

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

RESPONDENT INFORMATION			
1.	Name of respondent	2. Relationship with deceased	
3.	Age	4. Sex	
DECEASED INFORMATION			
1.	Name of deceased	2. Age	3. Sex
5.	Name of Health Facility where admitted:	6. District (Isolation facility):	7. State (Isolation facility):
2.	Name of interviewer	Address of interviewer:	Contact Number of interviewer:
3.	Case Classification: Confirmed <input type="checkbox"/> Suspect <input type="checkbox"/>		
B SOCIODEMOGRAPHIC PROFILE			
Nationality: Indian		Non-Indian (Name of country)	
Postal Address	District	Phone number	email id
C CLINICAL INFORMATION			
1 Patient clinical course			
1.1	Date of Onset of symptoms		
1.3	Date of admission to isolation facility:		
1.4	ICU Admission (yes/no)		
1.5	Ventilation support required (yes/no)		
1.6	Cause of death (As mentioned on death certificate):		
2 Patient Symptoms at admission (tick all reported)			
a)	Fever/chills	b) Sore throat	c) Nausea/Vomiting
d)	General weakness	e) Breathlessness	f) Headache
g)	Cough	h) Diarrhea	i) Irritability/confusion
j)	Runny nose	k) Pain(circle)muscular, chest, abdominal, joint	l) Any other(specify)
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)	Stridor (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) (trimester)	j) Immunocompromised condition including HIV, TB
k)	Malignancy	l) Post-partum(< 6 weeks)	m) Any other(mention)
n)	Diabetes	o) Liver Disease	p) None
D EXPOSURE HISTORY			
5	Occupation (circle): Student/ Businessman/ Health care worker/Health care lab worker/ animal handler/ any other		
6	H/O contact with COVID-19 case (Circle): Yes/ No		
6.2	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)	Clinical care of case (among HCW)	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)		
E TRAVEL HISTORY			
10.	Has deceased travelled outside India in the past one month? Yes/ No. If yes provide details		