

10/66 Dementia Research Group

LIFE2YEARS

December 2017 (VERSION Mariella)

INTERNATIONAL STANDARD VERBAL AUTOPSY QUESTIONNAIRE

-----  
IDENTIFICATION  
-----

date Interview dd/mm/yyyy   
interid ID Interviewer  [1-2 digits]  
houseid Household ID  [1-5 digits]  
particid Participant ID  [1 digit]

-----  
SECTION 1.1 INTERVIEWER VISITS  
-----

DOI (FINAL VISIT)

outcome  1 2 4 5 6 7

ADDRESS/DIRECTIONS TO HOUSEHOLD:

-----  
SECTION 1.2 ADDITIONAL DEMOGRAPHIC INFORMATION  
-----

INFORMED CONSENT / INTRO

Signature of interviewer:

Date:

RESPONDENT AGREES TO BE INTERVIEWED 1

RESPONDENT DOES NOT AGREE TO BE INTERVIEWED 2 -> END

consent

-----  
SECTION 2. BASIC INFORMATION ABOUT RESPONDENT  
-----

202 NAME OF THE RESPONDENT. RECORD NAME:

informfup

va203  1 2 3 4 5 6 8

va204  Yes (1) No (2)

-----  
SECTION 3. INFORMATION ON THE DECEASED AND DATE/PLACE OF DEATH  
-----

301 What was the name of the deceased? RECORD NAME:

particfup \_\_\_\_\_

va302 ☐ Female(1) Male(2)

va304 Age in years \_\_\_\_\_

va308 Death dd/mm/yyyy \_\_\_\_\_

va309 ☐ 1 2 3 6 9

-----  
SECTION 4. RESPONDENT'S ACCOUNT OF ILLNESS/EVENTS LEADING TO DEATH  
-----

401 Could you tell me about the illness/events that led to her/his death?

SUMMARISE INFORMATION PROVIDED

402 What do you think was the cause of his/ her death?

RECORD CAUSE OF DEATH 1 ACCORDING TO RESPONDENT

403 RECORD CAUSE OF DEATH 2 ACCORDING TO RESPONDENT

(IF MORE THAN ONE CAUSE GIVEN)

-----  
SECTION 5. HISTORY OF PREVIOUSLY KNOWN MEDICAL CONDITIONS  
-----

501 Please tell me if the deceased suffered from any  
of the following illnesses:

va502 High BP ☐ - Yes(1) No(2) Don't Know(9)

va503 Diabetes ☐ 1 2 9

va504 Asthma ☐ 1 2 9

va505 Epilepsy ☐ 1 2 9

va506 Malnutrition ☐ 1 2 9

va507 Cancer ☐ 1 2 9

508 Can you specify the type or site of cancer?

RECORD TYPE/ SITE

va509 Tuberculosis ☐ - Yes(1) No(2) Don't Know(9)

va510 HIV/AIDS ☐ 1 2 9

va511 other illness ☐ 1 2 9

512 Can you specify the illness?

RECORD ILLNESS

va601 ☐ - Yes(1) No(2) Don't Know(9) -XXX- if 2/9, SKIP to 604

va602 ☐ - 1 2 3 4 5 6 96 99

va603 ☐ - Yes(1) No(2) Don't Know(9)

va604 ☐ - Yes(1) No(2) Don't Know(9)

va605 ☐ - Yes(1) No(2) Don't Know(9) -XXX- if 2/9, SKIP to vagender

va606 ☐ - 1 2 3 6 9

RECORD GENDER OF DECEASED AGAIN HERE

vagender ☐ - Female(1) Male(2) -XXX- if male, SKIP to 901

-----  
SECTION 7. SYMPTOMS AND SIGNS ASSOCIATED WITH ILLNESS OF WOMEN  
-----

va701 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 703

va702a ☐ - days

va702b ☐ - months

va703 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 707

va704a ☐ - days

va704b ☐ - months

va707 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 901

va708a ☐ - days

va708b ☐ - months

-----  
Illness before death  
-----

va901a  - days

va901b  - months

va902  - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 907

va903a  - days

va903b  - months

va904  - Continuous(1) On and off(2) DK(9)

va905  - Yes(1) No(2) DK(9)

va906  - Yes(1) No(2) DK(9)

va907  - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 912

va908a  - days

va908b  - months

va909  - Yes(1) No(2) DK(9)

va910  - 1 2 9

va911  - 1 2 9

va912  - Yes(1) No(2) DK(9)

