SYMPTOM LIST FOR DEATHS

HOW TO USE THIS LIST:
1. Identify **MAJOR SYMPTOMS** from history.
   a. For each symptom, ask **probing questions** listed below, including associated symptoms.
   b. For each symptom, ask about **duration (how many days, weeks, or months?)**, treatment received, hospital/clinics used, and details on death certificate/clinical records if available.
2. If respondent **does not give clear history then** ask about each **MAJOR SYMPTOM** one by one. And then probe all positive responses.

Symptom list for NEWBORN deaths

1. HIGH FEVER OR HYPOTHERMIA (LOW TEMPERATURE, BABY WAS COLD)
   □ High or low grade or hypothermia or failure to maintain temp
   □ Continuous with no normal temperature, intermittent (on and off), or occasional
   □ Fever rose every day
   □ Associated with diarrhoea, cough, jaundice, neck stiffness, irritated and does not like light or sound, fits, lethargic, drowsiness, coma, fever followed by rash/blisters

2. BREATHING PROBLEMS
   □ Cough (use local language)
   □ Fast breathing
   □ Wheezing (demonstrate)
   □ Chest in drawing
   □ Grunting, nasal flaring (demonstrate)
   □ Associated with fever, vomiting, crying more than usual

3. DIARRHOEA
   □ Loose/semisolid stools, blood/mucus in stools, watery/rice water like stools
   *(Note: mothers of breastfed infants tend to report children with soft/loose stools, so it is important to ask if soft and loose stools were MORE FREQUENT than usual).*
   □ Blood in the stool, colour red or black
   □ How many times a day at worst
   □ Associated with vomiting, fever, sunken eyes, sunken fontanel, reduced urine amount

4. JAUNDICE (YELLOWNESS IN THE WHITE PART OF EYES OR SKIN)
   □ What became yellow: eyes or skin or urine (dark yellow/brown?)
   □ When did yellowness start: starting on day 1? starting on day 3? later than that?
   □ Associated with: fever, fast breathing/excessive cry/chest in-drawing, vomiting blood

5. SEIZURES/ FITS
   □ History of sudden jerky movements of focal area- finger, arms or legs or of whole body
   □ With or without loss of consciousness
   □ Awake between fits or not
   □ Associated with fever, rolling of eye balls, frothing of mouth, not very alert (low consciousness)

6. DISCOLORATION OF LIPS, HAND AND LEGS
   □ Bleeding into eyes and skin
   □ Blue or red discoloration of lips, hand and legs
   □ Associated with: bulging fontanel or drowsiness, scalp injuries, spasm of body, breathing problems (chest in drawing)

As of 1.6.11
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1. Identify MAJOR SYMPTOMS from history.
   a. For each symptom, ask probing questions listed below, including associated symptoms.
   b. For each symptom, ask about duration (how many days, weeks, or months?), treatment received, hospital/clinics used, and details on death certificate/clinical records if available.
2. If respondent does not give clear history then ask about each MAJOR SYMPTOM one by one. And then probe all positive responses.

Symptom list for CHILD deaths

1. FEVER
   □ High or low grade
   □ If more than 30 days see weight loss
   □ Continuous with no normal temperature, intermittent (on and off)
   □ Fever rose every day
   □ Repeated attacks with chills, shaking, sweating, muscle pain
   □ Associated with diarrhoea, cough, headache, chest pain, jaundice, burning sensation while passing urine, neck stiffness, irritated and does not like light or sound, fits, confusion, drowsiness, coma, fever followed by rash/blisters

2. COUGH
   □ Dry, wet (with sputum), bloody (rusty), foul smelling
   □ If more than 30 days see weight loss
   □ Worse during day or night, only at night
   □ Cough with rapid breathing, wheezing or in-drawing (use local language)
   □ Pain at the sides of the chest wall or worse with cough and/or deep breath
   □ Associated with fever, weight loss, night sweats, evening rise of temperature, vomiting, hoarse voice

3. BREATHING PROBLEMS
   □ Onset and progression (did the child feel short of breath initially on exertion, but this worsened to being breathless while resting)
   □ Occurs after lying flat and relieved by sitting up
   □ What brings it on? Allergy or chest infection
   □ Episodes or attacks of wheezes and breathing problems
   □ Associated with fever, weight loss, night sweats, evening rise of temperature, vomiting, hoarse voice

4. DIARRHOEA/DYSENTERY
   □ Loose/semisolid stools, blood/mucus in stools, watery/rice water like stools
   □ If more than 30 days see weight loss
   □ Painless and large quantity
   □ Blood in the stool, colour red or black
   □ How many times a day at worst
   □ Associated with vomiting, fever, very thirsty, dehydration (less water in the body, sunken eyes, reduced urine amount)

5. WEIGHT LOSS
   □ Loss of weight became very rapid in last 2-3 months
   □ Prolonged unexplained fever for more than 1 month (constant or continuous)
   □ Diarrhoea for more than 1 month
   □ Persistent cough for more than 1 month
   □ Swelling in arm pits, neck, groin
   □ Itching and skin rash
   □ White sores or white patches in mouth
   □ History of tuberculosis or HIV/AIDS

6. OEDEMA (SWELLING)
   □ Location: hands and feet or elsewhere, only abdomen
   □ Sudden or gradual
   □ Worse at night or morning
   □ Associated with breathing problems at rest, fever, urinary problems, jaundice, worse with walking, fatigue, feeling heart beat faster, nausea, appetite loss

7. GI TRACT PROBLEMS
   □ Type of abdominal pain: one place or all over, type (burning or dull), sudden or gradual, awake from sleep?
   □ Relationship to food: Was pain more on empty stomach? Was it relieved after taking food? Difficulty in swallowing solid or liquid food?
   □ Location: middle of abdomen or extend to chest
   □ Periodicity: pain occurs in episodes, lasting 1-3 weeks every time, 3-4 times per year
   □ Type of abdominal distension: sudden or gradual
   □ Associated with loss of appetite, nausea, jaundice, constipation, black stools, vomiting with blood, breathing problems, sweating, history of surgery or trauma, history of lump/mass in abdomen

8. JAUNDICE (YELLOWNESS IN THE WHITE PART OF EYES OR SKIN)
   □ What become yellow: eyes or skin or urine (dark yellow/brown?)
   □ When did yellowness start: early, and got worse, or later after person was quite ill for some time
   □ Associated with: fever, weight loss, swelling of abdomen, feet and then face and hands, breathing problems, vomiting blood,

9. SEIZURES/ FITS
   □ History of sudden jerky movements of arms or legs or whole body, with or without loss of consciousness, awake between fits or not
   □ Associated with fever, paralysis/stroke, rolling of eye balls, frothing of mouth, loss of memory, bit tongue, bed wetting, confused, history of head injury

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