SAMPLE REGISTRATION SYSTEM SRS - VERBAL AUTOPSY FORM Form 10A : Neonatal death (28 days or less of age)

SRS unit number	Unique form number 1	009958
Year: 20 1st HYS 2nd HYS	Unit name	
Name of head of	Identification code	
the household Full name of	of the head Identification code	
deceased	of the deceased	
Name of mother of the deceased	Identification code of mother of the deceased	
Details of respondent Section 1: Details for re	espondent and deceased	
1. Name of respondent	Identification code of respondent	
2. Relationship of respondent with deceased	3. Did the respondent live with the deceased	during the events that
1 .7,	led to death?	
Brother/Sister S. Grandfather/Grandmother		
4. Mother/Father 10. Other relative	4. Respondent's age in completed years	
■ 5. 11. Neighbour/No relation	5. Respondent's sex 1. Male	2. Female
■ 6.		
Details of deceased	10. Place of death?	
6. Age in completed days	Home Health facility	Other place Unknown
7. Sex 1. Male 2. Female 8. House address of the deceased (include PIN)	11. What did the respondent think this person	
o. House address of the deceased (include Fire)	(Allow the respondent to tell the illness in his	or her own words)
	<u> </u>	
9. Date of death		
Section 2: N	eonatal Death	
12A. Did s/he die from an injury or accident? 1. Yes	2. No→Skip to Q13	9. Unknown
12B. If yes, what kind of injury or accident?		
1. Traffic accident 4. Burns	7. Bite/sting	10. Others
2. Falls 5. Drowning 3. Fall of objects 6. Poisoning	accident	ed of injury or →Skip to Q41
Details of pregnancy and delivery	9. Homicide/assault	
13. Was the child a single or multiple birth?	17A. Was there any complication during the p	oregnancy, or during labour
1. Single 2. Multiple 9. Unknown	1. Yes 2. No→Skip to Q	
14. Where was s/he born? 1. Home 3. Others	17B. If yes, what complications occurred? (Cl	heck all that apply)
2. Health Facility 9. Unknown	Mother had fits Excessive bleeding before/during deliv	verv
15. Who attended the delivery?	Waters broke one or more days before	
Trained traditional birth attendant	4. Prolonged/difficult labour (12 hours or	more)
Untrained traditional birth attendant	5. Operative delivery	
3. Midwife/Nurse	Mother had fever Baby delivered bottom or feet first	
Allopathic Doctor Ayurvedic/Homeopathic/Unani Doctor	8. Baby had cord around neck	
6. None 7. Other 9. Unknown	9. Unknown	
16. How many months long was the pregnancy?	18. Did the mother receive 2 doses of tetanus	
	1. Yes 2. No	9. Unknown
Details of baby after birth	23A. Was s/he able to breath immediately after	er birth?
19. Was the baby born alive (alive if the baby ever cried, moved or breathed)?	1. Yes 2. No→Skip to Q	24A 9. Unknown
1. Yes 2. No 9. Unknown	23B. If yes, did s/he stop being able to breath	/cry?
20. Were there any bruises or signs of injury on child's body after the birth?	1. Yes 2. No→Skip to Q.	
1. Yes 2. No 9. Unknown	23C. If yes, how long (days) after birth did s/h breathing/crying?	e stop
21. Did s/he have any visible malformations at birth (very small head,	24A. Was s/he able to suckle normally during	the first day of life?
mass on spine, etc)? 1. Yes 2. No 9. Unknown	1. Yes 2. No→Skip to Q.	25 9. Unknown
22. What was the child's size at birth?	24B. If yes, dld s/he stop being able to suck in	a normal way?
1. Very Small 4. Larger than average	1. Yes 2. No→Skip to Q	9. Unknown
Smaller than usual 9. Unknown Average	24C. If yes, how long (days) after birth did s/h sucking?	e stop
		No. of Concession, Name of Street, Str

E For how many days was alle sigh hafear death of				
5. For how many days was s/he sick before death?		31B.	1. Yes 2. No If yes, for how many days	→Skip to Q32 9. Unknown were the stools more
6A. Did s/he have fever?			frequent or liquid?	
