

Africa Centre Demographic Information System (ACDIS)

Verbal Autopsy Dataset Documentation

Change History

<u>Who</u>	<u>When</u>	<u>What</u>
Colin Newell and Kobus Herbst	14 May 2009	Original

Dataset name	VAQuestionnaire Ch2 – Injuries, Tetanus and Rabies
Description	<p>As in many developing and rural areas of the world, many people die outside of hospitals and clinics, and even when they do die in a hospital setting the precise cause of death is often not known to relatives. The verbal autopsy (VA) methodology aims to establish retrospectively through interviews by nurses with the family, preferably the caregiver, of the deceased the cause of death. After a review of the VA interviews, a panel of 2 or 3 physicians will assign a cause of death independently from each other. ICD 10 is used to code causes of death.</p> <p>The VA questionnaire is age specific and contains an open section called narrative, a checklist of major signs and symptoms, and a structured section eliciting more details on signs and symptoms reported.</p> <p>The timing of a VA interview with the family/caregivers of the deceased is a delicate issue, but normally it occurs between 4 months and a year after the death.</p>
Rows/Units of analysis	One row per death.
Unique identifier(s)	llntld
Approx. number of rows	11,900

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Section 1: Unintentional and intentional injuries and accidents.

<p>1. Did s/he sustain any injury which lead to his/her death? Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to q.16 DK <input type="checkbox"/></p> <p>2. Was the injury intentional or accidental? Intentional <input type="checkbox"/> NA <input type="checkbox"/> Accidental <input type="checkbox"/> DK <input type="checkbox"/></p> <p>3. How long after the injury did s/he die? <input type="text"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/></p> <p>4. a. Where did s/he die? Where the injury occurred <input type="checkbox"/> In the hospital <input type="checkbox"/> Elsewhere <input type="checkbox"/> In the ambulance <input type="checkbox"/> At home <input type="checkbox"/> NA <input type="checkbox"/></p> <p>4. b. Did s/he have any ongoing chronic illness or was s/he sick in the month before the accident or the injury? Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p> <p>5. Was the injury self inflicted? Yes <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> → Go to q.10 DK <input type="checkbox"/></p> <p>6. Do you think s/he committed suicide? Yes <input type="checkbox"/> NA <input type="checkbox"/> No <input type="checkbox"/> → Go to q.10 DK <input type="checkbox"/></p> <p>7. How did s/he commit suicide? Hanging <input type="checkbox"/> Burns <input type="checkbox"/> NA <input type="checkbox"/> Poisoning <input type="checkbox"/> Gunshot <input type="checkbox"/> Other <input type="checkbox"/></p> <p>8. If other, specify. <input type="text"/> NA <input type="checkbox"/></p> <p>9. Do you know why s/he committed suicide? <input type="text"/> NA <input type="checkbox"/></p>	<p>10. What kind of injury was it? Traffic Accident <input type="checkbox"/> → Go to q.16 Drowning <input type="checkbox"/> Animal bite <input type="checkbox"/> → Go to q.15 Fire Accident <input type="checkbox"/> Fall <input type="checkbox"/> Poisoning <input type="checkbox"/> → Go to q.12 Assault <input type="checkbox"/> → Go to q.13 Burns <input type="checkbox"/> → End Other <input type="checkbox"/> NA <input type="checkbox"/></p> <p>11. If it was another type of injury, specify <input type="text"/> NA <input type="checkbox"/></p> <p>12. Do you know the substance that caused the poisoning? <input type="text"/> NA <input type="checkbox"/></p> <p>13. What type of assault was it? gunshot <input type="checkbox"/> Hit <input type="checkbox"/> NA <input type="checkbox"/> stabbed <input type="checkbox"/> Strangulation <input type="checkbox"/> Other <input type="checkbox"/></p> <p>14. Specify the instrument of the assault <input type="text"/> NA <input type="checkbox"/></p> <p>15. What animal inflicted the bite? <input type="text"/> NA <input type="checkbox"/> If it was a dog or mammal bite → Go to section 2</p> <p>16. If traffic accident where was s/he at that time? Driver in car <input type="checkbox"/> On foot <input type="checkbox"/> Passenger in car <input type="checkbox"/> On bike <input type="checkbox"/></p> <p>17. If one car was involved which car was that? Taxi <input type="checkbox"/> private car <input type="checkbox"/> NA <input type="checkbox"/> Bus <input type="checkbox"/> other <input type="checkbox"/> DK <input type="checkbox"/></p> <p>18. If other car involved which car was that? Taxi <input type="checkbox"/> private car <input type="checkbox"/> NA <input type="checkbox"/> Bus <input type="checkbox"/> other <input type="checkbox"/> DK <input type="checkbox"/></p> <p>19. What type of accident was it? car rolled <input type="checkbox"/> collision of 2 cars <input type="checkbox"/> NA <input type="checkbox"/> car went off cliff <input type="checkbox"/> other <input type="checkbox"/> DK <input type="checkbox"/></p> <p>20. Describe what happened <input type="text"/></p>
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Section 2: Animal bite or stiffness of the body or problems swallowing or problems to open mouth

