

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune



Standard Verbal Autopsy Questionnaire

(Adolescent & Adult deaths Age 12 & above)

Table of contents

Section 01: Identification & Demographic Data of the Deceased

Section 02: Identification of Respondent

Section 03: Background information on the Death

Section 04: Open History Question

Section 05: Injury/Accident

Section 06: Leading Question to Elicit Signs & Symptoms of the Final Illness

Section 07: Interviewer Comments and Observations

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM (Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

Introduce yourself and explain the purpose of your visit. Explain that you would like to speak to a caretaker or any other person who was present during the illness that led to the death. If this is not possible, arrange a time to revisit the household when caretaker will be home. Before interviewing the person explain him/her that participation in the interview is voluntary; s/he can refuse to answer any question and s/he can stop the interview at any time without giving any reason. Explain him/her that the information provided is only for research purpose and will be kept confidential

SECTION 1: IDENTIFICATION & DEMOGRAPHIC DATA OF THE DECEASED

Interview Start Time: :

| | Permanent ID of the deceased | Current ID of the deceased |
|-------|--|---|
| | <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"/> <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"/> |
| Q 1.1 | Full name of the adult <i>(leave blank if the name is not given)</i> | _____ |
| Q 1.2 | Village name | _____ <input type="text"/> <input type="text"/> <input type="text"/> code |
| Q 1.3 | Wadi name | _____ <input type="text"/> <input type="text"/> <input type="text"/> code |
| Q 1.4 | Household number | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q 1.5 | Age of the deceased | <input type="text"/> <input type="text"/> <input type="text"/> Years |
| Q 1.6 | Sex of the deceased | 01 Male 02 Female |
| Q 1.7 | What was the marital status of the deceased? | 01 Married 02 Remarried 03 Separated 04 Divorced 05 Widowed 06 Unmarried |
| Q 1.8 | Number of years of formal education of the deceased | <input type="text"/> <input type="text"/> Years |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|--------|--|---|
| Q 1.9 | Highest level of education of the deceased | 01 Less than primary school 02 Primary school completed 03 Secondary school completed 04 High school(or equivalent) completed 05 Collage/pre-university completed 06 Post graduate degree completed 07 None |
| Q 1.10 | Occupation of the deceased | 01 Cultivator 02 Agricultural laborer 03 Livestock, forestry, fishing, hunting and plantation, orchards and allied activities 04 Mining and quarrying 05a Manufacturing, processing, servicing and repairs in household industry other worker 05b Manufacturing, processing, servicing and repairs in other than household industry 06 Construction 07 Trade and commerce 08 Transport, storage and communication 09 Home maker 10 Other services (Specify _____) |
| Q 1.11 | Residence status of deceased | 01 Resident 02 Visitor 03 Passer-by |
| Q 1.12 | Date of Interview: (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