1. Yes 2. No→Skip to Q27A	9. Unknown	32.	Did s/he vomit? 1. Yes 2. No	9. Unknown
6B. If yes, how many days did the fever last?		33.		und, or discharge from, the birth
			cord stump? 1. Yes 2. No	O Habaana
7A. Did s/he have any difficulty with breathing? 1. Yes 2. No⇒Skip to Q28A	9. Unknown	34		9. Unknown n that were red, hot or peeling?
	9. Unknown	34.	1. Yes 2. No	
7B. If yes, for how many days did the difficulty with breathing last?		35.		with blisters containing pus?
8A. Did s/he have fast breathing?			1. Yes 2. No	
1. Yes 2. No→Skip to Q29	9. Unknown	36.	Did s/he have yellow eyes	or skin?
8B. If yes, for how many days did the fast breathing last?			1. Yes 2. No	9. Unknown
		37.	Did s/he have spasms or f	Its (convulsions)?
Did s/he have in-drawing of the chest? 1. Yes 2. No	9. Unknown		1. Yes 2. No	
A. Did s/he have a cough?	3. Olikilowii	38.	1. Yes 2. No	
1. Yes 2. No	9. Unknown	20		
B. Did s/he have grunting (demonstrate)?		39.	Did s/he have a bulging fo	
1. Yes 2. No	9. Unknown		1. Yes 2. No	
C. Did his/her nostrils flare with breathing? 1. Yes 2. No	9. Unknown	40.	Did the child's body feel c 1. Yes 2. No	
Section 3: Written narral		Win and	1. 103 2. 190	41. Narrative language code
ports of the investigations, if available.				
-				
			Signature/Impression Respondent	Respondent

SAMPLE REGISTRATION SYSTEM SRS - VERBAL AUTOPSY FORM Form 10B : Child death (29 days to 14 years)

SRS unit number		-000
Year: 20 1st HYS 2nd HYS		5980
and mo	Unit name	
Name of head of the household	Identification code of the head	
Full name of deceased	Identification code of the deceased	
Name of mother of the deceased	Identification code of mother of the deceased	
Section 1: Details for r	respondent and deceased	
Details of respondent	Identification code	
1. Name of respondent	of respondent	
2. Relationship of respondent with deceased	3. Did the respondent live with the deceased during th led to death?	e events that
2. Brother/Sister 8.	1. Yes 2. No	
9. Grandfather/Grandmother	4. Respondent's age in completed years	
4. Mother/Father 10. Other relative		
5. 11. Neighbour/No relation 6.	5. Respondent's sex 1. Male 2. Female	0
Details of deceased	D D , M	M / Y Y
6. (a) For < 1 year Months (b) For ≥ 1 year Completed years	10. Date of death	/
(b) For ≥ 1 year Completed years 7. Sex 1. Male 2. Female	11. Place of death?	
8. Relationship of deceased to head of household	1. Home 3. Other	place
■ 1. ■ 7.	2. Health facility 9. Unkno	wn .
2. Brother/Sister 8.		
3. Son/Daughter 9,	12. What did the respondent think this person die of? (Allow the respondent to tell the illness in his or her ow	n words)
5. Grandchild 11. Neighbour/No relation		
■ 6. 99. Unknown	<u> </u>	
9. House address of the decreased (include PIN)	<u> </u>	
13A. Did s/he die from an injury or accident? 1. Yes	Child death	
13B. If yes, what kind of injury or accident?	2. No→Skip to Q14 9. Unknow	wn
Traffic accident 4. Burns	7. Bite/sting 10. Suicid	
2. Falls 5. Drowning		ie
	Natural disaster 11. Workp	
3. Fall of objects 6. Poisoning	8. Natural disaster 11. Workp 9. Homicide/assault 12. Other	place
If child died of Injury or accident → Skip to Q33A		place
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth?	9. Homicide/assault 12. Other	place
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average		place
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth?	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed?	place
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature?	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed?	olace s 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No	olace s 9. Unknown s that led to death? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lie)	olace 9. Unknown that led to death? 9. Unknown quid stools)?
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lident). Yes 2. No →Skip to Q24A	olace s 9. Unknown s that led to death? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death?	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 23A. Did s/he have diarrhoea (more frequent or more lident). Yes 2. No→Skip to Q24A 23B. If yes, for how many days?	olace 9. Unknown that led to death? 9. Unknown quid stools)?
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever?	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lident 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools?	olace 9. Unknown that led to death? 9. Unknown quid stools)?
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No → Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last?	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lide 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids su	9. Unknown 5 that led to death? 9. Unknown quid stools)? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No → Skip to Q19 9. Unknown	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lide 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids su term for oral rehydration treatment)?	9. Unknown 5 that led to death? 9. Unknown quid stools)? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No → Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits?	9. Homicide/assault 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lide 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids su term for oral rehydration treatment)?	9. Unknown 5 that led to death? 9. Unknown quid stools)? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No → Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits? 1. Yes 2. No 9. Unknown	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lid 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids su term for oral rehydration treatment)? 1. Yes 2. No 9 24A. Did s/he have a cough? 1. Yes 2. No→Skip to Q25A 9	9. Unknown 5 that led to death? 9. Unknown quid stools)? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No → Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits?	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 9 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lide 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids surterm for oral rehydration treatment)? 1. Yes 2. No 9 24A. Did s/he have a cough? 1. Yes 2. No→Skip to Q25A 9 24B. If yes, how many days?	9. Unknown 5 that led to death? 9. Unknown quid stools)? 9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No→ Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits? 1. Yes 2. No 9. Unknown 20. Was s/he unconscious during the Illness that led to death?	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lid 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids su term for oral rehydration treatment)? 1. Yes 2. No 9 24A. Did s/he have a cough? 1. Yes 2. No→Skip to Q25A 9	9. Unknown 15. that led to death? 19. Unknown
Details of baby after birth 14. How was the child's size at birth? 1. Very Small 2. Smaller than usual 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No→ Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits? 1. Yes 2. No 9. Unknown 20. Was s/he unconscious during the Illness that led to death? 1. Yes 2. No 9. Unknown	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 3 23A. Did s/he have diarrhoea (more frequent or more lide 1. Yes 2. No→Skip to Q24A 3 23B. If yes, for how many days? 23C. Was there visible blood in the stools? 1. Yes 2. No 3 23D. If s/he had diarrhoea, was s/he given any fluids su term for oral rehydration treatment)? 1. Yes 2. No→Skip to Q25A 3 24A. Did s/he have a cough? 1. Yes 2. No→Skip to Q25A 3 24B. If yes, how many days? 24C. Was it?	9. Unknown
If child died of Injury or accident → Skip to Q33A Details of baby after birth 14. How was the child's size at birth? 1. Very Small 4 Larger than average 2. Smaller than usual 9. Unknown 3. Average 15A. Was s/he born premature? 1. Yes 2. No→ Skip to Q16A 9. Unknown Details of sickness 17. How many days was s/he sick before death? 18A. Did s/he have fever? 1. Yes 2. No→ Skip to Q19 9. Unknown 18B. If yes, how many days did the fever last? 18C. Was the fever accompanied by chills/rigors? 1. Yes 2. No 9. Unknown 19. Did s/he have convulsions or fits? 1. Yes 2. No 9. Unknown 20. Was s/he unconscious during the Illness that led to death? 1. Yes 2. No 9. Unknown 21. Did s/he develop stiffness of the whole body?	9. Homicide/assault . 12. Others 15B. If yes, after how many months of pregnancy? 16A. Was the child breast-fed? 1. Yes 2. No→Skip to Q17 9 16B. If yes, did the child stop feeding during the illness 1. Yes 2. No 9 23A. Did s/he have diarrhoea (more frequent or more lid 1. Yes 2. No→Skip to Q24A 9 23B. If yes, for how many days? 23C. Was there visible bloud in the stools? 1. Yes 2. No 9 23D. If s/he had diarrhoea, was s/he given any fluids surferm for oral rehydration treatment)? 1. Yes 2. No 9 24A. Did s/he have a cough? 1. Yes 2. No→Skip to Q25A 9 24B. If yes, how many days? 24C. Was it? 1. Dry 3. With blo	9. Unknown

5B. If	f yes, for how many day				1. All over the body	2. Only on face	9. Unknown
