

GENERAL INSTRUCTIONS

1. It is better to visit the house about one month after the death so that family is out of the grief and can respond to your questions in a better way.
2. In case, you find that the family member who was present at the time of death is not available, try to postpone the interview till proper respondent is available.
3. Please ask the questions the way in which they are written. Deviations of the statement may elicit improper response.
4. Death investigation forms will not be used for an legal proceedings or for any official enquiry , therefore record the true facts and do not reveal any information to others. Complete confidentiality is to be maintained.
5. Definitions/explanations are provided in an alphabetical order for the terms used in the schedule. They may be referred to for understanding the question.
6. The data is collected through 5 schedules and the appropriate modules. Filling up of the 'Shedule- 0' is mandatory. Depending upon the type of death, the other schedules are chosen.

Still birth..... Schedule -1
Neonatal death (0 to 28 days)..... Schedule -2
Child death(29 days to 5 years)..... Schedule -3
Adult death(5+ years)..... Schedule -4

7. Based on the response to the signs and symptoms preceding death, the cause of death (ICD-10) would be determined using the diagnostic criteria in the Algorithm provided.
8. Ensure that all questions in the module are answered.
9. Fill in the appropriate code or value in the boxes provided.
10. In general, codes are as follows. :

Yes is coded as1 **No** is coded as..... 2
DK (do not know) is coded as ... 8 **NA** (Not applicable) is coded as....9
If values contain more than one box, fill all the boxes with 8's for **DK** and with 9's for **NA**.

11. For any difficulty during data collection please communicate to the PMO.
12. All schedules and modules of a 'death' must be arranged in sequence and tagged securely.

CAUSE OF DEATH BY VERBAL AUTOPSY

Guidelines for the staff during the field survey

Supervisor meet the VAO / Village President / Karnam / Panchayat Assistant in the village and get the list and addresses of deaths occurred from 15-03-2002 till the date of survey

FI identifies the household of the deceased family

FI informs the SRFs, the name and address of the deceased.

SRF contacts the proper respondent of the deceased family and administers the appropriate VA instrument. If there is any difficulty he takes the help of supervisor / Medical Officer

Supervisors check the filled-in schedule on the spot for completeness and consistency.

The Medical Officer should check whether the cause of death elicited is appropriate or not.

The filled-in schedules must be brought to Hqrs once in 15 days.

9.	Name of the deceased:
10.	Name of Husband / Wife / Father :
11.	Name of the investigator : <input data-bbox="1253 390 1334 464" type="text"/> Signature :
12.	Date of the interview <input data-bbox="906 548 987 594" type="text"/> <input data-bbox="990 548 1055 594" type="text"/> <input data-bbox="1058 548 1123 594" type="text"/> <input data-bbox="1127 548 1192 594" type="text"/> <input data-bbox="1195 548 1260 594" type="text"/> <input data-bbox="1263 548 1328 594" type="text"/>
13	Result : <input data-bbox="1237 688 1334 762" type="text"/> 1.Completed 2.Respondent not available 3.Refused 4.Partially Completed
14	This death schedule consists ofpages. (Fill in this column at the end of the interview.)
15	checked by:(supervisor's name): <input data-bbox="1237 1052 1334 1125" type="text"/> Signature :
16	Cause of death assigned (ICD-10) <input data-bbox="1036 1199 1117 1245" type="text"/> <input data-bbox="1120 1199 1185 1245" type="text"/> <input data-bbox="1188 1199 1253 1245" type="text"/> <input data-bbox="1256 1199 1321 1245" type="text"/>
17.	Signature of M.O. Date : <input data-bbox="883 1402 948 1449" type="text"/> <input data-bbox="951 1402 1016 1449" type="text"/> <input data-bbox="1019 1402 1084 1449" type="text"/> <input data-bbox="1088 1402 1153 1449" type="text"/> <input data-bbox="1156 1402 1221 1449" type="text"/> <input data-bbox="1224 1402 1289 1449" type="text"/>

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 0

MODULE : 02 (Socio-Economic Data)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	Religion : 1.Hindu 2.Muslim 3.Christian 4.Others	
2.	Caste: 1.Scheduled Caste 2.Scheduled Tribe 3.Backward 4.Others	
<u>For still birth / neonatal death / child death</u>		
3	Education of..... Mother 1.Illiterate 2.Primary 3.Middle 4.Secondary / Higher Sec 5.College 9.NA <input style="width: 40px; height: 20px;" type="text"/>	Father <input style="width: 40px; height: 20px;" type="text"/>
4.	Occupation of..... Mother 1.House Wife /Household Work 2.Unskilled worker 3.Skilled Worker 4.Cultivator 5.Own Business 6.Service 7.Others 9.NA <input style="width: 40px; height: 20px;" type="text"/>	Father <input style="width: 40px; height: 20px;" type="text"/>
<u>For adult death(5+years)</u>		
5	Education of.....deceased 1.Illiterate 2.Primary 3.Middle 4.Secondary / Higher Sec 5.College 9.NA <input style="width: 40px; height: 20px;" type="text"/>	Spouse <input style="width: 40px; height: 20px;" type="text"/>
6	Occupation of..... deceased <input style="width: 40px; height: 20px;" type="text"/> 1.House Wife /Household Work 2.Unskilled worker 3.Skilled Worker 4.Cultivator 5.Own Business 6.Service 7.Others 9.NA	Spouse <input style="width: 40px; height: 20px;" type="text"/>

IDNO :

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Q.No	Questions and filters	Code
7.	Type of House (the one staying in) 1.Kutcha 2.Pucca 3.Semi Pucca	
8.	Separate room as Kitchen 1.Yes 2.No	
9.	Toilet facilities 1.Open field 2.Own flush toilet 3.Public flush toilet 4.Own Pit toilet 5.Public Pit toilet 6.Others	
10.	Electricity Connection 1.Yes 2.No	
11.	Source of Drinking Water 1.Well 2. Pond 3. Hand Pump 4.Tap Water	
12.	Drainage in front of the house 1.Open and Stagnant 2.Open & Running 3.Closed 4.No Drainage system	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 0

MODULE : 03 (Background Characteristic /History of final Illness)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code						
1.	Sex of the deceased 1.Male 2.Female 3.Undetermined							
2.	Date of death <table border="1" style="display: inline-table; border-collapse: collapse; vertical-align: middle;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>							
3.	Place of death 1.Home 2.Nursing / Maternity home 3.Private Hospital 4.Government Hospital(CHC,PHC) 5.Others							
4.	Unprompted History of final illness (How did the person die?) (Write an account of final illness in respondents own words)							
5.	Symptom / Condition (in Chronological order) SNO Symptom / condition Total Duration 1. 2. 3. 4. 5.							

**CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 0

MODULE : 04 (Person Interviewed)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code					
1.	Person interviewed 1.Mother 2.Father 3.Husband 4.Wife 5.Son 6.Daughter 7.Brother 8.Sister 9.others						
2.	Was the respondent with the deceased? 1.Yes 2.No 8.DK						
3.	Respondents view of cause of death						
4.	Was the deceased shown in any hospital / clinic immediately before death? 1.Yes 2.No 8.DK						
5.	Cause of the death based on any hospital / physician records , if available						
6.	Is the death registered? 1.Yes 2.No 8.DK						
7.	What was the cause of the death on the death certificate? <table border="1" style="display: inline-table; border-collapse: collapse; margin-left: 20px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>						

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI
Still birth**

SCHEDULE: 1

MODULE : 01(Background /Characteristic of Baby)

State:

District:

Zone:

IDNO :

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Village:

Characteristic Of The Baby

Q.No	Questions and filters	Code		
1.	Age of mother (Completed Years)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
2.	Who conducted the delivery? 1.Trained Dai 2.Untrained Dai 3.FHW/FHS/ANW/HV 4.Nurse 5.Doctor 6.Others	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
3.	How many ,babies were born? 1.SINGLE 2.TWINS 3. >2+CONJOINTS / SEPARATE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
4.	How many weeks of pregnancy were completed at the time of delivery? With LMP AS 'ZERO'	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
5.	In your opinion how much was the weight of the baby? 1.NORMAL 2.LOW 3.VERY LOW 8.DK	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
6.	In your Opinion what was the size of the baby ? 1.NORMAL 2.SMALL 3.LARGE 8.DK	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
7.	Any abnormality noticed in the baby? 1.YES 2.NO 8.DK (If No or DK skip to Q.No.15)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
8.	SMALL HEAD 1.YES 2. NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
9.	CLEFT LIP /OR PALATE 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
10.	LIMB DEFECT 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
11.	EYE DEFECT 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
12.	SPINE DEFECT 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
13.	ABNORAMAL GENITALIA 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
14.	OTHERS - SPECIFY 1.YES 2.NO 9.NA	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

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Problems during pregnancy and delivery (Latest Pregnancy)

