

**VADU HEALTH AND DEMOGRAPHIC SURVEILLANCE SYSTEM  
(VADU HDSS)  
VADU RURAL HEALTH PROGRAM, K.E.M HOSPITAL, PUNE  
DEATH EVENT FORM**

Starting time of the interview: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	
Interviewer Name : _____ Signature: _____ Date / /	
PID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	CID <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q0001	Household Number (In which Death Occurred) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Village      Wadi      Household Number
Q0002	Does this deceased person permanently belong to VRHP area? 01 Resedential of Vadu Area 02 Visitors to our study area (to Any Household) (Go to 03 person travelling through Vadu area      . _ Q. 005)
Q0003	Name of the head of household _____ Village Name _____ Wadi Name _____ Landmark _____ Phone Number _____
Q0004	Name of the Respondent <i>(Respondent should be head of the household or preferably the adult member of the house)</i> _____
Q0005	Name of the deceased person _____
Q0006	Permanent address of the deceased person. <i>(Village Wadi)</i> Village Name _____ Wadi Name _____

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Q0007	Place where death occurred	Village Name _____ Wadi Name _____
Q0008	Age of the deceased at	/ / Year    Month    Days
Q0009	Sex of deceased person	01 Female 02 Male
Q0010	Occupation of deceased person	_____
Q0011	Marital status of the deceased person	01 Married 02 Re-married ( <i>widow / widower or second marriage</i> ) 03 Separate 04 Divorced ( <i>legaly</i> ) 05 Widow/widower 06 Unmarried
Q0012	What is the relationship of deceased person with you?	02 Spouse ( <i>wife/husband</i> ) 03 Son/daughter 04 Daughter/son-in-laws 05 Grandson/daughter 06 Mother/father 07 Father/mother-in-laws 08 Brother/sister 09 Step wife 10 Grandmother/ father 11 Other relationship ( <i>Specify</i> ) _____ 12 No relation but friends /servants/ paying guest 88 Do not know/cannot say
Q0013	Place of death	01 Government hospital 02 Private hospital 03 Home 04 In transit towards hospital 05 Other ( <i>Specify</i> ) _____

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Q0014	Date of death	<div style="display: flex; justify-content: space-around; font-size: 2em;">/ /</div> <div style="display: flex; justify-content: space-around; font-size: 0.8em;">Days    Month    Year</div>
Q0015	Place where death is registered	01 Gram Panchayat 02 Corporation 03 Other ( <i>Specify</i> ). _____ 04 So far not registered
Q0016	Cause of death ( <i>Record exactly what the respondent exactly responses</i> )	_____ _____
Q0017	Does this death is maternal mortality? () <i>(If the deceased person is female and died in reproductive age group (15-45) during the pregnancy, at time of delivery or after 42 days of delivery then there is chance of maternal mortality.)</i>	01 Yes 02 No ..... (if Answer is No Stop Questioning)
Q0018	If yes,	01 During the pregnancy 02 At time of delivery 03 After 42 days of delivery
End time of the interview: <input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>		
Checked by _____ Signature: _____ Date:        /        /		
Name of the data entry operator: _____ Signature : _____ Date:        /        /		