5C. D	oid s/he have fast breath	ing?			1. All over the body	2. Offiny off face	
	1. Yes	2. No	9. Unknown	29C.	Was this measles (use loc	al term)?	
5D. L	Did s/he have in-drawing 1. Yes	2. No	9. Unknown		1. Yes	2. No	9. Unknown
5E. D	oid s/he have wheezing?			30.	During the illness that led		
SE D	1. Yes	2. No blems, did s/he receive any	9. Unknown	24	Yes During the weeks preceding	2. No	9. Unknown
	intibiotics?			31.	blood or appear pale?		
	1. Yes	2. No	9. Unknown	224	1. Yes	2. No	9. Unknown
6A. D		he have abdominal pain?		32A.	Did s/he have repeated illr 1. Yes	2. No→Skip to Q33A	9. Unknown
	1. Yes	2. No→Skip to Q26C	9. Unknown				
6B. II	f yes, was the pain in?			32B.	If yes, how many illnesses	in the past six months	
	All over abdomen	3. Lower		32C.	If yes, what were the commo	on associated symptoms	with the illness
	2. Upper	9. Unknown			(check all that apply)	Ear discharge	5. Other
6C. D	Did s/he have abdominal		0.11=1=====		Cough Diarrhoea	Chills	9 Unknown
	1. Yes	2. No	9. Unknown		2. Diarrioea	4. Ciniis	9 Olikilowii
7A. D	Oid s/he vomit?			33A.	Was s/he immunized?	0 11- 01-1-024	0.11-1
	1. Yes	2. No→Skip to Q28	9. Unknown	220	1. Yes	2. No→Skip to Q34	9. Unknown
7B. II	f yes, for how many day	s?		33B.	If yes, did s/he receive BC 1. Yes	2. No	9. Unknown
				33C.	If yes, did s/he receive pol		
6. D	Did the eye/skin colour of 1. Yes	hange to yellow?	9. Unknown		1. Yes	2. No	9. Unknown
			J. JIIMIOWII	33D.	If yes, did s/he receive an	injection for measles	
9A. D	Did s/he have any skin d				(use local term)?	2. No	9. Unknown
	1. Yes	2. No→Skip to Q30	9. Unknown				
		ction 3: Written narrative				34. Narrative languag	
lease	e describe the symptoms	in order of appearance, doctor	r consulted or h	nospitaliz	ation, history of similar episo	odes, enter the results from	m reports
f the	investigations, if available						
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Response							
lespo					Signature/Impression		
	ndent's cooperation:		2. Medium				
		1. Good			Signature/Impression Respondent	Responde	
ntervie	ndent's cooperation:		2. Medium		Signature/Impression		
	ndent's cooperation:	1. Good	2. Medium		Signature/Impression Respondent	Responde	

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SAMPLE REGISTRATION SYSTEM SRS - VERBAL AUTOPSY FORM Form 10C : Adult death (15 years or older)

RS unit number		Unique form number	056084
Year: 20 1st HYS	2nd HYS	Unit name	
ame of head of ne household		Identification code of the head	
		of the flead	
il) name of eceased		Identification code of the deceased	
	Section 1: Details for res		Manager Researching
etails of respondent		Identification code	
Name of respondent		of respondent	
Relationship of respondent with decear	sed		
1. Wife/Husband	7. Brother in law/Sister in law	3. Did the respondent live with the decease led to death?	ed during the events tha
2. Brother/Sister	8. Parent in law		
Son/Daughter Methor/Eather	Grandfather/Grandmother Other relative	1. Yes 2. No	
Mother/Father Grandchild	11. Neighbour/No relation	4. Respondent's age in completed years	
6. Son in law/Daughter in law	11. Neighbour/No relation	5. Respondent's sex 1. Male	2. Female
etalls of deceased			
Age in years		10. House address of the deceased (include	de PIN)
Sex 1. Male	2. Female		***************************************
. 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 the address?