SECTION 2: INDENTIFICATION OF THE RESPONDENT

| | | |
|-------|--|---|
| Q 2.1 | What is the name of the respondent? _____ Permanent ID (If Applicable) <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"/> Current ID (If Applicable) <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"/> | |
| Q 2.2 | Relationship of the respondent to the deceased | 01 Spouse 02 Daughter or Son 03 Son in law or Daughter in law 04 Mother/Father 05 Mother in law /Father in law 06 Brother /Sister 07 Grand parent 08 Other (Specify) _____ |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|--|--|---|
| Q 2.3 | Number of years of formal education of the respondent | <input type="text"/> <input type="text"/> Years |
| Q 2.4 | Highest level of education of the respondent | 01 Less than primary school 02 Primary school completed 03 Secondary school completed 04 High school(or equivalent) completed 05 Collage/pre-university completed 06 Post graduate degree completed 07 None |
| <u>SECTION 3: BACKGROUND INFORMATION ON THE DEATH</u> | | |
| Q 3.1 | Date of the death (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q 3.2 | Where the death event occurred? | Village _____ <input type="text"/> <input type="text"/> <input type="text"/> code |
| Q 3.3 | Where did s/he die? | 01 Public Hospital 02 Private Hospital 03 Home 04 En-route to the Hospital 05 Other (specify) _____ |
| Q 3.4 | Is the death registered with Gram Panchayat? | 01 Yes 02 No |
| Q 3.5 | If the deceased is a woman of childbearing age, please ask whether she met one of the followings | 01 Not Applicable 02 Pregnant 03 Not Pregnant 04 Delivered less than 42 days ago 05 Delivered more than 42 days 06 Aborted |
| Q 3.6 | Was (s) he ill During the 3 weeks before death? | 01 Yes <input type="text"/> <input type="text"/> <input type="text"/> 02 No |
| Q 3.7 | Was (s) he ill for 3 weeks or more before death? | 01 Yes 02 No |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|-----------|--|-----------------------------|
| Q. 4. 2 | Did (s) he die suddenly? | 01 Yes 02 No 99 Don't Know |
| Q. 4. 3 | Did (s) he die during the wet season? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 4 | Did (s) he die during the dry season? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 5 | Was there any diagnosis of Heart disease? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 6 | Was there any diagnosis of Tuberculosis? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 7 | Was there any diagnosis of HIV/AIDS? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 8 | Was there any diagnosis of High Blood pressure? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 9 | Was there any diagnosis of Diabetes? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 10 | Was there any diagnosis of Asthma? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 11 | Was there any diagnosis of Epilepsy? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 12 | Was there any diagnosis of Cancer? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 13 | Was there any diagnosis of Chronic Obstructive Pulmonary Disease (COPD)? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 14 | Was there any diagnosis of Dementia? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 15 | Was there any diagnosis of Depression? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 16 | Was there any diagnosis of Stroke? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 17 | Was there any diagnosis of Sickle cell disease? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 18 | Was there any diagnosis of Kidney disease? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 19 | Was there any diagnosis of Liver disease? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 20 | Was there any diagnosis of Measles? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 21 | Did (s) he have mental confusion? | 01 Yes 02 No 999 Don't Know |
| Q.4. 21.1 | Did (s) he have mental confusion for 3 months or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 22 | Did (s) he have a recent positive test for malaria? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 23 | Did (s) he have a recent negative test for malaria? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 24 | Did (s) he have a fever? | 01 Yes 02 No 999 Don't Know |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|------------|--|--------------------------------|
| Q. 4. 24.1 | Did (s) he have fever for less than 2 weeks before death? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 24.2 | Did (s) he have fever for 2 weeks or more before death? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 25 | Did (s) he have night sweats? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 26 | Did (s) he have a cough? | 01 Yes 02 No 999 Don't Know |
| Q. 4.26.1 | Did (s) he have a cough for less than 2 weeks before death? | 01 Yes 02 No 999 Don't Know |
| Q. 4.26.2 | Did (s) he have a cough for 2 weeks or more before death? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 27 | Was the cough productive with sputum? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 28 | Did (s) he cough up blood? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 29 | Did (s) he have any breathing problem? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 30 | Did (s) he have fast breathing? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 30.1 | Did (s) he have fast breathing for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 30.2 | Did (s) he have fast breathing for 2 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 31 | Did (s) he have breathlessness? | 01 Yes 02 No 999 Don't Know |
| Q. 4 31.1 | Did (s) he have breathlessness for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4 31.2 | Did (s) he have breathlessness for 2 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 32 | Was (s) he unable to carry out daily routines due to breathlessness? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 33 | Was (s) he breathless while lying flat? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 34 | Did (s) he have noisy breathing (grunting or wheezing)? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 35 | Did (s) he have severe chest pain? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 36 | Did (s) he have yellow discoloration of the eyes? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 37 | Did (s) he have diarrhea? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 38 | Did (s) he have diarrhea for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4.39 | Did (s) he have diarrhea for 2 to 4 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 40 | Did (s) he have diarrhea for 4 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 41 | At any time during the final illness was there blood in the stools? | 01 Yes 02 No 999 Don't Know |
| Q. 4. 42 | Did (s) he vomit? | 01 Yes 02 No 999 Don't Know |
| Q. 4.43 | Did (s) he vomit "coffee grounds" or bright red/blood? | 01 Yes 02 No 999 Don't Know |
| Q. 4.44 | Did (s) he have any abdominal problem? | 01 Yes 02 No 999 Don't Know |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|---------|---|-----------------------------|
| Q. 4.45 | Did (s) he have severe abdominal pain? | 01 Yes 02 No 999 Don't Know |
| Q. 4.46 | Did the abdominal pain last for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4.47 | Did the abdominal pain last for 2 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4.48 | Did (s) he have a more than usually protruding abdomen? | 01 Yes 02 No 999 Don't Know |
| Q. 4.49 | Did (s) he have a more than usually protruding abdomen for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4.50 | Did (s) he have a more than usually protruding abdomen for 2 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4.51 | Did (s) he have any lump inside the abdomen? | 01 Yes 02 No 999 Don't Know |
| Q. 4.52 | Did (s) he have a lump inside the abdomen for less than 2 weeks? | 01 Yes 02 No 999 Don't Know |
| Q. 4.53 | Did (s) he have a lump inside the abdomen for 2 weeks or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4.54 | Did (s) he have a severe headache? | 01 Yes 02 No 999 Don't Know |
| Q. 4.55 | Did (s) he have any skin problems? | 01 Yes 02 No 999 Don't Know |
| Q. 4.56 | Did (s) he have any ulcers, abscess or sores anywhere except on the feet? | 01 Yes 02 No 999 Don't Know |
| Q. 4.57 | Did (s) he have any ulcers, abscess or sores on the feet that were not also on other parts of the body? | 01 Yes 02 No 999 Don't Know |
| Q. 4.58 | During the illness that led to death, did (s) he have any skin rash? | 01 Yes 02 No 999 Don't Know |
| Q. 4.59 | Did (s) he have the skin rash for less than 1 week? | 01 Yes 02 No 999 Don't Know |
| Q. 4.60 | Did (s) he have the skin rash for 1 week or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4.61 | Did (s) he have measles rash? | 01 Yes 02 No 999 Don't Know |
| Q. 4.62 | Did (s) he ever have shingles or herpes zoster? | 01 Yes 02 No 999 Don't Know |
| Q. 4.63 | Did (s) he have a stiff or painful neck? | 01 Yes 02 No 999 Don't Know |
| Q. 4.64 | Did (s) he have a stiff or painful neck for less than 1 week? | 01 Yes 02 No 999 Don't Know |
| Q. 4.65 | Did (s) he have a stiff or painful neck for 1 week or more? | 01 Yes 02 No 999 Don't Know |
| Q. 4.66 | Was (s) he unconscious for more than 24 hours before death? | 01 Yes 02 No 999 Don't Know |
| Q. 4.67 | Did the unconsciousness start suddenly (at least within a single day)? | 01 Yes 02 No 999 Don't Know |
| Q. 4.68 | Did (s) he have convulsions? | 01 Yes 02 No 999 Don't Know |
| Q. 4.69 | Did the convulsions last for less than 10 minutes? | 01 Yes 02 No 999 Don't Know |
| Q. 4.70 | Did the convulsions last for 10 minutes or more? | 01 Yes 02 No 999 Don't Know |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

