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

Section 1: Details for respondent and deceased

1. Name of respondent
2. Relationship of respondent with deceased
   - 1. Mother/Father
   - 2. Brother/Sister
   - 3. Grandfather/Grandmother
   - 4. Other relative
   - 5. Neighbour/No relation
3. Did the respondent live with the deceased during the events that led to death?
   - 1. Yes
   - 2. No
4. Respondent's age in completed years
5. Respondent's sex
   - 1. Male
   - 2. Female

Section 2: Neonatal Death

6. Age in completed days
7. Sex
   - 1. Male
   - 2. Female
8. House address of the deceased (include PIN)
9. Date of death

10. Place of death
    - 1. Home
    - 2. Health facility
    - 3. Other
    - 4. Unknown

11. What did the respondent think this person die of?
    (Allow the respondent to tell the illness in his or her own words)

12A. Did s/he die from an injury or accident?
12B. If yes, what kind of injury or accident?
   - 1. Traffic accident
   - 2. Falls
   - 3. Fall of objects
   - 4. Burns
   - 5. Drowning
   - 6. Poisoning

13. Was the child a single or multiple birth?
    - 1. Single
    - 2. Multiple
    - 3. Unknown

14. Where was s/he born?
    - 1. Home
    - 2. Health facility
    - 3. Others
    - 4. Unknown

15. Who attended the delivery?
    - 1. Trained traditional birth attendant
    - 2. Untrained traditional birth attendant
    - 3. Midwife/Nurse
    - 4. Allopathic Doctor
    - 5. Ayurvedic/Homeopathic/Unani Doctor
    - 6. None
    - 7. Other
    - 8. Unknown

16. How many months long was the pregnancy?

17A. Was there any complication during the pregnancy, or during labour?
    - 1. Yes
    - 2. No
    - 3. Unknown

17B. If yes, what complications occurred? (Check all that apply)
    - 1. Mother had fits
    - 2. Excessive bleeding before/during delivery
    - 3. Waters broke one or more days before contractions started
    - 4. Prolonged/difficult labour (12 hours or more)
    - 5. Operative delivery
    - 6. Mother had fever
    - 7. Baby delivered bottom or feet first
    - 8. Baby had cord around neck
    - 9. Unknown

18. Did the mother receive 2 doses of tetanus toxoid during pregnancy?
    - 1. Yes
    - 2. No
    - 3. Unknown

20A. Was s/he able to breathe immediately after birth?
    - 1. Yes
    - 2. No
    - 3. Unknown

20B. If yes, did s/he stop being able to breathe/thirty?
    - 1. Yes
    - 2. No
    - 3. Unknown

20C. If yes, how long (days) after birth did s/he stop breathing/crying?

21A. Was s/he able to suckle normally during the first day of life?
    - 1. Yes
    - 2. No
    - 3. Unknown

21B. If yes, did s/he stop being able to suck in a normal way?
    - 1. Yes
    - 2. No
    - 3. Unknown

21C. If yes, how long (days) after birth did s/he stop sucking?
Details of sickness

25. For how many days was s/he sick before death?
   1. Yes
   2. No
   9. Unknown

26A. Did s/he have fever?
   1. Yes
   2. No
   9. Unknown

26B. If yes, how many days did the fever last?

27A. Did s/he have any difficulty with breathing?
   1. Yes
   2. No
   9. Unknown

27B. If yes, for how many days did the difficulty with breathing last?

28A. Did s/he have fast breathing?
   1. Yes
   2. No
   9. Unknown

28B. If yes, for how many days did the fast breathing last?

29. Did s/he have in-drawing of the chest?
   1. Yes
   2. No
   9. Unknown

30A. Did s/he have a cough?
   1. Yes
   2. No

30B. Did s/he have grunting (demonstrate)?
   1. Yes
   2. No
   9. Unknown

30C. Did his/her nostrils flare with breathing?
   1. Yes
   2. No
   9. Unknown

31A. Did s/he have diarrhoea (frequent liquid stools)?
   1. Yes
   2. No
   9. Unknown

31B. If yes, for how many days were the stools more frequent or liquid?

