ (Number)
3.  - [01k03\_3] Months \_\_\_\_\_ (Number)

4.  - [01k03\_4] Years \_\_\_\_\_ (Number)

INFO: If she does not remember:

PROBE and fill in right cat below

Rule: Lastborn refers to the one "before the one she is carrying"/gave birth to = 1wk ago who might have died

5. 4. PROBE only if no answer in question 3:

PROBE: Was he/she less than one month, between one month and one year or between one year and 5 years:

- [01k04]

1.  - [1] Less than one month

2.  - [2] Greater than/equal to one month and less than one year

3.  - [3] Greater than/equal to one year and less than five years

4.  - [4] Greater than/equal to five years

(Select only 1 - ONE!)

INFO: Disable this one if q. 3 answered

6. 5. IF more than 1 child deaths:

Note right age category according to PROBING above. See help text. - [01k05]

1.  - [01k05\_1] Child 2 \_\_\_\_\_ (Number)

2.  - [01k05\_2] Child 3 \_\_\_\_\_ (Number)

3.  - [01k05\_3] Child 4 \_\_\_\_\_ (Number)

4.  - [01k05\_4B] Equal or greater than 5 child deaths, Comment \_\_\_\_\_ (Text)

INFO: Age categories used:

1.  Less than one month

2.  Greater than or equal to one month and less than one year

3.  Greater than or equal to one year and less than five years

4.  Greater than or equal to five years

7. 6. What was the main sickness or reason which led to death for the child(ren) you have lost? - [01k06]

1.  - [01k06\_1] Child 1 \_\_\_\_\_ (Text)

2.  - [01k06\_2] Child 2 \_\_\_\_\_ (Text)

3.  - [01k06\_3] Child 3 \_\_\_\_\_ (Text)

4.  - [01k06\_4] Child 4 \_\_\_\_\_ (Text)

5.  - [01k06\_5] Child 5 \_\_\_\_\_ (Text)

6.  - [01k06\_6] More than 5, comment \_\_\_\_\_ (Text)

Page 1 (12), SECTION VIII: Mother's house and surroundings

1. MOTHER'S HOUSE AND SURROUNDINGS

2. Thank you, now I am going to ask you some questions about your house and it's surroundings.

3. 1. How many rooms do you have in your household which are used for sleeping? (If it's a single room, do not ask, capture that and go on) - [01101]

4. 2. Do you have a toilet/latrine? - [01102U]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)  
INFO: SKIP: If no, skip to q. 5

5. 3. What type of latrine is it ? B  
- [01103B]

1.  - [1] Nothing
2.  - [2] Open pit
3.  - [3] Pit latrine
4.  - [4] VIP latrine
5.  - [5] Flush toilette
6.  - [6] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

6. 4. Do you share this/your toilet with any neighbouring households? -  
[01104]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

7. 5. Where do you wash your hands? (If within reach/existing): May I  
please see it? - [01105]

1.  - [1] Not within reach
2.  - [2] Insufficient water supply, no soap
3.  - [3] Sufficient water supply, no soap
4.  - [4] Sufficient water supply and soap

(Select only 1 - ONE!)  
INFO: Tick off for the type of washing equipment or lack of washing  
equipment you see

Not within reach=she normally never wash hands because of the distance  
after a visit to the toilet

Page m (13), Observations

1. OBSERVATIONS

2. 6. Main material of the floor: - [01m6]

1.  - [1] Earth/Dung
2.  - [2] Cement
3.  - [3] Tiles
4.  - [4] Rudimentary wooden
5.  - [5] Finished wooden
6.  - [6] Carpet/Vinyl
7.  - [7] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)  
INFO: Tick off 1 alternative only

(Choose alternative which makes up > half of the floor)

3. 7. Main material of the roof:

- [01m07]

1.  - [1] Grass thatched
2.  - [2] Iron sheets
3.  - [3] Tiles
4.  - [4] Concrete
5.  - [5] Wood
6.  - [6] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)  
INFO: Tick off 1 alternative only

(Choose alternative which makes up > half of the roof)

4. 8. Main material of the walls:

- [01m08]

1.  - [1] Mud and pole
2.  - [2] Wood
3.  - [3] Tin
4.  - [4] Bricks without mortar
5.  - [5] Burnt brick with mortar
6.  - [6] Plastered walls
7.  - [7] Other, specify \_\_\_\_\_

(Select only 1 - ONE!)  
INFO: Tick off 1 alternative only

(Choose alternative which makes up > half of the walls)

5. 9. Status of toilet: - [01m09]

1.  - [1] Visible faeces
2.  - [2] No visible faeces

(Select only 1 - ONE!)  
INFO: Tick off 1 alternative only

6. 10. Status of compound: - [01m10]

1.  - [1] Littered
2.  - [2] Not littered
3.  - [3] Animal faeces on the ground
4.  - [4] Human faeces on the ground

(Select only 1 - ONE!)  
INFO: Tick off all that apply

7. 11. Main material of windows:

- [01m11]

1.  - [1] No material
2.  - [2] Wood
3.  - [3] Glass
4.  - [4] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)



8. 12. Main material of doors: - [01m12]

1.  - [1] No doors
2.  - [2] Only outer doors
3.  - [3] Outer and inner doors
4.  - [4] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

9. 13. The data collector ticks off the type of house the mother lives in:  
- [01m13]

1.  - [1] Shack
2.  - [2] Traditional hut
3.  - [3] Semi-permanent house
4.  - [4] Permanent house
5.  - [5] Other, specify

(Select only 1 - ONE!)

INFO: Tick off 1 alternative only

10. 14. Comments: (Optional) - [01m14]

---

11. READ OUT LOUD: Thank you very much for your help! This is a great help for us!

Be free to thank/greet in local language to round off nicely!

## FORM: Day 7 Interview (Idem Week3)

3 Week, Page a (1), SECTION 0: Introduction

### 1. INTRODUCTION

#### 2. 1. Country/Site - [03a01]

1.  - [40] Burkina Faso
2.  - [51] Uganda: Mbale Municipality
3.  - [52] Uganda: Bungokho
4.  - [61] Zambia: Site 1
5.  - [62] Zambia: Site 2
6.  - [71] SA Paarl
7.  - [72] SA Rietveli
8.  - [73] SA Umlazi

(Select only 1 - ONE!)

#### 3. 2. Interviewer - [03a02U]

1.  - [DONA] DAJO
2.  - [EVNA] COMA
3.  - [HEMU] SOSE
4.  - [MAKI] TRDA
5.  - [RANA] TOED
6.  - [8] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

#### 4. 3. Date: - [03a03]

\_\_\_/\_\_\_/\_\_\_

#### 5. 4. Time: - [03a04]

H:\_\_\_ M:\_\_\_ S:\_\_\_

#### 6. 5. GPS (Optional) - [03a05]

1.  - [03a05\_1] Longitude \_\_\_\_\_ (Text)
2.  - [03a05\_2] Latitude \_\_\_\_\_ (Text)
3.  - [03a05\_3] Altitude \_\_\_\_\_ (Text)

#### 7. 6. Participant Id no/ Unique Subject Identifier (USI)

- [03a06]

INFO: 4 digit code starting at 1001 all sites; must be given from office before each visit

#### 8. 7. The mother has moved after the recruitment interview - [03a07]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

#### 9. 8. The mother has moved outside the cluster borders? - [03a08]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

10. 9. The mother has moved to another study cluster? - [03a09]

1.  - [1] Yes, specify where to \_\_\_\_\_ (Text)
2.  - [2] No

(Select only 1 - ONE!)

INFO: If Yes, specify where

11. 10. Sub-County/Division/Department:  
(Do not read out) - [03a10B]

1.  - [4001] Banfora
2.  - [4002] Sidéradougou
3.  - [4003] Soubakaniendougou

(Select only 1 - ONE!)