- Q. 4.71 Did (s) he become unconscious immediately after the convulsion? 01 Yes 02 No
999 Don't Know
- Q. 4.72 Did (s) he have any urine problems? 01 Yes 02 No 999 Don't Know
- Q. 4.73 Did (s) he pass no urine at all? 01 Yes 02 No 999 Don't Know
- Q. 4.74 Did (s) he go to urinate more often than usual? 01 Yes 02 No 999 Don't Know
- Q. 4.75 During the final illness did (s) he ever passes blood in the urine? 01 Yes 02 No
999 Don't Know
- Q. 4.76 Did (s) he have noticeable weight loss? 01 Yes 02 No 999 Don't Know
- Q. 4.77 Was (s) he severely thin or wasted? 01 Yes 02 No 999 Don't Know
- Q. 4.78 Did (s) he have mouth sores or white patches in the mouth or on the tongue? 01 Yes 02 No
999 Don't Know
- Q. 4.79 Did (s) he have stiffness of the whole body or was unable to open the mouth? 01 Yes 02 No
999 Don't Know
- Q. 4.80 Did (s) he have any lumps? 01 Yes 02 No 999 Don't Know
- Q. 4.81 Did (s) he have any lumps or lesions in the mouth? 01 Yes 02 No 999 Don't Know
- Q. 4.82 Did (s) he have any lumps on the neck 01 Yes 02 No 999 Don't Know
- Q. 4.83 Did (s) he have any lumps on the armpit? 01 Yes 02 No 999 Don't Know
- Q. 4.84 Did she have an ulcer or swelling in the breast? 01 Yes 02 No 999 Don't Know
- Q. 4.85 Did (s) he have any lumps on the groin? 01 Yes 02 No 999 Don't Know
- Q. 4.86 Did (s) he have swelling (puffiness) of the face? 01 Yes 02 No 999 Don't Know
- Q. 4.87 Did (s) he have both feet swollen? 01 Yes 02 No 999 Don't Know
- Q. 4.88 Did (s) he look pale (thinning/lack of blood) or have pale palms, eyes or nail beds?
01 Yes 02 No 999 Don't Know
- Q. 4.89 Did (s) he drink a lot more water than usual? 01 Yes 02 No 999 Don't Know
- Q. 4.90 Did her/his hair color change to reddish or yellowish? 01 Yes 02 No 999 Don't Know
- Q. 4.91 Did (s) he have paralysis of one side of the body? 01 Yes 02 No 999 Don't Know
- Q. 4.92 Did (s) he bleed from the nose, mouth or anus? 01 Yes 02 No 999 Don't Know
- Q. 4.93 Did (s) he have difficulty or pain while swallowing liquids? 01 Yes 02 No 888 NA
999 Don't Know

