Infant mortality

Patient ID

_____

Name of investigator

_____

Date

- [ ] Jannuary2025
- [ ] February 2025

Hospital Identification

Hospital name

- ◯ Kamenge District Hopital
- ◯ Ngozi District Hopital
- ◯ Muyinga District Hopital
- ◯ Nyanza-lac District Hopital
- ◯ Cibitoke District Hopital

Hospital status

- [ ] public
- [ ] private
- [ ] confessional

District

- ◯ Bujumbura Nord
- ◯ Cibitoke
- ◯ Nyanza-lac
- ◯ Ngozi
- ◯ Muyinga

Province

- ◯ Bujumbura
- ◯ Cibitoke
- ◯ Makamba
- ◯ Ngozi
- ◯ Muyinga
- ◯ Other

municipality

_____

Strate

_____

Children`s details

Name of children

_____

Gender

- ◯ Male
- ◯ Female

Children`s health status

- ◯ Live
- ◯ Dead

Age
months

_____

Birth date

_____

Birth Order

_____

Preceding birth interval

- ◯ less than 33 months
- ◯ 33 months or more
- ◯ NA

breastfeeding

- ☐ less than 6 months
- ☐ 6 months or more

Residence

- ◯ Urban
- ◯ Rural

Place of delivery

- ◯ Hospital
- ◯ healthcare center
- ◯ Home

Nationality

- ◯ Burundi
- ◯ Other

Time and date of admission at hospital

yyyy-mm-dd _____ hh:mm _____

_____

Leaving hospital date

_____

Children`s immunization

- ◯ Full
- ◯ In progress
- ◯ None

Children`s hospitalisation details

children hospitalization reason

_____

ICD 10 on arrival

_____

origin of the children

- ◯ referred
- ◯ home

Birth weight

- ☐ Full-term birth >= 2.5kg
- ☐ Full-term birth <2.5kg
- ☐ Premature

Weight of the children at the time of hospitalization

kg

_____

child's height

cm

_____

child's SaO2

_____

Temperature

°C

_____

Body mass index

kg/m²

_____

Respiratory rate

breaths per minute

_____

Causes of children`s mortality

_____

» children`s clinical examination

Blood type

- ◯ O+
- ◯ O-
- ◯ A+
- ◯ A-
- ◯ B+
- ◯ B-
- ◯ AA+
- ◯ AA-
- ◯ BB+
- ◯ BB-
- ◯ AB+
- ◯ AB-
- ◯ not known

Pulse

beats/min

What is the diagnosis made based on the results of clinical examinations?

Qualification of the person who conducted the intervention

Qualification of the person who conducted the intervention

- ☐ Doctor
- ☐ Midwive
- ☐ Nurse
- ☐ Caregiver
- ☐ Other

other qualification of the person who conducted the intervention

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Children`s medical history

Anemia

- ◯ Yes
- ◯ No

HIV

- ◯ Yes
- ◯ No

Other medical history

Parent`s lifestyle details

» Father`s details

Marital status

- ◯ single
- ◯ married
- ◯ divorced
- ◯ widowed
- ◯ never married and never lived together

Father`s age
years

What is the highest level of school the father attended?

- ◯ pre primary
- ◯ primary
- ◯ post primary training
- ◯ secondary
- ◯ Post secondary training
- ◯ University
- ◯ Don`t know

What is father`s occupation

- [ ] civil servant
- [ ] Businessman
- [ ] Farmer
- [ ] Military
- [ ] private sector
- [ ] Other
- [ ] none

What is the main source of income for the father

- [ ] salary
- [ ] Business
- [ ] Farmer
- [ ] Other

Does the father smoke cigarettes?

- ◯ Yes
- ◯ No

On average, how many cigarettes he currently smokes each day

_____

Does the father take alcohol

- ◯ Yes
- ◯ No

How many drinks did he usually have per day?

_____

» Mother`s lifestyle details

Marital status

- ◯ married
- ◯ single
- ◯ divorced
- ◯ widowed
- ◯ Other

Mother`s age

years

_____

Age at the marriage

_____

highest level of school attended by the mother

- ◯ pre primary
- ◯ primary
- ◯ post primary training
- ◯ secondary
- ◯ Post secondary training
- ◯ University
- ◯ Don`t know

Mother`s occupation

- ☐ Business
- ☐ Civil servant
- ☐ Farmer
- ☐ Military
- ☐ private sector
- ☐ other
- ☐ none

The main source of income for the mother

- ☐ salary
- ☐ Business
- ☐ Farmer
- ☐ Other
- ☐ none

Does the mother smoke cigarettes?

