

ANNUAL HEALTH SURVEY MORTALITY SCHEDULE

State Zone District Rural -1, Urban-2 Stratum Sample Unit

Col. 1 to 3 to be filled for all Households & Col. 4 to 23 for deaths occurred to the usual residents of the sample unit during 01.01.2007 to 31.12.2009. Still births not to be included.

Serial No.	House No. (3 digits)*	Household No. (2 digits)*	Name of the deceased	Sex of deceased (Male-1, Female-2)	Date of death								Age at death			Source of medical attention before death (Code)	Place of death (Code)	Registration of death		For Infant death (< 1 year)		For female deceased aged 15-49 years							
													Below 1 month (in days)	1 to 11 months (in completed months)	1 year and above (in completed years)			Is the death registered? (Yes-1, No-2, Don't Know-3)	If code 1 in Col. 12, whether received the Death Certificate? (Yes-1, No-2)	Serial number of mother as in Household Schedule	Order of birth	Symptoms leading to death (Code)	Was the death associated with pregnancy? (Yes-1, No-2)	Period when the death occurred? (code)	If Yes in Col. 17, ask the following				
					D	D	M	M	Y	Y	Y	Y													Top two factors contributing to death in order of priority (Code)	Symptoms leading to death (Code)	Time between onset of complications and death (code)	Distance from place (where the deceased was staying) to the nearest medical facility (in kms)#	
					P ₁	P ₂																							
1	2	3	4	5	6								7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23

Code for Col. (10)	
Item	Code
GOVERNMENT	
Sub Center	01
PHC	02
CHC	03
UHC/UHP/UFWC	04
Dispensary/Clinic	05
Hospital	06
AYUSH Hospital/Clinic	07
PRIVATE	
Dispensary/Clinic	08
Hospital	09
AYUSH Hospital/Clinic	10
NGO or Trust Hosp/Clinic	11
At Home	12
Others	99
No Medical Attention	00

Code for Col. (11)	
Item	Code
At home	1
In-transit	2
In health facility	3
Other Places	4

Code for Col. (16)	
Item	Code
Asphyxia	01
Hypothermia	02
Infections	03
Birth injuries	04
Convulsions soon after birth	05
Jaundice	06
Bleeding from umbilicus & elsewhere	07
Congenital / Birth defects	08
Pre-term / Low birth weight baby not thriving	09

Code for Col. (16) – Contd.	
Item	Code
Respiratory infection	10
Diarrhoea / Dysentery	11
Fever with rash	12
Fever with convulsions	13
Fever with Jaundice	14
Others	15
Neonatal mortality (0-28 days) : Codes 01-09 & 15	
Post neonatal mortality (29-365 days): Codes 08-15	

Name and Signature of the Enumerator			
Sl. No.	Name	Signature	Date

Code for Col. (18)	
Item	Code
During antenatal period	1
During delivery	2
During abortion	3
Within 42 days of delivery	4
After 42 days of delivery	5
Within 42 days of abortion	6
After 42 days of abortion	7

Code for Col. (20)	
Item	Code
Delay in receiving health care at facility	1
Inadequate care at health facility	2
Lack of transport in shifting to facility	3
Lack of funds	4
Seriousness of the condition not realised	5
Seriousness of the condition realized but decision not made by family members	6
Others	7

Code for Col. (21)	
Item	Code
Excess bleeding	1
Sepsis	2
Pregnancy Induced Hypertension (PIH)	3
Prolonged labour / obstructed labour	4
Injury to uterus & other organs	5
Anaemia	6
Jaundice	7
Malaria	8
Other medical conditions in pregnancy	9
Other conditions not related to pregnancy	0

Code for Col. (22)	
Item	Code
< 2 hours	1
2 hours to < 24 hours	2
24 hours to < 2 days	3
2 days to < 7 days	4
7 days to < 14 days	5
14 days or more	6

** = To be copied from Household Schedule

= If distance is less than 1 km record '0'.