Q.No	Questions and filters	Code
15.	Did mother of the baby look pale or White? 1.YES 2.NO 8.DK	
16.	Did mother of the baby have swelling of feet or face or both? 1.FEET 2.FACE 3.BOTH 4.NONE	
17.	Did the mother feel breathless while doing household chores? 1.YES 2.NO 8.DK	
18.	Was blood of mother tested anytime ? 1.YES 2.NO 8.DK	
19.	What was told? 1.ANEMIA 2.LESS BLOOD 3.BLOOD TRANSFUSION NEEDED 4.NORMAL 5.SPECIAL ADVICE 8.DK 9.NA	
20.	Did the mother have persistent headache frequently ? 1.YES 2.NO 8.DK	
21.	Did the mother have blurring of vision ? 1.YES 2.NO 8.DK	
22.	Was blood pressure of the mother recorded ? 1.YES 2.NO 8.DK	
23.	How much was the blood pressure ? 1.NORMAL 2.HIGH 3.LOW 8.DK 9.NA	
24.	Did the mother have fits? 1.YES 2.NO 8.DK 9.NA	
25.	Did the mother ever have fits prior to pregnancy? 1.YES 2.NO 8.DK 9.NA	
26.	Did mother have fever in pregnancy? 1.YES 2.NO 8.DK 9.NA	

IDNO :

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Q.No	Questions and filters	Code
27.	In which month of pregnancy she had fever ?	
28.	What was the severity of fever ? 1.MILD 2.MODERATE 3.HIGH 8.DK 9.NA	
29.	Was there bleeding from vagina during pregnancy? 1.YES 2.NO 8.DK	
30.	How long in hours did bleeding persist?	<input type="text"/>
31.	Did bag of water rupture before onset of labor pains? 1.YES 2.NO 8.DK	
32.	What was the period in <u>hours</u> between onset of labor & delivery?	<input type="text"/>
33.	Did foetal movements stop before onset of labour pain? 1.YES 2.NO 8.DK	
34.	Did baby get stuck during delivery? 1.YES 2.NO 8.DK	
35.	Whether any delivery manipulation was done? 1.YES 2.NO 8.DK	
36.	What manipulation was done ? 1.MANUAL MANIPULATION 2. INSTRUMENTATION 3.OPERATION 9.NA	
37.	Whether there was mal presentation? 1.YES 2.NO 8.DK	
38.	What was the mal presentation ? 1.BREECH 2.CORD 3.SHOULDER 4.HAND /FOOT 9.NA	
39.	Did she have an accident/injury? 1.YES 2.NO 8.DK	
40.	What type of accident/injury did she have? 1.BURNS 2.TRAFFIC ACCIDENT 3.FALL FROM HEIGHT 4.OTHERS Specify 9.NA	
41.	Any other trouble or problem ? 1.YES Specify 2.NO 8.DK	
42.	Did the mother have any significant problem before pregnancy ? 1.YES Specify 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

Neonatal – 0-28 days

SCHEDULE:2

MODULE :01(background / characteristic of child)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code								
1.	Age of mother (completed years)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
2.	Date of birth/ delivery If not available write 8's	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
3.	Time of birth/ delivery If not available write 8's	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
4.	Place of birth/ delivery 1.Home 2.Nursing / Maternity home 3.Private Hospital 4.Government hospital(CHC,PHC) 5.Others									
5.	Age at death in completed days (day of birth should be considered as Zero.)	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>								
6.	Who conducted the delivery ? 1.Trained Dai 2.Untrained Dai 3.FHW/FHS/ANW/HV 4.Nurse 5.Doctor 6.Others									

IDNO :

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PROBING QUESTIONS OF SIGNS & SYMPTOMS PRECEDING DEATH

Q.No	Questions and filters	Code
7.	How many, babies were born? 1.SINGLE 2.TWINS >2+CONJOINTS / SEPARATE	
8.	How many weeks of pregnancy were completed at the time of delivery? With LMP considered as 'ZERO'	
9.	Did the child cry immediately after birth?(within 3 min.) 1.YES 2.NO 8.DK	
10.	Was the cry of child feeble? 1.YES 2.NO 8.DK	
11.	Was the child breathing properly at 5 minutes after birth? (VERY SLOW GASPING =NO i.e. CODE 2) 1.YES 2.NO 8.DK	
12.	Was the child moving limbs at birth ? 1.YES 2.NO 8.DK	
13.	What was the colour of the baby at birth ? 1.PINK 2.BLUE 3.PALE 8.DK	
14.	Did the child have bruises at birth ? 1.YES 2.NO 8.DK	
15.	Was the baby limp/flaccid after birth? 1.YES 2.NO 8.DK	
16.	How many days after birth baby became limp flaccid?	
17.	In your opinion how much was the weight of the baby? 1.NORMAL 2.LOW 3.VERY LOW 8.DK	
18.	Any physical abnormality seen in the baby ? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
19.	Small head 1.Yes 2.No 8. DK 9.NA	
20.	Was Cleft Lip /Palate seen in the baby ? 1.Yes 2.No 8. DK 9.NA	
21.	Was Limb defect seen in the baby ? 1.YES 2.NO 8.DK 9.NA	
22.	Was Eye defect seen in the baby ? 1.YES 2.NO 8.DK 9.NA	
23.	Was Spine defect seen in the baby ? 1.YES 2.NO 8.DK 9.NA	
24.	Was Abnormal genitalia seen in the baby ? 1.YES 2.NO 8.DK 9.NA	
25.	Others (specify) 1.specified 9.NA	
26.	Did the child die due to some accident ? 1.YES 2.NO 8.DK 9.NA	
27.	Baby died of which accident ? 1.BURNS 2.POISONING 3.MOTOR ACCIDENT 4.FALL FROM HEIGHT 5.FOREIGN BODY INHALATION 6.OTHERS - Specify 9.NA	
28.	Did the child have fits ? 1.YES 2.NO 8.DK	
29.	How many days after birth did child have convulsion?	
30.	Was the child very drowsy/ unconscious prior to death? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
31.	How many days after birth baby became unconscious/drowsy?	
32.	Did the child have elongation or swelling over the skull at birth? 1.YES 2.NO 8.DK	
33.	Were any of the limbs not moving/ broken at birth ? 1.YES 2.NO 8.DK	
34.	Was the baby able to take feed after birth'? 1.YES 2.NO 8.DK	
35.	Did body of the child become stiff / arched backward? 1.YES 2.NO 8.DK	
36.	Did the child have lock jaw? 1.YES 2.NO 8.DK	
37.	Did the child stop sucking prior to death ? 1.YES 2.NO 8.DK 9.NA	
38.	On which day after birth, child stopped sucking?	
39.	Did the child have cough/respiratory problems? 1.YES 2.NO 8.DK	
40.	Did the child have Rapid breathing 1.YES 2.NO 8.DK	
41.	Did the child have Severe chest in drawing 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
42.	Did the child have Noisy breathing 1.YES 2.NO 8.DK	
43.	Did the child have long bouts of cough? 1.YES 2.NO 8.DK	
44.	Did child's face turn red or blue at the time of bout of cough? 1.YES 2.NO 8.DK	
45.	Had Vomiting ? 1.YES 2.NO 8.DK	
46.	Had any difficulty in taking feeds/milk due to repeated cough or vomiting? 1.YES 2.NO 8.DK	
47.	Did child have loose motions? 1.YES 2.NO 8.DK	
48.	Were the stools loose or watery? 1.YES 2.NO 8.DK 9.NA	
49.	Was there blood or mucus in the loose stools? 1.YES 2.NO 8.DK 9.N.A	
50.	What was the maximum number of stools/24 hours on worse diarrhoea day?	
51.	For how many days the child had loose motions?	
52.	Was fontanelle depressed? 1.YES 2.NO 8.DK	
53.	Was the fontanelle of the child bulging'?' 1.YES 2.NO 8.DK	

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Q.No	Questions and filters	Code
54.	Were eyes sunken? 1.YES 2.NO 8.DK	
55.	Did child pass urine normally per 24 hours? 1.NORMAL 2.LESS 3.NO URINE 8.DK	
56.	Was the child cold before death? 1.YES 2.NO 8.DK.	
57.	How many hours before death the child became cold? (nearest to the hour)	
58.	Which part of body was cold ? 1.HEAD 2.CHEST & ABDOMEN 3.LIMBS 9.NA	
59.	Did the child have fever? 1.YES 2.NO 8.DK	
60.	Was the child very drowsy or unconscious? 1.YES 2.NO 8.DK	
61.	Did child have pustules/ear discharge? 1.YES 2.NO 8.DK	

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Q.No	Questions and filters	Code
62.	Did anybody in the family have TB ? 1.YES 2.NO 8.DK	
63.	Were there rashes on the body of the child? 1.YES 2.NO 8.DK	
64.	Did child have swelling or pus discharge from umbilicus? 1.YES 2.NO 8.DK	
65.	Did the child have distention of abdomen? 1.YES 2.NO 8.DK	
66.	Did child' s skin turn yellow in first 24 hours? 1.YES 2.NO 8.DK	
67.	Were the sole of feet yellow at any time during the illness? 1.YES 2.NO 8.DK	
68.	Was the baby able to take feed after birth? 1.YES 2.NO 8.DK	
69.	Any other trouble or problem before death? 1.YES 2.NO 8.DK	
70.	If yes, specify. 1. specified 9. NA.	
71.	Did the baby die suddenly without obvious reasons? 1.YES 2.NO 8.DK	