. If yes, how many months a year?	2 Mars than the spensey.	D	D / M M / Y
Less than one month One to three months	3. More than three months	12. Date of death	1 1
Relationship of deceased to head of h	agusahald	13. Place of death? 1. Home	3. Other place
Wife/Husband	8. Parent in law	2. Health facility	9. Unknown
2. Brother/Sister	Grandfather/Grandmother	14. What did the respondent think this per	
3. Son/Daughter	10. Other relative	(Allow the respondent to tell the illness in	his or her own words)
4. Mother/Father	11. Neighbour/No relation		
5. Grandchild	12. Self		
6. Son in law/Daughter in law	99. Unknown		
7. Brother in law/Sister in law			······································
	Section 2: P	ast History	
d a doctor EVER stated that the deceas		ast History	
		ast History No Unknow	n
Hypertension	sed had the following diseases?		n
Hypertension Heart disease	sed had the following diseases?		n
Hypertension Heart disease	sed had the following diseases?		n
Hypertension Heart disease Stroke	sed had the following diseases?		п
Hypertension Heart disease Stroke Diabetes	sed had the following diseases?		n
Hypertension Heart disease Stroke Diabetes Tuberculosis	sed had the following diseases?		п
Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS	sed had the following diseases?		n
Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS Cancer (write site in narrative)	sed had the following diseases?		n
Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS Cancer (write site in narrative) Asthma	sed had the following diseases? Yes		n
Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS Cancer (write site in narrative) Asthma Other chronic illness (specify in narra	ative)	No Unknow	n
Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS Cancer (write site in narrative) Asthma Other chronic illness (specify in narrative) During the last year, did the weight o	ative) f the deceased change significal	No Unknow	
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Hypertension Heart disease Stroke Diabetes Tuberculosis HIV/AIDS Cancer (write site in narrative) Asthma Other chronic illness (specify in narrative) During the last year, did the weight o 1. About same 2. Yes, gained significantly	ative) f the deceased change significal 3. Yes	ntly? I lost significantly st 2.5 Kg or more)	
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Yes, gained significantly (gained 2.5 Kg or more) A. Was the deceased taking any medical	ative) f the deceased change significant at the deceased change significant at the first significant at the deceased change significant at the decease significant at the decease significant at the decease significant significant significant significant significant significant significant signif	ntly? , lost significantly st 2.5 Kg or more) mown ve years?	
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First, ask the following questi Tobacco, alcohol and diet		d (First column), ar eased (Ask first)		n for the main respon	ndent (Second colo ndent (Ask seco	umn) nd)
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. Unknown
26B. If yes, how many bidi per day?						
6C. If yes, how many cigarettes per day?						