12. 11. Parish/Ward (CLUSTER CODE in Burkina)  
(Do not read out) - [03a11B]

1.  - [4001] Boborola
2.  - [4002] Kossara
3.  - [4003] Damana
4.  - [4004] Deguè-Deguè
5.  - [4005] Gouindougouba
6.  - [4006] Karfiguéla
7.  - [4007] Kirbina
8.  - [4008] Kotou
9.  - [4009] Kouéré
10.  - [4010] Laferma
11.  - [4011] Lémouroudougou
12.  - [4012] Lémouroudougou Cité
13.  - [4013] Létieféso
14.  - [4014] Nafona 1
15.  - [4015] Niamirandougou
16.  - [4016] Sikanadjô
17.  - [4017] Siniéna
18.  - [4018] Tangora
19.  - [4019] Tatana
20.  - [4020] Tiékouna
21.  - [4021] Tiempangoura
22.  - [4022] Zédougou
23.  - [4023] Gouin-Gouin
24.  - [4024] Noumousso

(Select only 1 - ONE!)

Page b (2), Initial Screening questions about the mother - infant pair ---  
-----

1. INITIAL SCREENING QUESTIONS ABOUT THE INFANT- MOTHER PAIR

2. 1. She is the mother of the baby - [03b01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

3. 2. It was a single birth - [03b02]

1.  - [1] Yes

2.  - [2] No

(Select only 1 - ONE!)

4. 3. Severe malformation - [03b03]

1.  - [1] Yes

2.  - [2] No

(Select only 1 - ONE!)

5. 4. The baby is dead - [03b04]

1.  - [1] Yes

2.  - [2] No

(Select only 1 - ONE!)

INFO: ADMINISTER INFANT VERBAL AUTOPSY FORM

(USE SEPARATE DOCUMENT)

6. 5. The mother is dead - [03b05]

1.  - [1] Yes

2.  - [2] No

(Select only 1 - ONE!)

INFO: ADMINISTER MATERNAL VERBAL AUTOPSY FORM

(USE SEPARATE DOCUMENT)

7. 6. The mother is away for other reasons - [03b06]

1.  - [1] Yes

2.  - [2] No

(Select only 1 - ONE!)

INFO: ADMINISTER MISSED VISIT/LOSS/TERMINATION FORM (SEPARATE DOCUMENT)

8. 7. Planned revisit - [03b07]

\_\_\_/\_\_\_/\_\_\_\_\_

Page c (3), SECTION I: Questions about the baby -----  
-----

1. QUESTIONS ABOUT THE BABY

2. 1. What is your baby's birth date? - [03c01]

\_\_\_\_\_

3. 2. Do you have a Child Health Card or any other health card or book for your baby? - [03c02U]

1.  - [Opt\_1] Yes

2.  - [Opt\_2] No

(Select only 1 - ONE!)

4. 3. May I please see it - [03c03]
1.  - [1] Yes
  2.  - [2] No
- (Select only 1 - ONE!)
5. 4. Write down birth date written in the card: (Do not read out:)  
- [03c04]  
\_\_\_\_/\_\_\_\_/\_\_\_\_\_
6. 5. Was the child weighed at birth? - [03c05]
1.  - [1] Yes
  2.  - [2] No
- (Select only 1 - ONE!)
7. 6. What was the birth weight?
- [03c06]
1.  - [1] Mother's answer \_\_\_\_\_ (Number)
  2.  - [2] Don't remember
- (Select only 1 - ONE!)
8. 7. Birth weight written in the health card: (Do not read out:)  
- [03c07]
1.  - [1] Birth weight on the card \_\_\_\_\_ (Number)
  2.  - [2] Weight not indicated on the card
- (Select only 1 - ONE!)
9. 8. What is the name of your child - [name]  
\_\_\_\_\_
10. 9. Is \${name}\$ a girl or a boy? - [03c09]
1.  - [1] Girl
  2.  - [2] Boy
- (Select only 1 - ONE!)
11. 10. Where did the birth take place? - [03c10]
1.  - [1] At home
  2.  - [2] Traditional birth attendant's place
  3.  - [3] At the local maternity
  4.  - [4] At the clinic
  5.  - [5] At the hospital
  6.  - [6] On the way to a health facility
  7.  - [7] Other, specify \_\_\_\_\_ (Text)
- (Select only 1 - ONE!)
12. 11. Who assisted you? - [03c11]

1.  - [03c11\_1] None
2.  - [03c11\_2] Traditional birth attendant
3.  - [03c11\_3] A Nurse/midwife
4.  - [03c11\_4] Doctor/clinical officer
5.  - [03c11\_5] Any other health personnel other than a nurse or doctor

6.  - [03c11\_6] Friends/family
7.  - [03c11\_7] Other, specify \_\_\_\_\_ (Text)

13. 12. What kind of birth did you have?  
Was it normal, c-section (caesarean) a breech or something else?  
- [03c12]

1.  - [1] Normal vaginal
2.  - [2] Caesarean section
3.  - [3] Breech
4.  - [4] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

14. 13. Were there any problems during the birth? - [03c13]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

15. 14. What kind of problem was that? - [03c14]

1.  - [03c14\_1] Needed technical assistance to get the baby out
2.  - [03c14\_2] Had problems delivering the placenta
3.  - [03c14\_3] Abnormal bleeding
4.  - [03c14\_4] Needed abrupt caesarean section
5.  - [03c14\_5] Other, specify \_\_\_\_\_ (Text)

16. 15. During your pregnancy, did you ever discuss with anyone at the antenatal clinic the best way for you to feed your baby? - [03c15]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

Page d (4), SECTION II: Initiation of Breast Feeding

1. INITIATION OF BREASTFEEDING

2. 1. Have you ever given breast milk to \${name}\$? - [03d01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

3. 2. When did you put the baby to the breast after birth? - [03d02]

1.  - [1] Within the first hour
2.  - [2] After the 1st hour up to 12 hours
3.  - [3] After 12 hours and up to 24 hours
4.  - [4] After 24 hours and up to 48hours (2nd day)
5.  - [5] After 48 hours and up to 72 hours (3rd day)

6.  - [6] After 72 hours (After the 3rd day)

(Select only 1 - ONE!)

4. 3. Did you give the first milk to the baby or did you express and discard it? - [03d03]

1.  - [1] Gave the first milk
2.  - [2] Expressed and discarded the first milk
3.  - [3] Borh gave and expressed it
4.  - [4] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

Page e (5), SECTION III: Infant Feeding Recalls and questions on mother's health

1. INFANT FEEDING RECALLS AND QUESTIONS ON MOTHER'S HEALTH

2. 1. Do you still breastfeed \${name}\$? - [03e01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

3. 2. Did you ever breastfed your child? - [03e02]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

4. 3. For how long did you breastfeed your child? - [03e03]

1.  - [1] Weeks \_\_\_\_\_ (Number)
2.  - [2] Don't know

(Select only 1 - ONE!)

5. I am now going to ask you questions about what you fed your baby from the time you woke up yesterday morning till you woke up this morning.

6. From the time you woke up yesterday morning till you woke up this morning did you breastfeed your baby? - [03e08]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

7. From the time you woke up yesterday morning till you went to bed last night, how many times did you breastfeed? - [03e09]

\_\_\_\_\_

8. From time you went to bed last night till you woke up this morning, how many times did you breastfeed? - [03e10]

\_\_\_\_\_

9. From the time you woke up yesterday morning till you woke up this morning:

Did you give any of the following items to the child? And if you did, will you please tell how many times you gave it? Did you give any:

- [03e11]

1.  Yes  No Water \_\_\_\_\_ (Number)
2.  Yes  No Water with sugar or glucose \_\_\_\_\_  
(Number)
3.  Yes  No Fruit juice \_\_\_\_\_ (Number)
4.  Yes  No Herbs \_\_\_\_\_ (Number)
5.  Yes  No Tea without milk \_\_\_\_\_ (Number)
6.  Yes  No Tea with milk \_\_\_\_\_ (Number)
7.  Yes  No Rice water \_\_\_\_\_ (Number)
8.  Yes  No Diluted cow's milk \_\_\_\_\_ (Number)
9.  Yes  No Undiluted cow's milk \_\_\_\_\_ (Number)
10.  Yes  No Infant formula \_\_\_\_\_ (Number)
11.  Yes  No Other powdered milk \_\_\_\_\_ (Number)
12.  Yes  No Dairy product like yoghurt, cream, sour milk Number
13.  Yes  No Goat's milk \_\_\_\_\_ (Number)
14.  Yes  No Cereals, porridge, bread, fermented porridge Number
15.  Yes  No Fruits / vegetables \_\_\_\_\_ (Number)
16.  Yes  No Meat \_\_\_\_\_ (Number)
17.  Yes  No Fish \_\_\_\_\_ (Number)
18.  Yes  No Eggs \_\_\_\_\_ (Number)
19.  Yes  No Gripe water \_\_\_\_\_ (Number)
20.  Yes  No Non-prescribed medicine, specify \_\_\_\_\_ (Text)
21.  Yes  No Prescribed medicine, specify \_\_\_\_\_ (Text)
22.  Yes  No Alcohol like beer or brew \_\_\_\_\_ (Number)
23.  Yes  No Other, specify \_\_\_\_\_ (Text)

Page g (7), SECTION V: Bed Net, Vaccination and Micronutrients

1. Now I am going to ask you questions which are related to your baby's health:

2. 1. Does \${name}\$ sleep in your bed? - [03g01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

3. 2. Is \${name}\$ covered by a bednet at night? (Both a separate net for the baby and a shared net with the mother qualify for a "yes")

- [03g02]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

4. 3. Has \${name}\$ got any vaccinations? (Mother's answer)

- [03g03]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

INFO: Probe for both injections and mouth drops

5. 4. Has \${name}\$ got the BCG Vaccine? (Mother's answer)



- [03g04U/B]

1.  - [1] Yes
2.  - [2] No
3.  - [3] Don't Know

(Select only 1 - ONE!)

INFO: Given right upper arm (country specific)

6. 5. Has \${name}\$ got the Polio Vaccine?, (The first one) (Mother's answer)

- [03g05U/B]

1.  - [1] Yes
2.  - [2] No
3.  - [3] Don't Know

(Select only 1 - ONE!)

INFO: Given as mouth drops

7. 6. Do not read out loudly: Ask again to look at the child's card: Note down vaccinations given which are stated in the child health card: - [03g06U/B]

1.  Yes  No BCG \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)
2.  Yes  No Polio 0 \_\_\_\_/\_\_\_\_/\_\_\_\_ (day/month/year)

Page h (8), SECTION VI: Morbidity

1. DIARRHOEA 24-HOUR RECALL

2. 1. From yesterday morning till this morning, did \${name}\$ have diarrhoea? - [03h01]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

INFO: Diarrhoea = loose or watery stools (1 to n times)

3. 2. Did \${name}\$ pass any watery stools? - [03h02]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

INFO: Watery stools= stools with no formed matter whatsoever

4. 3. How many times did \${name}\$ pass loose or watery stools? - [03h03]

\_\_\_\_\_

5. 4. Did any of the stools contain blood? - [03h04]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

6. 5. Were the stools of different consistency than before \${name}\$ fell ill with diarrhoea? - [03h05]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

7. 6. Did the illness interfere with \${name}\$'s ability to drink or eat? - [03h06]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

8. 7. Did you seek treatment for \${name}\$? - [03h07]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

9. 8. Where did you go? - [03h08]

1. [ ] - [03h08\_1] Relatives and friends
2. [ ] - [03h08\_2] Traditional healer
3. [ ] - [03h08\_3] Drug shop/pharmacy
4. [ ] - [03h08\_4] Government or private clinic/community health centre including general practioner/surgery
5. [ ] - [03h08\_5] Emergency/outpatint departmet of a hospital
6. [ ] - [03h08\_6] Other, specify \_\_\_\_\_ (Text)

10. 9. Was the child admitted to a hospital? - [03h09]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

11. 10. Please give name of hospital? - [03h10B]

1. [ ] - [1] Banfora regional hospital \_\_\_\_\_ (Text)
2. [ ] - [2] District hospital \_\_\_\_\_ (Text)
3. [ ] - [3] Local CSPS
4. [ ] - [5] Other, specify \_\_\_\_\_ (Text)

(Select only 1 - ONE!)

12. 11. Was this the nearest health unit? - [03h11]

1. [ ] - [1] Yes
2. [ ] - [2] No

(Select only 1 - ONE!)

Page i (9), SECTION VI Cont'd

1. DIARRHOEA 2-WEEK RECALL

2. 1. During the last two weeks that ended yesterday morning, did \${name}\$ have diarrhoea? - [03i01]

- 1.  - [1] Yes
- 2.  - [2] No

(Select only 1 - ONE!)  
INFO: Diarrhoea = loose or watery stools (1 to n times)

3. 2. Did \${name}\$ pass any watery stools? - [03i02]

- 1.  - [1] Yes
- 2.  - [2] No

(Select only 1 - ONE!)  
INFO: Watery stools= stools with no formed matter whatsoever

4. 3. The day \${name}\$ had most loose or watery stools, how many times did \${name}\$ pass loose or watery stools? - [03i03]

---

5. 4. Did any of the stools contain blood? - [03i04]

- 1.  - [1] Yes
- 2.  - [2] No

(Select only 1 - ONE!)

6. 5. Were the stools of different consistency than before \${name}\$ fell ill with diarrhoea? - [03i05]

- 1.  - [1] Yes
- 2.  - [2] No

(Select only 1 - ONE!)

Page j (10), SECTION VI Cont'd

1. PNEUMONIA 24-HOUR RECALL

2. 1. From yesterday morning till this morning, did \${name}\$ have cough, fast breathing or difficult breathing? - [03j01]

- 1. Yes No Cough
- 2. Yes No Fast breathing
- 3. Yes No Difficult breathing

Difficult breathing

Difficult breathing

3. 2. Do not read out loud: The child had either cough, fast breathing or difficult breathing: - [03j02]

- 1.  - [1] Yes
- 2.  - [2] No

(Select only 1 - ONE!)

4. 3. Did the illness interfere with \${name}\$'s ability to drink or eat?  
- [03j03]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

5. 4. Was \${name}\$ admitted to a hospital for the illness?

- [03j04]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

6. 5. Please give name of hospital? - [03j05B]

1.  - [1] Banfora regional hospital
2.  - [2] District hospital
3.  - [3] CSPS
4.  - [5] Other, specify

(Select only 1 - ONE!)

7. 6. Was this the nearest health unit? - [03j06]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

Page k (11), SECTION VI Cont'd

1. PNEUMONIA 2-WEEK RECALL

2. 1. During the last two weeks that ended yesterday morning, did \${name}\$ have cough, fast breathing or difficult breathing? - [03k01]

1. Yes No Cough
2. Yes No Fast breathing
3. Yes No Difficult breathing

3. 2. Do not read out loud: The child did have either cough, fast breathing or difficult breathing: - [03k02]

1.  - [1] Yes
2.  - [2] No

(Select only 1 - ONE!)

Page l (12), SECTION VI [Hospitalisation]

1. HOSPITALISATION

2. 1. Since birth has \${name}\$ ever been admitted to hospital? - [03l01]

1.  - [1] Yes

2. [\_] - [2] No

(Select only 1 - ONE!)

