

Manual for conducting Verbal Autopsy (VA)

Adapted in part from MANUAL OF INSTRUCTIONS FOR RGI SUPERVISORS

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This manual is meant for RGI SUPERVISORS to be used for their training and as a reference material for conducting Verbal Autopsy (VA) in the field under SRS. It provides guidelines for carrying out interviews with informants at households reporting death.

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List of abbreviations

ANC	Ante Natal Care
AYUSH	Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy
CRS	Civil Registration System
HIV	Human Immunodeficiency Virus
ICD, ICD-10	International Classification of Diseases and related health problems, second edition, 10th revision
MCH	Maternal Child Health
ORGI	Office of Registrar General of India
QA	Quality Assurance
SRS	Sample Registration System
TB	Tuberculosis
TBA	Traditional Birth Attendant
TT	Tetanus Toxoid
VA	Verbal Autopsy
WHO	World Health Organization

1. Introduction to SRS

This section provides an introduction to Sample Registration System (SRS) and its working, role of supervisors, introduction to verbal autopsy principles and processes.

The Sample Registration System (SRS) is a large-scale demographic survey for providing reliable annual estimates of Infant mortality rate, birth rate, death rate and other fertility & mortality indicators at the national and sub-national levels. Initiated on a pilot basis by the Office Of The Registrar General(ORGI), India in a few selected states in 1964-65, it became fully operational during 1969-70 with about 3700 sample units.

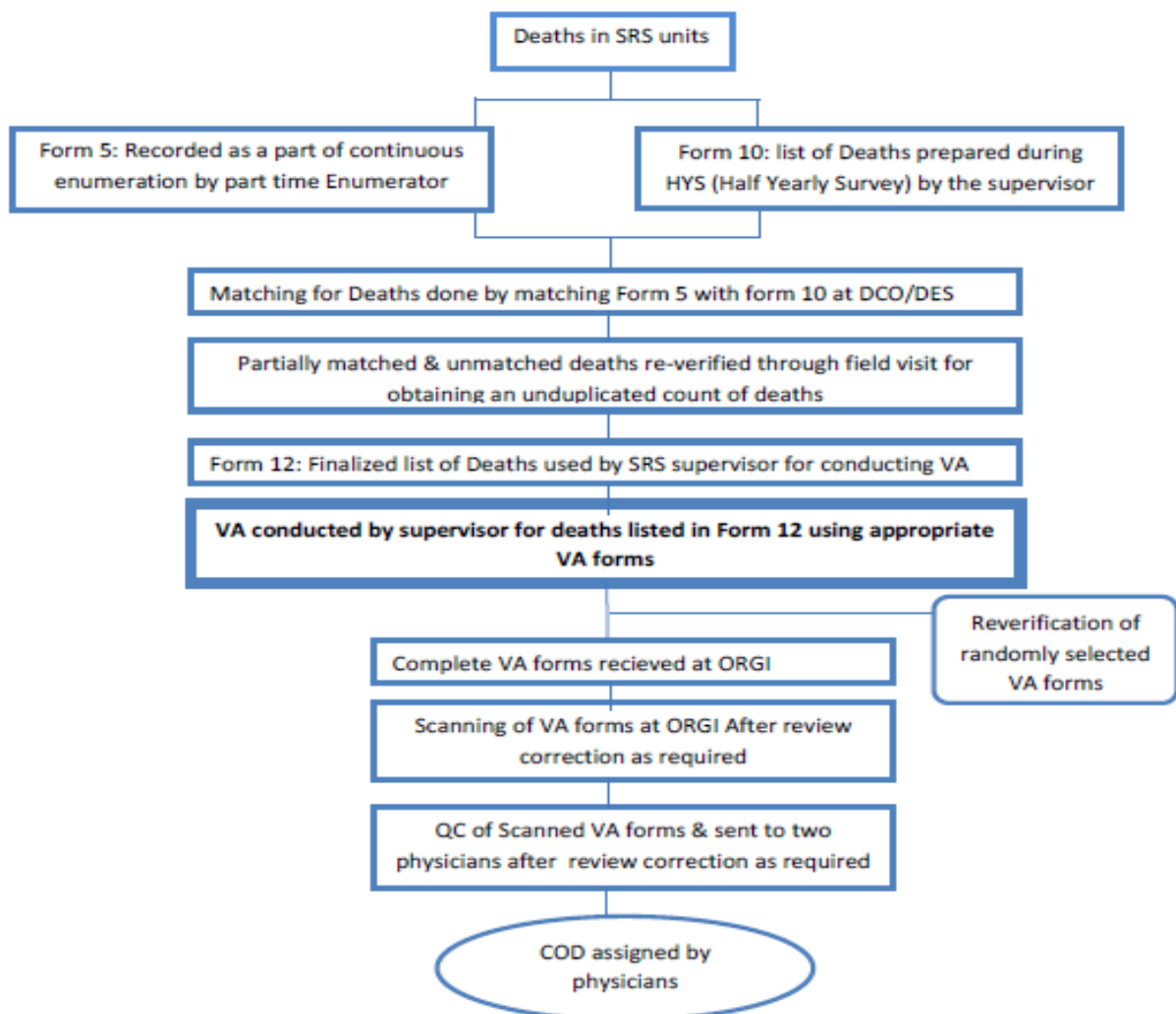


Figure 1: SRS processes

The field investigation consists of continuous enumeration of births and deaths in selected sample units by resident part time enumerators, generally anganwadi workers & teachers, and an independent survey every six months by SRS supervisors. The data obtained by these two independent functionaries are matched. The unmatched and partially matched events are re-verified in the field and thereafter an unduplicated count of births and deaths is obtained.

For all the deaths, Verbal Autopsy VA is carried out by the supervisor. This process has been demonstrated through Figure 1.

1.1 Role and responsibilities of supervisors

- Your primary role is to visit the families with deaths and conduct verbal autopsy interviews.
- For this, in addition to filling the appropriate VA form, you must also tell the households you visit about the purpose of SRS and the importance of registering births and deaths under CRS.
- You will need to plan dates for visiting all the families with deaths as per Form 12 to conduct interviews; conduct verbal autopsies scheduled for that day and location and ensure that for all deaths, VA is carried out and forms are filled.

It is important that the VA information remains confidential (no discussion, gossip, or showing completed VA forms to any unauthorized personnel. Fill the VA forms by yourself only and store them in secure cabinets.

- This data is of paramount value and is used by physicians to derive causes of death. Thus the narratives must be filled legibly and in detail. One should never take “shortcuts” or submit falsely cooked information for sake of completing VA forms. Such fake data are of no use and instead dilute the value of other data which has been collected properly.
- This quality of data being very important, random selection and reverification of VA forms is carried out to ensure the correctness and utility

Experience in India and other countries have shown that trained non-medical surveyors such as you can collect information on the symptoms and signs of illness preceding death. You will need to provide a good description of the symptoms and signs at onset of illness and during the course of illness.

The signs and symptoms preceding death are collected using verbal autopsy forms. This manual provides guidance on how to conduct a good verbal autopsy interview, how to do a good narrative of events preceding the death and questionwise instructions for completing the VA forms. These have been supplemented through actual examples of narratives for better understanding.

1.2 Verbal Autopsy

Since Medical Certification of Cause of Death(MCCD) is limited in India (<20%) due to lack of health facilities, especially in rural areas with shortage of medical personnel and facilities, data on country's mortality patterns is deficient. In order to meet this requirement and obtain reliable cause of death(COD), verbal autopsy (VA) was introduced in the SRS.

VA is a two-step procedure

1) Data collection : interview of next of kin or other caregivers to collect information using standardized questionnaire that elicits information on signs, symptoms, medical history and circumstances preceding death

2) COD assignment : methods include

- physician review of VA data
- computerised algorithms
- ICD (International Classification of Diseases) certification, coding, and tabulation

Principles of VA

- Requires recognition of symptoms for various diseases (not always possible for adult diseases)
 - Based on recall by relatives of symptoms/ illness prior to death
 - Based on reporting of symptoms to the interviewer
 - Recent experiences suggest utility of gathering information from medical documents if available within household
- Verbal autopsy has been introduced in SRS because:
- It is feasible and practical
 - It gives good cause of death information



- It has been used successfully earlier in India, China, Tanzania and other countries

Verbal autopsy (VA) is a **questionnaire**

- administered to **caregivers or family members** of deceased persons
- to elicit **signs and symptoms and their durations**, and other pertinent information about the decedent
- in the **period before death**.

1.3 VA activities

The Part-Time Enumerator (PTE) does continuous recording of birth/death events. S/he needs to inform households with deaths that VA process would be carried out for the deceased and they should keep details of the death (medical records).

The supervisors carry out Half Yearly retrospective Survey (HYS) every six months. For all the deaths in their assigned area, they do data collection of the circumstances, symptoms and signs of illness and narrative in VA forms. Randomly, VA forms from SRS units are re-

sampled and visited, so as to provide training inputs and method correction. After VA, these reports undergo checking and QA(Quality Assurance), are scanned and sent to physicians for coding (Figure 2).