32. Did s/he vomit?
   1. Yes
   2. No
   9. Unknown

33. Did s/he have redness around, or discharge from, the birth cord stump?
   1. Yes
   2. No
   9. Unknown

34. Did s/he have areas of skin that were red, hot or peeling?
   1. Yes
   2. No
   9. Unknown

35. Did s/he have a skin rash with blisters containing pus?
   1. Yes
   2. No
   9. Unknown

36. Did s/he have yellow eyes or skin?
   1. Yes
   2. No
   9. Unknown

37. Did s/he have spasms or fits (convulsions)?
   1. Yes
   2. No
   9. Unknown

38. Did s/he become unresponsive or unconscious?
   1. Yes
   2. No
   9. Unknown

39. Did s/he have a bulging fontanelle (describe)?
   1. Yes
   2. No
   9. Unknown

40. Did the child's body feel cold when touched?
   1. Yes
   2. No
   9. Unknown

Section 3: Written narrative in local language

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of investigations, if available.

Respondent's cooperation:
   1. Good
   2. Medium
   3. Poor

Interviewer's name:

Signature/Impression:

Date:

Respondent

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

<table>
<thead>
<tr>
<th>SRS unit number</th>
<th>Unique form number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>025980</td>
</tr>
</tbody>
</table>

**Section 1: Details for respondent and deceased**

1. **Name of respondent**
   - Identification code of respondent

2. **Relationship of respondent with deceased**
   - 1. Father
   - 2. Brother/Sister
   - 3. Son/Daughter
   - 4. Other relative
   - 5. Grandchild
   - 6. Neighbour/No relation

3. **Did the respondent live with the deceased during the events that led to death?**
   - 1. Yes
   - 2. No

4. **Respondent's age in completed years**
   - [ ]

5. **Respondent's sex**
   - 1. Male
   - 2. Female

6. **House address of the deceased (Include PIN)**
   - [ ]

**Details of deceased**

- **For < 1 year:**
  - [ ]
- **For > 1 year:**
  - [ ]

**Sex**
- 1. Male
- 2. Female

**Relationship of deceased to head of household**
- 1. Child
- 2. Brother/Sister
- 3. Son/Daughter
- 4. Other relative
- 5. Grandchild
- 6. Neighbour/No relation

**Place of death?**
- 1. Home
- 2. Health facility
- 3. Other place
- 4. Unknown

**What did the respondent think this person die of?**
(Allow the respondent to list all the illnesses in his or her own words)

**Date of death**
- [ ]

**Section 2: Child death**

13A. **Did s/he die from an injury or accident?**
   - 1. Yes
   - 2. No — Skip to Q14

13B. **If yes, what kind of injury or accident?**
   - 1. Traffic accident
   - 2. Falls
   - 3. Burns
   - 4. Drowning
   - 5. Poisoning
   - 6. Natural disaster
   - 7. Suicide
   - 8. Work accident
   - 9. Unknown

15A. **Was s/he born premature?**
   - 1. Yes
   - 2. No — Skip to Q16A
   - 9. Unknown

15B. **If yes, after how many months of pregnancy?**
   - 1. Yes
   - 2. No — Skip to Q17
   - 9. Unknown

16A. **Was the child breast-fed?**
   - 1. Yes
   - 2. No — Skip to Q17
   - 9. Unknown

16B. **If yes, did the child stop feeding during the illness that led to death?**
   - 1. Yes
   - 2. No — Skip to Q17
   - 9. Unknown

23A. **Did s/he have diarrhoea (more frequent or more liquid stools)?**
   - 1. Yes
   - 2. No — Skip to Q24A
   - 9. Unknown

23B. **If yes, for how many days?**
   - 1. Yes
   - 2. No — Skip to Q24A
   - 9. Unknown

23C. **Was there visible blood in the stools?**
   - 1. Yes
   - 2. No
   - 9. Unknown

23D. **If s/he had diarrhoea, was s/he given any fluids such as local term for oral rehydration treatment?**
   - 1. Yes
   - 2. No
   - 9. Unknown

24A. **Did s/he have a cough?**
   - 1. Yes
   - 2. No — Skip to Q25A
   - 9. Unknown

24B. **If yes, how many days?**
   - 1. Yes
   - 2. No — Skip to Q25A
   - 9. Unknown

24C. **Was it...?**
   - 1. Dry
   - 2. Productive
   - 3. With blood
   - 9. Unknown