FOR MALES SKIP TO SECTION 05. FOR FEMALES CONTINUE WITH NEXT QUESTION

- Q. 4.94 Did she have excessive vaginal bleeding in between menstrual periods? 01 Yes 02 No 888 NA
999 Don't Know
- Q. 4.95 Did her vaginal bleeding stopped naturally during menopause? 01 Yes 02 No 888 NA
999 Don't Know

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

| | | |
|----------|---|---------------------------------------|
| Q. 4.96 | Did she have vaginal bleeding after menopause? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.97 | Was she pregnant, or delivered, within 6 weeks of her death? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.98 | Was she pregnant at the time of death? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.99 | Did she die within 6 weeks of giving birth? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.100 | Did she die 6 weeks within a pregnancy that lasted less than 6 months? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.101 | Was this the woman's first pregnancy? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.102 | Did she have four or more births, including stillbirths, before this pregnancy? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.103 | Did she have any previous Caesarean section? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.104 | Did she die during or after a multiple pregnancy? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.105 | Was she in labor for unusually long (more than 24 hours)? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.106 | Did she die during labor, but undelivered? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.107 | Did she die within 24 hours after delivery? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.108 | Did she give birth to a live, healthy baby within 6 weeks of death? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.109 | Was she breastfeeding at death? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.110 | Did she give birth in a health facility? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.111 | Did she give birth at home? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.112 | Did she give birth elsewhere, e.g. on the way to a facility? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.113 | Did she receive professional assistance during the delivery? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.114 | Did she have a normal vaginal delivery? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.115 | Did she have an assisted delivery, with forceps/vacuum? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.116 | Did she deliver by Caesarean section? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.117 | Did she deliver or try to deliver an abnormally positioned baby? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.118 | Was the baby born more than one month early? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.119 | Did she have an operation to remove her uterus shortly before death? | 01 Yes 02 No 888 NA 999 Don't Know |
| Q. 4.120 | During pregnancy, did she suffer from high blood pressure? | 01 Yes 02 No 888 NA 999 Don't Know |

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

- Q. 4.121 During the last 3 months of pregnancy, did she suffer from convulsions? 01 Yes 02 No
888 NA 999 Don't Know
- Q. 4.122 During the last 3 months of pregnancy did she suffer from blurred vision? 01 Yes 02 No
888 NA 999 Don't Know
- Q. 4.123 Was there excessive vaginal bleeding during pregnancy or after delivery? 01 Yes 02 No
888 NA 999 Don't Know
- Q. 4.124 Was there vaginal bleeding during the first 6 months of pregnancy? 01 Yes 02 No 888 NA
999 Don't Know
- Q. 4.125 Was there vaginal bleeding during the last 3 months of pregnancy but before labor started?
01 Yes 02 No 888 NA 999 Don't Know
- Q. 4.126 Was there excessive vaginal bleeding during labor? 01 Yes 02 No 888 NA 999 Don't Know
- Q. 4.127 Was there excessive vaginal bleeding after delivering the baby? 01 Yes 02 No 888 NA
999 Don't Know
- Q. 4.128 Was the placenta not completely delivered? 01 Yes 02 No 888 NA 999 Don't Know
- Q. 4.129 Did she have foul smelling vaginal discharge during pregnancy or after delivery?
01 Yes 02 No 999 Don't Know
- Q. 4.130 Did she attempt to terminate the pregnancy? 01 Yes 02 No 888 NA 999 Don't Know
- Q. 4.131 Did she recently have a pregnancy that ended in an abortion (spontaneous or induced)?
01 Yes 02 No 888 NA 999 Don't Know

SECTION 5: INJURY/ACCIDENT

- Q. 5.1 Did (s) he suffer from any injury or accident that led to her/his death? 01 Yes 02 No
999 Don't Know
- Q. 5.2 Was it a road traffic accident? 01 Yes 02 No 999 Don't Know
- Q. 5.3 Was (s) he Injured in a non-road transport accident? 01 Yes 02 No 999 Don't Know
- Q. 5.4 Was (s) he Injured in a fall? 01 Yes 02 No 999 Don't Know
- Q. 5.5 Did (s) he die of drowning? 01 Yes 02 No 999 Don't Know
- Q. 5.6 Did (s) he suffer from burns? 01 Yes 02 No 999 Don't Know
- Q. 5.7 Was (s) he subject to violence/assault? 01 Yes 02 No 999 Don't Know
- Q. 5.8 Did (s) he suffer from any plant/animal/insect bite or sting that led to her/his death? 01 Yes 02 No
999 Don't Know
- Q. 5.09 Was (s) he injured by a force of nature? 01 Yes 02 No 999 Don't Know
- Q. 5.10 Was there any poisoning? 01 Yes 02 No 999 Don't Know
- Q. 5.11 Was the injury intentionally inflicted by someone else? 01 Yes 02 No 999 Don't Know
- Q. 5.12 Do you think (s) he committed suicide? 01 Yes 02 No 999 Don't Know