<p>1. Did s/he become unconscious? Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to q.4 DK <input type="checkbox"/></p> <p>2. How did the change in the level of consciousness start? Suddenly <input type="checkbox"/> NA <input type="checkbox"/> Slowly over more than 1 day <input type="checkbox"/> DK <input type="checkbox"/></p> <p>3. For how long was s/he unconscious? <input type="text"/> Hours <input type="checkbox"/> Days <input type="checkbox"/></p> <p>4. Did s/he have any fear of drinking water? Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p> <p>5. Did s/he have any problems swallowing? Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p> <p>6. Did s/he have problems to open her/his mouth? Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>	<p>7. Was there any stiffness of the body before s/he died? Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to q.9 DK <input type="checkbox"/></p> <p>8. How long did the stiffness of the body last? <input type="text"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> Months <input type="checkbox"/> NA <input type="checkbox"/> DK <input type="checkbox"/></p> <p>9. Did s/he have any problems breathing? Yes <input type="checkbox"/> No <input type="checkbox"/> → Go to q.11 DK <input type="checkbox"/></p> <p>10. For how long did s/he have problems with breathing? <input type="text"/> Hours <input type="checkbox"/> Days <input type="checkbox"/> NA <input type="checkbox"/></p> <p>11. Was s/he diagnosed in the hospital as suffering from rabies or tetanus? Yes, from rabies <input type="checkbox"/> No <input type="checkbox"/> Yes, from tetanus <input type="checkbox"/> DK <input type="checkbox"/></p> <p>12. Did s/he have fever? Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/></p>
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Rabies: Dog bite or bite of wild animal (E) and (unconsciousness or difficulty in swallowing or stiffness of the body) (S)

Tetanus: Stiffness of body <14 days + difficulty breathing <14 days + absence of sudden onset of unconsciousness (E) and (difficulty to open mouth or fever or recent injury)(S)

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
IntID	Unique Id of Individual	<i>SubjectID</i>	Integer 11-145000 No blanks	Unique identifier. Use to link into ACDIS Individuals, Deaths etc datasets
Injury	Did s/he sustain any injury which led to his/her death?	VA_C2S01V01	YES Yes NO No DKN _don't know NAD _not applicable RFS _refused MIS _Missing QRY _query	
Injury type	Was the injury intentional or accidental?	VA_C2S01V02	ACC Accidental INT Intentional DFT _default DKN _don't know MIS _missing NAD _not applicable QRY _query RFS _refused	
InjuryToDeathDur	How long after the injury did s/he die?	VA_C2S01V03	Integer 0-72 (units in next var) 98 Don;t know 99 Missing	Most 0

