

**KEM Hospital Research Centre Pune, Vadu Rural Health Program (VRHP)**  
**Vadu Health and Demographic Surveillance System (Vadu HDSS)**  
**Death Event Form**

Interview start time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
PID		Current Status
<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"/>
Q0001	Household number (In which death occurred)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village                  Wadi                  Household number
Q0002	Does this deceased person permanently belong to Vadu HDSS area?	01 Resident of Vadu HDSS area 02 Visitor to Vadu HDSS area (to any household) 03 Person travelling through Vadu HDSS area (go to Q0005)
Q0003	Name of head of the household	_____
	Village name	_____
	Wadi name	_____
	Landmark	_____
	Phone number	_____
Q0004	Name of the respondent (Respondent should be head of the household or an adult member of the household who has household information)	_____
Q0005	Name of the deceased person	_____
Q0006	Permanent address of the deceased person	Village name _____
		Wadi name _____
Q0007	Place where death occurred	Village name _____
		Wadi name _____

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Q0008	Age of the deceased person	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Year      Month      Days
Q0009	Sex of the deceased person	01 Male 02 Female 03 Other
Q0010	Occupation of the deceased person <i>(Please write the code from Annexure 1 that best describes the occupation)</i>	Code:
Q0011	Marital status of the deceased person	01 Married 02 Re-married ( <i>widow/widower or second marriage</i> ) 03 Separate 04 Divorced ( <i>legally</i> ) 05 Widow/widower 06 Unmarried
Q0012	What was the relationship of the deceased person with you?	01 Self 02 Spouse ( <i>husband/wife</i> ) 03 Son/Daughter 04 Son-in-law/Daughter-in-law 05 Grandson/Grand-daughter 06 Father/Mother 07 Father-in-law/Mother-in-law 08 Brother/Sister 09 Step/Co wife 10 Grandfather/Grandmother 11 Other ( <i>Specify</i> ) _____ 12 No relation, but friends /servants/ paying guest <del>88 Do not know/cannot say</del>
Q0013	Place of death	01 Government hospital 02 Private hospital 03 Home 04 In transit towards hospital 05 Other ( <i>Specify</i> ) _____
Q0014	Date of death	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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		Days    Month    Year
Q0015	Place where death is registered	01 Gram panchayat 02 Corporation 03 Other ( <i>Specify</i> ). _____ 04 So far not registered
Q0016	Cause of death ( <i>Record exactly what the respondent said</i> )	_____ _____
Q0017	Is this death a maternal death? ( <i>Ask this question only if the deceased is a woman who died during pregnancy or at the time of delivery or within 42 days of delivery</i> )	01 Yes 02 No ( <i>If no, stop questioning</i> )
Q0018	If yes,	01 During the pregnancy 02 At the time of delivery 03 Within 42 days of delivery
Interview end time: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/> (24 hrs)		
Interviewer name: _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
Data entry by _____ Signature: _____ Date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		