6D. Any other tobacco smoked?	1. Definite Yes	2. Definite No	9. Unknown	1. Definite Yes	2. Definite No	9. Unknown
7A. 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. Unknown
7B. 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. Unknown
8A. 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. Unknowr
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. Unknowr
For, female deaths aged 15-49 ask	the following questle	ons. For all others,				
OA. Was she either known or suspecte	ed to be pregnant?			she die within 42 day		. Yes 2. No
1. Yes 2. No				she die within 42 day	s of abortion? 1	. Yes 2. No
f YES to question Q30A, B or C the instead complete Form 10D and co	en DO NOT compl	ete narrative bel number here.	\rightarrow 5			
				31 N	arrative language	code
Section 3: Please describe the symptoms in order of	Written narrative	consulted or hospita	dization history o			
of the investigations, if available.	appearance, doctor	consulted of nospite	inzation, matory c	or diffinal operation, and		
of the investigations, if available.						

					al-	
***************************************	***************************************					
			Signature/	Impression		and a market a market
	4 0	2 Modbus C	Door			
Respondent's cooperation:	1. Good	2. Medium 3.				
Interviewer's name	1. Good	2. Medium 3.	Poor Respo			t
				ndent		

SAMPLE REGISTRATION SYSTEM SRS - VERBAL AUTOPSY FORM Form 10D : Maternal death (females aged 15 to 49 years)

RS					Copy this number			
,	Year: 20	1st HYS	2nd HYS		Unit n	ame		
	of head of ousehold				Identification of the head	code		
	ame of				Identification of the deceas	and the same of th		
. W	as she pregnant?				1B. If yes, how many mo			
	1. Yes	2. No		9. Unknown	15.11 you, now many m	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	nan died within 42 d id she receive anter			,	4. Where was the deli	ivery/abortion?	2 04	
	1. Yes	2. No	programo,	9. Unknown	Home Health facility		3. Other 9. Unknown	
					5. Who attended the		S. OHKIN	OWII
	ow many times did a uring the pregnancy		atal care		Trained tradit	tional birth attendant	5. Ayurv Unan	edic/Homeopa Doctor
					2. Untrained trace	ditional birth attendant		
Н	ow many days befor	e death did she de	liver/abortion?		3. Midwife/Nurs		7. Other	
		l-i- t- 048			4. Allopathic Do	octor	9. Unkn	own
	woman had abortion id she have a caesa	The second second second second second			12. Did she have a ford	ceps or vacuum deli	very?	
	1. Yes	2. No		9. Unknown	1. Yes	2. No		9. Unknown
D	id she have too mud	part of the second of the second of the	beginning of I		13. Did she have diffic	ulty in delivering the	placenta?	
-	Yes Id she have too much	2. No	lahour (befor	9. Unknown	1. Yes	2. No	enace?	9. Unknown
	ne baby)?		, labour (belor		14. Did she have fits a	2. No	311688 L	9. Unknown
	1. Yes	2. No	la liberation of	9. Unknown	15. Did she have fits d	COLUMN THE SECRET AND A SECRET AS A SECRETAR A SECRETAR A SECRETAR A SECRET AS A SECRET AS A SECRET AS	ring labour	The second secon
D	id she have too mud 1. Yes	ch bleeding after of 2. No	lelivering the t	9. Unknown	1. Yes	2. No		9. Unknown
D	id she have prolong		3?	5. Olikilowii	16. Did she have fever			
	1. Yes	2. No		9. Unknown	1. Yes	2. No		9. Unknown
D	id she have difficult	Control of the second second second second	baby?		17. Did she have foul s	2. No		9. Unknown
						Z. INU		J. UIIKIIUWII
ase	Yes describe the symptoms	2. No Section 3: Wri in order of appearance	CONTRACTOR DESCRIPTION OF THE PERSON NAMED IN CONTRACTOR OF THE PERSON NAM	CHICAGO CONTRACTOR OF THE		Department and California Commission	ative langua ports of the inv	The second set of the second second
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	describe the symptoms	Section 3: Wri	e, doctor consulte	e in local lang	n, history of similar episodes, e	enter the results from rep	ports of the inv	estigations, if ava
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