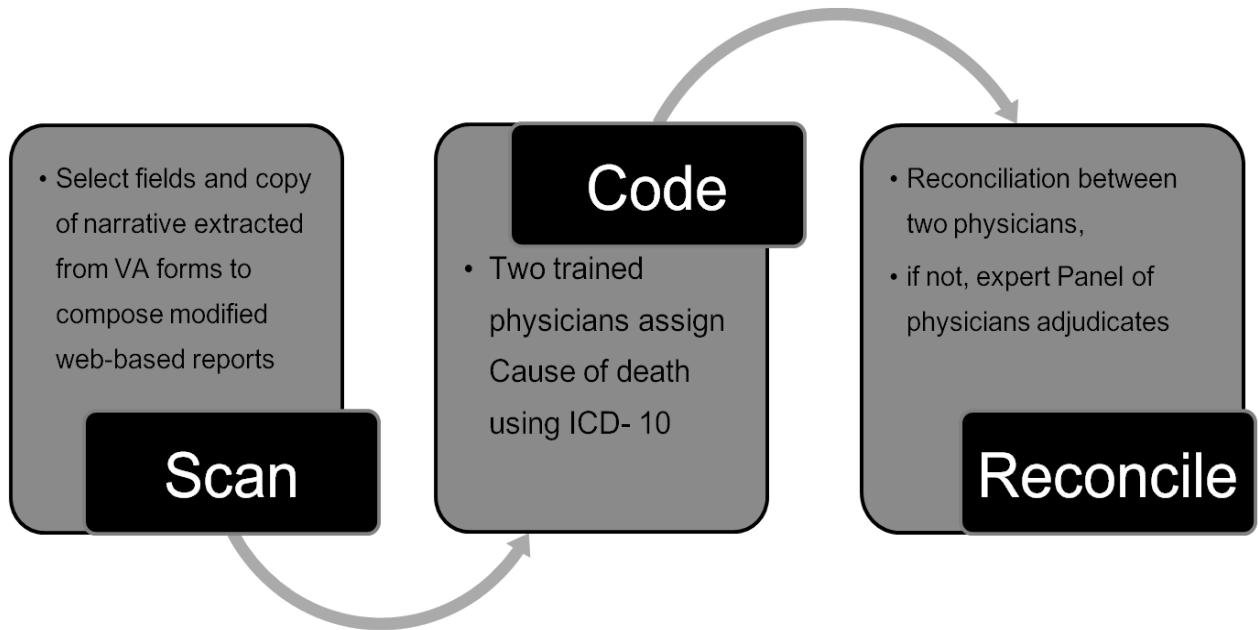


Figure 2: COD assignment from VA data

2 VA forms

This section provides an introduction to VA forms used in Sample Registration System (SRS) and their structure.

Four separate VA forms (10A, 10B, 10C and 10D) are available to collect detailed information on neonatal, child, adult and maternal deaths, respectively. The separate forms help in keeping the interviews focused on the signs and symptoms specific to each defined age group. Therefore, the selection of which form to fill out depends on the age and sex of the deceased individual(Figure 3):

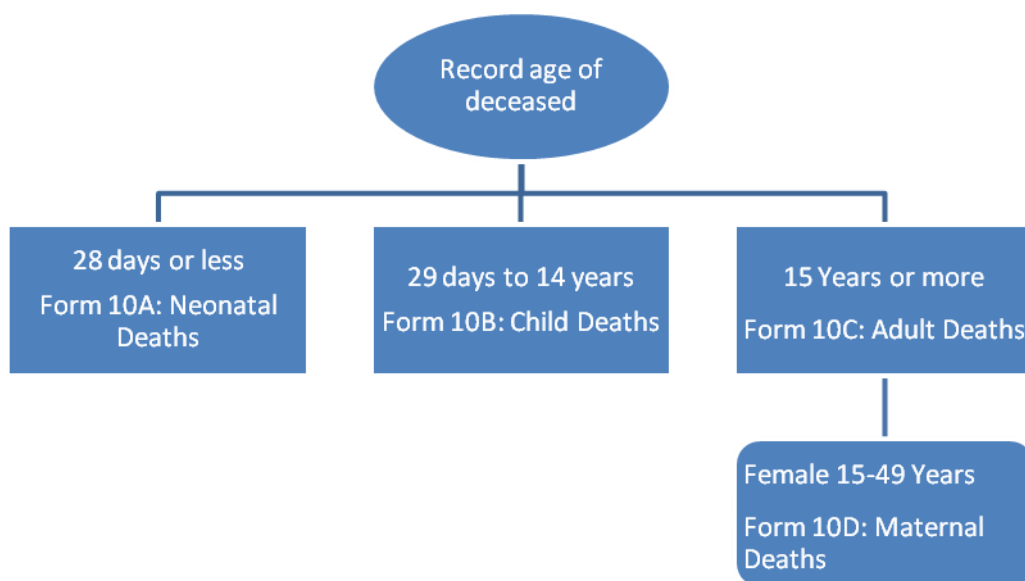


Figure 3: selection of VA form

2.1 . General structure of VA forms

Section 1 is a structured questionnaire which includes general information on the respondent and deceased.

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Section 2 is a structured questionnaire used to probe the signs and symptoms that led to death including cardinal symptoms, risk factors and past history as applicable.

Section 3 is the written narrative of the events, sign and symptoms that lead to the death. It is important to use the 5 Interview Steps and Cardinal Symptoms list, included in this manual, to write a structured and useful narrative. In short, this will include information on the events surrounding the death, the cardinal symptoms and probing details for each cardinal symptom, and any medical information from hospital reports, tests, or diagnoses

The VA forms are divided into several sections. Some of these sections are common to all three types of VA forms and have the same general structure, while other sections are specific to certain forms.

The general structure of all three forms includes:

Identification details (in HINDI or ENGLISH only)

- On top of the form, one needs to fill the SRS Unit No, year and whether its the 1st HYS or 2nd HYS.
- Then one needs to fill in the full name of the Head of Household and deceased. - Name of mother of the deceased needs to be filled in form 10A and 10B.
- Their Identification codes need to be entered which can be copied from the household schedule.



In **Section 1**, we ask details of respondent (Q1-7).

Here one needs to fill name of the respondent, relationship with the deceased, age, sex, education and religion. We also ask Details of deceased (Q8-15). Here we also need to fill sex, age of deceased, relationship with the head of the household, date of birth, death, address, place of death. and the cause of death according to the respondent.

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In addition to general/COMMON questions, each form contains sections and questions that are specific to the circumstances of the death.

For example,

- a section on the condition of a deceased child's mother during and after pregnancy and events during birth is included only on the neonatal form (Form 10A).
- A question on history of injuries/accidents are included only in form 10A & B i.e. upto 15 yrs.
- A section on Past history of diseases and risk factors such as Tobacco, alcohol & diet are found in the adult form(10C).

Each VA form contains a series of questions for illness in the period before death including symptoms, their duration etc. These questions are different for each form and are explained in detail later in this manual under the relevant chapters for each form.

All forms end with narrative which is the mainstay of COD allotment.

***Form 10D** is a continuation of Section 2 from Form 10C for adult deaths, and is only for maternal deaths between the ages 15-49. This section asks about the events, signs and symptoms leading to the maternal death

3 . Conducting a good interview(VA) for quality data

This section provides guidance on conducting a good interview(VA) for obtaining quality data. Specifically it talks about Selecting Appropriate Respondent and tips for getting good VA data namely, advance preparation, selecting appropriate environment for the interview, good communication skills and getting good Information and answers.

The household needs to be approached appropriately. We need to introduce ourself sensitively and show respect for their loss and bereavement. *A professional but compassionate manner* helps build trust with the family. While visiting the household of the deceased, *people/children* from the neighbourhood may gather as you arrive, because they are interested in what you are doing or want to be present during the visit. You need to manage this carefully to ensure the VA occurs in privacy.

Building rapport is important by creating a comfortable environment and a relationship of trust to make the verbal autopsy interview easier. You



need to answer any queries and *reassure about confidentiality*. You should make it clear that the information is being collected solely to help understand deaths in India in order to design strategies for better health access.

Before the interview, it will help respondents feel at ease to have a brief casual conversation. You can ask about household members, the respondent's occupation, or anything that seems appropriate and shows you are interested in the family. Use simple local language & ask questions politely in the form of a conversation

Keep in mind that death is a sensitive issue, and pay attention to respondents' emotions. It may be difficult for respondents to answer questions about loved ones who have died; thus, the interviewer needs to balance sensitivity with following through and asking all relevant questions.

3.1 Selecting Appropriate Respondent

The respondent is the main person who will provide information about the deceased. There may be several people in the household with information about the death of the woman.

It is important to determine who will be the *best respondent(s)*.

- the primary caregiver (usually a family member) who was with the deceased in the period leading to death or a witness to a sudden death or accident are likely to remember easily recognizable symptoms and signs of illness preceding death.
- Usually, the household head or the spouse of the head of household is preferred to be your respondent. For deaths of infants and children, the mother is almost always the best respondent. They are likely to have been present during illness and care prior to the death, or participated in making key decisions.



People often assume that the person who makes daily decisions for the household or this person's spouse is the person who should be interviewed. This is not necessarily so. For example, a male may not know the signs and symptoms of an illness suffered by a woman in the household. You should try to determine who was with the deceased and caring for the person in the period leading to death. Generally, children should not be interviewed.

- *Different people may have attended the deceased at different times.* In this case, obtaining additional information from other family members and neighbours is also helpful and this can be done one at a time or together, depending on the circumstances.
- *At times, the best respondents may not be present,* either because they are not at home or have moved. If these people are unavailable when you first visit the household, try to make an appointment to return when they will be at home. If they

are away from the area or will not be available for some time, then you should ask to speak to the eldest family member or relative that is at home (they should be at least 18 years of age). If this is not possible, then you should ask for the eldest non-relative that is a permanent member of the household (18 years of age or older). Sometimes others will still be able to provide all the necessary information, but if not, it may be necessary to return at another time or find the respondents.

Acceptable respondents, in order of preference, are as follows:

- 1. Head of the household or that person's spouse**
- 2. Either parent (preferably the mother) in case of a child's death**
- 3. Eldest family member or close relative of the deceased (at least 18 years of age)**
- 4. Eldest non-relative permanent resident of the deceased person's household (at least 18 years of age).**

However, if a respondent insists that she or he does not wish to talk to you, do not argue. Instead, if there is no one else available in that household who can talk to you, ask the person for another day or time when she or he would be available to participate in the interview.

3.2 Tips for good VA data

3.2.1 Advance Preparation

We need to be familiar with the *language* spoken at the household. Going through the SRS VA form before the interview helps in being thorough with the questions and helps in the interview for asking appropriate questions. Having a thorough knowledge of synonyms (locally used) for illness symptoms/signs is very helpful.

3.2.2 Selecting appropriate environment for the interview

It is best to conduct the interview in a private location where you and the respondent can be alone. However, Your visit might attract attention from other family members, neighbours and others. These situations can reduce the quality of the information, either by

distracting the respondent or by reducing the privacy. Interviews are best when conducted with just a few people at a time – too many respondents can lead to confusion or even disagreement.

