RGI/CGHR PROSPECTIVE STUDY
SRS - VERBAL AUTOPSY FORM
Form 10D : Maternal death (females aged 15 to 49 years)

CONFIDENTIAL

SRS unit number

Copy this number on to Form 10C 5

Year : 20

1st HYS 2nd HYS

Name of head of the household

Identification code of the head

Full name of deceased

Identification code of the deceased

1A. Was she pregnant?

1.Yes 2. No 9. Unknown

1B. If yes, how many months?

If woman died within 42 days of delivery/abortion

2A. Did she receive antenatal care during the pregnancy?

1.Yes 2. No 9. Unknown

2B. How many times did she receive antenatal care during the pregnancy?

3. How many days before death did she deliver/abort?

4. Where was the delivery/abortion?

1. Home
2. Health facility
3. Other
9. Unknown

5. Who attended the delivery?

1. Trained traditional birth attendant
2. Untrained traditional birth attendant
3. Midwife/Nurse
4. Allopathic Doctor
5. Ayurvedic/Homeopathic/ Unani Doctor
6. None
7. Other
9. Unknown

If the woman had abortion, skip to Q18

6. Did she have a caesarean delivery?

1.Yes 2. No 9. Unknown

7. Did she have too much bleeding at the beginning of labour pains?

1.Yes 2. No 9. Unknown

8. Did she have too much bleeding during labour (before delivering the baby)?

1.Yes 2. No 9. Unknown

9. Did she have too much bleeding after delivering the baby?

1.Yes 2. No 9. Unknown

10. Did she have prolonged labour >12 hrs?

1.Yes 2. No 9. Unknown

11. Did she have difficulty in delivering the baby?

1.Yes 2. No 9. Unknown

12. Did she have a forceps or vacuum delivery?

1.Yes 2. No 9. Unknown

13. Did she have difficulty in delivering the placenta?

1.Yes 2. No 9. Unknown

14. Did she have fits and loss of consciousness?

1.Yes 2. No 9. Unknown

15. Did she have fits during pregnancy/during labour or after labour?

1.Yes 2. No 9. Unknown

16. Did she have fever?

1.Yes 2. No 9. Unknown

17. Did she have foul smelling discharge?

1.Yes 2. No 9. Unknown

Section 3: Written narrative in local language

18. Narrative language code

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations if available.

Respondent's cooperation: 1. Good 2. Medium 3. Poor

Interviewer name

Code

Date: D D / M M / Y Y

Signature/Impresion

Respondent Respondent

Interviewer Interviewer