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
InjutyToDeathDurUnits	Duration units	VA_C2S01V03b	HRS Hours DAY Days MON Months YRS Years DFT _default DKN _don't know MIS _missing NAD _not applicable	
InjuryDeathPlace	Where did s/he die?	VA_C2S01V04a	AMB In the ambulance HOM At home HOS Hospital INJ Where the injury occurred OTH Elsewhere MIS _missing NAD _not applicable DFT _default DKN _don't know QRY _query RFS _refused	
ChronicIllness	Did s/he have any ongoing chronic illness or was s/he sick in the month before the accident or the injury?	VA_C2S01V04b	YES/NO etc as above	
SelfInflictedInj	Was the injury self-inflicted?	VA_C2S01V05	YES/NO etc as above	
Suicide	Do you think s/he committed suicide?	VA_C2S01V06	YES/NO etc as above	

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
HowSuicide	How did s/he commit suicide?	VA_C2S01V07	BUR Burns HAN Hanging POI Poisoning OTH Other DKN _don't know MIS _missing NAD _not applicable QRY _query DFT _default RFS _refused	
SuicideSpecified	If other, specify	VA_C2S01V08	Text string	Only ~20 useful
SuicideReason	Do you know why s/he committed suicide?	VA_C2S01V09	Text string	Only ~30 useful
InjuryCause	What type of injury was it?	VA_C2S01V10	ANI Animal bite ASS Assault BUR Burns DRO Drowning FAL Fall FIR Fire accident TRA Traffic accident POI Poisoning OTH Other QRY _query RFS _refused MIS _missing NAD _not applicable DFT _default DKN _don't know	
InjuryCauseSpec	If it was another type of injury, specify	VA_C2S01V11	Text string	About 100 informative
Poison	Do you know the substance that caused the poisoning?	VA_C2S01V12	Text string	~20 useful

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
AssaultType	What type of assault was it?	VA_C2S01V13	GUN Gunshot HIT Hit NAD _not applicable OTH Other STA Stabbed STR Strangulation	
AssaultInstrument	Specify the instrument of the assault	VA_C2S01V14	Text string	
AnimalBite	What animal inflicted the bite?	VA_C2S01V15	Text string	4 dog, 1 crocodile, 3 snakes, 1 insect, 1 taxi rest blank or N/A
Accident	If traffic accident, where was s/he at that time?	VA_C2S01V16	DKN _don't know DRI Driver in car NA NA ONF On foot PAS Passenger in car	
CarInvolved	In which car was s/he?	VA_C2S01V17	BUS Bus PRI Private car TAX Taxi OTH Other DKN _don't know MIS _missing NA NA	
OtherCarInvolved	If other car involved, which car was that?	VA_C2S01V18	BUS Bus PRI Private car TAX Taxi OTH Other DKN _don't know MIS _missing NA NA	

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
AccidentType	What type of accident was it?	VA_C2S01V19	CLI Car went off cliff COL Collision of 2 cars NA NA OTH Other ROL Car rolled	
AccidentDescription	Describe what happened	VA_C2S01V20	Text string	
Unconsciousness	Did s/he become unconscious?	VA_C2S02V01	YES/NO etc as above	
UnconsciousnessBegin	How did the change in the level of consciousness start?	VA_C2S02V02	SLO Slowly over more than 1 d SUD Suddenly DFT _default DKN _don't know MIS _missing NAD _not applicable QRY _query RFS _refused	
UnconsciousnessDur	For how long was s/he unconscious?	VA_C2S02V03	Integer	All but 3 are Null or 0
UnconcdurUnit	Unconsciousness duration unit	VA_C2S02V03b	HRS Hours DAY Days MON Months YRS Years DFT _default DKN _don't know MIS _missing NAD _not applicable	
Hydrophobia	Did s/he have any fear of drinking water?	VA_C2S02V04	YES/NO etc as above	
ProblemsSwallowing	Did s/he have any problems swallowing?	VA_C2S02V05	YES/NO etc as above	
LockJaw	Did s/he have problems to open his/her mouth?	VA_C2S02V06	YES/NO etc as above	