You can try to:

- *Suggest moving to another location* to find some privacy for the interview
- *Ask to reschedule the verbal autopsy* and return at a time that is more convenient for the respondent, and when s/he can make arrangements to be alone.
- *Politely request bystanders to leave.* You can remind local people that the family has undergone a bereavement and needs privacy to talk about difficult circumstances.
- In cases where complete privacy is not possible, try to limit the number of other people present.
- If it appears that different family members have different views on the circumstances leading to the death, it may be easier to interview them one at a time rather than together. However, In this case, give preference to people who were direct witnesses to the reported events and ensure that overall narrative is consistent.

3.2.3 Good Communication Skills

Effective communication will help establish rapport and gain comprehensive information.

Some examples of good communication skills include:

- *Active listening.* Show that you are paying attention to what respondents say by nodding your head, and making occasional responses such as “mmm” or “I see”.
- *Maintaining eye contact* with respondents to show that you are listening and



taking what they say seriously.

- *Encouraging speech in the narrative part.* Some respondents will be naturally quiet or brief in their responses. Ask follow-up questions when necessary such as “Can you tell me a little more about that?” or “Please explain.”
- *Not rushing.* Give the respondent time to think through the question or try to remember the details. Moving quickly from one question to another can make people nervous and miss an opportunity to get appropriate information.
- Give time to the respondent to tell the story of the illness: be a good listener
- Avoid frequent interruptions

Handling upset or angry Respondents

- *Tearful and upset respondents.* An interview might bring up upsetting memories. Allow the person to collect their thoughts and pause the interview to give them time to cry or compose themselves. If the respondent is too upset, then the verbal autopsy should be stopped. See if you can find someone in the household to comfort the respondent. Attempt to reschedule a continuation of the interview at another time, or interview others instead.
- *Angry outbursts.* There may be disagreements between household members about the care of the deceased. Some respondents might blame the health care system and express their anger at you. Let the person express their anger, but explain that now, it is important to learn from their negative experience.

3.2.4 Getting Good Information and answers

Sometimes respondents do not want to answer certain questions. There can be many reasons for this, including distrust of the verbal autopsy process, not wanting to look bad if the respondent feels they did not make good decisions at the time of the death, or avoiding painful memories. You can try to overcome this by:

- *Probing.* Think of follow-up questions such as “what happened next” or “can you tell me a little more about that” to encourage answers. Also, asking other questions similar to the subject material would help the respondent remember certain events better. For example, if the respondent cannot remember who delivered the baby in

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the home, you might try “probing” by asking “who was in the room at the time of delivery”. Use your judgement of the situation when probing as we do not want to upset them further.

- *Returning to questions later.* For some respondents, it can take a little longer to build rapport. If a respondent skips some questions you can try to ask them again at the end of the interview when the person feels more comfortable then.
- Assess whether your question has been understood. If not, repeat the question
- Allow the respondent to answer the question as best as he/she can. Most of the questions are closed-ended which means there is usually only one answer that can be given. There are some questions where the respondent may give multiple responses. For these questions, if needed, allow the respondent to hear all the answer choices and think about the question before recording their answer.

In the end, its about learning from experience. Not all verbal autopsies will go well. It is important to reflect on the process after *each VA interview* to learn from the experience and improve your skills. VA interviewing takes practice and improves with effort.

4 . Narrative history of events leading to death

This section talks about how to record narrative history of events leading to death utilising the list of 10 Symptoms for deaths and review of available documents for filling VA narrative.

The critical section (section 3) of the VA forms is an open-ended narrative of the events leading to, and causing, the death of the individual. In the space provided, you need to write a history as narrated by the respondent which is a “story” about what led to the death and is not a medical history. This might be a sequence of symptoms of disease and the deceased person’s health in general prior to death or might be the events that caused the death. Local terms of common illnesses should be written as stated. Your objective is to gather complete and reliable information on circumstances/ events, symptoms and signs leading to death. Put emphasis on obtaining a clear “story” that can be provided in writing to someone else.

You should use the attached list of 10 symptoms to obtain the story. Don’t be anxious to find the cause of death but concentrate on obtaining and recording the history of illness preceding death in sufficient detail. These 10 symptoms are the main symptoms a person may show before death. This symptoms list is mandatory to be used for adults(form 10C) in order to obtain a good narrative. While forms for neonates and children or both of these contains questions on symptoms that are relevant for each age group, these could also be used for comprehensiveness of narrative.

The ten symptoms have been divided across four headings to facilitate history taking. This division is primarily for the purpose of convenience rather than technical and pathological accuracy and doesn't necessarily indicate the system responsible for death. For each of the ten symptoms, details needs to be sought. In addition to location of the symptom as applicable, three points i.e. duration, intensity/severity and associated signs & symptoms need to be explored as per guidance provided by Table 1. These symptoms and details

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provide a basic set of questions for guidance during the narrative. Additional symptoms and details that emerge from the narrative must be noted including details.

Using this symptoms list is crucial for obtaining a high quality narrative.

- Ask respondent to tell about the illness or events leading to the death. Focus and note down all symptoms mentioned by respondent.
- After their narrative stops, confirm about presence/absence of each of the remaining symptoms from the list (table 1) that was not mentioned in the story.
- For each positive symptom present, ask details as provided in your list.
- Also gather any available medical document/information such as hospital discharge notes, death certificate, lab tests etc. Also note details such as name of the hospital, doctor etc.
- Review for coherence & time sequencing and briefly renarrate to respondent for confirming the same and also to include any missing information

In situations where the respondent is unable to give any symptoms in the narrative, read out all the 10 symptoms from the list and note down each response. For any positive response, repeat the steps i.e.

- ask details as provided in your list
- gather any available medical document/information such as hospital discharge notes, death certificate, lab tests etc including details such as name of the hospital, doctor etc.
- Review for coherence/sequencing and briefly renarrate/confirm the same from respondent

4.1 Table 1: List of 10 Symptoms for Adult Deaths

No	Symptom	Location	Duration	Intensity/severity	Examples of associated signs & symptoms
General symptoms					
1	Fever		How many days	Low/high grade	Chills, sweating, body/joint pain, loss of appetite
2	Swelling /oedema	Ex. feet, face	How many days/months	Localized or generalized	Urinary symptoms, Faster heart beats
Chest and heart complaints/symptoms					
3	Chest pain	Ex chest, back; spread to other body parts	How many hours	Acute/sudden or gradual?	Sweating, precipitated by exertion
4	Cough		How many days/months	Dry, with sputum or blood	Fever, night sweats, weight loss
5	Breathlessness		How many days/months?	At rest or on exertion	Cough/sputum, infection
Abdominal & urinary complaints/symptoms					
6	Pain abdomen	which part (upper, lower, flanks)	how many days	Dull, acute.	Relieved or aggravated with food, rest/sleep
7	Diarrhoea, vomiting		How many days	How many times/day; contain blood/mucus	Sunken eyes/ dehydration
8	Urinary complaints		How many months?	How many times/day; burning sensation; contain blood	Pain abdomen,
Nervous system symptoms					
9	Paralysis	Right/left face, arm/legs, upper/lower half	How many months?	Loss of movement /sensations	Loss of memory
10	Seizures/ Fits		How many months?	Loss of consciousness or sudden jerky movements of arms or legs	Loss of memory, rolling of eye balls; frothing of mouth

This symptoms list is mandatory to be used for adults(form 10C) in order to obtain a good narrative. Atleast five symptoms must be asked for and mentioned in the narrative.

4.2 Review of documents for filling VA narrative

Gather any available medical document/information such as hospital discharge notes, death certificate, lab tests etc.

From this, information to be included in narrative should be:

S. No.	Name of Document	Information to be noted/checked
1.	Death certificate	Underlying Cause of death (& other associated morbidities)
2.	OPD consultation/ hospitalization/ hospital discharge notes	- hospital discharge diagnosis/cause of death - Also name of the hospital/ doctor etc.
3.	Lab tests	Any positive findings that helped the final diagnosis (Also other findings)

Also, any other documents such as immunization card or Antenatal care card if available could be utilized to note required information.

5. Filling Questions in VA forms

This section explains about the filling of questions in VA forms. It comprises of general instructions, identification details, verbal autopsy narrative and boxes at the end of the interview form.

In this manual, the upper-case letter 'Q' indicates a question found in the symptom duration section of the forms. You may think that the number of questions is a bit more but its necessary since certain questions are needed to aid in deciding COD. Also, some complex questions are split into two thus making sure that we ask about only one indicator at a time. and thus not miss any important point (in combined questions, we many a times miss the 2nd question etc. Ex Address PIN)

5.1 General instructions

Most questions require you to record only one response. The questions allow for responses with a simple yes or no answer, multiple choice, or a duration in some instances.

Some questions allow more than one answer. These responses are preceded by check boxes (check boxes are rectangular in shape and allow multiple boxes to be checked).

5.1.1 Identification details

This section needs to be filled in HINDI or ENGLISH only. On top of the form, fill the SRS Unit No, year and depending on whether its the 1st HYS or 2nd HYS, tick in the appropriate box. Then fill in the full name of the Head of Household, deceased and mother of the deceased. Their Identification codes can be copied from the household schedule. The head of household is the person who makes decisions for the household on a daily basis and who is a permanent resident of the household (spends the night at least six months out of the year). For full name, it may be important to use three names (including first name and middle name with surname) along with alias/pet name, since people with similar first and last names may live within the same area. For neonates who died before being named should be written as "baby of (mother's name)", ex baby of Sudha.

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SRS unit number	<input type="text"/>	Unique form number	<input type="text" value="1"/>
Year : 20	<input type="text"/>	1st HYS	<input type="checkbox"/>
		2nd HYS	<input type="checkbox"/>
Name of head of the household	<input type="text"/>	Identification code of the head	<input type="text"/>
Full name of deceased	<input type="text"/>	Identification code of the deceased	<input type="text"/>
Name of mother of the deceased	<input type="text"/>	Identification code of mother of the deceased	<input type="text"/>

Write the full household address/ number details including all numbers, dashes, letters etc... For example, write "F/219" or "351/(3c) as below

F	/	2	1	9	
---	---	---	---	---	--

3	5	1	(3	c)
---	---	---	---	---	---	---

- For the text fields in English, write clearly one letter in each box. For example:

R	A	J		K	U	M	A	R
---	---	---	--	---	---	---	---	---

5.1.2 Verbal Autopsy Narrative

This sections contains the history of the events, signs and symptoms leading to the death. It should be written in local language, including all local terms mentioned. When writing the narrative, focus on recording details of the symptoms in your Cardinal Symptoms List. Take notes while the respondent is speaking, and write the full narrative immediately after the interview, to ensure that all details are captured with coherence and point is missed.

5.1.3 At the end of the interview

Take the signature/thumb impression of the respondent. In unlikely event where it is not feasible, document the reason for the same.

Document the cooperation in interview as given below:

- Good: Majority of questions were answered and required information was collected. (?>80%)
- Medium: Many questions were answered (?>60%)

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- Poor: Respondent did not know much/didn't cooperate . Some questions (?<60%) were answered.

- Write your complete name, your assigned code, and your full signature.
- Write the date of the interview in the dd/mm/yy format.

Before leaving the household, check the VA form that you have completed to make sure that every question in the form has been asked. If you find discrepancies, mistakes, or omissions, ask further questions and correct your form. It must be complete and accurate in all respects before you leave the household. When you are satisfied that everything is in order, thank the respondents and the family for their cooperation and willingness to be interviewed. You may again reassure them about the confidential nature of the interview and offer words of sympathy (if culturally appropriate) before you leave.

Form 10A: Verbal Autopsy form for Neonatal death (28 days or less of age)

Section 1: Details for respondent and deceased

Details of respondent

Section 1: Details for respondent and deceased

Details of respondent		Identification code of respondent
1. Name of respondent		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Relationship of respondent with deceased	<input type="checkbox"/> 1. <input type="checkbox"/> 2. Brother/Sister <input type="checkbox"/> 3. <input type="checkbox"/> 4. Mother/Father <input type="checkbox"/> 5. <input type="checkbox"/> 6.	<input type="checkbox"/> 7. <input type="checkbox"/> 8. <input type="checkbox"/> 9. Grandfather/Grandmother <input type="checkbox"/> 10. Other relative <input type="checkbox"/> 11. Neighbour/No relation <input type="checkbox"/> 99. Unknown
3. Did the respondent live with the deceased during the events that led to death?		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
4. Respondent's age in completed years		<input type="text"/> <input type="text"/>
5. Respondent's sex		<input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female

- Q1: First fill name of the respondent along with his identification code.
- Q2: Then tick the box corresponding to relationship of respondent with the deceased. The form lists only the applicable codes.
- Q3: Then enquire if the respondent lived with the deceased during the events leading to the death and tick the appropriate box.
- Q4: Fill age of respondent in completed years
- Q5: Tick the box corresponding to the sex of the respondent (Male/Female)

Details of deceased

<p>Details of deceased</p> <p>6. Age in days</p> <p>7. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female</p> <p>8. House address of the deceased (include PIN)</p> <p style="border: 1px solid black; height: 40px; margin-top: 5px;"></p>	<p>10. Place of death?</p> <p><input type="checkbox"/> 1. Home <input type="checkbox"/> 3. Other place</p> <p><input type="checkbox"/> 2. Health facility <input type="checkbox"/> 9. Unknown</p> <p>11. What did the respondent think this person die of? (Allow the respondent to tell the illness in his or her own words)</p> <p style="border: 1px solid black; height: 60px; margin-top: 5px;"></p>
<p>9. Date of death</p> <p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> </p>	

- Q6: Fill age of deceased in completed days. For deaths occurring within first day of birth, record it as 0 0.
- Q7: Tick the box corresponding to the sex of the deceased (Male/Female). For newborns who died before being named, this information needs to be recorded with extra care as it cannot be cross checked against name at a later stage.
- Q8: Fill the house address of the deceased including details such as name of street/society/mohalla, and important landmark nearby such as any government establishment, school, temple, etc. House no must be asked for and recorded (if available).

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Write even the building owner's name and some descriptive information about the location of the household (ex . Third floor etc). If there is no street/house number, describe the location of the household as directions from a nearby landmark. These details are necessary so that you or resampling/QA team can locate the household at a later date. Also, ask and fill the PIN code of the area.

Q9: Fill the date of death of the deceased (dd-mm-yy). For situations where the respondent/family members are unable to recall the exact date, record the month and year only. Do check the date against some document from health centre/village records/part time enumerator with date of death if available.

Q10. Tick the box corresponding to place of death. The actual details and sequence of events would be recorded later through the narrative section.

Q11: Ask the respondent as to what does he/she think the person died of. Allow the respondent to tell the illness in his or her own words and record it verbatim using vernacular/local language/terminology. Even if the reason seems non logical/non-medical, do not try to interpret comments. If its said that nothing was present/i don't know and it was a sudden death, record it as such without seeking any further details. It might be stated that death was caused by magic or evil spirit, record the word they stated without modifying it to what you might think is a better word/explanation. If more than one cause of death is mentioned, write them all.

Section 2: Neonatal Death

Section 2: Neonatal Death			
12A. Did s/he die from an injury or accident?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No→ <i>Skip to Q13</i>	<input type="checkbox"/> 9. Unknown
12B. If yes, what kind of injury or accident?	<input type="checkbox"/> 1. Road traffic accident	<input type="checkbox"/> 4. Burns	<input type="checkbox"/> 7. Bite/sting
	<input type="checkbox"/> 2. Falls	<input type="checkbox"/> 5. Drowning	<input type="checkbox"/> 8. Natural disaster
	<input type="checkbox"/> 3. Fall of objects	<input type="checkbox"/> 6. Poisoning	<input type="checkbox"/> 99. Unknown
		<input type="checkbox"/> 9. Homicide/assault	If child died of injury or accident → <i>Skip to Q41</i>

Q12A/B: Ask if the deceased die from an injury or accident? If the answer is yes, go to 12B and tick the box corresponding to the kind of injury/accident which caused the death. Skip other questions and directly go to Q41 i.e. narrative If the answer is no, skip 12B and go to Q13.

Details of pregnancy and delivery

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Details of pregnancy and delivery	
13. Was the child a single or multiple birth? <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Multiple <input type="checkbox"/> 9. Unknown	17A. Was there any complication during the pregnancy, or during labour? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q18</i> <input type="checkbox"/> 9. Unknown
14. Where was s/he born? <input type="checkbox"/> 1. Home <input type="checkbox"/> 3. Others <input type="checkbox"/> 2. Health facility <input type="checkbox"/> 9. Unknown	17B. If yes, what complications occurred? (Check all that apply) <input type="checkbox"/> 1. Mother had fits <input type="checkbox"/> 2. Excessive bleeding before/during delivery <input type="checkbox"/> 3. Waters broke one or more days before contractions started <input type="checkbox"/> 4. Prolonged/difficult labour (12 hours or more) <input type="checkbox"/> 5. Operative delivery <input type="checkbox"/> 6. Mother had fever <input type="checkbox"/> 7. Baby delivered bottom or feet first <input type="checkbox"/> 8. Baby had cord around neck <input type="checkbox"/> 9. Unknown
15. Who attended the delivery? <input type="checkbox"/> 1. Trained traditional birth attendant <input type="checkbox"/> 2. Untrained traditional birth attendant <input type="checkbox"/> 3. Midwife/Nurse <input type="checkbox"/> 4. Allopathic Doctor <input type="checkbox"/> 5. Ayurvedic/Homeopathic/Unani Doctor <input type="checkbox"/> 6. None <input type="checkbox"/> 7. Other <input type="checkbox"/> 9. Unknown	18. Did the mother receive 2 doses of tetanus toxoid during pregnancy? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
16. How many months long was the pregnancy? <input type="checkbox"/> <input type="checkbox"/>	

For this section, any medical documents if available would be very helpful and thus must be enquired for.

Q13. Ask if the child a single or multiple birth (twins etc) and tick the corresponding box.

Q14. Enquire as to where was the baby born and tick the corresponding box.

Q15. Enquire about who attended the delivery and tick the corresponding box. While traditional birth attendents include the local dais etc, any non allopathic doctor including AYUSH/traditional medicine doctor would be included as ?other

Q16. Ask and fill the duration (in months) of the pregnancy (Range 1-10 months).

Q17A. Ask if there were any complication during the pregnancy, or labour. If answer is no, skip to Q18.

Q17B Ask regarding the complication during the pregnancy, or labour. All options should be read to confirm as to what complication(s) occurred and tick all the applicable boxes.

Operative delivery also includes episiotomy (cut using scissors to widen the birth canal followed by suturing) and instrument use (forceps/vaccum) apart from caesarean section.

Q18. Ask if the mother received 2 doses of tetanus toxoid during pregnancy and tick the corresponding box. Check the immunization card if available.

Details of baby after birth

Details of baby after birth	
19. Was the baby born alive (alive if the baby ever cried, moved or breathed)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	23A. Was s/he able to breath immediately after birth? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q24A</i> <input type="checkbox"/> 9. Unknown
20. Were there any bruises or signs of injury on child's body after the birth? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	23B. If yes, did s/he stop being able to breath/cry? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q24A</i> <input type="checkbox"/> 9. Unknown
21. Did s/he have any visible malformations at birth (very small head, mass on spine, etc)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	23C. If yes, how long (days) after birth did s/he stop breathing/crying? <input type="checkbox"/> <input type="checkbox"/>
22. What was the child's size at birth? <input type="checkbox"/> 1. Very Small <input type="checkbox"/> 4. Larger than average <input type="checkbox"/> 2. Smaller than usual <input type="checkbox"/> 9. Unknown <input type="checkbox"/> 3. Average	24A. Was s/he able to suckle normally during the first day of life? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q25</i> <input type="checkbox"/> 9. Unknown
	24B. If yes, did s/he stop being able to suck in a normal way? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q25</i> <input type="checkbox"/> 9. Unknown
	24C. If yes, how long (days) after birth did s/he stop sucking? <input type="checkbox"/> <input type="checkbox"/>

Q19. Ask the respondent if after birth, the baby ever cried, moved or breathed?

Q20. Ask if there were any bruises or signs of injury on child's body after the birth.

Q21. Ask if the any body parts (ex Head, face, lips, back, limbs) were incompletely formed/ had visible malformations at birth? If present, describe the details in the narrative.

Q22. Ask about child's size at birth as compared to other children in the locality. Also fill birth weight of the baby in grams (Normal range is 2500 to 3900 grams).

Q23A. Ask if the baby started breathing/crying immediately after birth?

Q23B/C If yes, ask if after some duration, the child stopped breathing/crying. If yes, after how many completed days after birth?

Q24A/B/C. Was the baby able to suckle normally during the first day of life? If yes, was the normal suckling continued or it stopped? If yes, after how many days did the baby stop sucking.

Details of sickness at time of death

<u>Details of sickness</u>	
25. For how many days was s/he sick before death?	<input type="checkbox"/> <input type="checkbox"/>
26A. Did s/he have fever?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q27A</i> <input type="checkbox"/> 9. Unknown
26B. If yes, how many days did the fever last?	<input type="checkbox"/> <input type="checkbox"/>
27A. Did s/he have any difficulty with breathing?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q28A</i> <input type="checkbox"/> 9. Unknown
27B. If yes, for how many days did the difficulty with breathing last?	<input type="checkbox"/> <input type="checkbox"/>
28A. Did s/he have fast breathing?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q29</i> <input type="checkbox"/> 9. Unknown
28B. If yes, for how many days did the fast breathing last?	<input type="checkbox"/> <input type="checkbox"/>
29. Did s/he have in-drawing of the chest?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
30A. Did s/he have a cough?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
30B. Did s/he have grunting (demonstrate)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
30C. Did his/her nostrils flare with breathing?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
31A. Did s/he have diarrhoea (frequent liquid stools)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q32</i> <input type="checkbox"/> 9. Unknown
31B. If yes, for how many days were the stools more frequent or liquid?	<input type="checkbox"/> <input type="checkbox"/>
32. Did s/he vomit?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
33. Did s/he have redness around, or discharge from, the birth cord stump?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
34. Did s/he have areas of skin that were red, hot or peeling?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
35. Did s/he have a skin rash with blisters containing pus?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
36. Did s/he have yellow eyes or skin?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
37. Did s/he have spasms or fits (convulsions)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
38. Did s/he become unresponsive or unconscious?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
39. Did s/he have a bulging fontanelle (describe)?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
40. Did the child's body feel cold when touched?	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown

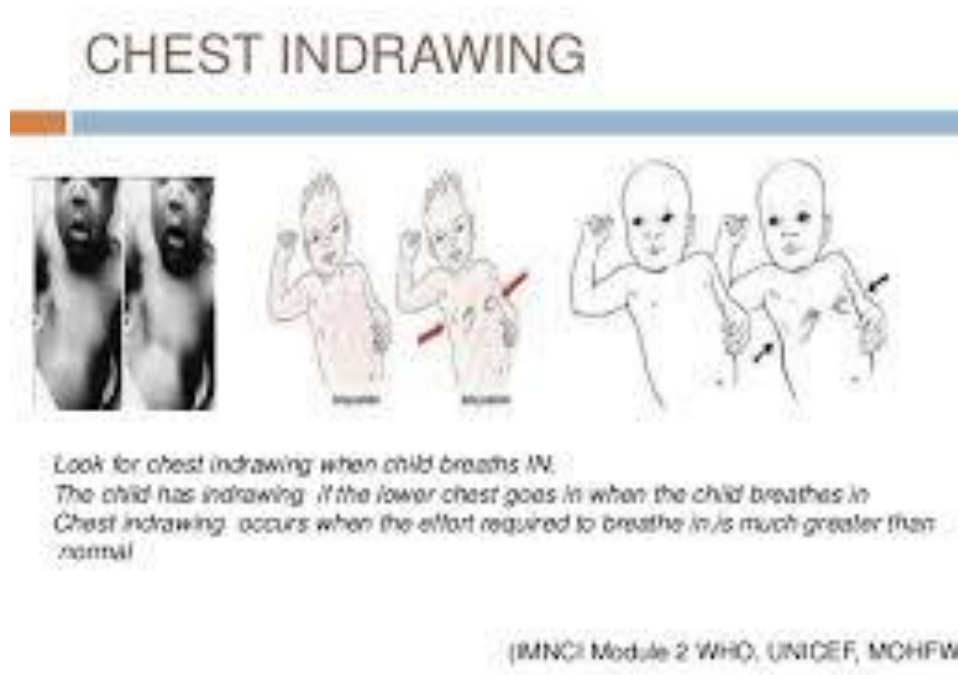
Q25. Ask the number of days between the baby dying and baby getting sick?

Q26A/B. Ask if fever was present? If yes, how many total days did the fever last?

Q27A/B. Ask if any breathing difficulty was present including any abnormal sounds? If yes, for how many days?

Q28A/B. Ask if the child had fast breathing? The normal range is about 50 breaths in a minute. However, the respondent/mother is often able to tell it based on their judgement. If yes, for how many days?

Q29. Ask if the child had in-drawing of the chest i.e. on breathing in, the lower chest wall goes in.



Q30A. Ask if the child had a cough?

Q30B. Ask if the child made short sounds when breathing out (grunting), and occurs when an infant is having trouble breathing.

Q30C. Ask if the child's nostrils flared/widened with breathing?

Q31A/B. Ask if the child had diarrhoea (frequent liquid stools)? If yes, for how many days were the stools frequent or liquid?

Q32. Ask if the child vomited?

Q33. Ask if the child had redness around, or discharge from, the umbilical cord stump?

Q34. Ask if child had any areas of skin which were reddish?

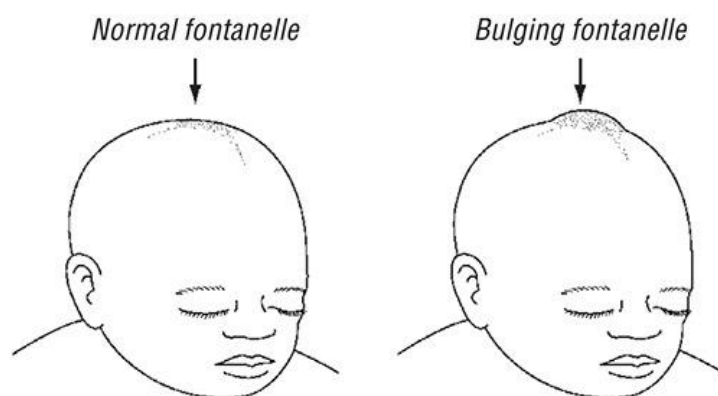
Q35. Ask if child had skin rashes with pus?

Q36. Ask if the child had yellow eyes or skin?

Q37. Ask if the child had spasms or fits (convulsions)?

Q38. Ask if the child became unresponsive or unconscious?

Q39. Ask if the child had a bulging fontanelle (describe)?



Q40: Ask if the child's body felt cold when touched?

After this, proceed to Section 3: Written narrative in local language and enter Narrative language code for.

Form 10 B: Child death (29 days to 14 years)

Fill in the Identification details (in HINDI or ENGLISH only) as form 10A. Also section 1 is same as for Form 10 A. Only for question 6 i.e. age of deceased, unlike newborn form 10A where age is upto 28 days, here the age needs to be filled in completed years and months.

Section 2: Child death

Section 2: Child death			
13A. Did s/he die from an injury or accident?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No → <i>Skip to Q14</i>	<input type="checkbox"/> 9. Unknown
13B. If yes, what kind of injury or accident?	<input type="checkbox"/> 1. Road traffic accident	<input type="checkbox"/> 4. Burns	<input type="checkbox"/> 7. Bite/sting
	<input type="checkbox"/> 2. Falls	<input type="checkbox"/> 5. Drowning	<input type="checkbox"/> 8. Natural disaster
	<input type="checkbox"/> 3. Fall of objects	<input type="checkbox"/> 6. Poisoning	<input type="checkbox"/> 9. Homicide/assault
			<input type="checkbox"/> 10. Suicide
			<input type="checkbox"/> 11. Workplace
			<input type="checkbox"/> 99. Unknown
If child died of injury or accident → <i>Skip to Q33A</i>			

Q13A/B. Ask if the child died from an injury or accident? If yes, ask regarding the kind of injury or accident and tick against the corresponding box. Then directly proceed to narrative.

Details of baby after birth:

Details of baby after birth			
14. How was the child's size at birth?	<input type="checkbox"/> 1. Very Small	<input type="checkbox"/> 4. Larger than average	15B. If yes, after how many months of pregnancy? <input type="text"/>
	<input type="checkbox"/> 2. Smaller than usual	<input type="checkbox"/> 9. Unknown	16A. Was the child breast-fed?
	<input type="checkbox"/> 3. Average		<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q17</i> <input type="checkbox"/> 9. Unknown
15A. Was s/he born premature?	<input type="checkbox"/> 1. Yes	<input type="checkbox"/> 2. No → <i>Skip to Q16A</i>	<input type="checkbox"/> 9. Unknown
			16B. If yes, did the child stop feeding during the illness that led to death?
			<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown

Q14. Ask about child's size at birth as compared to other children in the locality.

Q15A. Ask if the baby was born premature (before 37 weeks of pregnancy).

Q15B. Ask and fill the duration (in months) of the pregnancy (Range 1-10 months).

Q16A. Ask if the child was breastfed?

Q16B. Enquire if the child was being breastfed during the illness that led to death and if the child stopped breastfeeding during the same?

