

# COVID-19 Verbal Autopsy Form

## Introduction

RAPID MORTALITY ASSESMENT AND SURVEILLANCE: REVEALING THE TOLL OF COVID-19 IN SOMALIA

### Verbal Autopsy Point

- ☐ Community
- ☐ Health facility

### Are you filling in actual or practice data?

- ☐ Actual
- ☐ Practice

## Interview

### Name of the interviewer

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### Date of interview

yyyy-mm-dd

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### Name of respondent

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### GPS coordinates

*Please only collect the geocoordinates while you are present at the location of interview.*

latitude (x.y °)

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longitude (x.y °)

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altitude (m)

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accuracy (m)

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## Deceased information

**What is the Respondent's Relationship with the Deceased?**

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**Record the Name of the Deceased**

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**What was the Age of the Deceased?**

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**What was the Gender of the Deceased?**

- ☐ Male
- ☐ Female

## **Death and sickness**

**Record the Date of Death**

yyyy-mm-dd

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**What was the Duration of the Sickness before Death in days?**

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## **Geography**

**Residential Address of the Deceased state**

- ☐ Somaliland
- ☐ Banadir
- ☐ Galmudug State
- ☐ Hir-Shabelle State
- ☐ Jubaland State
- ☐ Puntland
- ☐ South West State

**Residential Address of the Deceased region**

**Residential Address of the Deceased district**

**Residential Address of the Deceased Village name**

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**His/her Duration of Stay in the area (in years)**

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## Location

### Type of settlement

- ☐ Urban
- ☐ Rural
- ☐ Nomadic
- ☐ IDP / Refugee camp

### Where did the death happened?

- ☐ At home
- ☐ In hospital

## Deceased background

### What was the Occupation of the Deceased?

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### What was his/her Education Level

- ☐ Illiterate
- ☐ Quran
- ☐ Primary
- ☐ Secondary
- ☐ University

## Physical distancing and lockdown

### Is there a physical distancing / stay-at-home measures in place in this area?

- ☐ Yes
- ☐ No
- ☐ Lock down ended

### When did the lockdown end?

yyyy-mm-dd

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### In the two weeks before the death, did the deceased suffer an injury or accident that led to the death

- ☐ Yes
- ☐ No

## Deceased condition

### In the two weeks before death, did the deceased Test positive for COVID-19

- ☐ Yes
- ☐ No

**In the two weeks before death, did the deceased had high fever**

- ☐ Yes
- ☐ No

**In the two weeks before death, did the deceased reported newly losing or having decreased sense of smell or taste**

- ☐ Yes
- ☐ No

**In the two weeks before death, did the deceased reported Have difficulty in breathing**

- ☐ Yes
- ☐ No

**In the two weeks before death, did the deceased Live with, visit, or care for someone who had any of these symptoms or a positive COVID-19 test**

- ☐ Yes
- ☐ No

**In the two weeks before death, did the deceased Travel to an area where COVID-19 was known to be present**

- ☐ Yes
- ☐ No

## **Illnesses**

**Did the deceased have any other known illnesses?**

- ☐ Yes
- ☐ No

**Which other illnessess did the deceased have?**

- ☐ Pregnancy
- ☐ Post-partum (<6 weeks)
- ☐ Cardiovascular disease, including hypertension
- ☐ Immunodeficiency, including HIV
- ☐ Diabetes
- ☐ Renal disease
- ☐ Liver disease
- ☐ Chronic lung disease
- ☐ Chronic neurological or neuromuscular disease
- ☐ Malignancy
- ☐ Other(s), please specify

**Pregnancy trimester:**

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Other known illness:

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