va913  - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 917

va914a  - days

va914b  - months

va915  - Yes(1) No(2) DK(9)

va916  - Yes(1) No(2) DK(9)

va917  - Yes(1) No(2) DK(9)

va918  - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 927

va919a  - days

va919b  - months

va920  - Suddenly(1) Gradually(2) DK(9)

va9201  - Yes(1) No(2) DK(9)

va921  - 1 2 3 9

va922  - Yes(1) No(2) DK(9)

va923  - 1 2 9

va9231  - 1 2 9

va924  - 1 2 9

va925x  - 1 2 9

va926  - 1 2 9

va927 ☐ - Yes(1) No(2) DK(9)  
 va928 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 933  
 va929a ☐ - days  
 va929b ☐ - months  
 va930 ☐ - Continuous(1) On and off(2) DK(9)  
 va931 ☐ - Yes(1) No(2) DK(9)  
 va932 ☐ - enter '99' if don't know  
 va933 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 939  
 va934a ☐ - days  
 va934b ☐ - months  
 va935 ☐ - 1 2 6 9  
 va936 ☐ - enter '99' if don't know  
  
 va939 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 941  
 va940a ☐ - days  
 va940b ☐ - months  
  
 va941 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 944  
 va942a ☐ - days  
 va942b ☐ - months  
 va943 ☐ - Raipdly(1) Gradually(2) DK(9)  
  
 va944 ☐ - Yes(1) No(2) DK(9)  
 va945 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 948  
 va946a ☐ - days  
 va946b ☐ - months  
 va947 ☐ - 1 2 3 4 9  
  
 va948 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 950  
 va949a ☐ - days  
 va949b ☐ - months  
  
 va950 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 952  
 va951a ☐ - days  
 va951b ☐ - months  
  
 va952 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 955  
 va953a ☐ - days  
 va953b ☐ - months  
 va954 ☐ - Yes(1) No(2) DK(9)

va955 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 957

va956a ☐ - days

va956b ☐ - months

va957 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 960

va958a ☐ - days

va958b ☐ - months

va959 ☐ - Suddenly(1) Fast(2) Slowly(3) DK(9)

va960 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 963

va961a ☐ - days

va961b ☐ - months

va962 ☐ - Suddenly(1) Fast(2) Slowly(3) DK(9)

va963 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 965

va964a ☐ - days

va964b ☐ - months

va965 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 967

va966a ☐ - days

va966b ☐ - months

va967 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 969

va968a ☐ - days

va968b ☐ - months

va969 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 972

va970a ☐ - days

va970b ☐ - months

va971 ☐ - Suddenly(1) Fast(2) Slowly(3) DK(9)

va972 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 975

va973a ☐ - days

va973b ☐ - months

va974 ☐ - Suddenly(1) Fast(2) Slowly(3) DK(9)

va975 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 977

va976a ☐ - days

va976b ☐ - months

va977 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 979

va978a ☐ - days

va978b ☐ - months

va979 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 982

va980a ☐ - days

va980b ☐ - months

va981 ☐ - Yes (1) No (2) DK (9)

va982 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 986

va983a ☐ - days

va983b ☐ - months

va9841 ☐ - Yes (1) No (2) DK (9)

va9842 ☐ - 1 2 9

va9843 ☐ - 1 2 9

va9844 ☐ - 1 2 9

va985 ☐ - Measles (1) Clear fluid (2) Pus (3) DK (9)

va986 ☐ - Yes (1) No (2) DK (9)

va987 ☐ - 1 2 9

va988 ☐ - 1 2 9

va989 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 9892

va9891a ☐ - days

va9891b ☐ - months

va9892 ☐ - Yes (1) No (2) DK (9)

va990 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 991

va9901a ☐ - days

va9901b ☐ - months

va991 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 992

va9911a ☐ - days

va9911b ☐ - months

va99121 ☐ - Yes (1) No (2) DK (9)

va99122 ☐ - 1 2 9

va99123 ☐ - 1 2 9

va99124 ☐ - 1 2 9

va99125 ☐ - 1 2 9

va992 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 993

va9921a ☐ - days

va9921b ☐ - months

va99221 ☐ - Yes(1) No(2) DK(9)

va99222 ☐ - 1 2 9

va99223 ☐ - 1 2 9

va99224 ☐ - 1 2 9

va993 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 994

va9931a ☐ - days

va9932b ☐ - months

va994 ☐ - Yes(1) No(2) DK(9)

va995 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 1001

9952 What was the location of the ulcer, abcess or sore?

SPECIFY

-----  
SECTION 10: TREATMENT AND HEALTH SERVICE USE FOR THE FINAL ILLNESS  
-----

va1001 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 1004

1002 Can you please list the drugs that s/he was given for the illness that led to death?

COPY FROM PRESCRIPTION/ DISCHARGE NOTES IF POSSIBLE

1003 Type of treatment

va10031	<input type="checkbox"/>	-	Yes (1)	No (2)	DK (9)
va10032	<input type="checkbox"/>	-	1	2	9
va10033	<input type="checkbox"/>	-	1	2	9
va10034	<input type="checkbox"/>	-	1	2	9