Details of sickness

Some questions are similar to those asked for newborn form 10A

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Details of sickness	
17. How many days was s/he sick before death? <input type="checkbox"/> <input type="checkbox"/>	23A. Did s/he have diarrhoea (more frequent or more liquid stools)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to 24A</i> <input type="checkbox"/> 9. Unknown
18A. Did s/he have a fever? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q19</i> <input type="checkbox"/> 9. Unknown	23B. If yes, for how many days? <input type="checkbox"/> <input type="checkbox"/>
18B. If yes, how many days did the fever last? <input type="checkbox"/> <input type="checkbox"/>	23C. Was there visible blood in the stools? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
18C. Was the fever accompanied by chills /rigors? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	23D. If s/he had diarrhoea, was s/he given any fluids such as (local term for oral rehydration treatment)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
19. Did s/he have convulsions or fits? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	24A. Did s/he have a cough? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to 25A</i> <input type="checkbox"/> 9. Unknown
20. Was s/he unconscious during the illness that led to death? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	24B. If yes, for how many days? <input type="checkbox"/> <input type="checkbox"/>
21. Did s/he develop stiffness of the whole body? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	24C. Was it...? <input type="checkbox"/> 1. Dry <input type="checkbox"/> 3. With blood <input type="checkbox"/> 2. Productive <input type="checkbox"/> 9. Unknown
22. Did s/he have a stiff neck? (demonstrate) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	25A. Did s/he have breathing difficulties? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to 26A</i> <input type="checkbox"/> 9. Unknown

- Q17. Ask the number of days between the baby dying and baby getting sick?
- Q18A/B/C Ask if fever was present? If yes, how many total days did the fever last? Also record if the fever was accompanied by chills/rigors?
- Q19. Ask if the child had spasms or fits (convulsions)?
- Q20. Ask if the child was unconscious during the illness that led to death?
- Q21. Ask if the child developed stiffness of the whole body?
- Q22. Ask if the child had a stiff neck (restricted neck movement, unable to bring down the chin to the chest)?
- Q23A/B. Ask if the child had diarrhoea (frequent liquid stools)? If yes, for how many days were the stools frequent or liquid?
- Q23C. Ask if there was blood in the stools?
- Q23D. Ask if the child was given oral rehydration treatment (use local term) during diarrhoea?
- Q24A/B/C. Ask if the child had a cough? If no, skip to Q25A. If yes, record the duration in completed days? Also enquire if it was dry or with sputum/blood?
- Q25A/B Ask if any breathing difficulty was present including any abnormal sounds? If yes, for how many days?
- Q25C. Ask if the child had fast breathing? The normal range varies by age as listed below. However, the respondent/mother is often able to tell it based on their judgement.

Normal Respiratory Rate by Age

Approximate Age Range	Respiratory Rate
Newborn	30-50

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0-5 months	25-40
6-12 months	20-30
1-3 years	20-30
3-5 years	20-30
6-10 years	15-30
11-14 years	12-20
15-20 years	12-30
Adults	16-20

Q25D. Ask if the child had in-drawing of the chest i.e. on breathing in, the lower chest wall goes in.

Q25E. Enquire if child had wheezing (whistling sound during expiration)?

Q25F. Ask if any antibiotics were taken?

<p>25B. If yes, for how many days? <input type="checkbox"/> <input type="checkbox"/></p> <p>25C. Did s/he have fast breathing? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>25D. Did s/he have in-drawing of chest? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>25E. Did s/he have wheezing? (demonstrate sound) <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>25F. During the breathing problems, did s/he receive any antibiotics? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>26A. During the illness, did s/he have abdominal pain? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to 26C</i> <input type="checkbox"/> 9. Unknown</p> <p>26B. If yes, was the pain in..? <input type="checkbox"/> 1. All over abdomen <input type="checkbox"/> 3. Lower <input type="checkbox"/> 2. Upper <input type="checkbox"/> 9. Unknown</p> <p>26C. Did s/he have abdominal distention? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>27A. Did s/he vomit? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to 28</i> <input type="checkbox"/> 9. Unknown</p> <p>27B. If yes, for how many days? <input type="checkbox"/> <input type="checkbox"/></p> <p>28. Did the eye/skin colour change to yellow? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>29A. Did s/he have any skin disease or rash? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q30</i> <input type="checkbox"/> 9. Unknown</p>	<p>29B. Was the rash..? <input type="checkbox"/> 1. All over the body <input type="checkbox"/> 2. Only on face <input type="checkbox"/> 9. Unknown</p> <p>29C. Was this measles (use local term)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>30. During the illness that led to death, did s/he become very thin? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>31. During the weeks preceding death, did s/he suffer from lack of blood or appear pale? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>32A. Did s/he have repeated illness? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q33A</i> <input type="checkbox"/> 9. Unknown</p> <p>32B. If yes, how many illnesses in the past six months? <input type="checkbox"/> <input type="checkbox"/></p> <p>32C. If yes, what were the common associated symptoms with the illness? (check all that apply) <input type="checkbox"/> 1. Cough <input type="checkbox"/> 3. Ear discharge <input type="checkbox"/> 5. Other <input type="checkbox"/> 2. Diarrhoea <input type="checkbox"/> 4. Chills <input type="checkbox"/> 9. Unknown</p> <p>33A. Was s/he immunized? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No → <i>Skip to Q34</i> <input type="checkbox"/> 9. Unknown</p> <p>33B. If yes, did s/he receive BCG injection? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>33C. If yes, did s/he receive polio drops in the mouth? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>33D. If yes, did s/he receive an injection for measles (use local term)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p>
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Q26A/B/C. Ask if during the illness, did the child have any abdominal pain? Also, enquire regarding presence of abdominal distention?

Q27A/B. Ask if the child vomited? If yes, for how many completed days did s/he vomit?

Q28. Ask if the child had/developed yellow eyes or skin?

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Q29: A/B Ask if the child had any skin disease or rash during the illness? If no, skip to Q30. If yes, ask if the rash was all over the body? Ask if it was measles (use local term such as khasra etc)

Q30: Ask if during the weeks before death, the child had lost weight/ become very thin?

Q31. Ask if during the weeks before death, did the child appeared pale/lack of blood?

Q32.A/B/C. Ask if the child kept getting ill repeatedly/frequently? If yes, record the number of times the child got sick in last 6 months? Ask about symptoms of these illnesses and check all that apply.

Q33A/B/C/D. Immunization history: Any immunization card /document/record if available from the family/local health worker is very helpful for this question and must be obtained where available. Ask if the child received BCG injection (normally given on left arm; develops scar mark).

Also ask if she recieved 3 DPT injections (usually administered on upper leg at a gap of atleast 4 weeks/one month). Ask if they received polio drops in mouth (including mass vaccination rounds).

Ask if injection for measles (use local term) was taken (usually after age of six/nine months)

After this, proceed to Section 3: Written narrative in local language and enter Narrative language code for.

FORM10 C Adult death (15 years or older)

Fill in the Identification details (in HINDI or ENGLISH only) as form 10A/B. However, name of mother of deceased is not required. For section 1, details of respondent & deceased(Q1-Q5) is same as for Form 10 A/B. However, in question 6 i.e. age of deceased, unlike newborn form 10A where age is upto 28 days, or form 10B where the age needs to be filled in completed years and months, here age needs to be filled in completed years only.

<p>Details of deceased</p> <p>6. Age in years <input type="text"/> <input type="text"/></p> <p>7. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female</p> <p>8A. For work does s/he have to live away from home? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown</p> <p>8B. If yes, how many months a year? <input type="checkbox"/> 1. Less than one month <input type="checkbox"/> 3. More than three months <input type="checkbox"/> 2. One to three months</p> <p>9. Relationship of deceased to head of household</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> 1. Wife/Husband</td> <td><input type="checkbox"/> 8. Parent in law</td> </tr> <tr> <td><input type="checkbox"/> 2. Brother/Sister</td> <td><input type="checkbox"/> 9. Grandfather/Grandmother</td> </tr> <tr> <td><input type="checkbox"/> 3. Son/Daughter</td> <td><input type="checkbox"/> 10. Other relative</td> </tr> <tr> <td><input type="checkbox"/> 4. Mother/Father</td> <td><input type="checkbox"/> 11. Neighbour/No relation</td> </tr> <tr> <td><input type="checkbox"/> 5. Grandchild</td> <td><input type="checkbox"/> 12. Self</td> </tr> <tr> <td><input type="checkbox"/> 6. Son in law/Daughter in law</td> <td><input type="checkbox"/> 99. Unknown</td> </tr> <tr> <td><input type="checkbox"/> 7. Brother in law/Sister in law</td> <td></td> </tr> </table>	<input type="checkbox"/> 1. Wife/Husband	<input type="checkbox"/> 8. Parent in law	<input type="checkbox"/> 2. Brother/Sister	<input type="checkbox"/> 9. Grandfather/Grandmother	<input type="checkbox"/> 3. Son/Daughter	<input type="checkbox"/> 10. Other relative	<input type="checkbox"/> 4. Mother/Father	<input type="checkbox"/> 11. Neighbour/No relation	<input type="checkbox"/> 5. Grandchild	<input type="checkbox"/> 12. Self	<input type="checkbox"/> 6. Son in law/Daughter in law	<input type="checkbox"/> 99. Unknown	<input type="checkbox"/> 7. Brother in law/Sister in law		<p>10. House address of the deceased (include PIN)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>11. How many years did the deceased live at this address? <input type="text"/> <input type="text"/></p> <p>12. Date of death <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/></p> <p>13. Place of death? <input type="checkbox"/> 1. Home <input type="checkbox"/> 3. Other place <input type="checkbox"/> 2. Health facility <input type="checkbox"/> 9. Unknown</p> <p>14. What did the respondent think this person die of? (allow the respondent to tell the illness in his or her own words)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>
<input type="checkbox"/> 1. Wife/Husband	<input type="checkbox"/> 8. Parent in law														
<input type="checkbox"/> 2. Brother/Sister	<input type="checkbox"/> 9. Grandfather/Grandmother														
<input type="checkbox"/> 3. Son/Daughter	<input type="checkbox"/> 10. Other relative														
<input type="checkbox"/> 4. Mother/Father	<input type="checkbox"/> 11. Neighbour/No relation														
<input type="checkbox"/> 5. Grandchild	<input type="checkbox"/> 12. Self														
<input type="checkbox"/> 6. Son in law/Daughter in law	<input type="checkbox"/> 99. Unknown														
<input type="checkbox"/> 7. Brother in law/Sister in law															

Q7: Record sex of deceased.

Q8A/B: Ask if the deceased's work/occupation required him to live away from home? If yes, was it for more than three months in a year?

Q9: Tick the appropriate box against relationship of deceased to head of household.

Q10: Fill the house address of the deceased including details such as name of street/society/mohalla, and important landmark nearby such as any government establishment, school, temple, etc. House no must be asked for and recorded (if available). Write even the building owner's name and some descriptive information about the location of the household (ex . Third floor etc). If there is no street/house number, describe the location of the household as directions from a nearby landmark. These details are necessary so that you or resampling/QA team can locate the household at a later date. Also, ask and fill the PIN code of the area.

Q11. Fill the number of completed years the deceased had lived at current address.

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Q12: Fill the date of death of the deceased (dd-mm-yy). For situations where the respondent/family members are unable to recall the exact date, record the month and year only. Do check the date against some document from health centre/village records/part time enumerator with date of death if available.