3. 2. How many times has \${name}\$ been admitted to hospital? - [03102]

4. 3. How old in weeks was your baby (each time) when he/she was in hospital? (Report in full weeks) - [03103]

1. [\_] - [03103\_1] 1st time, specify age \_\_\_\_\_ (Number)

2. [\_] - [03103\_2] 2nd time, specify age \_\_\_\_\_ (Number)

INFO: <1 week = 0,  
Report in full weeks

5. 4. For how many days was \${name}\$ (each time) in hospital? - [03104]

1. [\_] - [03104\_1] 1st time, specify days \_\_\_\_\_ (Number)

2. [\_] - [03104\_2] 2nd time, specify days \_\_\_\_\_ (Number)

6. 5. What was the reason \${name}\$ was in the hospital each time:  
(NB: USE CODING IN HELP TEXT!) - [03105]

1. [\_] - [03105\_1] 1st time, specify \_\_\_\_\_ (Text)

2. [\_] - [03105\_2] 2nd time, specify \_\_\_\_\_ (Text)

INFO: 1 = Diarrhoea

2 = Pneumonia/ "Cough and difficult breathing"

3 = Malaria

4 = Accident

5 = specify what

Page m (13), SECTION VII: Antropometry -----

1. ANTHROPOMETRY

2. 1. Baby's weight (kg (#.#)) - [03m01]

3. 2. Baby's length (cm (##.#)) - [03m02]

4. 3. Any comments: (Optional) - [03m03]

## VERBAL AUTOPSY FORM (FOR STILLBIRTH):

I have understood/have been told that your baby has died. I am really sorry on your behalf. Will you please answer some questions about your child? (**obtain mother consent before anything!!**)

*If multiple deaths (twins), Administer one autopsy form for each infant death*

Section I

Date: /\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/ (dd/mm/yyyy)

Cluster: /\_\_\_\_\_/

Code DC: /\_\_\_\_\_/

Mother study ID: /\_\_\_\_\_/

Mother full names: \_\_\_\_\_

1. When did you loose your baby?:

Date: /\_\_\_\_/\_\_\_\_/\_\_\_\_/ (dd/mm/yyyy)

*If exact date unknown, ask the month:*

Which month was it?: /\_\_\_\_\_/

Was it at the beginning, the middle or the end of this month? (*Tick one*)

Beginning:

Middle:

End:

Do not remember:

2. How many months were you pregnant when you lost your baby?

/\_\_\_\_/ months

3. Where did the birth take place? (*Tick one*)

At home:

At the TBA place:

At the local health facility:

At the main hospital in Banfora:

Under transport toward the hospital:

Other (specify): \_\_\_\_\_

4. Where you feeling any baby's movements in your womb (stomach) before the start of labour? Yes  No  Don't remember

5. If no when did you for the last time feel your baby's movements before the start of labour?

The same day as labour/birth

The day before labour/birth

More than one day before the start of labour

Other

(specify): \_\_\_\_\_

6. Who assisted you at birth? (*Tick one or several options*)

Nobody, I was alone:

Family members:

TBA:

Nurse/Midwife/Auxiliary midwife:

A doctor:

Other (specify): \_\_\_\_\_

7. What kind of delivery did you have?  
 Normal vaginal:   
 Caesarean section:   
 Other (specify): \_\_\_\_\_
8. Did you experience any problem during the birth?  
 Yes:  No:  Don't remember
9. If yes, what type of problem was it?  
 Needed assistance to get the baby out   
 Labour has lasted very long (> 8h)   
 Had placental retention   
 Had abnormal bleeding   
 Other  
 (specify): \_\_\_\_\_
10. Was it a single birth?  
 Yes:  No:
11. Was the child a boy or a girl?  
 Boy  Girl  Don't know
12. Was the child weighed at birth?  
 Yes  No  Don't know
13. Did the baby cry at birth?  
 Yes:  No:  Don't know
14. Was the baby moving at birth?  
 Yes:  No:  Don't know
15. When was the child buried? (Tick one option)  
 Immediately after birth (<4 hours)   
 The same day as birth (>4 hours and <24h)   
 The day after birth   
 Other (specify): \_\_\_\_\_
16. May I see your ANC health card or anything equivalent?  
 Yes  No
- If yes, please note the following information if available in the card, if not skip to section II:*
- 16.1: Pregnancy outcome: abortion  stillbirth   
 16.2 Date of occurrence: / \_\_\_ / \_\_\_ / \_\_\_ / (dd/mm/yyyy)  
 16.3 Foetus gender: Boy  Girl   
 16.4 Birth weight written in the health card: / \_\_\_\_\_ / ####.##( g)

Section II

1. Did you have any illness in the last months preceding you baby death?  
 Yes:  No:  Don't remember
1. How long approximately did the illness last before you child loss?  
 [ ] Days, specify \_\_\_\_\_  
 [ ] Weeks, specify \_\_\_\_\_  
 [ ] Months, specify \_\_\_\_\_
2. Which illness was it? (Tick one or more)  
 Malaria

- Hypertension
- Fever
- Abdominal pain
- Not specified

Allow for mother description of the disease and take note of the symptoms described and their sequence of occurrence:

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3. Did you seek care for this illness?  
 Yes:  No:  Don't remember

4. Where did you seek care?  
 Family/friends   
 Traditional healer   
 Local drugstore/street drug seller's   
 Self administered infusion   
 Local health facility   
 Main hospital in Banfora   
 Other (specify): \_\_\_\_\_

5. Which treatment did you receive (note mother's answer)  
 Infusion/herbs   
 Modern medicine drugs   
 Other (specify): \_\_\_\_\_

6. If modern medicines, please ask either for medical prescription or empty packs and write down the names of medicines received:

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CLOSING THE INTERVIEW

Thank you so much for taking the time to speak with us today. Your comments are very valuable to us and will help us better understand the problems of child loss in your village.

Do you have any additional questions you would like to ask about the study we are conducting? *(Answer any questions the respondent asks as best as you are able.)*

Thank you again. We are very sorry for your loss and we sincerely appreciate your time.



# INFANT VERBAL AUTOPSY (NEONATAL OR INFANT DEATH):

I Questions about the baby

1. What is the exact birth date of your baby?

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
(dd/mm/yyyy)

Do not know

Probe if he/she does not know

Month: \_\_\_\_\_

Beginning

Middle

End

Do not know

Make rule in Epi-handy:

Beginning = 5<sup>th</sup>, Middle = 15<sup>th</sup>, End = 25<sup>th</sup>

Do not know = 15<sup>th</sup>

Birth date confirmed with written card, (CHC/RTHC) etc.

Y

N

2. If the baby is not there: Is the baby still alive?

Y N

If the baby is there: Is this the baby?

Y

N

Are you the mother of the baby?

Y

N

If the baby is dead:

Administer verbal autopsy form

If the mother has also died please ask the informant at the household to answer your questions: Administer autopsy forms for the baby and the mother

Relationship to the child: \_\_\_\_\_

Relationship to the mother : \_\_\_\_\_

Use separate consent form: Consent given: Yes No

I have understood/have been told that your baby has died. I am really sorry on your behalf. Will you please answer some questions about your child:

Section I

1. Was it a single birth?

Y

N

In case of twins:

If both twins have died: Administer 2 autopsy forms.

If one twin has died: Continue with the autopsy for the one who has died.

2. What was the name of the child? \_\_\_\_<NAME>\_\_\_\_\_ (Text)

3. Was <NAME> a boy or a girl?

Boy

Girl

4. Where and how did the birth take place?

1. [ ] At home with no TBA, not assisted by friends or family

2. [ ] At home with no TBA, assisted by friends or family

3. [ ] Assisted by TBA at home/in her place

4. [ ] At the local health unit/clinic

5. [ ] At the main hospital

6.  Under transport  
*(Train r.a. that this means in a vehicle on the way to the health unit)*  
 7.  Other, specify \_\_\_\_\_

5. Was the child weighed at birth? Yes  No

*If no q. 7, skip to q. 9*

6. What was the birth weight \_\_\_\_\_ (#,#) *(mother's report)*

7. May I see the child health card  
*(or any equivalent)* Card seen: Y  N

Birth weight written at the health card, CHC etc \_\_\_\_\_

8. What kind of delivery did you have?  
 Was it normal, c-section (caesarean) a breech or something else?

1.  Normal
2.  Caesarean - section
3.  Breech
4.  Other, specify \_\_\_\_\_

#### Section II

1. Can you please tell me which date your baby died? \_\_\_/\_\_\_/\_\_\_\_\_ Do  
 not know   
*(dd/mm/yyyy)*

*Only if q. 1 Do not know*

2. Can you tell me the approximate age of your child when he/she died?

Days \_\_\_\_\_

Weeks \_\_\_\_\_

Months \_\_\_\_\_

2. Can you please tell me where the child died?

1.  At home
2.  At the traditional healer
3.  At the local health unit/clinic
4.  At the main hospital
6.  Under transport *(Train r.a. that this means in a vehicle on the way to the health unit)*
7.  Other, specify \_\_\_\_\_

