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Short Case Review Questionnaire

Another final consideration in the use of the case review method is the length of time required to complete the question and answer process. The questionnaire described above and used in the Bangladesh setting was found to be too time-consuming among several NGOs in Bolivia. Many women simply do not have the time to answer all questions. This led the Save the Children research staff in Bolivia to develop a short questionnaire containing the most essential questions about perinatal, neonatal and maternal mortality in that area. Basic background information was generally available from an existing database, and so questions related to this type of information could be eliminated from the survey. **The shortened version of the questionnaire is included below.**

QUESTIONS FOR RAPID PERI/NEONATAL MORTALITY SURVEY (Bolivia)

1. Name of interviewer:
2. Community:
3. Number of Household (if available):
4. Name of Head of Household:
5. Name of Informant:
Relation of Informant to infant who died:
6. Date of interview: ____/____/____
7. How many living children does the mother have?
8. Did the last child born die? yes no
9. If the answer to question 8 is yes, did the baby die within the first month of life?
yes no
10. Age of mother at time of last birth: _____ years
11. How many days old was the baby when s/he died?
_____ days

12. When did the baby die? $\frac{\quad}{\text{day}}$ / $\frac{\quad}{\text{mo}}$ / $\frac{\quad}{\text{year}}$

20. Did you receive any tetanus toxoid injections before birth? yes no

How many doses? 1 2 3 4 5

When? ___/___/___ ___/___/___ ___/___/___
 day mo yr day mo yr day mo yr

21. Are there any foods that you did not eat because you were pregnant? yes no

If yes, what couldn't you eat?

22. Where was the baby born?

1. Hospital
2. Clinic/health center
3. Health post
4. Home
5. Other

23. Who attended the birth?

1. Doctor
2. Nurse
3. Auxiliary or promotor
4. Midwife
5. Husband
6. Woman herself
7. Other

24. Did you choose this person to attend your birth? Why?

25. How long were you in labor before you gave birth?

1. less than 12 hours
2. 13-24 hours
3. 25-36 hours
4. 37-48 hours
5. 49 or more hours

26. What did the person who attended your birth do? (If the husband, other family member or the woman herself delivered the baby and this person is available to respond, ask the birth attendant directly how they delivered the baby. What did they do?)

Person responding: 1. Mother 2. Birth Attendant 3. Mother who delivered alone.

How was the cord cut?

What did the attendant do to the cord after it was cut?

27. Did you or your birth attendant notice any problems while you were in labor or during the baby's delivery? yes no (if yes, describe)

27a. Review the following list of possible problems that may have occurred during labor with the informant. Did any of the following problems occur?

1. Breech birth (baby bottom first)
2. Transverse birth (baby sideways)
3. Cord wrapped around baby's neck
4. Baby's hand or foot first
5. Umbilical cord first
6. Hemorrhage (heavy bleeding)
7. Fever
8. Meconium (green or brown liquid)
9. Convulsions (attacks)
10. Other

28. Did anyone provide medical care for you and the baby during the first days after the birth?

Who? What did they do?

29. Did you breastfeed the baby? yes no

When did you begin to breastfeed the baby?

Within 1st hour ____ Within 1st day ____ After 1st day ____

If breastfeeding was not begun during the first day, ask why the mother began when she did.

30. When did the mother/parents notice that there was a problem with the infant's health?

_____ hours old _____ days old

31. How did they know there was a problem? What symptoms or conditions did they notice?

- 31a. Symptoms. Review with the informant the following list of symptoms and circle the numbers of those that were present.

GENERAL

1. Irritable
2. Much crying
3. Weak crying
4. Difficulty nursing (due to something other than weakness)
5. Nursed weakly
6. Depressed
7. Fever
8. Hypothermia (cold)
9. Whining/moaning
10. Apnea (stopped breathing)

NEUROMUSCULAR

11. Could not swallow
12. Muscular spasms
13. Rigidity
14. Convulsions (attacks)
15. Abnormal movements

RESPIRATORY

16. Cough
17. Nasal secretions
18. Nasal flaring
19. Noisy breathing
20. Rapid breathing
21. Breathing fatigue
22. Chest retractions (caving-in of chest cavity)

DERMATOLOGICAL

23. Cyanosis (purple, blue)
24. Pallid
25. Jaundiced (yellow)
26. Red skin
27. Red umbilical cord
28. Pus on umbilical cord
29. Bad odor of umbilical cord
30. Blisters
31. Blood blisters
32. Rash

BLOOD

33. Hemorrhage Where?

DIGESTIVE

34. Abdominal distention
35. No bowel movements

References

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