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

Q. 5.13 Did (s) he drink alcohol? 01 Yes 02 No 999 Don't Know

Q. 5.14 Did (s) he smoke tobacco (cigarette, cigar, pipe, etc.)? 01 Yes 02 No 999 Don't Know

SECTION 06: LEADING QUESTION TO ELICIT SIGNS & SYMPTOMS OF THE FINAL ILLNESS

Q. 6.1 Was she married at the time of death? 01 Yes 02 No 888 NA 999 Don't Know

Q. 6.2 Was (s) he adequately vaccinated? 01 Yes 02 No 999 Don't Know

Q. 6.3 Did (s) he receive any treatment for the illness that led to death? 01 Yes 02 No 999 Don't Know

Q. 6.4 Did (s) he receive oral rehydration salts? 01 Yes 02 No 999 Don't Know

Q. 6.5 Did (s) he receives (or need) intravenous fluids (drip) treatment? 01 Yes 02 No 999 Don't Know

Q. 6.6 Did (s) he receive (or need) a blood transfusion? 01 Yes 02 No 999 Don't Know

Q. 6.7 Did (s) he receive (or need) treatment/food through a tube passed through the nose?
01 Yes 02 No 999 Don't Know

Q. 6.8 Did (s) he receive (or need) injectable antibiotics? 01 Yes 02 No 999 Don't Know

Q. 6.9 Did (s) he have (or need) an operation for the illness? 01 Yes 02 No 999 Don't Know

Q. 6.10 Did (s) he have the operation within 1 month before death? 01 Yes 02 No 999 Don't Know

Q. 6.11 Was (s) he discharged from hospital very ill? 01 Yes 02 No 999 Don't Know

Q. 6.12 In the final days before death did (s) he travel to a hospital or health facility?
01 Yes 02 No 999 Don't Know

Q. 6.13 Did (s) he use motorized transport to get to the hospital or health facility?
01 Yes 02 No 999 Don't Know

Q. 6.14 Were there any problems during admission to the hospital or health facility?
01 Yes 02 No 999 Don't Know

Q. 6.15 Were there any problems with the way (s) he was treated (medical treatment, procedures inter-
personal attitudes, respect, dignity) in the hospital or health facility? 01 Yes 02 No 999 Don't Know

Q. 6.16 Were there any problems getting medications, or diagnostic tests in the hospital or health facility?
01 Yes 02 No 999 Don't Know

Q. 6.17 Does it take more than 2 hours to get to the nearest hospital or health facility from the
Deceased's household? 01 Yes 02 No 999 Don't Know

Q. 6.18. In the final days before death, were there any doubts about whether medical care was needed?
01 Yes 02 No 999 Don't Know

Q. 6.19 In the final days before death, was traditional medicine used? 01 Yes 02 No 999 Don't Know

Q. 6.20 In the final days before death, did anyone use a telephone or cell phone to call for help?
01 Yes 02 No 999 Don't Know

Q. 6.21 Over the course of illness, did the total costs of care and treatment prohibit other household
payments? 01 Yes 02 No 999 Don't Know

VADU HEALTH AND DEMOGRAPHIC, SURVEILLANCE SYSTEM

(Vadu- HDSS)

Vadu Rural Health Program KEM Hospital Research Centre Pune

SECTION 07: INTERVIEWER COMMENTS AND OBSERVATIONS

| | | |
|---------|--|---|
| Q. 7. 1 | Language of interview | 01 Marathi 02 Hindi 03 English 04 Other Specify |
| Q. 7. 2 | Interviewer Code (Identification number) | <input type="text"/> <input type="text"/> |
| Q. 7. 3 | Date of the first interview attempt (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q. 7. 4 | Date arranged for second interview attempt (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q. 7. 5 | Date arranged for third interview attempt (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q. 7.6 | Date Interview completed (DD/MM/YYYY) | <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Comments:

Interview End Time: :

Interviewed by: _____ Signature: _____ Date: //

Checked by: _____ Signature: _____ Date: //

Data entry by: _____ Signature: _____ Date: //