3. Do you have a death certificate?

*If yes, ask permission to see the certificate and copy (writing down) the relevant information to answer questions*

Age when died \_\_\_\_\_ -

Date of death \_\_\_\_\_

Primary cause of death \_\_\_\_\_

Secondary cause of death \_\_\_\_\_

Long term medical problems \_\_\_\_\_

Was she on treatment, which \_\_\_\_\_

MOTHER'S/CARETAKER'S DESCRIPTION OF CHILD'S ILLNESS

3. Please tell me about (Name of child)'s illness that led to death.  
 Interviewer: Allow the respondent to tell you about the illness in her/his own words. Do not prompt except for asking whether there is anything else after the respondent finishes or asking for clarification when needed (e.g., "What do you mean when you say...?"). Keep prompting until the respondent says there was nothing else. While recording, underline any unfamiliar terms. After the mother/caretaker stops talking, ask: Is there anything else?

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Take a moment to tick all items mentioned spontaneously in the open history questionnaire (to be done by paediatrician later!).

A. Diarrhoea	P. Malformation
B. Cough	Q. Multiple birth
C. Fever	R. Very small at birth
D. Rash	S. Very thin
E. Injury	T. Born early
F. Coma	U. Pneumonia
G. Fit	V. Injury (specify)
H. Stiff neck	W. Malaria
I. Tetanus	X. Jaundice
J. Measles	Y. Other (specify )
K. Kwashiorkor	Z. Other (specify )
L. Marasmus	AA. Other (specify )
M. Difficult breathing	BB. Other (specify )
N. Rapid breathing	CC. Other (specify )
O. Complicated delivery	DD. Other (specify )

Section III:

Interviewer: Do not ask any questions that duplicate information already provided by the respondent. Also, do not read the listed answers unless the respondent needs clarification.

1. How long approximately did the illness last:

1.  Days, specify \_\_\_\_\_
2.  Weeks, specify \_\_\_\_\_
3.  Months, specify \_\_\_\_\_

2. During (Name)'s last illness, after how much time from the beginning of symptoms did you recognise that he/she was having a problem or illness?  
 (Do not read out the alternatives)

1.  Immediately
2.  After hours
3.  After days, how many \_\_\_\_\_
4.  After months, how many \_\_\_\_\_
5.  Do not know
6.  No response

3. When the problem was recognised, was (Name) taken for treatment?

Yes                       No                       Don't know

Only if yes q. 2:

3. How long after you recognized that there was a problem did you or your family take (Name) for treatment? (Do not read out the alternatives)

1.  Immediately
2.  After hours
3.  After days, how many \_\_\_\_\_
4.  After months, how many \_\_\_\_\_
5.  Do not know
6.  No response

Only if no q. 2:

4. Why was (Name) not taken for treatment?

(Check boxes: Do not read out load the alternatives)

1.  Had no money
2.  Health facility too far
3.  Transportation not easy
4.  Nobody could accompany
5.  Nobody could help with the home duties
6.  Family or friends advised not to go
7.  Home care is better
8.  Care and advises by traditional healer is better
9.  God's will
10.  Did not know where to go
11.  Died on the way to get medical treatment
12.  The child was too weak
13.  Other, specify \_\_\_\_\_

5. Where did (Name) receive treatment during the last illness?

(Check boxes, do not read out load the alternatives)

1.  Home
2.  Relatives/Friends
3.  Traditional Healer
4.  Spiritual/Religious leader
5.  Local Health Unit
6.  Private Clinic
7.  General Practitioner
8.  Public Hospital
9.  Other, specify \_\_\_\_\_

6. Do you know what kind of treatment your child got there? Please tell:

Tick off the appropriate alternatives, and probe from the list

1.  Rehydration
2.  Blood transfusion
3.  Intravenous medicine, specify \_\_\_\_\_
4.  Peroral medicine, specify \_\_\_\_\_
5.  Other, specify \_\_\_\_\_

7. How was (Name) treated at home?

1.  Rehydration
2.  Peroral medicine, specify \_\_\_\_\_
3.  Other, specify \_\_\_\_\_
4.  By bringing a health care provider to home
5.  By taking advice from a health care provider

Allow for spontaneous answer:

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Section IV:

Now I am going to ask you a few questions about how the baby was fed before death:

1. Had you ever given breast milk to <NAME>? Y  N

*Make rule: If no q.1 skip to section IV q.12:*

2. When did you put the baby to the breast after delivery?
- 1.  Within the first two hours
  - 2.  Within the first 12 hours
  - 3.  Within the first 24 hours
  - 4.  Within the first 2 days
  - 5.  Within the first 3 days
  - 5.  After 3 days

3. Did you give the first milk to the baby or did you express and discard it?

- 1.  Gave the first milk
- 2.  Express and discard the first milk

IV Bed Net and vaccination

1. Did you use a bed net for your baby?  Yes  No

Vaccination status

2. Did <NAME> get any vaccinations?  Yes  No

*Make rule: If no q. 2 skip to section VII:*

3. Which vaccinations did your baby get?

*Train the data collectors to look at the CHC or any other card and record the dates written or just "given" if that is the only thing written*

BCG: \_\_\_\_\_  
Polio 0: \_\_\_\_\_  
Polio 1: \_\_\_\_\_  
DPT-HebB+Hib1: \_\_\_\_\_  
Polio 2: \_\_\_\_\_  
DPT-HebB+Hib2: \_\_\_\_\_  
Polio3: \_\_\_\_\_  
DPT-HebB+Hib3: \_\_\_\_\_  
Measles: \_\_\_\_\_

CLOSING THE INTERVIEW

Thank you so much for taking the time to speak with us today. Your comments are very valuable to us and will help us better understand the problems faced by families with sick infants.

Do you have any additional questions you would like to ask about the study we are conducting? (*Answer any questions the respondent asks as best as you are able.*)

Thank you again. We are very sorry for your loss and we sincerely appreciate your time.

## SUIVI DE LA COHORTE PROMISE A 12 MOIS (12 months follow-up)

Date de l'interview : ...../...../...../ (jj/mmm/aaaa)  
Noms de la mère : .....  
Date de naissance de la mère : ./...../...../...../ (format  
jj/mmm/aaaa)  
Age de la mère (si pas de CIB) en années : ./...../  
Noms du mari : .....  
N° d'Inclusion: /\_\_\_/\_\_\_/\_\_\_/\_\_\_/ Village : .....  
Nom du DC : .....

**Introduction** : Bonjour Madame, comme vous vous souvenez sans doute, nous étions passé vous voir il y'a quelques mois pour le suivi de votre bébé dans l'étude PROMISE. Ce matin nous passons juste voir comment il va et vous poser quelques questions.

Acceptez-vous de nous accorder un peu de votre temps ? : Oui /\_\_\_/ Non /\_\_\_/  
Le bébé est-il vivant ? : Oui /\_\_\_/ Non /\_\_\_/

### **A. Si le bébé est décédé :**

Présenter les condoléances de l'équipe à la mère et lui demander l'autorisation de poser tout de même quelques questions.

