



VERBAL AUTOPSY

Annexure - D

SAMPLE QUESTIONNAIRE

for

AES/JE (AES Unknown & JE Confirm) **DEATH CASE**

To be filled up by members of the committee at the time of Verbal Autopsy
(To be used at all government health facilities)

Registration Number : AES -		Date:
Reporting Information :		
Date of Case Reported :	Notified by :	
Date of Case Investigated :	Investigated by :	
Patient Information :		
Patient's Name :	Sex :	Date of Birth :
Age : Years Months	Father's Name :	
Religion: Muslim/Hindu/ Other :	Address :	
Village/Mohallah :	Landmark :	
Block/Urban Area:	District:	
State:	Mob.No.	
Travel History over Two weeks from Onset of First Symptoms		
	1	2
Date From		
Date to		
Address		
Block		
District and State		
Immunization History :		
JE Immunization Yes/No/Partial/Unknown :	Date of last JE Immunization : / /	
Signs and Symptoms :		
Date of onset of first symptoms : / /	Headache- Yes/No/Unknown :	
Change in mental status- Yes/No/ Unknown :	Paralysis- Yes/No/Unknown :	
Fever- Yes/No/ Unknown :	Unconsciousness- Yes/No/Unknown :	
Seizure- Yes/No/ Unknown :	Neck rigidity- Yes/No/ Unknown :	

- ❖ Probable cause of death :
- ❖ Were the drugs and equipments as per Standard Operating Procedure Module available in health facility at the time of visit of team? Please elaborate.
- ❖ Was the patient treated at the health facility as per Standard Operating Procedure guidelines ? If yes please give details.(Use extra sheet if need be)
- ❖ Final opinion of Verbal Autopsy Team:

(Name, Signature & Designation of members of the committee with date)

Verbal Autopsy Committee Members	
District level committee- Chairperson- Civil Surgeon of concerned district Committee members- ACMO, DIO and District VBD Control Officer	Medical College level committee- Chairperson- Principal of concerned Medical College Committee members- HoD of concerned Department & two Senior Medical Officers

जीवन्त बिहार... सपना हो सकार



राज्य स्वास्थ्य समिति, बिहार



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