

SYMPTOM LIST FOR DEATHS

HOW TO USE THIS LIST:

1.

Identify **MAJOR SYMPTOMS** from history.

a.

For each symptom, ask **probing** questions listed below, including associated symptoms.

b.

For each symptom, ask about **duration (how many days, weeks, or months?)**, **treatment received**, **hospital/clinics used**, and details on death certificate/clinical records if available.
2.

If respondent **does not give clear history then** ask about each **MAJOR SYMPTOM** one by one.

a.

And then probe **all positive responses**.

1 FEVER

- High or low grade
- If more than 30 days **see weight loss**
- Continuous with no normal temperature, intermittent (on and off), or occasional
- Fever rose every day
- Repeated attacks with chills, shaking, sweating, muscle pain
- Associated with** **diarrhoea**, **cough**, headache, **chest pain**, jaundice, burning sensation while passing urine, neck stiffness, irritated and does not like light or sound, **fits**, confusion, drowsiness, coma, fever followed by rash/blisters

2 COUGH

- Dry, wet (with sputum), bloody (rusty), foul smelling
- If more than 30 days **see weight loss**
- Worse during day or night, only at night
- Cough with wheezing or in-drawing (use local language)
- Had to sit in bed for relief
- Pain at the sides of the chest wall
- Pain worse with cough and/or deep breath
- Associated with** **fever**, **weight loss**, night sweats, evening rise of temperature, vomiting, hoarseness of voice

3 BREATHLESSNESS

- Onset and **progression** (did the person feel short of breath initially on exertion, but progressively worsens to breathlessness at rest)

- Occurs soon after lying flat and relieved by sitting up
- What brings it on? Allergy or chest infection
- Episodes or attacks of wheezes and breathlessness
- Associated with** **fever**, **weight loss**, night sweats, evening rise of temperature, vomiting and hoarseness of voice, swelling of hands and legs, swelling of the body or abdomen

4 DIARRHOEA/DYSENTERY IN STOOLS

- Loose/semisolid stools, blood/mucus in stools, watery/rice water like stools
- If more than 30 days **see weight loss**
- Painless and large quantity
- Blood in the stool, colour red or black
- How many times a day at worst
- Associated with** vomiting, **fever**, very thirsty, dehydration (less water in the body, sunken eyes, reduced urine amount)

5 WEIGHT LOSS

- Loss of weight became very rapid in last 2-3 months
- Prolonged unexplained **fever** for more than 1 month (constant or continuous)
- Diarrhoea** for more than 1 month
- Persistent **cough** for more than 1 month
- Swelling** in arm pits, neck, groin
- Itching and skin rash
- White sores or white patches in mouth
- History of tuberculosis

6 CHEST PAIN

- Onset: **sudden or gradual**
- Did pain last more **than 24 hours or less than 24 hours?**
- Location:** chest, upper stomach, back
- Spread** of pain: to left arm, deep central chest, hand, shoulder, back, etc
- Pain **worse** with walking/exertion/**cough** or deep breath, touching the area or eating
- Associated with** **breathlessness**, sweating, vomiting, passed out, **fever**

7 PARALYSIS/STROKE

- Onset: over minutes, hours or noticed on waking up
- Accompanied by sudden loss of consciousness**
- Any paralysis in any part of the body**
- Which part of body (half side, one arm, right/left face)**
- Time of onset: during activity or in sleep
- Associated with** vomiting, headache, loss of memory, loss of vision or speech, loss of urinary control, loss of sensation of any part of body, **seizures/fits**, neck stiffness

8 OEDEMA (SWELLING)

- Location: hands and feet or elsewhere, only abdomen
- Sudden or gradual
- Worse at night or morning
- Associated with** **breathlessness** at rest, **fever**, **urinary problems**, **jaundice**, worse with walking, fatigue, feeling the heart beat faster, nausea, loss of appetite

9 URINARY PROBLEMS

- Reduced **urine amount**
- Change in passing urine:** burning with urine, urine with pus or blood, frequent passage of urine, intense desire to pass more urine even after the bladder has been emptied
- Associated with** pain in middle of lower abdomen, tenderness in the side of abdomen, sudden onset of pain in one or both loins, spreading to lower abdomen, paleness, nausea, vomiting, became dull, drowsy or unconsciousness, **swelling** of face or eyelids (especially in the morning), hands, legs or abdomen

10 GI TRACT PROBLEMS

- Type of abdominal pain:** one place or all over, **type** (burning), **sudden or gradual**
- Relationship to food: Was pain more on empty stomach? Was it relieved after taking food? Difficulty in swallowing solid or liquid food?
- Location:** middle of upper abdomen or extending to chest
- Did pain wake person from sleep?
- Periodicity:** pain occurs in episodes, lasting 1-3 weeks every time, 3-4 times per year
- Type of abdominal distension:** sudden or gradual
- Associated with** loss of appetite, nausea, **jaundice**, constipation, black stools, vomiting with blood, **breathlessness**, sweating, history of surgery or trauma or cancer, history of lump/mass in abdomen, alcohol abuse

- What **become yellow:** eyes or skin or urine (dark yellow/brown)
- When did **yellowness start:** early, and got worse, or later after person was quite ill for some time
- Associated with:** **fever**, **weight loss**, **swelling** of abdomen, feet and then face and hands, **breathlessness**, vomiting blood, alcohol abuse, history of cancer

12 SEIZURES/ FITS

- History of sudden jerky movements of arms or legs
- With or without loss of consciousness
- Awake between fits or not
- Associated with** **fever**, **paralysis/stroke**, rolling of eye balls, frothing of mouth, loss of memory, bit tongue, bed wetting, confused, history of head injury

11 JAUNDICE (YELLOWNESS IN THE WHITE PART OF EYES OR SKIN)