- 1)- Noter la date de décès du bébé : /...../...../...../ (format jj/mmm/aaaa)
- 2)- Si la date complète de décès du bébé n'est pas connue, noter au moins le mois et l'année après un interrogatoire minutieux de la mère : /...../...../ (format mmm/aaaa)
- 3) Si le mois aussi n'est pas connu alors demander à la mère l'âge du bébé à son décès? : /...../mois
- 4) Donner aussi le nombre de jours/mois qui se sont écoulés entre le moment du décès et la présente visite: /...../ jours/mois (rayer la mention inutile)

**NB : Remplir aussi le formulaire d'autopsie verbale si le bébé est décédé. Si les options 1 ou 2 ci-hauts ont été remplies, alors ignorer les options 3 & 4. Sinon remplir les options 3 et 4.**

- 5) **L'avez-vous allaité jusqu'à son décès ?** : Oui /\_\_\_/ Non /\_\_\_/ (cas seulement des arrêts d'allaitement d'au moins 1 mois)
- 6) **Si non jusqu'à combien de mois l'avez-vous allaité avant son décès :** /\_\_\_/ mois (Faire le décompte avec la date ou l'âge donné de décès)

7) Intensité de l'intervention :

7) 1- Combien de fois la paire-conseillère (PS) est-elle passée vous voir/causer avec vous quand vous étiez enceinte (bébé Promise !)? /\_\_\_/ fois

7) 2- Combien de fois la paire-conseillère (PS) est-elle passée vous voir/causer avec vous après votre accouchement (bébé Promise) et avant le décès de votre bébé ? /\_\_\_/ fois

### **8) Données sur le statut vaccinal du bébé Promise avant son décès**

8) 1- Avez-vous encore le carnet de consultation prénatale (ou un carnet de santé ou un carnet de pesée ou une carte de vaccination) du bébé Promise? Oui /\_\_\_/ Non /\_\_\_/

8) 2- Puis-je le voir ? Oui /\_\_\_/ Non /\_\_\_/

8) 3- Si non, alors préciser la raison :

.....  
.....

**NB** : Si le carnet existe mais non disponible ce jour, veuillez reprogrammer un passage chez la femme pour noter les dates de vaccination.

8) 4- Si oui préciser le type de carnet : /\_\_\_\_\_/

1. Carnet de CPN
2. Carte/Fiche de vaccination
3. Carnet de santé
4. Autre support

Préciser autre support.....

.....

8) 5- Relevez dans le carnet les vaccins reçus par l'enfant Promise ainsi que les dates correspondantes de vaccinations.

Vaccins reçus	Réponse de la mère	Confirmation dans le carnet	Dates de vaccination mentionnées dans le carnet de vaccination (jj/mm/aaaa)
BCG		Oui/___/ Non /___/	/___/___/___/
Polio 0		Oui/___/ Non /___/	/___/___/___/
Polio 1		Oui/___/ Non /___/	/___/___/___/
DTCOQ_P-HepB-Hib1		Oui/___/ Non /___/	/___/___/___/
Polio2		Oui/___/ Non /___/	/___/___/___/
DTCOQ_P-HepB-Hib2		Oui/___/ Non /___/	/___/___/___/
Polio3		Oui/___/ Non /___/	/___/___/___/
DTCOQ_P-HepB-Hib3		Oui/___/ Non /___/	/___/___/___/
Vitamine A-mère	Oui/___/ Non /___/	Oui/___/ Non /___/	/___/___/___/
Vitamine A-Bébé	Oui/___/ Non /___/	Oui/___/ Non /___/	/___/___/___/
Rougeole		Oui/___/ Non /___/	/___/___/___/
Fièvre Jaune		Oui/___/ Non /___/	/___/___/___/
Méningite		Oui/___/ Non /___/	/___/___/___/

**9) Nouvelle grossesse (ou accouchement) après le bébé Promise**

9)-1 Etes-vous tombée à nouveau enceinte depuis la naissance du bébé Promise ? :

Oui /\_\_\_/ Non /\_\_\_/

9)- 2 Si oui de combien de mois êtes vous enceinte actuellement :

a) Durée grossesse : DDR : /\_\_\_/\_\_\_/\_\_\_/ ou en mois : /\_\_\_/ mois

b) Avortement survenu le : /\_\_\_/\_\_\_/\_\_\_/ ou en mois : /\_\_\_/ mois

c) Not applicable : /\_\_\_/

**NB : Si la femme dit avoir avorté après une grossesse de plus de 6 mois, aller à la question 9-4 et remplir l'option c**

9)-3 Avez-vous accouché depuis la naissance du bébé Promise ? : Oui /\_\_\_/ Non/\_\_\_/

9)-4 Si oui remplir l'une des options suivantes :

a) Le bébé actuel est vivant : Oui /\_\_\_/ Non /\_\_\_/ NA : /\_\_\_/

**Si oui seulement alors remplir l'un des 2 items de a)**

Date de naissance du bébé actuel (voir carnet CPN) :

/\_\_\_/\_\_\_/\_\_\_/

Ou âge du bébé actuel (si date inconnue) : /\_\_\_/ mois/jours

b) Le bébé est né vivant mais est décédé à la date de la visite: Oui /\_\_\_/ Non /\_\_\_/ NA/\_\_\_/

**Si oui seulement alors remplir les 2 items de b)**

Date de naissance : /\_\_\_/\_\_\_/\_\_\_/ ou âge du bébé au décès : /\_\_\_/mois/jours

Date de décès : /\_\_\_/\_\_\_/\_\_\_/ ou décès survenu il y' a /\_\_\_/ mois/jours

c) Le bébé était un mort-né : Oui /\_\_\_/ Non : /\_\_\_/ NA : /\_\_\_/

**Si oui seulement alors remplir l'un des 2 items de c)**

Date de survenue de l'évènement /\_\_\_/\_\_\_/\_\_\_/

Ou évènement survenu il y'a : /\_\_\_/ mois/jours

**B. Si le bébé est vivant :**

1) Pouvez-vous me rappeler le nom de votre bébé ? :.....

2) Quel âge a-t-il maintenant : /\_\_\_/ mois

3) Depuis mon dernier passage (durée variable selon que le bébé avait été vu au M12, ou PDV durant le suivi de 6 mois) jusqu'à ce jour, continuez-vous à donner le sein à votre bébé ? :

Oui /\_\_\_/ Non : /\_\_\_/

4) Si non, jusqu'à quel âge avez-vous donné le sein à votre bébé ? : /\_\_\_/ mois

5) Depuis sa naissance jusqu'à ce jour, continuez-vous à donner le sein à votre bébé ? :

Oui /\_\_\_/ Non /\_\_\_/

6) Si non jusqu'à quel âge lui avez-vous donné le sein ? : /\_\_\_/ mois

7) Depuis votre réveil hier matin jusqu'à votre réveil ce matin avez-vous donné le sein à votre bébé ? : Oui /\_\_\_/ Non : /\_\_\_/

N/A : /\_\_\_/

8) Depuis la naissance de votre bébé avez-vous à un moment quelconque arrêté (pendant 1 mois au moins) de donner le sein à votre bébé puis repris à le lui donner à nouveau ?

/\_\_\_/ Oui /\_\_\_/ Non

9) Si oui quel âge avait-il quand vous avez arrêté de lui donner le sein ? /\_\_\_/ mois

10) Si oui quel âge avait-il lorsque vous avez repris à lui donner le sein ? /\_\_\_/ mois



11) Etes-vous tombée à nouveau enceinte depuis la naissance du bébé Promise ?:

Oui /\_\_\_/ Non /\_\_\_/

12) Si oui de combien de mois êtes vous enceinte actuellement ?

a) Durée grossesse : DDR : /\_\_\_/\_\_\_/\_\_\_/ ou en mois: /\_\_\_/ mois

b) Avortement survenu le : /\_\_\_/\_\_\_/\_\_\_/ ou il y'a : /\_\_\_/ mois

c) Not applicable : /\_\_\_/

13) Avez-vous accouché depuis la naissance du bébé Promise ? : Oui /\_\_\_/ Non/\_\_\_/

14) Si oui remplir l'une des options suivantes :

a) Le bébé actuel est vivant : Oui /\_\_\_/ Non /\_\_\_/ NA : /\_\_\_/

**Si oui seulement alors remplir l'un des 2 items de a)**

Date de naissance du bébé actuel (voir carnet CPN) :

/\_\_\_/\_\_\_/\_\_\_/

Ou âge du bébé actuel (si date inconnue) : /\_\_\_/ mois/jours

b) Le bébé est né vivant mais est décédé à la date de la visite: Oui

/\_\_\_/Non /\_\_\_/NA/\_\_\_/

**Si oui seulement alors remplir les 2 items de b)**

Date de naissance : /\_\_\_/\_\_\_/\_\_\_/ ou âge du bébé au décès :

/\_\_\_/mois/jours

Date de décès :/\_\_\_/\_\_\_/\_\_\_/ ou décès survenu il y' a /\_\_\_/ mois/jours

c) Le bébé était un mort-né : Oui /\_\_\_/ Non : /\_\_\_/ NA : /\_\_\_/

**Si oui seulement alors remplir l'un des 2 items de c)**

Date de survenue de l'évènement /\_\_\_/\_\_\_/\_\_\_/

Ou évènement survenu il y'a : /\_\_\_/ mois/jours

#### 15) Intensité de l'intervention

15) 1- Combien de fois la paire-conseillère (PS) est-elle passée vous voir/causer avec vous quand vous étiez enceinte (du bébé Promise !)? /\_\_\_/ fois

15) 2- Combien de fois la paire-conseillère (PS) est-elle passée vous voir/causer avec vous après votre accouchement (bébé Promise) ? /\_\_\_/ fois

#### 16) Données sur le statut vaccinal du bébé Promise

16) 1- Avez-vous encore le carnet de consultation prénatale (ou un carnet de santé ou un carnet de pesée ou une carte de vaccination) du bébé Promise ? Oui /\_\_\_/ Non /\_\_\_/

16) 2- Puis-je le voir ? Oui /\_\_\_/ Non /\_\_\_/

16) 3- Si non, alors préciser la raison : .....

**NB** : Si le carnet existe mais non disponible ce jour, veuillez reprogrammer un passage chez la femme pour noter les dates de vaccination.

16) 4- Si oui préciser le type de carnet : /\_\_\_/

1. Carnet de CPN
2. Carte/Fiche de vaccination
3. Carnet de santé
4. Autre support

Préciser autre support.....

16) 5- Relevez dans le carnet les vaccins reçus par l'enfant ainsi que les dates correspondantes de vaccinations.

Vaccins reçus	Réponse de la mère	Confirmation dans le carnet	Dates de vaccination mentionnées dans le carnet de vaccination (jj/mmm/aaaa)
BCG		Oui/___/___ Non /___/___	/___/___/___/___/
Polio 0		Oui/___/___ Non /___/___	/___/___/___/___/
Polio 1		Oui/___/___ Non /___/___	/___/___/___/___/
DTCOQ_P-HepB-Hib1		Oui/___/___ Non /___/___	/___/___/___/___/
Polio2		Oui/___/___ Non /___/___	/___/___/___/___/
DTCOQ_P-HepB-Hib2		Oui/___/___ Non /___/___	/___/___/___/___/
Polio3		Oui/___/___ Non /___/___	/___/___/___/___/
DTCOQ_P-HepB-Hib3		Oui/___/___ Non /___/___	/___/___/___/___/
Vitamine A-mère	Oui/___/___ Non /___/___	Oui/___/___ Non /___/___	/___/___/___/___/
Vitamine A-Bébé	Oui/___/___ Non /___/___	Oui/___/___ Non /___/___	/___/___/___/___/
Rougeole		Oui/___/___ Non /___/___	/___/___/___/___/
Fièvre Jaune		Oui/___/___ Non /___/___	/___/___/___/___/
Méningite		Oui/___/___ Non /___/___	/___/___/___/___/

**17) Cicatrice vaccinale du BCG**

17) 1- L'enfant Promise présente-t-il les traces de la vaccination par le BCG (question adressée au DC !)? : /\_\_\_/\_\_\_/ oui Non /\_\_\_/\_\_\_/

17) 2- Si oui cocher la localisation de la cicatrice : /\_\_\_/\_\_\_/

- 1- Face antérieure avant-bras droit
- 2- Face antérieure avant bras gauche
- 3- Face latérale bras gauche/bras droit
- 4- Autres localisations

Préciser autre localisation : .....

17)3- La mère confirme t-elle l'administration du BCG au bébé Promise (expliquer à la mère la procédure du BCG sur l'avant-bras) ? : Oui /\_\_\_/\_\_\_/ Non /\_\_\_/\_\_\_/

17) 4- La mère montre t-elle une cicatrice consécutive au vaccin par le BCG ? :

Oui /\_\_\_/\_\_\_/ Non /\_\_\_/\_\_\_/

17 5- Si oui, la cicatrice du BCG indiquée par la mère est-elle la même que celle observée par le DC ? : Oui /\_\_\_/\_\_\_/ Non /\_\_\_/\_\_\_/

**18) Anthropométrie du jour :**

Poids de l'enfant : /\_\_\_/\_\_\_/ . /\_\_\_/\_\_\_/ Kg

Taille de l'enfant : /\_\_\_/\_\_\_/ . /\_\_\_/\_\_\_/ Cm

**19) Autres observations utiles :** .....

.....

**Merci de nous avoir accordé de votre temps ; nous souhaitons longue vie et bonheur à vous et à votre enfant !**

## **Informed consent forms**

Page de signature  
(Pour les femmes participant à l'étude Promise)

J'ai reçu les informations concernant l'étude PROMISE. Les informations reçues sont les suivantes :

- PROMISE est une étude pour apporter des informations sur la santé et la nutrition des bébés dans 24 villages de la région de Banfora.
- Pour rentrer dans l'étude je dois remplir certains critères et surtout je dois donner librement mon avis de participer ou pas à cette étude.
- Si je décide de participer à l'étude, je dois accepter indiquer mon domicile aux membres de l'équipe de recherche pour qu'ils puissent me voir, soit pour me donner des conseils, soit pour s'entretenir avec moi ou pour voir comment évoluent les choses (grossesse, accouchement, mouvements hors du village). A certaines visites ils pèseront et prendront la taille de mon bébé. Ils me pèseront et prendront moi-même ma taille une fois.
- J'ai aussi été informée qu'on prélèvera 3-4 gouttes de sang chez mon enfant au 6<sup>ème</sup> mois pour voir s'il se porte bien et s'il a de bonnes vitamines dans le sang.
- Si j'ai mal aux seins ou si j'ai d'autres problèmes qui m'empêchent d'allaiter correctement je le signalerai à l'équipe PROMISE qui s'occupera de cela en me soignant gratuitement. De même si mon enfant a un problème de santé qui l'empêche d'allaiter, les gens de PROMISE vont m'aider en s'occupant de lui aussi. Je peux aussi m'adresser aux membres de l'équipe Promise pour leur exprimer mes préoccupations.
- Il est souhaitable que j'ai l'accord de mon mari (ou du père de l'enfant) pour les visites à domicile des gens de PROMISE.
- Si à un moment donné je ne veux plus faire partie de l'étude je peux me retirer en prenant soin de le dire aux gens de Promise. Cela n'affectera en rien la qualité des soins qu'on donnera à mon bébé et à moi-même dans les centres habituels de santé et je pourrai toujours demander des conseils aux gens de Promise.

Je soussignée (nom et prénom de la femme) :.....  
Témoin Mr/Mme (Pour les cas d'illettrisme) .....  
Reconnais avoir reçu et compris toutes les informations ci-haut citées;  
J'accepte librement et sans contrainte de faire partie de l'étude PROMISE.

Lieu, date et signature  
de la femme

Date et signature du  
PI/Promise  
ou son Représentant

Lieu, date et signature  
du témoin

## Ethical approvals

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*Regional komité for  
medisinsk forskningsetikk  
Vest-Norge (REK Vest)*

Bergen, 08.09.05  
Sak nr. 05/8197

Professor Torkild Tylleskär  
Senter for internasjonal helse, UiB  
Armauer Hansens hus  
5021 BERGEN

**Ad prosjekt: PROMISE EBF: Fremming av spebarnshelse og ernæring i Afrika sør for Sahara: sikkerhet og effektivitet av fremming av fullamning i en tid med HIV (175.05)**

Det vises til søknad om etisk vurdering for denne studien. REK Vest vurderte den i møte den 25.08.05.

