

**Death Investigation Form for COVID-19**  
**NATIONAL CENTRE FOR DISEASE CONTROL**

RESPONDENT INFORMATION			
1. Name of respondent	Jitender prasad		2. Relationship with deceased
3. Age	30 yr		4. Sex
DECEASED INFORMATION			
1. Name of deceased	Kanchan	2. Age	22 yr
3. Name of Health Facility where admitted:	Prithvi Hospital	3. Sex	F
4. Date of death	21/05/2021	6. District (Isolation facility):	Prithvi
5. Name of interviewer		7. State (Isolation facility):	Uttar Pradesh
6. Case Classification: Confirmed <input checked="" type="checkbox"/> Suspect <input type="checkbox"/>	Contact Number of Interviewer		
SOCIO-DEMOGRAPHIC PROFILE			
Nationality	Indian		
Postal Address	District	Phone number	email id
CLINICAL INFORMATION			
1. Patient clinical course			
2.1	Date of onset of symptoms		
2.2	Date of admission to Isolation facility		
2.3	ICU Admission (yes/no)		
2.4	Ventilation support required (yes/no)		
2.5	Cause of death (As mentioned on death certificate):		
2.6	Patient Symptoms at admission (Tick all reported)		
a) Fever/chills	b) Sore throat	c) Headache	
d) General weakness	e) Breathlessness	f) Irritability/confusion	
g) Cough	h) Diarrhea	i) Any other (specify)	
j) Runny nose	k) Pain (circles) muscular, chest, abdominal joint		
3	Patient signs at admission: Details of following signs to be taken from the case sheet if the patient admitted		
a) Temperature	b) Abnormal lung X-Ray findings (yes/no)	c) Coma (yes/no)	
d) Sinitis (yes/no)	e) Tachypnoea (yes/no)	f) Seizure (yes/no)	
g) Redness of eyes (yes/no)	h) Abnormal lung auscultation (yes/no)	i) Any other (specify)	
4. Underlying medical conditions (Tick all that apply)			
a) COPD	b) Hypertension	c) Chronic neurological or neuromuscular disease	
d) Chronic Renal Disease	e) Asthma	f) Heart disease	
g) Bronchitis	h) Pregnancy	i) Immunocompromised condition including HIV, TB	
j) Malignancy	k) Post-partum (< 6 weeks)	m) Any other (mention)	
n) Diabetes	o) Liver Disease	p) None	
5. EXPOSURE HISTORY			
Occupation (circle): Student/ Businessman/ Health care worker/ Health care lab worker/ animal handler/ any other			
6. H/O contact with COVID-19 cases (Circle): Yes/ No			
6.1 If yes to Q. 6, then mention contact setting (tick all that apply)			
a) While taking samples/ other investigations	b) Visit to a place where COVID-19 cases are treated or sampled (specify detail)		
c) Critical care of case (among ICU)	d) Immigration Staff at Point of Entry (details of place)		
e) Housekeeping (Hospital)	f) Others, Specify		
g) Caregiver of the case (specify details of case)	h) Not known		
7. Is patient a member of a cluster of patients with severe acute respiratory illness (e.g., fever and pneumonia requiring hospitalization) or COVID 19? (Yes/No)			
8. TRAVEL HISTORY			
10. Has deceased travelled outside India in the past one month? Yes/ No/ If yes provide details			

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