IDNO :

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Problems in pregnancy and delivery

Q.No	Questions and filters	Code
72.	Did mother of the baby look pale or white during pregnancy ? 1.YES 2.NO 8.DK	
73.	Was she having breathlessness while doing household chores? 1.YES 2.NO 8.DK	
74.	Did she have swelling of feet or face or both ? 1.FEET 2.FACE 3.BOTH 4.NEITHER 8..DK	
75.	Was blood tested any time? 1.YES 2.NO 8.DK	
76.	What was told? 1.ANEMIA 2.LESS BLOOD 3.BLOOD TRANSFUSION NEEDED 4.NORMAL 8.DK 9 NA	
77.	Did she complain of persistent headache frequently? 1.YES 2.NO 8.DK	
78.	Did she have blurring of vision? 1.YES 2.NO 8.DK	
79.	Was blood pressure recorded? 1.YES 2.NO 8.DK	
80.	How much was the blood pressure? 1.NORMAL 2.LOW 3.HIGH 4.VERY HIGH 8.DK 9 NA	
81.	Did the mother have fits? 1.YES 2.NO 8.DK 9.NA	

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Q.No	Questions and filters	Code		
82.	Did the mother ever have fits prior to pregnancy? 1.YES 2.NO 8.DK			
83.	Was there vaginal bleeding during pregnancy? 1.YES 2.NO 8.DK			
84.	In which month of pregnancy there was vaginal bleeding?			
85.	How much was the bleeding? 1.SPOTTING ONLY 2.PROFUSE 8DK 9.NA			
86.	Did bag of water rupture before onset of labour pains? 1.YES 2.NO 8.DK			
87.	What was the period in hours between onset of labour & delivery?	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table>		
88.	Did baby get stuck during delivery? 1.YES 2.NO 8.DK			
89.	Whether any delivery manipulation was done? 1.YES 2.NO 8.DK			
90.	What manipulation was done? 1.MANUAL MANIPUALTION 2.INSTRUMENTATION 3.OPERATION 9.NA			
91.	Whether there was head presentation ? 1.YES 2.NO 8.DK			
92.	What was the presentation? 1.BREECH 2.CORD 3.SHOULDER 4.HAND /FOOT 9.NA			
93.	Did the mother get tetanus immunization during pregnancy? 1.YES 2.NO 8.DK			

IDNO :

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Q.No	Questions and filters	Code			
94.	How many doses of tetanus were given during pregnancy ? 1.ONE DOSE 2.TWO DOSES				
95.	In which month of pregnancy previous dose was given?				
96.	What was the interval months between the doses?				
97.	Did she receive IFA tablets? 1.YES 2.NO 8.DK				
98.	How many tablets were received? <table border="1" style="display: inline-table; vertical-align: middle;"> <tr> <td></td> <td></td> <td></td> </tr> </table>				

Post-delivery care of new born

Q.No	Questions and filters	Code
99.	Was delivery room warmed? 1.YES 2.NO 8.DK	
100.	Which instrument was used for cord cutting? 1.BLADE – NEW 2.BLADE – OLD 3.KNIFE 4.SCISSORS 5.CORD CARE KIT BLADE 6.OTHERS Specify 8.DK	
101.	Was cord-cutting instrument boiled ? 1.YES 2.NO 8.DK	
102.	What was applied on cord on the day of delivery? 1.OIL 2.TURMERIC 3.NONE 4.OTHER 8.DK	
103.	Was baby wiped dry soon after birth ? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code		
104.	Was baby wrapped in clothes? 1.YES 2.NO 8.DK			
105.	Was the baby given bath after delivery? 1.YES 2.NO 8.DK			
106.	How many hours after birth baby was bathed?	<table border="1"><tr><td></td><td></td></tr></table>		
107.	Was baby breast - fed? 1.YES 2.NO 8.DK			
108.	How many hours after birth first breast – feed was given?	<table border="1"><tr><td></td><td></td></tr></table>		
109.	Was colostrum given ? 1.YES 2.NO 8.DK 9 NA			
110	Was any milk other than breast milk given ? 1.YES 2.NO 8.DK			
111.	How the milk other than breast milk was given ? 1.Bottle 2. Spoon 3. Others Specify 9.NA			
112.	Was water given to the baby ? 1.YES 2.NO 8.DK			
113.	Was pre – lacteal feed given to the baby ? 1.YES 2.NO 8.DK			

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

CHILD DEATH (29 DAYS – 5 YRS)

SCHEDULE: 3

MODULE : 01 (Background /characteristics of baby)

State:

District:

Zone:

IDNO

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Village:

QNO	Questions and filters	Code								
1.	Age of mother (Completed Years)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
2.	Date of Birth	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>								
3.	Age at death (in months)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 40px; height: 20px;"></td> </tr> </table>								
4.	<p>How many weeks of pregnancy completed at the time of birth ? (if child is <12 months)</p> <p>1 < 28 wks 2. 28- 36 wks 3. >37 wks 8 DK 9. NA</p>									
5.	<p>At birth what was the size of the child ? (if child is <12 months)</p> <p>1. Normal 2.Small 3. Large 8.DK 9.N.A</p>									

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

CHILD DEATH (29 DAYS to < 5 YRS)

SCHEDULE: 3

MODULE : 02 (Probing questions of signs /symptoms)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code	Module to fill
Was death associated with any of the following ? CODE : YES -1 NO -2 Complete all Q.Nos in this module , then fill modules for which the code is 1.(YES)			
1.	Accident or Injury		03
2.	Fever		04
3.	Rash over body		05
4.	Not gaining weight /loss of weight / lean and thin		06
5.	Respiratory problem		07
6	Loose motion >2 in a day and night		08
7.	Convulsions /drowsiness / unconsciousness		09
8.	Yellow colourisation of eyes /Jaundice		10
9.	Pale grey / white colourisation of baby		11
10.	Progressively enlarging head		12
11.	Swelling or mass in any part of baby		13

No. of Modules filled in

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**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

Module – 03 (Accidents and injuries)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	What was the type of accident/ injury? 1.VEHICULAR ACCIDENT 2.DROWNING 3. BURNS 4. FALL 5.WOUNDS 6.SNAKE BITE 7.POISONING 8.FOREIGN BODY INHALATION 9.OTHERS (SPECIFY)	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

Module – 04 (Fever)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	What was the grade of fever? 1.LOW 2.MODERATE 3.HIGH 8DK	
2.	What was the nature of fever? 1.CONTINUOUS 2.INTERMITTENT 3.REMITTENT 8.DK	
3	Was the fever more in the evening? 1.YES 2.NO 8.DK	
4.	Was fever associated with chills and shivers? 1.YES 2.NO 8.DK	
5	Was there reduced feeding due to refusal by the child ? 1.YES 2.NO 8.DK	
6	Was there bleeding from body openings like nose, mouth (including gums) etc accompanied by fever? 1.YES 2.NO 8.DK	
7	Was fever accompanied by any rash over the skin? 1.YES 2.NO 8.DK	
8	Did the child have white/gray coating of the tongue ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3 MODULE : 05 (Rashes over body)

State: District:

Zone: IDNO

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Village:

Q.No	Questions and filters	Code
1.	Did the child complete 6 or more months of age at the time of appearance of the rashes? 1.YES 2.NO 8.DK	
2.	Where did the rash appear first? 1.FACE 2.NECK 3. STOMACH 4.OTHER (specify)	
3.	How did the rash look like? 1.SIGAPPU PARUPPU 2. VARYING SIZE BLEBS 3. OTHER (specify)	
4.	How long did the rash last? 1.UP TO 3 DAYS 2.>3 DAYS 8 DK	
5.	Did the rash appear after onset of fever ? 1.YES 2.NO 8.DK	
6.	Was rash accompanied by red eyes? 1.YES 2.NO 8.DK	
7.	Was rashes filled with water (like pox)? 1.YES 2.NO 8.DK	
8.	Were the rashes in different shapes and sizes present all over the body? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3 MODULE : 06 (Weight loss)

State: District:

Zone: IDNO

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Village:

Q.No	Questions and filters	Code
1.	Was the child growing properly especially in the last 4 months? 1.YES 2.NO 8.DK	
2.	when the child developed swelling over both feet? 1.WITH IN 3 DAYS 2. >3 DAYS 8. DK 9.NA	
3.	For how long was the child breast-fed? 1. NOT BREAST FED 2. < 6 MONTHS 3. >= 6 MONTHS 8. DK	
4.	When was the top milk introduced ? 1.NOT INTRODUCED 2. IN .FIRST 3 MONTHS 2. 3-6 MONTHS 8 DK	
5.	At what age was food or semi -solids introduced? 1. NOT INTRODUCED 2. < 9 MONTHS 3. >= 9 MONTHS 8. DK	
6.	How was the child's food intake throughout the last one month before death'? 1. NORMAL 2 POOR / LESS 8.DK	
7.	Did the child suffer from measles or whooping cough in 3 months before death? 1.YES 2.NO 8.DK	
8.	Was the child healthy or falling sick repeatedly during last 3 months? 1.HEALTHY 2. SICK 8.DK	

IDNO

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Q.No	Questions and filters	Code
9.	Did the child have repeated episodes of diarrhoea? 1.YES 2.NO 8.DK	
10.	In the last 3 months, did any episode of diarrhoea last more than 2 weeks? 1.YES 2.NO 8.DK	
11.	Did the child show interest in playing? 1.YES 2.NO 8.DK	
12.	Was the child night-blind? 1.YES 2.NO 8.DK	
13.	Did the child rapidly lose vision due to corneal opacity in both eyes. 1.YES 2.NO 8.DK	
14.	Was there illness "Satavi / Sukha Kuposhan" (local term for malnutrition [Nonjan in tamil])? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE :0 7 (Respiratory problem)

State:

District:

Zone:

IDNO

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Village:

QNO	Questions and filters	Code		
1.	Did the child have cough or breathless? 1.YES 2.NO 8.DK			
2.	How long did the child have cough or breathless? 1. < 24 HOURS 2. 24 HOURS TO 15 DAYS 3 > 15 DAYS 8 DK 9 NA			
3.	Did the child have fast breathing? 1.YES 2.NO 8.DK			
4.	How long did the child have fast breath ? MONTHS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	DAYS	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
5.	Was there chest in-drawing (allu maantham)? 1.YES 2.NO 8.DK			
6.	Did the child have noisy breathing (grunt)? 1.YES 2.NO 8.DK			
7.	Did the child have long bouts of cough? 1.YES 2.NO 8.DK			
8.	Did the child's face turn red or blue at the time of bout of cough? 1.YES 2.NO 8.DK 9.NA			

IDNO

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Q.No	Questions and filters	Code				
9.	Was there "Hoo" sound while breathing in at the end of bout of cough? 1.YES 2.NO 8.DK					
10.	Was the child unable to take food/milk due to repeated cough or vomiting? 1.YES 2.NO 8.DK					
11.	Did the child have "whooping cough"(kakuvaai irumal)? 1.YES 2.NO 8.DK					
12.	Did the child come in contact with some other child with whooping cough or was there-an epidemic of whooping cough in the village? 1.YES 2.NO 8.DK					
13.	Were all three doses of DPT vaccine given? 1.YES 2.NO 8.DK					
14.	Did the child's lips and body turn blue before death? 1.YES 2.NO 8.DK					
15.	How long before death? (Hours) 88-DK 99-NA	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE : 08 (Loose motions)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	How many times (maximum number in a day and night) did the child pass loose motions?	
2.	Was there blood or mucous in stools? 1.YES 2.NO 8.DK	
3.	For how many days the child had loose motions ? 1.< 15 DAYS 2. >= 15 DAYS 8.DK	
4.	Were stools watery/liquid in consistency? 1.YES 2.NO 8.DK	
5.	Was the child vomiting? 1.YES 2.NO 8.DK	
6.	How was the child's thirst? 1.THIRSTY 2.NOT THIRSTY 8.DK	
7.	Were the eyes sunken? 1.YES 2.NO 8.DK	
8.	How was the fontanelle? 1.DEPRESSED 2. NOT DEPRESSED 8 DK	
9.	How was urine volume? 1.NORMAL 2. LESS OR NIL 8.DK	
10.	What was the urine color? 1.DEEP YELLOW/DARK 2. NORMAL 8 DK	
11.	Was the child given fluids /milk during diarrhoea / loose motions? 1.YES 2.NO 8.DK	
12.	Was fluid given in plenty or restricted? 1.PLENTY 2. RESTRICTED OR NIL 8.DK 9.NA	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE : 09 (Convulsions)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	Did the child pass urine at the time of convulsions? 1.YES 2.NO 8.DK	
2.	Did the convulsions involve whole body or only parts of the body? 1.WHOLE BODY 2. FEW PARTS OF THE BODY 8 DK	
3.	Did the child have loss of consciousness at the time of convulsions? 1.YES 2.NO 8.DK 9.NA	
4.	Did the child regain consciousness within ½ an hour? 1.YES 2.NO 8.DK	
5.	Did the child have discharge from ear? 1.YES 2.NO 8.DK	
6.	Was child's neck stretched behind and stiff? 1.YES 2.NO 8.DK	
7.	Did the child have bouts of vomiting? 1.YES 2.NO 8.DK	
8.	Was the fontanelle of the child bulging? 1.YES 2.NO 8.DK	
9.	Was the child able to open the mouth for feed ? 1.YES 2.NO 8.DK	

IDNO

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Q.No	Questions and filters	Code
10.	Did the child refuse feed? 1.YES 2.NO 8.DK	
11.	Did anybody in the family have tuberculosis of the chest? 1.YES 2.NO 8.DK	
12.	Did the child suffer from paralysis of any body parts? 1.YES 2.NO 8.DK	
13.	Did child recover from paralysis ? 1.YES 2.NO 8.DK	
14	Which part of the body was affected? 1.WHOLE BODY 2. FEW PARTS OF THE BODY 8 DK 9. NA	
15.	Was the paralysis progressive in nature to involve major parts of the body? 1.YES 2.NO 8.DK	
16.	Did the child suffer from respiratory distress? 1.YES 2.NO 8.DK	
17.	Did the child receive injection at the time of fever ? 1.YES 2.NO 8.DK	
18.	Did paralysis occur after injection? 1.YES 2.NO 8.DK	
19.	Was the child suffering from poliomyelitis? 1.YES 2.NO 8.DK	
20.	Was there any history of dog bite ? 1.YES 2.NO 8.DK	
21.	Did the child refuse to take water due to fear? 1.YES 2.NO 8.DK 9. NA	
22.	Did the child receive injections for the dog bite ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3 MODULE : 10 (Yellowness of eyes)

State: District:

Zone: IDNO

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Village:

Q.No	Questions and filters	Code
1.	Did the child pass chalky white Stools? 1.YES 2.NO 8.DK	
2.	What was the colour of urine? 1.NORMAL 2.YELLOW 3 DARK YELLOW 8 DK	
3.	Was there enlargement of liver? 1.YES 2.NO 8.DK	
4.	Was it accompanied by distension of abdomen? 1.YES 2.NO 8.DK	
5.	Was there an epidemic of "jaundice" at the time of illness? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE : Module - 11 (Paleness of body)

State:

District:

Zone:

IDNO

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Village:

QNO	Questions and filters	Code
1.	Was the child lethargic? 1.YES 2.NO 8.DK	
2.	Was there enlargement of liver or swelling in upper right abdomen? 1.YES 2.NO 8.DK	
3.	Was growth of the child retarded? 1.YES 2.NO 8.DK	
4.	Did the child have bossing of head , prominent cheeks & puffy eyes? 1.YES 2.NO 8.DK	
5.	Did the child receive frequent blood transfusion? 1.YES 2.NO 8.DK	
6.	Did the child suffer from episodic pains all over the body especially in abdomen? 1.YES 2.NO 8.DK	
7.	Was the child diagnosed to have thalassemia? 1.YES 2.NO 8.DK	
8.	Was the diagnosis sickle cell disease? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE : Module - 12 (Enlarged head)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	Did the child have vomiting in morning ? 1.YES 2.NO 8.DK	
2.	Did the child have involuntary regular eyeball movement from side to side or up and down? 1.YES 2.NO 8.DK	
3.	Was the child irritable? 1.YES 2.NO 8.DK	
4.	Was fluid removed from the spine? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 3

MODULE : Module - 13 (Swelling)

State:

District:

Zone:

IDNO

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Village:

Q.No	Questions and filters	Code
1.	Was the swelling noticed in the neck? 1.YES 2.NO 8.DK	
2.	Was the swelling painful? 1.YES 2.NO 8.DK	
3.	Was it accompanied by abdominal distension? 1.YES 2.NO 8.DK	
4.	Was it accompanied by difficulty in breathing? 1.YES 2.NO 8.DK	
5.	Did the child have mass or lump in the abdomen? 1.YES 2.NO 8.DK	
6.	Did the child have night sweating? 1.YES 2.NO 8.DK	
7.	Was swelling present on leg near knee Joint ? 1.YES 2.NO 8.DK	
8.	Was it painful? 1.YES 2.NO 8.DK 9.NA	
9.	Was it progressively increasing in size? 1.YES 2.NO 8.DK 9. NA	
10.	Was swelling present on one side of the face or on head? 1.YES 2.NO 8.DK	

IDNO

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Q.No	Questions and filters	Code
11.	Could the child take feeds? 1.YES 2.NO 8.DK	
12.	Was progressive scrotal swelling present? 1.YES 2.NO 8.DK 9.NA	
13.	Was there protruding rounded mass from the vagina? 1.YES 2.NO 8.DK 9.NA	
14.	Did the child's urine contain blood? 1.YES 2.NO 8.DK	
15.	Did the child have unilateral protruding eye? 1.YES 2.NO 8.DK	
16.	Was the child suffering from cancer? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

DEATH: 5+ YEARS

SCHEDULE: 4

MODULE : 00 (Probing questions of signs /symptoms)

State:

District:

Zone:

IDNO

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Village:

01.Age of the deceased in completed years :

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Q.No	Questions and filters	Code	Module to fill
Was death associated with any of the following ? CODE : YES -1 NO - 2 Complete all Questions in this module , then fill modules for which the code is 1(YES)			
1.	Accident or Injury		01.
2.	Fever		02.
3.	Loose motion (Diarrhoea)		03.
4.	Pain in the abdomen		04.
5.	Cough		05.
6	Breathlessness		06.
7.	Pain in the chest		07.
8.	Fits		08.
9.	Loss of consciousness		09.
10.	Paralysis of any part of the body		10.
11.	Yellowness of eyes		11.
12.	Any urinary problem		12.