Begrunnelsen for å fremme studien for denne etikkomiteen er at den inneholder intervensjon og startes etter 1. juli 2005, og derfor må registreres som en "clinical trial" for å kunne publiseres. En slik registrering krever at en må oppgi egen etisk review board, sies det. Komiteen har vurdert denne saken.

Komiteen mener dette er en god og viktig studie som kan gjennomføres i den form den foreligger. Setningen i informasjonen, punkt "Confidentiality" "There is no risk for lack of confidentiality". Dette bør skrives om slik at det går frem at opplysningene behandles konfidensielt.

Studien er da endelig klarert fra denne komité sin side.

Vennlig hilsen

Arnold Berstad  
leder

Arne Salbu  
sekretær

**Ministère de la Santé**

**Secrétariat Général**

**Centre Muraz**

**Comité D'Ethique**

N/Réf. 013 – 2005/CE-CM

Burkina Faso  
Unité – Progrès - Justice



### Rapport de la 2<sup>ème</sup> session des 25 et 26 mai 2005

Le mercredi 25 et jeudi 26 mai 2005 à partir de 15 H 30 mn, dans la salle de réunion de l'IRSS-Bobo, s'est tenue une session ordinaire du Comité d'Ethique Institutionnel du Centre Muraz. Deuxième de l'année 2005, elle avait pour ordre du jour, l'examen des projets de recherche.

#### Etaient présents :

- Professeur Jean Bosco OUEDRAOGO
- Madame Odette KY-ZERBO
- Docteur Rasmané BEOGO
- Madame Martine SOMDA
- Madame Odile Hato ZAMPA
- Madame Paré Léa TOE
- Docteur Germain TRAORE
- Docteur Abdoulaye TRAORE

#### Etait absent/excusé :

- Docteur Marie Claire HENRY

2. Examen de projet de recherche « Promotion de la santé et de la nutrition infantiles en Afrique subsaharienne : innocuité et efficacité de la promotion de l'allaitement maternel exclusif (AME) dans le contexte du VIH » présenté par Dr. Hama DIALLO

L'allaitement exclusif de l'enfant est longtemps valorisé comme moyen efficace pour préserver la santé de l'enfant dans les pays pauvres. Ce protocole de recherche-action repose cette problématique en la situant dans le contexte subsaharien où les prévalences de l'infection à VIH sont souvent des plus élevées du monde.

L'objectif principal de cette recherche-action est de promouvoir l'allaitement exclusif à travers la stratégie des paires-conseillères auprès de femmes allaitantes des communautés villageoises. L'étude est un essai randomisé qui se déroulera dans 4 pays et durera 3 ans : de 2005 à 2007. Au Burkina Faso, elle concernera 24 localités villageoises de la région de l'ouest (Banfora).

**Sur le plan méthodologique, l'étude :**

- Sera portée à la connaissance des communautés villageoises grâce à une large campagne de sensibilisation (radio communautaire par exemple) ;
- Une enquête qualitative intensive permettra de définir les critères d'éligibilité des paires-conseillères et de les recruter ;
- des femmes de 12 villages venues en CPN dans les CSPS seront incluses et recevront régulièrement des conseils des paires-conseillères pendant au moins 6 mois afin d'adopter l'allaitement exclusif ; celles de 12 autres villages n'en recevront pas ;
- toutes les femmes recevront des visites à domicile pour voir l'état de santé de leurs enfants, auxquels un prélèvement sanguin sera effectué pour les analyses ;

- le test VIH sera proposé à certaines femmes ;
- Femmes et maris seront informés au préalable de toute la démarche et des objectifs de l'étude avant l'inclusion des femmes.

**Au plan de l'éthique :**

- Une fiche d'information et une fiche de consentement éclairé pour participer à l'essai seront lues aux maris et aux femmes ; il leur sera demandé de signer la fiche de consentement éclairé, s'ils sont d'accord,
- Toutes les femmes recevront gratuitement un traitement pour elles-mêmes et/ou pour leurs bébés si l'on découvrait des problèmes de santé impliquant l'allaitement,
- Les risques encourus de l'étude sont mineurs, et concernent les désagréments momentanés causés à l'enfant lors de la piqûre pour le prélèvement sanguin.

**A terme de l'exposé, le CEI s'est intéressé essentiellement :**

- A la longueur de la fiche d'information ;
- A l'appellation conventionnelle actuelle de « allaitement exclusif » et non plus « allaitement maternel exclusif » comme indiqué dans le protocole : tout allaitement étant forcément maternel ;
- Au risque de stigmatisation lié à la proposition du test VIH seulement à certaines femmes.

**Recommandations et avis**

Après avoir délibéré des différentes questions de discussion, le CEI a formulé les recommandations suivantes à prendre en compte dans la mise en œuvre de cet essai :

- Réduire et simplifier la fiche d'information ;

- Porter un rectificatif à la fiche de consentement éclairé, p 2 : « *j'accepte librement et sans contrainte* » est antinomique avec « *avec l'accord de mon partenaire ou époux* » ;
- Marquer sur la fiche de consentement éclairé que l'emprunte digitale pour les illettrés aura valeur de signature ;
- Proposer systématiquement le test VIH à toutes les femmes ;
- Transmettre au CEI/CM le contenu des messages qui seront délivrés aux femmes par les paires-conseillères, en même temps que les autres amendements.

Le Comité d'Éthique a donné un avis favorable pour l'exécution du projet sous réserve de la prise en compte des amendements ci-dessus mentionnés.

Fait à Bobo-Dioulasso le 28 mai 2005

Le Rapporteur



Dr. Abdoulaye TRAORE

Le Président



Pr. Jean-Bosco OUEDRAOGO



## Errata

### Abstract (English)

P14, paragraph3, line 4: “outcomes were generated” now reads as “outcomes were calculated”.

P15, paragraph2, line 1: “Multivariable analyses ..... showed that nulliparous and primiparae had 3.....compared to multiparous with 2-4 previous births” now reads as “Multivariable analyses ..... showed that foetuses from nulliparous and primiparae had 3.....compared to that from multiparous with 2-4 previous births”.

### Original papers

P19, Paper III is no longer “Accepted” but published as Diallo AH et al., BMC Public Health 2012, 12:739.

### Introduction

P22, paragraph 2, line 3 “reduce the burden ..... of their poor outcomes” now reads as “reduce the burden ..... of these poor outcomes”.

### Background information and literature review

P42, Title of Table 7 “Literature review on .....from 2000 to date by year of publication” now reads as “Literature review on .....from 2000 to 2012 sorted by year of publication”.

P43, Title of Table 8 “Literature review on .....from 2000 to 2010 sorted by year of publication” now reads as “Literature review on .....from 2000 to 2012 sorted by year of publication”.

P44, paragraph 1, line 5 “The same trends were observed for the U5MR” now reads as “The same trends were observed in 2006 for the U5MR”.

P46, Table 9, last row and last column “No difference was found in the NMR” now reads as “No difference was found in the neonatal death risk”.

### Settings

P52, paragraph 1, line 10 “Seventy-three district ....provide complete emergency obstetric care” now reads as “Seventy-three district ....provide comprehensive emergency obstetric care”.

### Methods

P67, paragraph 3, line 4 “electronic from within 48 hours” now reads as “electronic from within 48 hours of their collection”.

P69, paragraph 4, line 8 “analysis adjusted for distance to nearest health facility, maternal use of bednet and clustering” now reads as “analysis adjusted for distance to nearest health facility and maternal use of bednet”.

### Discussion

P83, paragraph 1, line3 “earlier in the methods section, page 73” now reads as “earlier in the methods section, page 66”.

P87, paragraph 1, line 6 “and DCs learnt specific terms for miscarriage, stillbirth” now reads as “and DCs learnt specific wording for miscarriage, stillbirth”.