RGI/CGHR PROSPECTIVE STUDY SRS - VERBAL AUTOPSY FORM orm 10C: Adult death (15 years or older)

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SRS unit number										ι	nique	e form numb	er	3	Т			Т	Т	
Year: 20		1c+ ∐V	c		2n	4 nvc					·									
Year: 20 1st HYS 2nd HYS Name of the head of Identification code																				
the household											head									
Full name of deceased											ficatio	on code								
				Soctio	n 1· De	taile f	or ro	snone	den											
Section 1: Details for respondent and deceased Details of respondent Identification code																				
1. Name of respondent				of respondent																
Relationship of respondent with deceased Nife/Husband Respondent's age in a second seco				o in co	7. Religion of the head															
1. Wife/Husband7. Brother-in-law/4. Respondent's age in completed yearsof the household2. Brother/SisterSister-in-law1. Hindu																				
3. Son/Daughter 5. Respondent's sex 1. Male 2. Female 2. Muslim																				
4. Mother/Father 9. Grandfather/Grandmother 3. Christian 6. What is the highest standard of education the respondent has completed?																				
5. Grandchild 10. Other relative 4. Sixti								nict												
6. Son-in-law/ 99. Unknown 1. Literate, Primary or below 4. Literate, Class XII 6. Jain																				
3. Did the respondent live with the deceased 2. Literate, Middle							4. Literate, Class All													
during the events t					3. L	iterate	e, Mat	tric Cla	8. Other											
1. Yes 2. No 99. Unknown																				
Details of deceased	<u></u>																			
8. Deceased's Sex 1. Male 2. Female 13. Date of death																				
9. Age of Deceased	Years:							13. L	13. Date of death											
					4. How many years did the deceased live at this address?															
1. Wife/Husband			her-in-law/					15. Place of death?												
2. Brother/Sister			er-in-law					1. Home 4. District Hospital 99. Unknown							1					
3. Son/Daughter			nt-in-law	andm	othor			2. On way to health facility 3. PHC/CHC/Rural Hospital 6. Other place												
4. Mother/Father 5. Grandchild	4. Mother/Father 9. Grandfather/Grandmother 10. Other relative																			
6. Son-in-law/		11. Nei	ghbour/No	relati	on			16A. House address of the deceased												
Daughter-in-la		12. Sel		Unkn																
11. What is the highest standard of education the deceased had completed?																				
O. Illiterate and literate with no formal education 1. Literate, Primary or below 4. Literate, Class XII																				
2. Literate, Middle			•					16B.	. PIN	J			П	Т						
2. Literate, Middle 5. Graduate and above 3. Literate, Matric Class-X 99. Unknown					17. What did the respondent think that this person died of?															
12 What was the assumation of the decreased?										naent think th to tell the illne					s)					
1. Nonworker 6. Agricultural wage labour																				
3. Wage earner	2. Salaried 7. Non agricultural wage labour 3. Wage earner 8 Student																			
	4. Profession/Business 9. Other																			
5. Cultivator/farm	5. Cultivator/farmer 99. Unknown																			
Section 2: Past History																				
Had a doctor EVER stated that the deceased had the following diseases?																				
1. Yes						2. No 99. Unknown														
18. Hypertension																				
19. Heart disease																				
20. Stroke																				
21. Cholesterol problem																				
22. Diabetes																				
23. Tuberculosis																				
24. HIV/AIDS																				
25. Cancer (write site in narrative)																				
26. Asthma																				
27. Other chronic illness (specify in narrative)																				
28. Was the deceased	taking any m	nedications	regularly d	uina t	he last fi	ve vea	rs? (Record	d up	to three	in Hin	di or Enalish o	nly).							
28. Was the deceased taking any medications regularly duing the last five years? (Record up to three in Hindi or English only).																				
1.																				
2.					T															
3.	TT			T																

First, ask the following questions for the deceased (First column), and then ask them for the main respondent (Second column)										
Tobacco, alcohol and diet	<u>Deceased (Ask first)</u>	<u>Respondent (Ask second)</u>								
29A. Did s/he smoke tobacco within the last 5 years?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
29B. If yes, how many bidi per day?										
29C. If yes, how many cigarettes per day?										
29D. Any other tobacco smoked?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
30A. Did s/he chew tobacco within the last 5 years?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
30B. Did s/he apply tobacco within the last 5 years?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
31A. Did s/he normally drink alcohol (use local term) at least once a week during most weeks in the last 5 years?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
31B. If yes, what was the average no. of days per week s/he drank?	days OR Unknown	days OR Unknown								
31C. If yes, what type of alcohol was most commonly consumed?	1. Country liquor 3. Indian made foreign liquor 2. Toddy 4. Beer 5. Other	1. Country liquor 3. Indian made foreign liquor 2. Toddy 4. Beer 5. Other								
32. Was s/he a pure vegetarian (consumed no egg, meat or fish) for the last 5 years?	1. Definite Yes 2. Definite No 99. Unknown	1. Definite Yes 2. Definite No 99. Unknown								
For female deaths aged 15-49 ask: 33. Was she either known or suspected to be pregnant or within 42 days of delivery or abortion?										
1. Yes 2. Definite No → If YES to question Q33 then DO NOT complete narrative below. Instead complete Form 10D and copy the Form 10D number here →										
34. Key symptoms (check all that apply, at 1. Fever 3. Breathlessness	5. Weight loss 7. Paralysis/stroke	9. Urinary problems 11. Jaundice								
2. Cough 4. Diarrhoea/dysent	ry 6. Chest pain 8. Oedema (swelling) Section 3: Written narrative in local language	10. Gl tract problems 12. Seizures/fits a 35. Narrative language code								
	Signature/I	mpresion								
Respondent's cooperation: Interviewer name:	1. Good 2. Poor Respon									
Date:	/ Y Y Intervi	ewer Interviewer								