REVIVE Study # 208 Plate # 060 Visit # 099

Participant ID: ☐☐☐☐ ☐☐☐☐
Site No. Participant No.

CRF NUMBER 60 - Verbal Autopsy (VA)

A. Have all available medical records been uploaded? ☐ None available ☐ Yes ☐ Pending

B. Were you able to contact a respondent to complete the Verbal Autopsy questionnaire? ☐ No ☐ Yes → If **No**, the remainder of the VA questionnaire does not need to be completed. Save CRF-60.

Introduce yourself and explain the purpose of your visit. Confirm that the respondent is a relative or caregiver of the deceased participant.

Has verbal consent obtained from the respondent? ☐ No ☐ Yes → If **No**, the remainder of the VA questionnaire does not need to be completed. Save CRF-60.

If Yes, date verbal consent obtained: ☐☐☐☐ ☐☐ ☐☐ (*year* *month* *day*)

Section 1: Information about the interview and the respondent

1.1 Date of interview ☐☐☐☐ ☐☐ ☐☐ (*year* *month* *day*)

1.2 Name of VA interviewer _____

1.3 Relationship of respondent to the deceased
☐ Spouse ☐ Parent ☐ Child ☐ Sibling
☐ Other relative, specify: _____
☐ Non-related caregiver
☐ Other, specify: _____

Section 2: Information about the deceased participant

2.1 Location where the deceased participant died
☐ Hospital ☐ Other health facility ☐ On route to the health facility
☐ Home
☐ Other, specify: _____
☐ Declined to answer
☐ Unknown

2.2 Death registered? ☐ No ☐ Yes ☐ Don't know ☐ Declined to answer

If Yes, record date of death registration ☐☐☐☐ ☐☐ ☐☐ (*year* *month* *day*)

Section 3: Social history and behaviors of the deceased participant

***Current**: During the past year, smoked part or all of a cigarette/ consumed a drink containing alcohol/ consumed recreational drugs*
***Former**: Quit smoking/alcohol consumption/recreational drug use for > 1 year*
***Never**: smoked part or all of a cigarette/ consumed a drink containing alcohol/consumed recreational drugs*

3.1 Tobacco use ☐ Current ☐ Former ☐ Never ☐ Don't know
3.2 Alcohol consumption ☐ Current ☐ Former ☐ Never ☐ Don't know
3.3 Recreational drug use ☐ Current ☐ Former ☐ Never ☐ Don't know

REVIVE Study # 208 Plate # 061 Visit # 099

Participant ID: ☐☐☐☐ ☐☐☐☐

Site No. Participant No.

CRF NUMBER 61 - Verbal Autopsy *(continued)*

Section 4: Open ended narrative in local language

How did this person die? *(Write an account of final illness in respondent's own words). Please describe the symptoms in order of appearance, doctor consulted or hospitalization and history of similar episodes.*

What is the cause of death according to the respondent? _____ OR ☐ Unknown

Section 5: Context of death

5.1 Did the participant die suddenly? *(i.e. dying within 24 hours of being in regular health (their baseline))* ☐ No ☐ Yes ☐ Don't know

5.2 How long was the time from when the participant started deteriorating until they died? ☐ <12 hours ☐ <24 hours ☐ 2-7 days ☐ >7 days, specify number of weeks: ☐☐☐

5.3 Was the death witnessed? ☐ No ☐ Yes *(describe in narrative)* ☐ Don't know

Section 6: Recent symptom checklist

Symptom	GENERAL	Additional information if symptom is present (provide comments on duration and frequency)
6.1 Fever	☐ No ☐ Yes ☐ Don't know	
6.1.1 If Yes, did the fever continue until death?	☐ No ☐ Yes	_____
6.2 Weight loss	☐ No ☐ Yes ☐ Don't know	
6.3 Night sweats	☐ No ☐ Yes ☐ Don't know	
6.4 Generalised weakness	☐ No ☐ Yes ☐ Don't know	
6.4.1 If Yes, degree of weakness	☐ Did not interfere with ADLs ☐ Unable to perform ADLs ☐ Partially bed bound ☐ Bed bound	_____

REVIVE Study # 208 Plate # 062 Visit # 099

Participant ID: ☐☐☐☐ ☐☐☐☐

Site No. Participant No.

CRF NUMBER 62 - Verbal Autopsy (VA) *(continued)*

Section 6: Recent symptom checklist *(continued)*

Symptom		Additional information if symptom is present (provide comments on duration and frequency)
	SKIN	
6.5 Rash	☐ No ☐ Yes ☐ Don't know	
6.5.1 If Yes, where was the rash located?	☐ Face ☐ Trunk ☐ Arms and legs ☐ Everywhere ☐ Don't know	_____
6.6 Lump	☐ No ☐ Yes ☐ Don't know	
6.6.1 If Yes, where was the lump found?	☐ Neck ☐ Armpit ☐ Groin ☐ Other, specify:_____	_____
6.7 Ulcer/Sores	☐ No ☐ Yes ☐ Don't know	
6.7.1 If Yes, did the sores have fluid/pus?	☐ No ☐ Yes ☐ Don't know	_____
	HEAD, EARS, NOSE, THROAT	
6.8 Sore throat	☐ No ☐ Yes ☐ Don't know	_____
6.9 Difficulty swallowing	☐ No ☐ Yes ☐ Don't know	_____
	RESPIRATORY	
6.10 Cough	☐ No ☐ Yes ☐ Don't know	_____
6.10.1 If Yes, Duration	☐☐ Days *(enter 99 if unknown)* ☐☐ Months *(enter 99 if unknown)* ☐ Don't know	
6.10.2 Did the cough produce sputum?	☐ No ☐ Yes ☐ Don't know	
6.10.3 Did the participant cough blood?	☐ No ☐ Yes ☐ Don't know	
6.11 Shortness of breath	☐ No ☐ Yes ☐ Don't know	_____
6.12 Wheezing	☐ No ☐ Yes ☐ Don't know	_____
	CARDIOVASCULAR	
6.13 Chest pain	☐ No ☐ Yes ☐ Don't know	
6.13.1 If Yes, how long did the pain last?	☐ <24 hours ☐ >24 hours ☐ Don't know	_____
6.14 Leg swelling	☐ No ☐ Yes ☐ Don't know	_____
6.15 Generalised swelling	☐ No ☐ Yes ☐ Don't know	_____
	MUSCULOSKELETAL	
6.16 Myalgia	☐ No ☐ Yes ☐ Don't know	_____
6.17 Arthralgia	☐ No ☐ Yes ☐ Don't know	_____
6.18 Back pain	☐ No ☐ Yes ☐ Don't know	_____
6.19 Neck stiffness	☐ No ☐ Yes ☐ Don't know	_____