IDNO

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Q.No	Questions and filters	Code	Module to fill
13.	Any difficulty in swallowing/ opening the mouth?		13.
14.	Swelling of the body		14.
15.	Fatigue /look pale or white		15.
16.	Low backache		16.
17.	Joint pains		17.
18.	Shaking limbs		18.
19.	Behavioural problems		19.
20.	Ulcer over genitalia		20.
21.	Mass/Lump in the mouth or cheek		21.
22.	Nasal stuffiness/blockages		22.
23.	Ear discharge		23.
24.	Brown/red patch over skin		24.
25.	Bleeding from anal opening		25.
26.	Bleeding from Gums		-
27.	Bleeding from Nose		-
28.	Bleeding from Genital tract (female)		26.
29.	Swelling /lump in the breast (female)		27.
30.	Women died during Pregnancy /labour or 42 days of child delivery or abortion		28.

No. of Modules filled in

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**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE:4

MODULE : - 01 (Accidents and injuries))

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code				
1.	What type of accident/ injury the person had? 1.SCORPION /SNAKE BITE 2.DOG /WILD ANIMAL BITE 3.DROWNING 4.FALL FROM A HEIGHT 5.BURNS 6.SUICIDE - Specify 7.HOMICIDE 9.NATURAL CALAMITY –Specify 10.VEHICULAR ACCIDENTS –Specify 11.OTHERS –Specify					
2.	What was the interval (days) between the accident and death?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>				

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 02 (Fever)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	What was the grade of fever? 1.LOW 2.HIGH 8.DK	
2.	What was the nature of fever? 1.CONTINUOUS 2.REMITTENT 3.INTEMITTENT 8.DK	
3.	Onset of the fever 1.ABRUPT 2.GRADUAL (INSIDIOUS)	
4.	Was the fever more in the evening? 1.YES 2.NO 8.DK	
5.	Was the fever associated with MOVING (fleeting) Joint pain and swelling followed by progressive breathlessness later on? 1.YES 2.NO 8.DK	
6.	Were there any eruptions on the skin? 1.YES 2.NO 8.DK	
7.	On which day 1.SAME DAY 2. 1-4 DAYS 3.> 4 DAYS 8. DK 9.NA	

IDNO :

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Q.No	Questions and filters	Code		
8.	Did the eruptions progress from redness to vesicles and pustules on the same day with different stages seen more on the face, scalp and trunk? 1.YES (Specify) 2.NO 8.DK			
9.	Were they reddish in nature appearing on the body, a few days (4 days) after fever"? 1.YES 2.NO 8.DK 9.NA			
10.	Was there any reddish rash over the body? 1.YES 2.NO 8.DK 9.NA			
11.	What was the duration (days) of fever before death?	<table border="1"><tr><td></td><td></td></tr></table>		
12.	Did the person have grey /white coating of the tongue"? 1.YES 2.NO 8.DK			

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 03 (Loose motion/Diarrhoea)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	How long did the person suffer from loose motions 1.MONTHS 2. DAYS 3. HOURS NO. Months / Days / Hours	<input style="width: 30px; height: 30px;" type="text"/>
2.	How many times on an average did the patient have loose motions in a day	<input style="width: 30px; height: 30px;" type="text"/>
3.	What was the consistence, of stools ? 1.WATERY 2.SEMI SOLID 8 DK	<input style="width: 30px; height: 30px;" type="text"/>
4.	Did the stool contain 1.MUCUS 2.BLOOD 3.BOTH 8 DK	<input style="width: 30px; height: 30px;" type="text"/>
5.	What was the colour of stool? 1.YELLOW 2. GREEN 3. BLACK 4 WHITE 5.OTHER Specify 8.DK	<input style="width: 30px; height: 30px;" type="text"/>
6.	Did the person have any of the following features Sunken eyes? 1.YES 2.NO 8.DK	<input style="width: 30px; height: 30px;" type="text"/>
7.	Diminished urine output? 1.YES 2.NO 8.DK	<input style="width: 30px; height: 30px;" type="text"/>
8.	Dried tongue? 1.YES 2.NO 8.DK	<input style="width: 30px; height: 30px;" type="text"/>

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 04 (Abdominal pain)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	Was pain in the abdomen sudden or gradual in onset? 1.SUDDEN 2. GRADUAL 8 DK	
2.	Was pain localized or generalized ? 1. LOCALIZED 2.GENERALIZED 8.DK	
3.	What was the site of pain? 1.RIGHT UPPER QUADRANT 2. LEFT UPPER QUADRANT 3. RIGHT LOWER QUADRANT 4. LEFT LOWER QUADRANT	
4.	How was the pain related to food intake? 1.PAIN USUALLY STARTED AT NIGHT 2.PAIN WAS MORE ON EMPTY STOMACH & RELIEVED AFTER FOOD INTAKE 3.NOT RELATED TO FOOD INTAKE 4.OTHERS Specify 8.DK	
5.	Was there any muscle rigidity of the abdomen/ belly? 1.YES 2.NO 8.DK	
6.	Was there any distension of the abdomen /belly? 1.YES 2.NO 8.DK	
7.	Was the person taking any medication to relieve abdominal pain? 1.YES 2.NO 8.DK	
8.	Mention the medications taken	

IDNO :

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Q.No	Questions and filters	Code				
9.	Was there any swelling in the lower parts of abdomen, which had become tense and painful? 1.YES 2.NO 8.DK					
10.	Did the person have food in any fair/marriage party or any gathering few days prior to the onset of pain in abdomen? 1.YES 2.NO 8.DK					
11.	Specify, the duration in days	<table border="1"> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </table>				
12.	Did any other person who had food from the party also suffer from abdomen pain/loose motions? 1.YES 2.NO 8.DK					

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : - 05 (Cough)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	Since how long the person suffered from cough ? 1.< 3 MONTHS 2. 3 – 6 MONTHS 3. > 6 MONTHS 8 DK	
2	Was it productive in nature? 1.YES 2.NO 8.DK	
3.	What was the type of sputum/phlegm? 1.MUCOID 2.PURULENT 3. BLOOD STAINED 4.RUSTY 8 DK	
4.	Did the cough remain for at least 3 months in a year for 2 consecutive years? 1.YES 2.NO 8.DK	
5	Was there any associated wheezing? 1.YES 2.NO 8.DK	
6.	Was it seasonal? 1.YES 2.NO 8.DK	
7.	Was it associated with blue coloration of lips or tongue? 1.YES 2.NO 8.DK	
8	Did it occur in bouts with inspiratory whoop? 1.YES 2.NO 8.DK	
9	Did any of the family members suffer from cough with breathlessness or asthma? 1.YES 2.NO 8.DK	
10	Was the cough associated with hoarseness of voice? 1.YES 2.NO 8.DK	
11	Did the person bring up blood during coughing? 1.YES 2.NO 8.DK	
12	Was he/she diagnosed as lung cancer? 1.YES 2.NO 8.DK	
13	Was he/she diagnosed as TB ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 06 (Breathlessness)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1.	How was breathlessness started? 1.SUDDEN 2. GRADUAL 8 DK	
2.	Was it more during winter? 1.YES 2.NO 8.DK	
3.	Was it more on exertion? 1.YES 2.NO 8.DK	
4	Was it more during night? 1.YES 2.NO 8.DK	
5.	Was it more during change of seasons? 1.YES 2.NO 8.DK	
6.	Was it more on lying down on bed & relieved on sitting position? 1.YES 2.NO 8.DK	
7.	Did he/she adopt a sitting-squatting position to relieve breathlessness'?' 1.YES 2.NO 8.DK	
8.	Was the person having paleness of the body ? 1.YES 2.NO 8.DK	
9.	Did the person complain of throbbing heartbeats before death? 1.YES 2.NO 8.DK	
10.	Did the deceased have bluish discoloration of lips or tongue during exertion or crying (for children 5- 14 years only) 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : - 7 (chest pain)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	What was the nature of chest pain? 1.MILD 2.MODERATE 3.SEVERE 8.DK	
2	When did the chest pain occur'? 1. AT REST 2.ON WALKING 3.ON CLIMBING 4.AFTER A MEAL 5.DURING/AFTER PHYSICAL EXERTION 6.DURING/AFTER EMOTIONAL STRESS/EXCITEMENT 7.ON SMOKING	
3	Where was the pain felt by the deceased ? 1.STERNUM (UPPER OR MIDDLE) 2.LOWER STERNUM 3.LEFT ANTERIOR CHEST 4.LEFT ARMS 8.DK	
4	Did the deceased feel it anywhere else? 1.YES Specify 2.NO 8.DK	
5	How was the pain described? 1.HEAVY FEELINGS 2.CRUSHING NATURE 3.GRIPPING NATURE 4.OTHER Specify 8.DK	
6	What was the duration of the pain? 1.< 10 MINUTES 2. 10 – 30 MINUTES 3. >30 MINUTES 8.DK	
7	Was the pain associated with sweating? 1.YES 2.NO 8.DK	
8	Did the person look anxious or have anxiety during attack of chest pain? 1.YES 2.NO 8.DK	
9	Was the person diagnosed to have heart attack or myocardial infarction'? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : - 08 (Fits)