Q13. Tick the box corresponding to place of death. The actual details and sequence of events would be recorded later through the narrative section.

Q14. Ask the respondent as to what does he/she think the person died of. Allow the respondent to tell the illness in his or her own words and record it verbatim using vernacular/local language/terminology. Even if the reason seems non logical/non-medical, do not try to interpret comments. If its said that nothing was present/i don't know and it was a sudden death, record it as such without seeking any further details. It might be stated that death was caused by magic or evil spirit, record the word they stated without modifying it to what you might think is a better word/explanation. If more than one cause of death is mentioned, write them all.

Section 2: Past History

Section 2: Past history			
Had a doctor EVER stated that the deceased had the following diseases?			
	Yes	No	Unknown
15. Hypertension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Stroke	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. HIV/AIDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Cancer (write site in narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Other chronic illness (specify in narrative)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. During the last year, did the weight of the deceased change significantly?			
<input type="checkbox"/> 1. About same			
<input type="checkbox"/> 2. Yes, gained significantly (gained 2.5 Kg or more)			
<input type="checkbox"/> 3. Yes, lost significantly (lost 2.5 Kg or more)			
<input type="checkbox"/> 9. Unknown			
25. Was the deceased taking any medications regularly during the last five years? (Record up to three in Hindi or English only).			
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Now we will ask question on chronic medical conditions that the deceased might have been diagnosed with by a medical professional (either allopathic, ayurvedic or homeopathic) and tick the appropriate response. Ask the respondent if the deceased suffered any of the following illnesses. Remember that yes will be selected only if the condition has been diagnosed by a doctor.

Q15. Hypertension

Q16. Heart disease

Q17. Stroke

Q18. Diabetes

Q19. Tuberculosis

Q20. HIV/AIDS

Q21. Cancer (For cancer, the site must be noted in the narrative.)

Q22. Asthma

Q23. Other chronic illness

Q24. Ask if the deceased's Record weight had changed by more than 2.5 kgs (visible thinnig/fattening) over the last year?

Q25. Ask if the deceased was taking any medications regularly during the last five years? Up to three names of medicines can be noted in box. In case there are more medicines which are being taken regularly, note them in the narrative. The box needs to filled in Hindi or English only.

<i>First, ask the following questions for the deceased (First column), and then ask them for the main respondent (Second column)</i>		
Tobacco, alcohol and diet	Deceased (Ask first)	Respondent (Ask second)
26A. Did s/he smoke tobacco within the last 5 years?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown
26B. If yes, how many bidi per day?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
26C. If yes, how many cigarettes per day?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
26D. Any other tobacco smoked?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown
27A. Did s/he chew tobacco within the last 5 years?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown
27B. Did s/he apply tobacco within the last 5 years?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown
28A. Did s/he normally drink alcohol (use local term) at least once a week during most weeks?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown
28B. If yes, normal average no. of days per week drink was taken. (1 to 7, or 9. Unknown)	<input type="checkbox"/>	<input type="checkbox"/>
29. Was s/he a pure vegetarian (consumed no egg, meat or fish) for last few years?	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown	<input type="checkbox"/> 1. Definite Yes <input type="checkbox"/> 2. Definite No <input type="checkbox"/> 9. Unknown

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Q26-Q29. Ask these questions first for Record the deceased and repeat the same questions for the respondent.

The response boxes need to be ticked as answered by the respondent.

Q26A/B/C. Ask if the deceased used to smoke tobacco (cigarette, bidi etc) within the last 5 years? If the response is yes, Write the number of bidi and cigarettes smoked per day in the space provided. The respondent may not be sure of an exact number. In such cases, ask for an average number, and record it.

Q26D. Also ask if tobacco was smoked in any other form (ex: hookah, ? cigar: as applicable to the location/locality)

Q27A. Ask if the deceased used to chew smokeless forms of tobacco such as (gutkha/pan masala/khaini/betel nut etc: use local terms) within the last 5 years ?

Q27B. Also ask if s/he apply tobacco within the last 5 years ?

Q28A/B. Ask if s/he drank alcohol (use local term) during most weeks(1/day or more) in the last 5 years? If yes, ask the no of days/week, s/he used to drink. Also ask the type of alcohol which was consumed most commonly?

Q29. Ask if the deceased was pure vegetarian (no egg, fish, chicken/meat) for the last 5 years)?

Q26-Q29. Make sure that you have repeated & filled the same questions for the respondent also

For female deaths aged 15-49 ask the following questions. For all others, skip to 31

30A. Was she either known or suspected to be pregnant? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	30B. Did she die within 42 days of delivery? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No
30C. Did she die within 42 days of abortion? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	

If YES to question Q30A, B or C then DO NOT complete narrative below. → Instead complete Form 10D and copy the Form 10D number here

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Q30A/B/C. For female aged 15-49 years, ask if the death occurred while she was pregnant. Also confirm whether the death had occurred following delivery or abortion (upto 42 days). Female members from family/neighbourhood are likely to provide more accurate response to this question. If response is yes, contue to form 10D(maternal death) and fill the unique number of Form 10D here itself so that the forms can be linked later with ease. After this, proceed to Section 3: Written narrative in local language and enter Narrative language code.

Form 10D: Maternal death (females aged 15 to 49 years)

Fill in the Identification details (in HINDI or ENGLISH only) as form 10A/B/C. However, name of mother of deceased is not required. Fill the unique number of Form 10D in Form 10C Q33 so that the forms can be linked later with ease.

If woman died within 42 days of delivery/abortion	
2A. Did she receive antenatal care during the pregnancy? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	4. Where was the delivery/abortion? <input type="checkbox"/> 1. Home <input type="checkbox"/> 3. Other <input type="checkbox"/> 2. Health facility <input type="checkbox"/> 9. Unknown
2B. How many times did she receive antenatal care during the pregnancy? <input type="text"/> <input type="text"/>	5. Who attended the delivery? <input type="checkbox"/> 1. Trained traditional birth attendant <input type="checkbox"/> 5. Ayurvedic/Homeopathic/Unani Doctor <input type="checkbox"/> 2. Untrained traditional birth attendant <input type="checkbox"/> 6. None <input type="checkbox"/> 3. Midwife/Nurse <input type="checkbox"/> 7. Other <input type="checkbox"/> 4. Allopathic Doctor <input type="checkbox"/> 9. Unknown
3. How many days before death did she deliver/abort? <input type="text"/> <input type="text"/>	
If the woman had abortion, skip to Q18	
6. Did she have a caesarean delivery? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	12. Did she have a forceps or vacuum delivery? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
7. Did she have too much bleeding at the beginning of labour pains? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	13. Did she have difficulty in delivering the placenta? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
8. Did she have too much bleeding during labour (before delivering the baby)? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	14. Did she have fits and loss of consciousness? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
9. Did she have too much bleeding after delivering the baby? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	15. Did she have fits during pregnancy/during labour or after labour? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
10. Did she have prolonged labour >12 hrs? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	16. Did she have fever? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown
11. Did she have difficulty in delivering the baby? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown	17. Did she have foul smelling discharge? <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 9. Unknown

For this section, any medical documents if available would be very helpful and thus must be enquired for.

Q2A/B Ask if the deceased had undergone antenatal checkups during the pregnancy. This is to be done through health personnel during pregnancy at hospital or through home visits and includes tetanus immunization, iron and folic acid tablets, etc.). If yes, ask about the number of times such checkups were received. Corroborate with documents if any available.

Q3. Ask about the no of days (approx) between her after delivery/abortion and death. This form 10D is to be filled only if this gap is upto 42 days. Else form 10C would suffice.

Q4. Ask as to where the delivery/abortion took place and tick the appropriate option.

Q5. Enquire about who attended the delivery and tick the corresponding box. While traditional birth attendents include the local dais etc, any non allopathic doctor including AYUSH/traditional medicine doctor would be included as **Other**

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Q6. Ask if it was a caesarean delivery. Surgical incision through the walls of the abdomen and uterus for delivery of offspring is called a cesarean section or cesarean delivery

Q 7/8/9 Ask if she had excessive bleeding on the day of labor. Blood that “soaks a number of clothes or bandages” or “covers the floor” is a good way of knowing if there was too much bleeding. If present, ask if it was present at the beginning of labour pains, during labour (before delivering the baby) and after delivering the baby.

Q10. Ask if the woman was in labor for unusually long duration (= 24 hours for first baby, = 12 hours otherwise). Tick the appropriate response.

Q11. Ask if it was a difficult delivery (ex more duration, pain, bleeding)

Q12. Ask if during delivery forceps or vacuum was applied.

Q13. Ask whether the woman had difficulty delivering the placenta. The placenta is the fleshy mass attached to the baby by the umbilical cord in the womb. The placenta normally comes out of the vagina within 30 minutes after the delivery of the baby. Tick the appropriate response.

Q14/15. Ask if she had fits or loss of consciousness during the pregnancy, during labour or after labour? Tick the appropriate response.

Q16. Ask if she had fever after the birth? Tick the appropriate response.

Q17. Ask if she had foul smelling discharge? Tick the appropriate response.

After this, proceed to Section 3: Written narrative in local language and enter Narrative language code.

6. Sample narratives for review & evaluation

Now some sample narratives for review & evaluation are being provided. One example, each of form 10A & 10C have been provided for guidance. Other examples need to be reviewed as per the given format.

6.1 Form 10 A

Narrative 1

Age in completed days: 18; Sex: female

According to respondent say that the child has low grade fever for about 2-3 days. Colour of her urine also became yellow and colour of her eye also change into yellow. Also loss of appetite. The child was crying continuously. At birth, child's size was smaller than usual. The child was sick for about 10 days before death. Breathing difficulty lasted for 4 days. (fast breathing 3 days). There was no chest indrawing and no diarrhoea or vomiting. Also no redness or rashes on skin were present. Child did not have any fits or cold skin. On date 24/6/13 the child was admitted to nearby hospital and doctor confirmed that the child was suffering from jaundice. Treatment was done for 3 days, Doctor told that it was too late to save the child. And gradually the child was died on 28-06-13.

Symptoms present: fever, Breathing difficulty, yellowishness of eye & urine, loss of appetite, crying, size was smaller than usual, Breathing difficulty

Symptom details: .

Fever: duration (2-3 days), severity (low grade); associated signs & symptoms: loss of appetite

Breathing difficulty: duration (4 days), severity (fast);

Yellowishness of eye & urine: location (duration missing)

Time sequence of symptoms: : A reasonable sequence of events is provided

Symptoms absent: There was no chest indrawing and no diarrhoea or vomiting. Also no redness or rashes on skin were present. Child did not have any fits or cold skin.

Medical consultation/documents: yes, diagnosis provided; test results not talked about

Comments on coverage of symptoms

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Of the 10 symptom list, four were mentioned in narrative. While Fever, Breathlessness were present, Diarrhoea/vomiting Seizures/ Fits were absent. This being a neonatal form (10A), specific symptoms of child illness are covered in questions within the form and all ten symptoms of the list are not applicable for children. However, for adults (10C), atleast five symptoms (presence/absence)from list of 10 must be mentioned in the narrative.

Narrative 2

Age in completed days: 01; Sex: Male

As per respondent that his son(deceased) when born was normal in all respects. After his birth he start moving his organ open his eyes and start crying. He also suckles milk after two hours. His every movement was alright. His first day was very fine. But on his 2nd day i.e 24-04-13 morning at 5:30 am he stop breathing & movement of organ. At that time they called a doctor at home, but he check the baby and said sorry your baby is no more. They were not actually known about his demise.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 3

Age in completed days: 01; Sex: Male

The respondent said that the baby was newly born died, he died just the next day of birth.

The baby did not take breast after birth. The respondent does not have any idea about the child died of.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 4

Age in completed days: 02; Sex: Male

The deceased aged 2 days died of immune deficiency. After delivery the baby was suffering from sickness and was crying. The baby had high fever the first day thinking that the fever will get better he was given medicine but it did not get better and so the baby died the next day on 04/11/13.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

6.2 Form 10 B

Narrative 1

Age in years: 14, Sex: Male

As per the respondent the deceased person had lung cancer and under treatment from Srinagar hospital. Cell division was growing day by day. He could not get any relief from the treatment and died.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 2

Age in years: 5; Sex: Male

As per the respondent the deceased was 5 years old boy who were suffering from blood cancer for last 1-2 years. He was taking treatment from GMC hospital. He admitted in GMC several times. He was transferred blood many times. He was advised by the doctors GMC to take him to Mumbai as special treatment was not available in GMC Goa, He was normal body before did not showing any special symptoms before. His whole skin became was very rough and loose. His stomach swelled in size and his body became very weak and thin except his stomach. He always had high fever. Last he was admitted in GMC for about 2 weeks. In the meanwhile he suffered a lot. Also have breathing problem in GMC and with then symptoms he expired in GMC.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 3

Age : 2 months; Sex: Male

As per respondent:- the deceased was born three months before than died. At the time of born the deceased was very small in size and suffering from cold and ultimately died at home.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 4

Age : 01 months; Sex: Male

The one month old baby suddenly got high fever with running nose continuously for 4 days.

No medical treatment was provided to the baby. The illness of the baby was guessed for pneumonia basing on the symptoms.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 5

Age in years: 8; Sex: Male

According to the respondent the boy was suffering from paralysis type disease since childhood. From appearances also it would be ascertained the paralysis. Legs hands and other organs was not in proper. Could not walk properly. In the last 3(Three) months the boy was suffering from some other associated diseases, like watering from mouth. The boy died at home.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

Narrative 6

Age in years: 1; Sex: Male

The deceased aged about 1^{1/2} years only. According to his father he was suffering from stomach pain from 10 days. He was usually vomiting after taking food. Due to this reason he was admitted near by town pvt hospital. But after taking treatment the child was not survived and died at hospital.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of symptoms

6.3 Form 10 C

Narrative 1

Age in years: 64; Sex: Male

As informed by the respondent the deceased had been suffering due to senility problems for the last 4/5 years. He many times developed mild fever and dry cough for several weeks. He was losing weight. A local traditional healer was consult and told that such a multi trouble are common symptoms of being old age. Medicine made of leaves and roots were given and his was weak.

There was no improvement and felt very sick and became unconscious. He also complained of severe chest pain and abdomen pain. He could not swallow when solid or liquid food stuff. He also could not control passage of urine and stool. Gradually, he died on 20/04/13. There was no swelling of any body part. Also no fits or paralysis.

Symptoms: Before death: unconscious, severe chest pain and abdomen pain, could not swallow when solid or liquid food stuff, could not control passage of urine and stool

Earlier: fever, cough, weight loss,

Symptom details: .

Fever & cough: duration (many times for several weeks), severity (mild); associated signs & symptoms: loss of weight

Time sequence of symptoms : A sequence of development and occurrence of symptoms is missing. It provides earlier symptoms and those that occurred before death.

Symptoms absent: no swelling of any body part. Also no fits or paralysis.

Medical consultation/documents: yes, but diagnosis provided by local healer is unclear (senility). Whether they went to hospital for the final illness is not talked about.

Of the 10 symptom list,

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*

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- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

All except breathlessness have been enquired. However, more details would have been helpful. Also, additional information given by respondent has been noted.

Narrative 2

Age in years: 21; Sex: Male

The deceased person aged only 21 died due to accordingly high sugar level in his blood. The person has been suffering the acute problems of high sugar for more than eight years, he had undergone for treatment for the same but never mindedness and ignorance about the diseases lead to the worse condition. The day before his death he referred back to the house from the hospital without any infectation on 17/2/13 he died at his residence

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 3

Age in years: 59; Sex: Male

According to respondent the deceased was a patient of paralysis from last 3 years according to respondent he was taking treatment on a near by private hospital but doctors told to take him back home. So they taken him back to home and he was taking medicine on regular basis but one day he fell in ground and became unconscious, his family tried to awake him but he did not responded to any treatment and after some time he died at home.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 4

Age in years: 84; Sex: Male

As informed by the respondent the deceased had been suffering due to senility problems for the last 4/5 years. A local traditional healer was consulted and told that such a multi-trouble are common symptoms of being old age. Medicine made of leaves and roots were given and his was weak.

There was no improvement and felt very sick and became unconscious. He also complained of severe chest pain and abdomen pain. He could not swallow when solid or liquid food stuff. He also could not control passage of urine and stool. Gradually, he died on 20/04/13.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 5

Age in years: 90; Sex: Female

According to the respondent the old woman died of senility. There were no specific diseases. Fever was there with low intensity of temperature. Sometime suffered from dysentery wet cough with breathing problem was there. He was so weak that she could not walk without stick. Rheumatic pain was there she was hard of hearing, she lost her weight significantly in last one year. Moreover she was suffering from high blood pressure also.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 6

Age in years: 59; Sex: Female

As per respondent:- the deceased was suffering ill due to old age and after some days died.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 7

Age in years: 55; Sex: Male

As per the respondent the deceased was suffering a disease from a very long time namely Hypertension. He was under the medication and was also taking medicines regularly as per the advice given by his doctor. One night he goes for sleep and in the middle of the night he felt very ill we took him to the hospital but unfortunately on the way he lost his breath. And after that doctors told he dies because of very high blood pressure.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 8

Age in years: 25; Sex: Male

The person was died by committing suicide, he took poison and died at home. Before committing suicide he was very upset and did not talk with family members. But family members could not think that he will take that step. He was taken to hospital and died there.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

6.4 Form 10 D

Narrative 1

Age in Years: 23; Sex: female

As per the respondent Vaishno Devi, the deceased was her daughter in law. She was married to her son two years back. She was pregnant. Her pregnancy was of 6 months. Everything was going on smoothly last two days prior to her death. She got acute pain and was taken to Shalimar hospital. Lady doctor examined her and told that she had developed placenta which would harm her body. The administered glucose drip in the hospital. On the 2nd day her whole body got swelled and immediately doctor was consulted but in few hours she breathed her last.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Narrative 2

Age in Years: 22; Sex: female

The deceased had delivered one baby at chowkham PHC. She had too much bleeding in the beginning (two days) of labour pain. After the birth of the baby she was unconscious and too much bleeding for the next day. The nurse could not stop the bleeding and she died after one day at the PHC.

Symptoms present:

Symptom details: .

Time sequence of symptoms:

Symptoms absent:

Medical consultation/documents:

Comments on coverage of list of 10 symptoms

- *General: 1) Fever 2) Swelling/oedema*
- *Chest and heart complaints/symptoms: 3) Chest pain 4) Cough 5) Breathlessness*
- *Abdominal & urinary complaints/symptoms: 6) Pain abdomen 7) Diarrhoea , vomiting 8) Urinary complaints*
- *Nervous system symptoms: 9) Paralysis 10) Seizures/ Fits*

Draft version for discussion only

Checklist for Quality Assurance

<u>VERBAL AUTOPSY</u>	
<u>DCO Checklist for Quality Assurance</u>	
Item	Component
1.	The Forms to be canvassed in the field should correspond to the year for which it has been printed. Forms not carrying unique serial number, if any, is not
2.	Forms are in good condition and ready to scan (no extra marking, no torn/folds, no
3.	Only filled-in original forms are to be sent to the HQ. Photocopies will not be
4.	The total number of filled-in VA forms (10A-10C) for an HYS are equal to the deaths reported under SRS (Form-12).
5.	All entries (compatible with Form-12) viz. SRS unit No. /HYS No. / Name and ID code of the deceased/Age/Sex/ Place of Death/Date of Death are completed & verified
6.	Cause of death (as thought by the respondent) is complete.
7.	All boxes/entries are completed. No column is left blank except where it is required
8.	Narratives on the forms are clearly and explicitly written. For maternal deaths as
9.	The unique number of Form-10D is written on the back side of corresponding Form-10C.
10.	All the filled-in forms have the narrative language code duly filled-in.
11.	The inventory prepared (stratum/unit wise) is enclosed along with the forms sent to the HQ. Consolidated statement (as per the format provided by ORGI) for total number of deaths (rural/urban, HYS wise and Form wise) is enclosed with the
12.	Office copy (photocopies of the filled-in original VA forms) has been retained before sending the forms to the HQ.
13.	A certificate duly signed by Officer In-charge (SRS-VA) to the effect that the above said points have been taken care of before sending the forms to the HQs and no