25A. **Did s/he have breathing difficulties?**
   - 1. Yes
   - 2. No — Skip to Q26A
   - 9. Unknown
<table>
<thead>
<tr>
<th>Tobacco, alcohol and diet</th>
<th>Deceased (Ask first)</th>
<th>Respondent (Ask second)</th>
</tr>
</thead>
<tbody>
<tr>
<td>26A. Did she smoke tobacco within the last 5 years?</td>
<td>1. Definite Yes</td>
<td>1. Definite Yes</td>
</tr>
<tr>
<td>26B. If yes, how many bid per day?</td>
<td>2. Definite No</td>
<td>2. Definite No</td>
</tr>
<tr>
<td>26C. If yes, how many cigarettes per day?</td>
<td>9. Unknown</td>
<td>9. Unknown</td>
</tr>
<tr>
<td>26D. Any other tobacco smoked?</td>
<td>1. Definite Yes</td>
<td>1. Definite Yes</td>
</tr>
<tr>
<td>26E. Did she chew tobacco within the last 5 years?</td>
<td>2. Definite No</td>
<td>2. Definite No</td>
</tr>
<tr>
<td>26F. Did she smoke tobacco within the last 5 years?</td>
<td>9. Unknown</td>
<td>9. Unknown</td>
</tr>
<tr>
<td>28A. Did she normally drink alcohol (use least term) at least once a week during most weeks?</td>
<td>1. Definite Yes</td>
<td>1. Definite Yes</td>
</tr>
<tr>
<td>28B. If yes, normal average no. of days per week that drinks was taken (1 to 7, or 9, Unknown)</td>
<td>2. Definite No</td>
<td>2. Definite No</td>
</tr>
<tr>
<td>29. Was she a pure vegetarian (consumed no egg, meat or fish) for last few years?</td>
<td>9. Unknown</td>
<td>9. Unknown</td>
</tr>
</tbody>
</table>

For female deaths aged 15-49 ask the following questions. For all others, skip to Q31.

30A. Was she either known or suspected to be pregnant?  
1. Yes  
2. No

30B. Did she die within 42 days of delivery?  
1. Yes  
2. No

30C. Did she die within 42 days of abortion?  
1. Yes  
2. No

If YES to question Q30A, B or C then DO NOT complete narrative below. Instead complete Form 100 and copy the Form 100 number here.

Section 3: Written narrative in local language

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations. If available.

Signature/Impression

Respondent

Interviewer

Respondent

Interviewer

Respondent's cooperation:  
1. Good  
2. Medium  
3. Poor

Interviewer's name

Date:  
D D M M Y Y

Code

Respondent

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

**SRS unit number**  
Copy this number on the Form 10C: 534352  

**Unit number**

**Year:** 20
1st HVS  
2nd HVS

**Name of head of the household**

**Full name of deceased**

1A. **Was she pregnant?**  
1. Yes  
2. No  
9. Unknown

2A. **Did she receive antenatal care during the pregnancy?**  
1. Yes  
2. No  
9. Unknown

2B. **How many times did she receive antenatal care during the pregnancy?**

3. **How many days before death did she deliver/abortion?**

4. **Where was the delivery/abortion?**  
1. Home  
2. Health facility  
3. Other

5. **Who attended the delivery?**  
1. Trained traditional birth attendant  
2. Untrained traditional birth attendant  
3. Midwife/Nurse  
4. Ailoprop Doctor  
5. Ayurvedic/Homeopathic/Unani Doctor  
6. None  
7. Other

6. **Did she have a caesarean delivery?**  
1. Yes  
2. No  
9. Unknown

7. **Did she have too much bleeding at the beginning of labour pains?**  
1. Yes  
2. No  
9. Unknown

8. **Did she have too much bleeding during labour (before delivering the baby)?**  
1. Yes  
2. No  
9. Unknown

9. **Did she have too much bleeding after delivering the baby?**  
1. Yes  
2. No  
9. Unknown

10. **Did she have prolonged labour > 12 hrs?**  
1. Yes  
2. No  
9. Unknown

11. **Did she have difficulty in delivering the baby?**  
1. Yes  
2. No  
9. Unknown

12. **Did she have a forceps or vacuum delivery?**  
1. Yes  
2. No  
9. Unknown

13. **Did she have difficulty in delivering the placenta?**  
1. Yes  
2. No  
9. Unknown

14. **Did she have fits and loss of consciousness?**  
1. Yes  
2. No  
9. Unknown

15. **Did she have fits during pregnancy/during labour or after labour?**  
1. Yes  
2. No  
9. Unknown

16. **Did she have fever?**  
1. Yes  
2. No  
9. Unknown

17. **Did she have foul smelling discharge?**  
1. Yes  
2. No  
9. Unknown

**Section 3: Written narrative in local language**

**18. Narrative language code**

Please describe the symptoms in order of appearance, doctor consulted or hospitalization, history of similar episodes, enter the results from reports of the investigations, if available.

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**Respondent's cooperation:**  
1. Good  
2. Medium  
3. Poor

**Interviewer's name**  
**Code**

**Date:**

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**Signature/Impression**

**Respondent**

**Interviewer**