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Participant ID: ☐☐☐☐ ☐☐☐☐

Site No. Participant No.

CRF NUMBER 63 - Verbal Autopsy (VA) *(continued)*

Section 6: Recent symptom checklist *(continued)*

Symptom		Additional information if symptom is present (provide comments on duration and frequency)
	GASTROINTESTINAL	
6.20 Jaundice	☐ No ☐ Yes ☐ Don't know	
6.21 Abdominal pain	☐ No ☐ Yes ☐ Don't know	
6.21.1 If Yes, where was the pain?	☐ Upper abdomen ☐ Lower abdomen ☐ Don't know	
6.22 Protruding abdomen	☐ No ☐ Yes ☐ Don't know	
6.22.1 If Yes, how rapidly did this develop?	☐ Over a few hours ☐ Over a few days ☐ Over a few weeks ☐ Months	
6.23 Nausea	☐ No ☐ Yes ☐ Don't know	
6.24 Vomiting	☐ No ☐ Yes ☐ Don't know	
6.25 Diarrhoea	☐ No ☐ Yes ☐ Don't know	
6.26 Blood in the stool	☐ No ☐ Yes ☐ Don't know	
	GENITOURINARY	
6.27 Puffiness of the face	☐ No ☐ Yes ☐ Don't know	
6.28 No urine output	☐ No ☐ Yes ☐ Don't know	
6.29 Blood in the urine	☐ No ☐ Yes ☐ Don't know	
6.30 Flank pain	☐ No ☐ Yes ☐ Don't know	
	NEUROLOGICAL	
6.31 Headache	☐ No ☐ Yes ☐ Don't know	
6.32 Speech changes	☐ No ☐ Yes ☐ Don't know	
6.33 Seizures	☐ No ☐ Yes ☐ Don't know	
6.34 Drowsiness /Loss of consciousness	☐ No ☐ Yes ☐ Don't know	
6.34.1 If Yes, How did it start	☐ Suddenly ☐ Slowly ☐ Don't know	
6.34.2 Did it continue until death?	☐ No ☐ Yes ☐ Don't know	
6.35 Confusion	☐ No ☐ Yes ☐ Don't know	
6.36 Focal weakness	☐ No ☐ Yes ☐ Don't know	

REVIVE Study # 208 Plate # 064 Visit # 099

Participant ID: ☐☐☐☐ ☐☐☐☐

Site No. Participant No.

CRF NUMBER 64 - Verbal Autopsy (VA) *(continued)*

Section 6: Recent symptom checklist *(continued)*

Please list *up to* **three <u>PROMINENT</u>** symptoms identified above in the following time categories.

Occurred in the month before death: _____

_____

_____

Occurred in the week before death: _____

_____

_____

Occurred in the day before death: _____

_____

_____

Section 7: Health service utilization

Please make copies of any relevant health care records and records from the last year of life of the deceased participant that the respondent has in their possession.

7.1 Did the participant seek medical care while having this final illness? ☐ No ☐ Yes ☐ Don't know

7.1.1 If Yes, please list the names of the facilities the participant sought care from:

Primary care: _____

Hospital: _____

Hospice: _____

Other: _____

7.1.2 If Yes, please indicate what this was for, including any treatment given:

_____

_____

7.2 Do you have any medical records of the deceased that I may look at? ☐ No ☐ Yes

*(If **Yes**, please attach copies of medical records. Please **redact participant identifiers** and **write participant ID** on the document before uploading in DFexplore)*

7.3 Did the participant have an operation for the illness? ☐ No ☐ Yes ☐ Don't know

7.3.1 If Yes, did the participant have the operation within 1 month before death? ☐ No ☐ Yes ☐ Don't know

7.4 Did a healthcare worker tell you the cause of death? ☐ No ☐ Yes

7.4.1 If Yes, what did the healthcare worker say?

_____

_____

7.5 During the final illness, was there any diagnosis by a healthcare professional of any of the following *(mark all that apply)*:

☐ Tuberculosis ☐ Malaria ☐ Pneumonia ☐ Meningitis ☐ Cancer ☐ Heart Disease

☐ Epilepsy ☐ Stroke ☐ Kidney disease ☐ Liver disease ☐ Other, specify: _____

7.6 Was a death certificate issued? ☐ No ☐ Yes ☐ Don't know ☐ Declined to answer

7.6.1 If Yes, may I see the death certificate? ☐ No ☐ Yes (attach a copy)

END OF INTERVIEW. THANK RESPONDENT FOR PARTICIPANTION

Attach all relevant documents received from the respondent