State:

District:

Zone:

IDNO :

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Village:

QNO	Questions and filters	Code
1	Were fits sudden or gradual? 1.SUDDEN 2.GRADUAL 8 DK	
2	How long did it last ? 1.<24 HOURS 2. >= 24 HOURS 8 DK	
3	Was there any neck stiffness? 1.YES 2.NO 8.DK	
4	Did it start by getting into spasms of the whole body followed by fits? 1.YES 2.NO 8.DK	
5	Was there any lockjaw ? 1.YES 2.NO 8.DK	
6	Was there Loss of sensation? 1.YES 2.NO 8.DK	
7	Was there Stupor (Unable to recognize/confused/drowsy,)? 1.YES 2.NO 8.DK	
8	Was there Loss of memory? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
9	Was there Tongue bite? 1.YES 2.NO 8.DK	
10	Was there Bed wetting? 1.YES 2.NO 8.DK	
11	Was there any history of dog bite /injury ? 1.YES 2.NO 8.DK	
12	Did the child /person receive injections for dog bite ? 1.YES 2.NO 8.DK	
13	Did the child /person refuse to take water due to fear? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 9 (Unconsciousness)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person recover from unconsciousness ? 1.YES 2.NO 8.DK	
2	Was it associated with Headache? 1.YES 2.NO 8.DK	
3	Was it associated with Fever? 1.YES 2.NO 8.DK	
4	Was it associated with Confusion? 1.YES 2.NO 8.DK	
5	Was it associated with Dullness? 1.YES 2.NO 8.DK	
6	Was it associated with Weakness? 1.YES 2.NO 8.DK	
7	Did the person suffer from heavy blood loss? 1.YES 2.NO 8.DK	
8	Was the person suffering from diabetes? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 10 (Paralysis)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	What was the nature of the onset of paralysis ? 1.SUDDEN 2.GRADUAL 3.FLUCTUATING	
2	Was it progressive ? 1.YES 2.NO 8.DK	
3	Which body parts did it involve? 1.One side of face 2.One side of arms or hands 3.One side hands, arms and legs 4.Both side upper limbs (arms) 5.Both legs 6.Both upper and lower limbs (hand and legs) 7.One side face and other side of half body	
4	Did the person recover from paralysis & again suffer from it periodically (i.e.,more than 2 times)? 1.YES 2.NO 8.DK	
5	Was it associated with Loss of memory? 1.YES 2.NO 8.DK	
6	Was it associated with Loss of vision or defective field of vision? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
7	Was it associated with <u>Loss Of urinary control</u> ? 1.YES 2.NO 8.DK	
8	Was it associated with <u>Altered sensorium</u> ? 1.YES 2.NO 8.DK	
9	Was it associated with <u>Altered speech</u> ? 1.YES 2.NO 8.DK	
10	Was it associated with Loss of sensation of any part of the body? 1.YES 2.NO 8.DK	
11	Was it associated with sudden onset of headache? 1.YES 2.NO 8.DK	
12	Did the person suffer from Tingling, numbness of limbs ? 1.YES 2.NO 8.DK	
13	Did the person suffer from inability to maintain balance while standing? 1.YES 2.NO 8.DK	
14	Did the person suffer from unilateral / bilateral vision loss? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 11 (Yellowness of eyes)

State:

District:

Zone:

IDNO :

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Village:

Q.NO	Questions and filters	Code
1	What was the nature of the onset of yellowness of eyes? 1.SUDDEN 2.GRADUAL 8.DK	
2	Was there any passage of pale / whitish clay, colour stools? 1.YES 2.NO 8.DK	
3	Was the colour of urine dark Yellow? 1.YES 2.NO 8.DK	
4	Was there history of passing of tar / black colour stool? 1.YES 2.NO 8.DK	
5	Was there any mass or lump visible in the upper part of the belly? 1.YES 2.NO 8.DK	
6	Did the person complain of mass or lump in the upper part of the belly, below the region of ribs? 1.YES 2.NO 8.DK	
7	Was it painful? 1.YES 2.NO 8.DK 9.NA	
8	Did he/she inject habit-forming drugs intravenously ? 1.YES 2.NO 8.DK	
9	Was he/she diagnosed as liver cancer? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 12(Urinary problem)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person pass blood in urine? 1.YES 2.NO 8.DK	
2	Was there any complaint of urinary retention? 1.YES 2.NO 8.DK	
3	Was there any increase in frequency of Urination? 1.YES 2.NO 8.DK	
4	Did he/she feel urgency in passing urine? 1.YES 2.NO 8.DK	
5	Was there any decrease in the volume of urine? 1.YES 2.NO 8.DK	
6	Did the person have hiccups? 1.YES 2.NO 8.DK	
7	Did the person fail to pass urine at all for 24 hours before death? 1.YES 2.NO 8.DK	
8	Did the person have increased appetite? 1.YES 2.NO 8.DK	
9	Did person have weight loss, despite proper diet? 1.YES 2.NO 8.DK	
10	Did the person have giddiness quiet often or easy fatigability? 1.YES 2.NO 8.DK	
11	Did the person have excessive thirst'?' 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 13 (Difficulty in opening mouth
/ swallowing)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person suffer from injury or wound, a few days before having difficulty in opening the mouth? 1.YES 2.NO 8.DK	
2	Was he/she immunized against tetanus in last 10 years? 1.YES 2.NO 8.DK	
3	Did he/she have stiffness in the neck? 1.YES 2.NO 8.DK	
4	Did he/she suffer from stiffness of the back of the body? 1.YES 2.NO 8.DK	
5	Was difficulty in swallowing initially for solids and later on for liquids? 1.YES 2.NO 8.DK	
6	Was it progressive in nature? 1.YES 2.NO 8.DK	
7	Was he/she diagnosed as oesophageal cancer? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 14 (Swelling on the body)

State:

District:

Zone:

IDNO :

Village:

Q.No	Questions and filters	Code
1	Was it localized or generalized ? 1. LOCALIZED 2. GENERALIZED 8 DK	
2	Did the person have ankle swelling? 1.YES 2.NO 8.DK	
3	Did the person have swelling of feet? 1.YES 2.NO 8.DK	
4	Did he/she have mass/ lump in upper abdomen? 1.YES 2.NO 8.DK	
5	Did the person have puffiness of the face? 1.YES 2.NO 8.DK	
6	Was the puffiness/swelling more in the morning? 1.YES 2.NO 8.DK 9.NA	
7	Did the person have swelling on the side of neck'?' 1.YES 2.NO 8.DK	
8	Did the person have nodular swelling or enlarged gland in front of neck? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
9	Was it painful'? 1.YES 2.NO 8.DK	
10	Did the swelling start progressing from feet to other parts of the body? 1.YES 2.NO 8.DK 9. NA	
11	Did the swelling start with abdominal distension? 1.YES 2.NO 8.DK 9.NA	
12	Was there a change in the voice of the deceased? 1.YES 2.NO 8.DK	
13	Did he/she have protruding eyeballs? 1.YES 2.NO 8.DK	
14	Was the person suffering from anxiousness or nervousness ? 1.YES 2.NO 8.DK	
15	Was the person able to tolerate summer heat? 1.YES 2.NO 8.DK	
16	Was the person operated for removing the lump in front of neck? 1.YES 2.NO 8.DK	
17	Was the person diagnosed as having thyroid cancer'? 1.YES 2.NO 8.DK	
18	If the deceased is female, did she have menstrual irregularities? 1.YES 2.NO 8.DK 9.N A.	
19	Was he/she taking repeated course of anti-ulcer drugs? 1.YES 2.NO 8.DK	
20.	Was he/she diagnosed as stomach cancer ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 15 (Fatigue/look pale or white)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was he/she having weight loss? 1.YES 2.NO 8.DK	
2	Did he /she have enlarged masses in the upper abdomen? 1.YES 2.NO 8.DK	
3	Was the deceased receiving frequent blood transfusions? 1.YES 2.NO 8.DK	
4	Did he/she suffer from episodic pain in abdomen/ chest or joints ? 1.YES 2.NO 8.DK	
5	Was he /she diagnosed to have Thalassemia"? 1.YES 2.NO 8.DK	
6	Was he/she diagnosed to have sickle cell disease"? 1.YES 2.NO 8.DK	
7	Did the deceased have enlarged glands on the sides of neck or axilla or groins? 1.YES 2.NO 8.DK	
8	Was there any gum swellings ? 1.YES 2.NO 8.DK	
9	Did he/she complain of drenching night sweats? 1.YES 2.NO 8.DK	
10	Did he/she suffering from itching all over the body ? 1.YES 2.NO 8.DK	
11	Was he/she suffering from cancer? 1.YES 2.NO 8.DK	
12	What was the diagnosis?	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 16 (Low backache)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was it progressive in nature? 1.YES 2.NO 8.DK	
2	Was there limitation of movements in any direction of the back? 1.YES 2.NO 8.DK	
3	Did he /she complain of difficulty in expanding the chest ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 17 (Joint pains)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did he/she suffer from stiffness of the joints in the morning? 1.YES 2.NO 8.DK	
2	Did deformities in the form of swelling or bending present at the finger Joints? 1.YES 2.NO 8.DK	
3	Was there limitation of movements in the affected Joints'?' 1.YES 2.NO 8.DK	
4	Which joints were affected most? 1.ANKLE JOINT 2. KNEE JOINT 3.HIP JOINT 4.SHOULDER JOINT 5. ELBOW JOINT 6.WRIST 7 .FINGER JOINT / TOE JOINT	
5	Was Joint pain fleeting in nature affecting one joint after another'?' 1.YES 2.NO 8.DK	
6	Did he / she have involuntary dancing movements of hands & fingers ? 1.YES 2.NO 8.DK	
7	Did he/she have butterfly like reddish rash over the face? 1.YES 2.NO 8.DK	
8	Did he/she have loss of hair? 1.YES 2.NO 8.DK	
9	Did he/she complain of blurring of vision or temporary blindness ? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 18 (Shaking of limbs)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person have difficulty in initiating walk or stopping walk? 1.YES 2.NO 8.DK	
2	Did she/he walk in small shuffling steps? 1.YES 2.NO 8.DK	
3	Did the person have an expressionless blank look on the face? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 19 (Behavioural problems)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person keep himself/herself aloof from others? 1.YES 2.NO 8.DK	
2	Was he/she suffering from emotional breakdown for few days? 1.YES 2.NO 8.DK	
3	Did he/she stop working without any reason? 1.YES 2.NO 8.DK	
4	Did the deceased ever try to commit suicide? 1.YES 2.NO 8.DK	
5	Did he/she ever talk of taking other's life? 1.YES 2.NO 8.DK	
6	Did he/she stop talking to any other person? 1.YES 2.NO 8.DK	
7	Did he/she talk to himself/herself irrelevantly or excessively? 1.YES 2.NO 8.DK	

IDNO :

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Q.No	Questions and filters	Code
8	Did the person have sleep disturbances for a few weeks? 1.YES 2.NO 8.DK	
9	Did he/she have alternating episodes of severe depression and excitement or violent phases? 1.YES 2.NO 8.DK	
10	Did he/she stop taking interest in his/her dress and personal appearance? 1.YES 2.NO 8.DK	
11	Did the person suspect others of harming or planning to kill him or her? 1.YES 2.NO 8.DK	
12	Did he/she become violent or excited and attack others without any reason? 1.YES 2.NO 8.DK	
13	Did the person complain of seeing someone or hearing voices which other persons could not see or hear at the same time? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 20 (Ulcer over genitalia)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was the ulcer (redness) painful? 1.YES 2.NO 8.DK	
2	Was he/she diagnosed to have syphilis? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 21- (Mass/Lump in the mouth or cheek)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was non-healing sore (ulcer) present over the lump or swelling or mass? 1.YES 2.NO 8.DK	
2	Was there any bleeding on touching the lump or swelling or mass? 1.YES 2.NO 8.DK	
3	Did the person have restriction in opening the mouth? 1.YES 2.NO 8.DK	
4	Did he/she have white or red patches in the mouth before appearance of the lump or swelling? 1.YES 2.NO 8.DK	
5	Did he/she have any treatment? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 22 (Nasal stuffiness/blockages)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person complain of earache, which could not be relieved by routine medications? 1.YES 2.NO 8.DK	
2	Was he/she having unilateral (one-sided) hearing impairment without any apparent reason? 1.YES 2.NO 8.DK	
3	Was he/she shown to a doctor? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 23 (Ear discharge)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was ear discharge persisting for a few weeks? 1.YES 2.NO 8.DK	
2	Was ear discharge accompanied by hearing loss? 1.YES 2.NO 8.DK	
3	Did the person have pain behind ears? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 24 (Brown/red patch over skin)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was the patch or spot having irregular margins with dark coloration? 1.YES 2.NO 8.DK	
2	Was persistent sore (ulcer) present over the lesion, which healed up intermittently? 1.YES 2.NO 8.DK	
3	Was varied discoloration present over the skin lesion or patch? 1.YES 2.NO 8.DK	
4	Was the affected area expanding over a period of time? 1.YES 2.NO 8.DK	
5	Was the skin area ever exposed to x-ray, before development of the lesion? 1.YES 2.NO 8.DK	
6	Was it diagnosed as skin cancer? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 25 (Bleeding from anal opening)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did the person complain of mass or something coming out of anal orifice during defecation? 1.YES 2.NO 8.DK	
2	Did he/she have pain during defecation? 1.YES 2.NO 8.DK	
3	Did the person suffer from constipation? 1.YES 2.NO 8.DK	
4	Did he/she pass loose stools alternating with constipation? 1.YES 2.NO 8.DK	
5	Did he/she feel or have lump or mass in the lower part of abdomen? 1.YES 2.NO 8.DK	
6	Was he/she taken for treatment to hospital or health centre? 1.YES 2.NO 8.DK	
7	What was the diagnosis?	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 26 (Bleeding from genital tract
for females only)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	How much was bleeding from genital tract? 1.LESS 2. FRANK (MORE IN AMOUNT) 8.DK	
2	Was the bleeding postmenopausal? 1.YES 2.NO 8.DK	
3	Did the bleeding occur in between menstrual periods? 1.YES 2.NO 8.DK 9.NA	
4	Was there heavy loss of blood during menses? 1.YES 2.NO 8.DK 9.NA	
5	Was there any blood stained or purulent vaginal discharges? 1.YES 2.NO 8.DK	
6	Was there any post coital vaginal bleeding? 1.YES 2.NO 8.DK	
7	Was she suffering from or diagnosed as cancer of uterine cervix? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 27 (lump in the breast
for females only)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Was there progressive increase of swelling or lump in the breast? 1.YES 2.NO 8.DK	
2	Was there ulceration (breakage or ulcer) in skin over breast? 1.YES 2.NO 8.DK	
3	Was there foul smelling discharge from skin over breast? 1.YES 2.NO 8.DK	
4	Was it painful? 1.YES 2.NO 8.DK 9.NA	
5	Was she married? 1.YES 2.NO 8.DK	
6	Did she have children? 1.YES 2.NO 8.DK 9. NA	
7	Was the first child born after 30 years of her age? 1.YES 2.NO 8.DK 9.NA	
8	Did the lesion appear after an injury? 1.YES 2.NO 8.DK	
9	Was she diagnosed to have breast cancer? 1.YES 2.NO 8.DK	

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE :28 (Maternal death)

State:

Zone:

District:

IDNO :

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Village :

Q.No	Questions and filters	Code									
1	Antenatal registration no: If not available write 8's		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
2	Date of delivery /abortion If not available write 8's		<table border="1" style="width: 100%; height: 20px;"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
3	Who attended the delivery ? 1.TRAINED DAI 2.UNTRAINED DAI 3.FHW/FHS/ANW/HV 4.NURSE 5.DOCTOR 6.OTHERS										
4	Stage of maternity when death occurred . 1.FIRST TRIMESTER 2.SECOND TRIMESTER 3.THIRD TRIMESTER										
Q.No	Questions and filters	Code	Module to fill								
	Code : yes=1 No= 2 Fill in the module for which the code is 1 (Yes)										
5	During pregnancy of <28 weeks		29								
6	During pregnancy of 28 weeks or more and before labour		30								
7	During labour / child birth		31								
8	Within 48 days after the child birth or abortion		32								

