National Centre for Disease Informatics and Research

Indian Council of Medical Research

NCDIR e-Mor

NAME OF CLINIC / NURSING HOME / HOSPITAL / INSTITUTE : .....

HOSPITAL INFORMATION

Name of Unit/Department * ..... Name of Treating Doctor/Surgeon/Physician .....

Hospital Registration Number *..... Date of Admission to Hospital .....

DECEASED INFORMATION

Date of Death * ☐☐ ☐☐ ☐☐ (*dd mm yy*) Time of Death * ..... : ..... a.m. / p.m.

Full Name of Patient (At least one name is compulsory) *

....

Title First Name Middle Name Last Name

Age * ☐ Years ☐ Months ☐ Days ☐ Hours Sex * ○ Male ○ Female ○ Others

Religion *(please enter the code in the box)* ☐

1. Hindu 2. Muslim 3. Christian 4. Sikh 5. Jain 6. Neo-Buddhist
7. Parsi 8. Indigenous Faith/Others, Specify ..... 9. Unknown

Occupation *(please enter the code in the box)* ☐

1. Legislators, Senior Officials and Managers
2. Professionals
3. Technicians and Associate Professionals
4. Clerks
5. Service Workers and Shop & Market Sales Workers
6. Skilled Agricultural and Fishery Workers
7. Craft and Related Trades Workers
8. Plant and Machine Operators and Assemblers
9. Elementary Occupations
10. Non Worker
11. Not Known
12. Others, Specify.....

Aadhar (Unique Identification) Number ☐☐☐☐☐☐☐☐☐☐☐☐

Permanent address of the deceased * ○ **In India** ○ **Outside India** *(complete address in 'Urban' section)*

○ Urban

H.No./Building Name .....

Road/Street Name .....

Area/Locality/PO .....

Ward/Corporation/Div .....

City/Town * .....

District * .....

State * .....

○ Rural

House No .....

Village/Gram Panchayat * .....

Taluk/Tehsil (Sub Dist) * .....

PHC/Sub-Centre .....

Pin Code * ☐☐☐☐☐☐

* *Required*

Local address of the deceased at the time of death ○ **In India** ○ **Outside India** *(complete address in 'Urban' section)*

☐ Please select box if the address is same as permanent address

○ Urban

H.No./Building Name .....

Road/Street Name .....

Area/Locality/PO .....

Ward/Corporation/Div .....

City/Town * .....

District * .....

State * .....

○ Rural

House No .....

Village/Gram Panchayat * .....

Taluk/Tehsil (Sub Dist) * .....

PHC/Sub-Centre .....

Pin Code * ☐☐☐☐☐☐

FAMILY / INFORMANT INFORMATION

	Title	First Name	Middle Name	Last Name	Aadhar Number	Informant
Father	.....	.....	.....	.....	☐☐☐☐☐☐☐☐☐☐☐☐	○
Mother	.....	.....	.....	.....	☐☐☐☐☐☐☐☐☐☐☐☐	○
Husband / Wife	.....	.....	.....	.....	☐☐☐☐☐☐☐☐☐☐☐☐	○
Informant	.....	.....	.....	.....		○

INFORMANT'S ADDRESS

☐ Please select box if the address is same as permanent address of the deceased

○ Urban

H.No./Building Name .....

Road/Street Name .....

Area/Locality/PO .....

Ward/Corporation/Div .....

City/Town * .....

District * .....

State * .....

○ Rural

House No .....

Village/Gram Panchayat * .....

Taluk/Tehsil (Sub Dist) * .....

PHC/Sub-Centre .....

Pin Code * ☐☐☐☐☐☐

DEATH INFORMATION

Place of Death ○ This Hospital ○ House ○ Others, Specify .....

Type of Medical attention received just before death

○ Admitted in same hospital ○ Medical attention other than institution

○ No Medical attention ○ Unknown

** Required*

What was the mode of dying? *(please enter the code in the box)* ☐

1. Cardiac Arrest / Heart Attack
2. Cardio Respiratory Failure
3. Cardio Respiratory Arrest
4. Respiratory Failure / Arrest
5. Shock
6. Heart Failure
7. Coma / Brain Failure
8. Multi Organ / System Failure
9. Others, Specify …….....

CAUSE OF DEATH

1) What is the disease or condition directly leading to death of the person? *
(Avoid causes listed as mode of dying. Complete the underlying cause of death sequence)

	Immediate Cause	ICD-10 Description	Approximate interval between onset and death: Years	Months	Days	Hours	Minutes
1a	……..... (due to or as a consequence of)	…….....	☐	☐	☐	☐	☐
	Antecedent Cause						
1b	……..... (due to or as a consequence of)	…….....	☐	☐	☐	☐	☐
	Antecedent Cause						
1c	……..... (due to or as a consequence of)	…….....	☐	☐	☐	☐	☐

2) Did the person suffer from other significant conditions contributing to death but not resulting in the underlying cause given above? *

	Approximate interval between onset and death: Years	Months	Days	Hours	Minutes
☐ Coronary Heart Disease	☐	☐	☐	☐	☐
☐ Cerebrovascular Disease	☐	☐	☐	☐	☐
☐ Diabetes Mellitus	☐	☐	☐	☐	☐
☐ Cancer	☐	☐	☐	☐	☐
☐ Others, Specify …….	☐	☐	☐	☐	☐
☐ Others, Specify …….	☐	☐	☐	☐	☐
☐ None	☐	☐	☐	☐	☐

If cancer is an underlying or contributing condition, then explain below

Primary Site of Tumour-Topography …… (Include sub-site if any)

Primary Histology-Morphology ……..…..

Secondary Site of Tumour……...

Morphology of Metastasis……..…..

MANNER OF DEATH *

○ Natural ○ Accident ○ Suicide ○ Homicide ○ Pending Investigation

How did the injury occur? .....

Death Related to Pregnancy

○ No ○ During Pregnancy ○ During Delivery ○ Within 6 weeks after the end of pregnancy

HABITS

If used to habitually,

Smoke	○ No	○ Yes	Years : ☐
Chew Tobacco	○ No	○ Yes	Years : ☐
Chew arecanut in any form (including pan masala)	○ No	○ Yes	Years : ☐
Drink Alcohol	○ No	○ Yes	Years : ☐

DOCTOR INFORMATION

Name of the Doctor Certifying Death * .....

Registration Number.....

Designation .....

Hospital .....

Name of person completing form.....

Date of completing form ☐☐ ☐☐ ☐☐ *dd mm yy*

Name of Data Entry Operator .....

Date of entry ☐☐ ☐☐ ☐☐ *dd mm yy*

Note:

○ *Indicates single selection only, shade the circle.*

☐ *Indicates multiple selection possible, tick the box.*