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
Stiffness	Was there any stiffness of the body before s/he died?	VA_C2S02V07	YES/NO etc as above	
StiffnessDur	How long did the stiffness of the body last?	VA_C2S02V08	Integer	All but 2 are 0 or Null
StiffnessDurUnit	Stiffness duration units	VA_C2S02V08b	HRS Hours DAY Days MON Months YRS Years DFT _default DKN _don't know MIS _missing NAD _not applicable	
Breathing	Did s/he have any problems with breathing?	VA_C2S02V09	YES/NO etc as above	
BreathDuration	For how long did s/he have problem with breathing?	VA_C2S02V10	Integer	All but three are 0 or Null
BreathDurUnit	Breathing problem duration unit	VA_C2S02V10b	HRS Hours DAY Days MON Months YRS Years DFT _default DKN _don't know MIS _missing NAD _not applicable	
RabiesTetanus	Was s/he diagnosed in the hospital as suffering from rabies or tetanus?	VA_C2S02V11	DFT _default DKN _don't know MIS _missing NAD _not applicable NO No QRY _query RAB Rabies RFS _refused TET Tetanus	

Verbal Autopsies Dataset Variable List

Variable Name	Description	Source in ACQ Verbal Autopsy database	Format/Codes/Special values	Notes/comments
HadFever	Did she have fever?	VA_C2S02V12	YES/NO etc as above	

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SQL
/*
<Author>Colin Newell</Author>
<Date>12 May 2009</Date>
<Category>Dataset</Category>
<Notes>
Requested by: VA dataset

Request: To produce an analytical dataset from VA database (ACQ)
</Notes>
<ChangeHistory>
C Newell 12 May 2009 Original coding
</ChangeHistory>

Takes 8-10 minutes to run
drop table cntmpVAQuestionnaire_Ch2_14may09
select * into cntmpVAQuestionnaire_Ch2_14may09 from vacVAQuestionnaire_Ch2
*/
CREATE VIEW vacVAQuestionnaire_Ch2
AS
SELECT
  DN.SubjectID AS IIntID,
  -- Section 1: Unintentional and intentional injuries and accidents
  MAX(CASE Variable WHEN 'VA_C2S01V01' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Injury,
  MAX(CASE Variable WHEN 'VA_C2S01V02' THEN CAST(Value AS CHAR(3)) ELSE NULL END) InjuryType,
  MAX(CASE Variable WHEN 'VA_C2S01V03' THEN CAST(Value AS INT) ELSE NULL END) InjuryToDeathDur,
  MAX(CASE Variable WHEN 'VA_C2S01V03b' THEN CAST(Value AS CHAR(3)) ELSE NULL END) InjutyToDeathDurType,
  MAX(CASE Variable WHEN 'VA_C2S01V04a' THEN CAST(Value AS CHAR(3)) ELSE NULL END) InjuryDeathPlace,
  MAX(CASE Variable WHEN 'VA_C2S01V04b' THEN CAST(Value AS CHAR(3)) ELSE NULL END) ChronicIllness,
  MAX(CASE Variable WHEN 'VA_C2S01V05' THEN CAST(Value AS CHAR(3)) ELSE NULL END) SelfInflictedInj,
  MAX(CASE Variable WHEN 'VA_C2S01V06' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Suicide,
  MAX(CASE Variable WHEN 'VA_C2S01V07' THEN CAST(Value AS CHAR(3)) ELSE NULL END) HowSuicide,
  MAX(CASE Variable WHEN 'VA_C2S01V08' THEN CAST(Value AS varchar(255)) ELSE NULL END) SuicideSpecified,
  MAX(CASE Variable WHEN 'VA_C2S01V09' THEN CAST(Value AS varchar(255)) ELSE NULL END) SuicideReason,
  MAX(CASE Variable WHEN 'VA_C2S01V10' THEN CAST(Value AS CHAR(3)) ELSE NULL END) InjuryCause,
  MAX(CASE Variable WHEN 'VA_C2S01V11' THEN CAST(Value AS varchar(255)) ELSE NULL END) InjuryCauseSpec,
  MAX(CASE Variable WHEN 'VA_C2S01V12' THEN CAST(Value AS varchar(255)) ELSE NULL END) Poison,
  MAX(CASE Variable WHEN 'VA_C2S01V13' THEN CAST(Value AS CHAR(3)) ELSE NULL END) AssaultType,
  MAX(CASE Variable WHEN 'VA_C2S01V14' THEN CAST(Value AS varchar(255)) ELSE NULL END) AssaultInstrument,