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 29 (Pregnancy of less than 28 weeks)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code		
1	Did she have any pain in abdomen ? 1.YES 2.NO 8.DK			
2	Was there bleeding from vagina'? 1.YES 2.NO 8.DK			
3	Were foetal parts passed with bleeding? 1.YES 2.NO 8.DK			
4	Was bleeding from vagina normal or excessive ? 1.EXCESSIVE 2.NORMAL 8 DK			
5	Was any attempt made to terminate the pregnancy"? 1.YES 2.NO 8.DK			
6	On which day after abortion bleeding became excessive'?	<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
7	For how long in hours did she bleed?	<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
8	Did she have fever after abortion? 1.YES 2.NO 8.DK			
9	How many days after abortion did she has fever?	<table border="1" style="border-collapse: collapse; width: 100%; height: 30px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

IDNO

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10	What was the severity of fever? 1.MILD 2. MODERATE 3.HIGH			
11	Did she have foul smelling discharge from vagina? 1.YES 2.NO 8.DK			
12	How many days after abortion did she have foul smelling discharge from vagina?	<table border="1"><tr><td></td><td></td></tr></table>		
13	Did she complain of persistent headache frequently? 1.YES 2.NO 8.DK			
14	Did she have blurring of vision? 1.YES 2.NO 8.DK			
15	Was blood pressure recorded? 1.YES 2.NO 8.DK			
16	How much was the blood pressure? 1.NORMAL 2.LOW 3.HIGH 4.VERY HIGH 8.DK 9.NA			
17	Did she have fits? 1.YES 2.NO 8.DK			
18	Did she ever have fits prior to this pregnancy? 1.YES 2.NO 8.DK			

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 30 (Pregnancy of 28 weeks or more &
before labour)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code		
1	Did she complain of persistent headache frequently? 1.YES 2.NO 8.DK			
2	Did she have blurring of vision'?' 1.YES 2.NO 8.DK			
3	Was blood pressure recorded'?' 1.YES 2.NO 8.DK			
4	How much was the blood pressure? 1.NORMAL 2.LOW 3.HIGH 4.VERY HIGH 8.DK 9.NA			
5	Did she have fits during pregnancy? 1.YES 2.NO 8.DK			
6	Did she ever have fits prior to this pregnancy? 1.YES 2.NO 8.DK			
7	Was there vaginal bleeding preceding death? 1.YES 2.NO 8.DK			
8	In which month of pregnancy there was vaginal bleeding?	<table border="1" style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
9	How much was the bleeding? 1.SPOTTING 2.EXCESSIVE 8.DK			
10	Did she have abdominal pain with bleeding'?' 1.YES 2.NO 8.DK			

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 31 (During labour/ childbirth)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code
1	Did she complain of persistent headache frequently? 1.YES 2.NO 8.DK	
2	Did she have blurring of vision? 1.YES 2.NO 8.DK	
3	Was blood pressure recorded? 1.YES 2.NO 8.DK	
4	How much was the blood pressure? 1.NORMAL 2.LOW 3.HIGH 4.VERY HIGH 8.DK	
5	Did she have fits? 1.YES 2.NO 8.DK	
6	Did she ever have fits prior to this pregnancy 1.YES 2.NO 8.DK	
7	Did the woman have presentation other than head? 1.YES 2.NO 8.DK	
8	What was the presentation? 1.CORD 2.SHoulder 3.HAND / FOOT 4.OTHERS Specify	

IDNO :

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Q.No	Questions and filters	Code					
9	Did bag of water rupture before onset of labour pains? 1.YES 2.NO 8.DK						
10	What was the period between onset of labour & delivery? Record 8's if DK	Hours <table border="1"><tr><td></td><td></td></tr></table>			Mints. <table border="1"><tr><td></td><td></td></tr></table>		
11	Did baby get stuck during delivery'? 1.YES 2.NO 8.DK						
12	Was any manipulation done? 1.YES 2.NO 8.DK 9.NA						
13	What manipulation was done? 1.MANUAL 2.INSTRUMENTAL 3.OPERATION.						
14	Was bleeding from vagina normal or excessive during labour? 1.EXCESSIVE 2.NORMAL 8.DK						
15	When did bleeding from vagina became excessive ? 1.AFTER LABOUR PAIN HAD STARTED BUT BEFORE DELIVERY OF THE BABY 2.AFTER THE BABY WAS DELIVERED BUT BEFORE DELIVERY OF THE PLACENTA 3.AFTER DELIVERY OF THE PLACENTA 8.DK						
16	Was Placenta delivered within half an hour after child birth? 1.YES 2.NO 8.DK						

**INDIAN COUNCIL OF MEDICAL RESEARCH
CAUSE OF DEATH BY VERBAL AUTOPSY
NIE, CHENNAI**

SCHEDULE: 4

MODULE : 32 (Death within 42 days of childbirth or Abortion)

State:

District:

Zone:

IDNO :

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Village:

Q.No	Questions and filters	Code				
1	Did she complain of persistent headache frequently 1.YES 2.NO 8.DK					
2	Did she have blurring of vision? 1.YES 2.NO 8.DK					
3	Was blood pressure recorded? 1.YES 2.NO 8.DK					
4	How much was the blood pressure? 1.NORMAL 2.LOW 3.HIGH 4. VERY HIGH 8.DK 9.NA					
5	Did she have fits? 1.YES 2.NO 8.DK					
6	Did she ever have fits prior to this pregnancy? 1.YES 2.NO 8.DK					
7	Was bleeding from womb normal or excessive after childbirth? 1.EXCESSIVE 2.NORMAL 8.DK					
8	On which day after delivery was there was excessive bleeding?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				
9	For how long (in hours) bleeding continued?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>				

IDNO :

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Q.No	Questions and filters	Code		
10	Did she have fever? 1.YES 2.NO 8.DK			
11	What was the severity of fever? 1.MILD 2 MODERATE 3.HIGH			
12	Did she have foul smelling discharge ? 1.YES 2.NO 8.DK			
13	How many days after delivery had she foul smelling discharge ? <table border="1" data-bbox="977 688 1122 741"><tr><td></td><td></td></tr></table>			
14	Did she have pain in legs (calves)? 1.YES 2.NO 8.DK			
15	Did she have swelling in legs? 1.YES 2.NO 8.DK			

ALGORITHMS (DISEASE DEFINITION) FOR CAUSE OF DEATH

(STILL BIRTH)

1. OBSTRUCTED LABOUR DUE TO MALPOSITION AND MALPRESENTATION OF FETUS

(O64.0 –

O64.9)

2. ACCIDENT / TRAUMA / INJURY (T14.9)

3. ANTE-PARTUM HAEMORRHAGE (O46.9)

Any bleeding in pregnancy after 28 weeks of gestation and before birth of baby

4. ECLAMPSIA (15.0)

History of convulsions in pregnancy AND (No convulsions before pregnancy OR doctors report

of high blood pressure)

5. LOW-BIRTH WEIGHT (P07.1)

Respondents opinion of very small size baby.

6. MACERATED STILL BIRTH NEC (P95.X)

Still birth AND (skin blackish / skin peels easily / Rotten appearance / skin wrinkled)

7. MULTIPLE PREGNANCY (P01.5)

Delivery of more than one baby

8. OBSTRUCTED LABOUR (O66.9)

Baby delivered with manipulation or operation

9. POST MATURITY (p08.2)

Born after completion of 42 weeks of gestation

10. PREMATURE RUPTURE OF MEMBRANES (O42.9)

Sudden gush of liquid before onset of labor pains without desire to pass urine

11. PREMATURITY NEC (P07.3)

Born between 28 and 37 weeks of pregnancy

12. LONG LABOR, UNSPECIFIED (O63.9)

Delivery of baby after more than 24 hours in primi-gravida or more than 12 hours in multi-gravida after start of labor pains

13. ANAEMIA , UNSPECIFIED (D 64.9)

Pale or white colour reported and breathlessness or Doctor's/Health workers' report of very less blood / need for blood transfusion

14. UNDETERMINED (P95.X)

GENERAL INSTRUCTIONS

- It is better to visit the house about one month after the death so that family is out of the grief and can respond to your questions in a better way.
- In case, you find that the family member who was present at the time of death is not available, try to postpone the interview till proper respondent is available.
- Please ask the questions the way in which they are written. Deviations of the statement may elicit improper response.
- Death investigation forms will not be used for an legal proceedings or for any official enquiry . Therefore record the true facts and do not reveal any information to others. Complete confidentiality to be maintained.
- For any difficulty during data collection especially regarding deficiencies in the formats please communicate to the PMO.
- Fill in the appropriate code or value in the boxes provided.
- In general , codes are as follows. : Yes is coded as 1 No is coded as 2

DK (do not know) is coded as 8 NA (Not applicable) is coded as 9

If values contain more than one box, fill all the boxes with 8's for DK and with 9's for NA.