- ◯ Yes
- ◯ No

On average, how many cigarettes she currently smokes each day

_____

Does the mother take alcohol

- ◯ Yes
- ◯ No

How many drinks did she usually have per day?

_____

Mother`s obstetric history

Gestation (Number of pregnancies)

_____

Parity (Number of deliveries)

_____

Number of living children

_____

Number of abortions

_____

Number of Stillbirths

_____

Number of deceased children

_____

Householder details

How many people are in this household?

_____

The main source of drinking water for members of household

- [ ] Piped water
- [ ] Dug well
- [ ] Water from spring
- [ ] Rainwater
- [ ] Tanker truck
- [ ] Surface water
- [ ] Other

Piped water

- [ ] piped into dwelling
- [ ] piped to yard/plot
- [ ] piped to neighbor
- [ ] public tap/standpipe
- [ ] tube well or borehole

Dug well water

- ( ) protected well
- ( ) unprotected well

Water from the spring

- ( ) protected spring
- ( ) unprotected spring

Surface water

- [ ] river
- [ ] dam
- [ ] lake
- [ ] pond
- [ ] stream
- [ ] canal
- [ ] irrigation channel

How far does it take to go there, get water, and come back?

- [ ] Less than 500m
- [ ] Between 500m - 999m
- [ ] Between 1-1.9 Kilometers
- [ ] Between 2-4.9 Kilometers
- [ ] Between 5-7.9 Kilometer
- [ ] 8 Kilometers and above

Types of toilet facility do members of household usually use

- [ ] Flush or pour flush toilet
- [ ] pit latrine
- [ ] composting toilet
- [ ] bucket toilet
- [ ] Hanging toilet/hanging latrine
- [ ] no facility/bush/field/beach
- [ ] Other

Flush or pour flush toilet

- [ ] Flush to piped sewer system
- [ ] Flush to septic tank
- [ ] Flush to pit latrine
- [ ] Flush to somewhere else
- [ ] Flush,dont know where

Pit latrine

- [ ] Ventilated improved pit latrine
- [ ] pit latrine with slab(washable)
- [ ] pit latrine with slab(not washable)
- [ ] pit latrine without slab/open pit

Does this household own any livestock, herds, other farm animals, or poultry?

- ◯ Yes
- ◯ No

which of the following animals do this household own?

- [ ] cows/bulls
- [ ] other cattle
- [ ] horses/donkeys/mules
- [ ] goats
- [ ] sheep
- [ ] chickens/poultry
- [ ] pig
- [ ] rabbit
- [ ] other

» land ownership

Does any member of this household own a land?

- ◯ Yes
- ◯ No

specify the details of each piece of land

_____

» » land holding

1

Number of hectares

_____

type of use

- [ ] Agriculture land
- [ ] Non agriculture land

which of the following are your household`s source of income?

- [ ] salary
- [ ] Business
- [ ] Piecework
- [ ] Other
- [ ] None

specify other source of income

_____

The main material of the floor of the dwelling

- [ ] natural floor
- [ ] earth/sand
- [ ] dung
- [ ] rudimentary floor
- [ ] wood planks
- [ ] palm/bamboo
- [ ] finished floor
- [ ] vinyl or asphalt strips
- [ ] ceramic tiles
- [ ] cement
- [ ] carpet
- [ ] parquet or polished wood

Number of rooms

_____

How many times to you take your meal per day

_____

Which types of meal do you often take?

- [ ] breakfast
- [ ] lunch
- [ ] dinner
- [ ] Other

What do you often eat for breakfast

_____

What do you often eat for lunch?

_____

What do you often eat for dinner

_____

Other health issues

Do you have health insurance?

- ◯ Yes
- ◯ No

how far is the closest health center

- ◯ less than 500 m
- ◯ 500m-1000m
- ◯ 1km-2km
- ◯ 2km-5km
- ◯ 5km-10km
- ◯ More than 10 km

How long does it take in minutes to go from your home to the nearest healthcare facility, which could be a hospital, a health center, a dispensary, or a clinic ?

hours

_____

How do you travel to this healthcare facility from your home?

- ☐ motorized
- ☐ car/Truck
- ☐ public bus
- ☐ motorcycle/scooter
- ☐ not motorized
- ☐ animal-drawn cart
- ☐ bicycle
- ☐ boat without motor
- ☐ walking
- ☐ other