

**CARRS - Surveillance Study**

**Follow-up survey**

**VERBAL AUTOPSY FORM**

Participant ID <input type="text"/>	Interviewer ID <input type="text"/>
Household ID <input type="text"/>	Follow up ID <input type="text"/>
Date of Interview: <input type="text"/> DD/ MM/ YY	
Name of the Head of the Household:	
Name of the deceased	

**DETAILS OF RESPONDANT**

1. Name of the respondent
2. Relationship of respondent with deceased 
  1. Wife / Husband
  2. Brother / Sister
  3. Son / Daughter
  4. Mother / Father
  5. Grandchild
  6. Son in law / Daughter in law
  7. Brother in law / Sister in law
  8. Parent in law
  9. Grandfather / Grandmother
  10. Other relative
  11. Neighbour / No relation
  12. Unknown
3. Was the respondent present at the time of death?   
[Yes=1; No=2]
4. If "No", when did the respondent see the deceased last?   
[within 1 hour before death=1; within 1-24 hours before death=2; within 24-48 hours before death=3; within 3-7 days before death=4; longer than that=5]
5. Respondent's age in completed years
6. Respondent's sex   
[Female=1; Male=2]

**DETAILS OF DECEASED**

7. Age in years at the time of death
8. Sex   
[Female=1; Male=2]
9. Relationship of deceased with the head of the household 
  1. Wife / Husband
  2. Brother / Sister
  3. Son / Daughter
  4. Mother / Father
  5. Grandchild
  6. Son in law / Daughter in law
  7. Parent in law
  8. Grandfather / Grandmother
  9. Other relative
  10. Neighbour / No relation
  11. Self
  12. Unknown
7. Brother in law / Sister in law

10. House address of the deceased (including PIN)

.....  
.....  
.....

11. Date of death   /   /    
                                  D D                   M M                   Y Y

12. Place of death

- 1. Home
- 2. Health Facility
- 3. Others (Specify \_\_\_\_\_)
- 4. Unknown

13. Is the exact cause of death known?   
[Yes=1; No=2]

14. If "Yes",
- a. What was the exact cause of death? \_\_\_\_\_
  - b. How was the cause of death ascertained?   
[from death certificate=1; by checking medical records=2]

**Please provide a photocopy of the Death Certificate if available.**

**MEDICAL HISTORY OF DECEASED**

15. Had a doctor ever stated that the deceased had the following diseases?

[Yes=1; No=2; Unknown=3]

- a. Hypertension
- b. Heart disease
- c. Stroke
- d. Diabetes
- e. Kidney disease
- f. Asthma / COPD
- g. Cancer
- h. Other illness (Specify \_\_\_\_\_)

**WRITTEN NARRATIVE OF EVENTS THAT LED TO DEATH**

**Please describe the symptoms in order of their appearance, doctor consulted or hospitalisation, history of similar episodes, results from medical and diagnostic tests reports (if available)[consult the symptom list provided to prompt the respondent]**

.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....  
.....

Respondent's cooperation   
[Good=1; medium=2; poor=3]

**Signature / Thumb impression**  
Respondent

Respondent
Interviewer