SPECIFY

1004 Places/ facilities

va10041	<input type="checkbox"/>	-	Yes (1)	No (2)	DK (9)
va10042	<input type="checkbox"/>	-	1	2	9
va10043	<input type="checkbox"/>	-	1	2	9
va10044	<input type="checkbox"/>	-	1	2	9
va10045	<input type="checkbox"/>	-	1	2	9
va10046	<input type="checkbox"/>	-	1	2	9
va10047	<input type="checkbox"/>	-	1	2	9
va10048	<input type="checkbox"/>	-	1	2	9

SPECIFY

va1005 ☐ - enter '99' if don't know

va1006 ☐ - Yes (1) No (2)

1007 What did the health care worker say?

RECORD CAUSE OF DEATH GIVEN BY HEALTH CARE WORKER

va1008 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 1101

va1009a ☐ - days

va1009b ☐ - months

va1010 ☐ - Abdomen (1) Chest (2) Head (3) Other (6) DK (9)

-----

SECTION 11: RISK FACTORS

-----

va1101 ☐ - Yes (1) No (2) DK (9) -XXX- if 2/9, SKIP to 1106

va1102 ☐ - years, code '0' if less than a year

va1103 ☐ - Daily (1) Weekly (2) Once in a while (3) DK (9)

va1104 ☐ - Yes (1) No (2) DK (9)

va1105 ☐ - month, code '0' if less than a month

val1106 ☐ - Yes(1) No(2) DK(9) -XXX- if 2/9, SKIP to 1201  
val1107 ☐ - years, code '0' if less than a year  
val1108 ☐ - Daily(1) Weekly(2) Once in a while(3) DK(9)  
val1109 ☐  
val1110 ☐ - Yes(1) No(2) DK(9)  
val1110x ☐ - month, code '0' if less than a month

-----  
SECTION 12:DATA ABSTRACTED FROM DEATH CERTIFICATE  
-----

val1201 ☐

1202 May I see the death certificate?

RECORD DAY, MONTH, AND YEAR OF DEATH FROM DEATH CERTIFICATE

death

1203. RECORD DAY, MONTH, AND YEAR OF ISSUE FROM DEATH CERTIFICATE

1204.RECORD THE CAUSE OF DEATH FROM THE FIRST (TOP) LINE OF THE DEATH CERTIFICATE

1205.RECORD THE CAUSE OF DEATH FROM THE SECOND LINE OF THE DEATH CERTIFICATE

1206.RECORD THE CAUSE OF DEATH FROM THE THIRD LINE OF THE DEATH CERTIFICATE

1207.RECORD THE CAUSE OF DEATH FROM THE FOURTH LINE OF THE DEATH CERTIFICATE

-----  
SECTION 13:DATA ABSTRACTED FROM OTHER HEALTH RECORDS  
-----

1301.ARE ANY OTHER HEALTH RECORDS AVAILABLE FROM THE FAMILY OR CLINICAL SERVICES ?

va1301 ☐ - Yes (1) No (2)

1302 FOR EACH TYPE OF HEALTH RECORD SUMMARIZE DETAILS FOR LAST TWO VISITS  
(IF MORE THAN TWO) AND RECORD DATE OF RECORD

1303.BURIAL PERMIT -SPECIFY CAUSE OF DEATH

1304.POSTMORTEM RESULTS- SPECIFY CAUSE OF DEATH

1306.HOSPITAL PRESCRIPTION-SPECIFY ANY RELEVANT INFORMATION

1307.TREATMENT CARDS- SPECIFY ANY RELEVANT INFORMATION

1308.HOSPITAL DISCHARGE- SPECIFY ANY RELEVANT INFORMATION

1309.LABORATORY RESULTS- SPECIFY ANY RELEVANT INFORMATION

1310. OTHER HOSPITAL DOCUMENTS - SPECIFY ANY RELEVANT INFORMATION