

FORM 5a: BLOCK AND DISTRICT LEVEL LINE LIST

To be compiled at the block level from the deaths reported by ANMs; at the district level by compilation of reports from all blocks

Name of District: Name of Block: Month: Year:

	Indicators	Case1	Case2	Case3	Case4	...	Total
1.	MCTS ID						
2.	Name						
3.	Mother's name						
4.	Sex						
	Male_____	1					
	Female_____	2					
5.	Category						
	SC/ST_____	1					
	OBC_____	2					
	General_____	3					
6.	Age						
	<28 days_____	1					
	29 days-1 year_____	2					
	1-5 years_____	3					
7.	Village						
8.	PHC area						
9.	Sub-centre area						
10.	Place of birth						
	Home_____	1					
	Health facility: public_____	2					
	Health facility: private_____	3					
	In transit_____	4					
11.	Birth weight (Kg)						
12.	Last weight recorded in MCP card (for children < 3 years)						
13.	Immunisation status : complete as per age						
	Yes_____	1					
	No_____	2					
14.	Date of death						
	DD/MM/YYYY						
15.	Place of death (Public Health facility/Private Hospital/Home/in transit)						
	Home_____	1					
	Health facility: private_____	2					
	Health facility: public_____	3					
	In transit_____	4					
16.	Probable cause of death						
17.	Level of delay (I/II/III/Multiple levels/Cannot be ascertained)						
18.	Name of the ANM who conducted first brief investigation						
19.	Date on which First Brief Investigation carried out DD/MM/YYYY						
20.	Case selected for Verbal Autopsy						
	Yes_____	1					
	No_____	2					
21.	Assigned Cause of death/final diagnosis						

FORM 5b: DISTRICT LEVEL REPORTING FORM FOR DETAILED INVESTIGATION

Name of District:

Name of Block:

Month:

Year:

	Indicators	Case1	Case2	Case3	Case4	Total
1.	MCTS ID						
2.	Name						
3.	Mother's name						
4.	Sex	Male____ 1					
		Female____ 2					
5.	Category	SC/ST____1					
		OBC____2					
		General____3					
6.	Age	<28 days____1					
		29 days-1Year__2					
		1-5 years____3					
7.	Place of death	Home____1					
		Health facility: private____2					
		Health facility: public____3					
		In transit____4					
8.	Detailed Verbal Autopsy report submitted or not	Yes____1					
		No____2					
9.	Cause of death/final diagnosis assigned in CBCDR						
10.	Detailed FBCDR conducted (Applicable only for deaths in public health facility)	Yes____1					
		No____2					
11.	If yes, cause of death assigned in FBCDR						