

## Verbal Autopsy review main study\_20190613

Is this an independent review or after consensus reached with team member?

- Independent
- Consensus

### Reviewer ID

Submit the reviewer ID provided by NCODV project

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### Consensus Reviewer ID

Insert the letter C then insert both reviewers 2 digit ID numbers (include a 0 before single digit IDs) from smallest to largest.

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### Verbal autopsy Unique study ID

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### Batch number

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### Information on the respondent

Did the respondent live with the decedent during period just before death?

- Yes
- No
- Unknown

### Verification of VA USID number

The VA USID number you typed in earlier is:

Verbal autopsy unique study identifier

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### Sex of decedent

- Male
- Female
- Unknown

**Is the decedent's date of birth available?**

- Yes
- No

**Decedent date of birth**

yyyy-mm-dd

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**Decedent date of death**

yyyy-mm-dd

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If no date of birth is available, type the approximate age of the decedent. If this information is not available or cannot be reasonably estimated, leave this question blank. Select unit of age as days, months or years

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**Select unit of age**

- Days
- Weeks
- Months
- Years

**If you selected less than 7 days, confirm the death is perinatal**

- Yes

**Verification of age of decedent****PERINATE was NaN days old.**

Verify that this is the correct age by typing Y. If age is incorrect go back and correct details.

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**NEONATE was NaN days old.**

Verify that this is the correct age by typing Y. If age is incorrect go back and correct details.

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**CHILD was NaN years NaN months and NaN days old.**

Verify that this is the correct age by typing Y. If age is incorrect go back and correct details.

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**ADULT was NaN years NaN months and NaN days old.**

*Verify that this is the correct age by typing Y. If age is incorrect go back and correct details.*

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## HIV and TB

### HIV status

- Positive
- HIV status not reported but on ARV treatment (not PMTCT)
- Symptoms and signs suggestive of HIV despite status reported as negative or unknown
- Negative
- HIV-exposed (infants only)
- Unknown

### If HIV-exposed was PMTCT given

- Yes
- No
- Unknown

### If HIV-exposed indicate current HIV status

- Positive
- Negative
- Unknown

### Evidence of AIDS defining conditions

- No
- Extrapulmonary tuberculosis
- Recurrent pneumonia
- Disseminated mycosis or candidiasis of oesophagus or trachea
- Other HIV related infections (Pneumocystis jirovecii pneumonia, toxoplasmosis, cryptococcosus, cryptosporidiosis, CMV, HSV, salmonellosis)
- HIV related cancers (Lymphoma (cerebral or B cell non Hodgkins), Kaposi's sarcoma, invasive cervical cancer)
- HIV wasting syndrome
- HIV encephalopathy
- Other AIDS related conditions

### If Other AIDS defining conditions, specify

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**Tuberculosis**

- Diagnosis of TB
- Previous TB
- TB status not reported but mention of TB treatment
- No mention of TB but symptoms and signs suggestive of TB
- No TB
- Unknown

**Did the patient have surgery during last illness before death**

- Yes
- No
- Unknown

**Describe indication for surgery and surgical procedure performed**

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**Do you think the surgery contributed to the death?**

- Yes
- No
- Unknown

**Manner of death**

- Natural (disease)
- Accident
- Suicide
- Homicide
- Unknown

**If death was accidental select the circumstances of death**

- Road traffic accident
- Other accidents (train, air, boat, falls, natural disasters, drowning, poisoning etc.)
- Complications of medical or surgical procedures
- Undetermined

For road traffic accident indicate whether decedent was driver, passenger or pedestrian.

- Driver
- Passenger
- Pedestrian
- Unknown

**Select death certificate**

Use perinatal death certificate for stillbirths and deaths occurring up to 7th day of life (0-6 days of age)

- WHO cause of death certificate for all ages (do not use for perinatal deaths)
- Perinatal cause of death certificate (use for stillbirths and deaths occurring up to 7th day of life or 0-6 days of age)

**WHO cause of death certificate for all ages: Part 1 Causal sequence (Report underlying cause on lowest used line)**

Part 1 a Immediate cause of death (condition leading directly to death)

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Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)

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Select unit for interval

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Part 1 line b**

1b Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)

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Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Part 1 line c**

**1c Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Part 1 line d**

**1d Antecedent cause of death (Morbid conditions, if any, giving rise to condition listed above, stating underlying cause on lowest completed line)**

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**WHO cause of death certificate for all ages: Part 2 Contributing conditions****Part 2 Contributing conditions - Other significant conditions contributing to the death but not related to the disease or condition causing the death**

*If more than one condition reported state duration in brackets after each condition listed*

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**Approximate interval between onset and death (number of minutes, hours, days, weeks, months or years)**

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**Select unit for interval**

- Minutes
- Hours
- Days
- Weeks
- Months
- Years

**Female age confirmation**

**CONTROL QUESTION:** Please confirm that the decedent is a female of child bearing age (11 to 60 years). If No, the pregnancy section will be skipped

- Yes
- No

**For women**

**Was the deceased pregnant within 1 year of death?**

- Yes
- No
- Unknown

**If the deceased was pregnant, was it**

- At the time of death
- Within 42 days before the death
- Between 43 days up to 1 year before death
- Unknown

**Did the pregnancy contribute to the death?**

- Yes
- No
- Unknown

**Perinatal death certificate [Stillbirths and infants up to 7th day of life i.e. 0 - 6 days of age]****Main disease or condition in fetus or infant**

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**Other disease or condition in fetus or infant**

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**Main maternal condition affecting fetus or infant**

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**Other maternal disease or condition affecting fetus or infant**

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**Other relevant factors**

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**Additional perinatal information****Stillborn or liveborn**

- Stillborn
- Live birth
- Unknown



**If stillborn, was it**

- Fresh stillbirth
- Macerated stillbirth
- Unknown

**If death within first 24 hr of life, specify number of hours survived**

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**Birth weight in grams**

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**Number of completed weeks of pregnancy**

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**Multiple pregnancy**

- Yes
- No
- Unknown

**Age of mother (years)**

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**Reviewers comments****Provide brief evidence for your selection of cause of death sequence in Part I. (Substantiate with information available in VA and narrative)**

*There will be cases where it might be very difficult to identify the underlying cause of death. Try to assign a cause of death but do not make things up.*

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**What was the quality of information in verbal autopsy records (consistency between narrative and responses, contradictions, etc.)**

*Score the quality from 1 (very poor) to 5 (excellent)*

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**How sufficient was the information to certify a cause of death?**

*Score from 1 (very poor) to 5 (excellent)*

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The VA USID for this case is: