

Additional file 1. MEDICAL RECORD ABSTRACTION FORM

Study ID of the deceased:

Hospital's ID: _____
Date: ____/____/____

Part 1: PATIENT DEMOGRAPHICS

1.1 Patient's ID Number:

1.2 Medical record storage number:

1.3 Sex 1 Male 2 Female

1.4 Date of Birth: ____/____/____ 1.5 Date of Death: ____/____/____
dd mm yyyy dd mm yyyy

1.5 Address of Deceased (*as detailed as possible*)

1.6 Case died in Hospital? 1 YES 2 NO

1.7 Date of Admission /____/____/____ 1.8. Date of Discharge /____/____/____
dd mm yyyy dd mm yyyy

1.9. Patient's condition at the discharge:
 1 Recover 2 Severe (patients were taken home)
 3 Referred 4 Died in the hospital

1.10. Diagnosis at discharge:

Main disease: ICD-10 code:.....

Other diseases:ICD-10 codes:

1.11. If the patient died at the hospital, what is cause of death recorded by hospital?

Part 2: FEMALE DEATHS

Not Applicable

2.1 Was this person pregnant 1 YES 2 NO

2.2 Did the death occur within 6 weeks of either a delivery or abortion?

1 YES 2 NO

2.3 If yes to either question:

Provide details – (include Date of Delivery, complications, single or multiple birth, child born alive etc)

Part 3: HISTORY, EXAMINATION, INVESTIGATION AND PROGRESS

3.1. The reasons for hospitalisation (for example: fever, cough, injury due to traffic accident. If the person hospitalised due to injury, describe how did it occur? Type of injuries):

3.2 Diseases history (Does the patient has any chronic diseases/conditions? Any current treatment for these diseases?, for how long? Any noted complications from the chronic condition? Was any surgery / invasive procedure performed on this person?,...):

3.5 Provide details of all imaging studies performed, positive imaging results – include dates / study type and results

3.6 Describe any Histopathology results (cancers, liver and renal biopsies)

Not Applicable

3.7. Is there a positive HIV test result on file 1 YES → __/__/__ 2 NO

THE END.