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MAX(CASE Variable WHEN 'VA_C2S01V15' THEN CAST(Value AS varchar(255)) ELSE NULL END) AnimalBite,
MAX(CASE Variable WHEN 'VA_C2S01V16' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Accident,
MAX(CASE Variable WHEN 'VA_C2S01V17' THEN CAST(Value AS CHAR(3)) ELSE NULL END) CarInvolved,
MAX(CASE Variable WHEN 'VA_C2S01V18' THEN CAST(Value AS CHAR(3)) ELSE NULL END) OtherCarInvolved,
MAX(CASE Variable WHEN 'VA_C2S01V19' THEN CAST(Value AS CHAR(3)) ELSE NULL END) AccidentType,
MAX(CASE Variable WHEN 'VA_C2S01V20' THEN CAST(Value AS varchar(255)) ELSE NULL END) AccidentDescription,

-- Section 2: Animal bite or stiffness of the body or problems swallowing or problems to open mout
MAX(CASE Variable WHEN 'VA_C2S02V01' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Unconsciousness,
MAX(CASE Variable WHEN 'VA_C2S02V02' THEN CAST(Value AS CHAR(3)) ELSE NULL END) UnconsciousnessBegin,
MAX(CASE Variable WHEN 'VA_C2S02V03' THEN CAST(Value AS INT) ELSE NULL END) UnconsciousnessDur,
MAX(CASE Variable WHEN 'VA_C2S02V03b' THEN CAST(Value AS CHAR(3)) ELSE NULL END) UnconcdDurUnit,
MAX(CASE Variable WHEN 'VA_C2S02V04' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Hydrophobia,
MAX(CASE Variable WHEN 'VA_C2S02V05' THEN CAST(Value AS CHAR(3)) ELSE NULL END) ProblemsSwallowing,
MAX(CASE Variable WHEN 'VA_C2S02V06' THEN CAST(Value AS CHAR(3)) ELSE NULL END) LockJaw,
MAX(CASE Variable WHEN 'VA_C2S02V07' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Stiffness,
MAX(CASE Variable WHEN 'VA_C2S02V08' THEN CAST(Value AS INT) ELSE NULL END) StiffnessDur,
MAX(CASE Variable WHEN 'VA_C2S02V08b' THEN CAST(Value AS CHAR(3)) ELSE NULL END) StiffnessDurUnit,
MAX(CASE Variable WHEN 'VA_C2S02V09' THEN CAST(Value AS CHAR(3)) ELSE NULL END) Breathing,
MAX(CASE Variable WHEN 'VA_C2S02V10' THEN CAST(Value AS INT) ELSE NULL END) BreathDuration,
MAX(CASE Variable WHEN 'VA_C2S02V10b' THEN CAST(Value AS CHAR(3)) ELSE NULL END) BreathDurUnit,
MAX(CASE Variable WHEN 'VA_C2S02V11' THEN CAST(Value AS CHAR(3)) ELSE NULL END) RabiesTetanus,
MAX(CASE Variable WHEN 'VA_C2S02V12' THEN CAST(Value AS CHAR(3)) ELSE NULL END) HadFever
FROM dbo.vacDefaultVAQ DN
JOIN dbo.udfQValues('VAQ') VN ON (DN.QSessionID = VN.QSessionID)
GROUP BY DN.SubjectID, DN.QSessionID

```