

COMPARISON BETWEEN QUESTIONNAIRES

BRAZILIAN SHORTENED VERBAL AUTOPSY (and not in PHMRC questionnaire)

PHMRC SHORTENED VERBAL AUTOPSY (and not in brazilian questionnaire)

SECTION 1 INJURIES AND ACCIDENT

Did ... suffer from an injury or accident that led to his/her death?

What kind of injury or accident did ... suffer from?

Was the injury or accident self-inflicted?

Was the injury or accident intentionally inflicted by someone else?

SECTION 2 HISTORY OF CHRONIC CONDITIONS OF THE DECEASED

Was ... ever told by a health professional that he or she ever suffered from one of the following?

Dementia

Arterial hypertension

Chagas disease

Alcohol abuse

Type of cancer

SECTION 3 SYMPTOM CHECKLIST

For how long did ... be ill before died?

For how long did ... have fever?

How severe was the fever?

What was the pattern of the fever?

For how many days did ... have a rash?

Did ... have puffiness of the legs?

For how long did ... have puffiness of the legs?

For how long did ... have cough?

The difficulty breathing was continuous or interspersed?

Did ... have swelling or lump inside the mouth/tongue/cheek/gums?

Did ... have enlarged liver?

For how long did ... have enlarged liver?

Did ... have headaches or pain behind the eyes in the week preceding the death?

Did ... have strong muscle aches or joint pain in the week preceding the death?

Did ... have progressive memory loss, especially for recent events? For how long?

Did ... have memory loss to interfere in the activities of daily life?

For how long before death did ... have a protruding belly?

SECTION 4 QUESTIONS FOR WOMEN

Was she pregnant at the time of death?

For how many months was she pregnant?

Did ... die during an abortion?

Did bleeding occur while she was pregnant?

Did she have excessive bleeding during labour or delivery?

Did she die during labor ou delivery?

For how long was she in labor?

Did she die within 6 weeks of having an abortion?

Did she die within 6 weeks of childbirth?

Did she have excessive bleeding after delivery or abortion?

SECTION 5 TOBACCO USE

Did ... be a former smoker?

If yes, for how long did ... stop smoking?

If yes, how many cigarettes did ... smoke daily in that time?

ALCOHOL USE

Did ... drink alcohol?

For how long did ... drink alcohol?

How often did ... drink alcohol?

SECTION 6 HEALTH RECORDS

If you have any exam result, take a photo or write it down

Where did ... die?

Did a health care worker tell you the cause of death?

What did the health care worker say?

Can I see the death certificate?

Record the immediate cause of death from the certificate.

Record the first underlying cause of death from the certificate.

Record the second underlying cause of death from the certificate.

Record the third underlying cause of death from the certificate.

Record the contributing cause(s) of death from the certificate.

SECTION 7 OPEN ENDED RESPONSE AND INTERVIEWER COMMENTS/OBSERVATIONS SECTION

Adult Checklist

Dengue

Urinary infection

Alcoholism

Chagas disease

Mental disorder

Dementia

Trypanosoma cruzi

Mental health problems caused by alcohol abuse