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

3 Unique form number SRS unit number Year: 20 1st HYS 2nd HYS Name of head of Identification code the household of the head Full name of Identification code deceased of the deceased Section 1: Details for respondent and deceased **Details of respondent** Identification code 1. Name of respondent of respondent 2. Relationship of respondent with deceased 7. Brother in law/Sister in law 3. Did the respondent live with the deceased during the events that 1. Wife/Husband led to death? 8. Parent in law 2. Brother/Sister 1.Yes 2. No 9. Unknown 3. Son/Daughter 9. Grandfather/Grandmother 10. Other relative 4. Mother/Father 4. Respondent's age in completed years 5. Grandchild 11. Neighbour/No relation 5. Respondent's sex 1. Male 2. Female 6. Son in law/Daughter in law 99. Unknown **Details of deceased** 10. House address of the deceased (include PIN) 6. Age in years 7. Sex 1. Male 2. Female 8A. For work does s/he have to live away from home? 1.Yes 2. No 9. Unknown 11. How many years did the deceased live at this address? 8B. If yes, how many months a year? 1.Less than one month 3. More than three months 12. Date of death 2. One to three months 13. Place of death? 3. Other place 9. Relationship of deceased to head of household 1. Wife/Husband 8. Parent in law 2. Health facility 9. Unknown 9. Grandfather/Grandmother 14. What did the respondent think this person die of? 2. Brother/Sister (allow the respondent to tell the illness in his or her own words) 3. Son/Daughter 10. Other relative 11. Neighbour/No relation 4. Mother/Father 5. Grandchild 12. Self 6. Son in law/Daughter in law 99. Unknown 7. Brother in law/Sister in law Section 2: Past history Had a doctor EVER stated that the deceased had the following diseases? Unknown 15. Hypertension 16. Heart disease 17. Stroke 18. Diabetes 19. Tuberculosis 20. HIV/AIDS 21. Cancer (write site in narrative) 22. Asthma 23. Other chronic illness (specify in narrative) 24. During the last year, did the weight of the deceased change significantly? 3. Yes, lost significantly (lost 2.5 Kg or more) 1. About same 2. Yes, gained significantly (gained 2.5 Kg or more) 9. Unknown 25. Was the deceased taking any medications regularly during the last five years? (Record up to three in Hindi or English only).

Tobacco, alcohol and diet	(		d then ask ther			
	<u>De</u>	ceased (Ask first)		Resp	ondent (Ask second)	
26A. Did s/he smoke tobacco within the last 5 years?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
26B. If yes, how many bidi per day?						
26C. If yes, how many cigarettes per day?						
26D. Any other tobacco smoked?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
27A. Did s/he chew tobacco within the last 5 years?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
27B. Did s/he apply tobacco within the last 5 years?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
28A. Did s/he normally drink alcohol (use local term)at least once a week during most weeks?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
28B. If yes, normal average no. of days per week drink was taken. (1 to 7, or 9. Unknown)						
29. Was s/he a pure vegetarian (consumed no egg, meat or fish) for last few years?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknow
For female deaths aged 15-49 ask	he following questi	ons. For all others, s	kip to 31			
30A. Was she either known or suspect	ed to be pregnant?		30B. Did s	he die within 42 da	ys of delivery? 1. Ye	s 2. N
1. Yes 2. No			30C. Did s	he die within 42 da	ys of abortion? 1. Yes	s 2.1
If YES to question Q30A, B or C th	en DO NOT comp	lete narrative belo		$\top$		
Instead complete Form 10D and co	opy the Form 10D	number here		24.3	larrative language	
Sec Please describe the symptoms in order or of the investigations if available.	appearance, doctor	consulted or hospitaliz	guage ation, history of	similar episodes, er	nter the results from repor	ts
			Signature/li	mpresion		
Respondent's cooperation:	1. Good	2. Medium 3. Po	or Signature/I		Respondent	
	1. Good		or Signature/li		Respondent	
Interviewer name	1. Good	2. Medium 3. Po	Respon	dent		
	1. Good			dent	Respondent	