

Adjudication  
Report #      
95000 - 99900

Subject ID:          
Centre # Community # Household # Member #

Subject Initials     
F M L

Baseline ID:                  
Centre # Community/ Household # Subject ID #

## DEATH DETAILS:

1. Reported Date of Death:         OR ☐ Unk  
year month day

2. Reported Cause of Death: \_\_\_\_\_

## ADJUDICATION DECISION:

Adjudicator: [ \_\_\_\_\_ ]  
User First and Last Name

Adjudication Start Date:                  
year month day HH MM SS

1. Diagnosis was (Check **ALL** that apply):

- ☐ Medical record derived  
☐ Verbal autopsy derived  
☐ Other, specify: \_\_\_\_\_

2. Final Date of Death:         ☐ Unknown  
year month day

(Important: Please enter the final event date based on your review of source documentation.)

3. Indicate Adjudication Decision below:

3a. PURE Adjudication Category → [ \_\_\_\_\_ ]  
Search Lookup 1

3b. PURE Code and Certainty (certainty where applicable) → [ \_\_\_\_ . \_\_\_\_ ]  
Search Lookup 2

3c. ICD-10 Code → [ \_\_\_\_ ]  
Search ICD-10 Lookup

4. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROME E-Signature \_\_\_\_\_

Subject Initials      
 F M L

Adjudication Report #        
 95000 - 99900

Subject ID:           
 Centre # Community # Household # Member #

Corresponding Event Report #        
 10000 - 11990

Baseline ID:                   
 Centre # Community/ Household # Subject ID #

## EVENT DETAILS:

1. Reported Date of Event:       OR ☐ Unk   
 year month

## ADJUDICATION DECISION:

Adjudicator: [  ]   
 User First and Last Name

Adjudication Start Date:                   
 year month day HH MM SS

1. Diagnosis was (Check **ALL** that apply):

- ☐ Medical record derived   
 ☐ Verbal autopsy derived   
 ☐ Other, *specify*: \_\_\_\_\_

2. Was Event: ☐ Fatal ☐ Non-Fatal

2a. Final Date of Event:       ☐ Unknown   
 year month

3. Indicate Adjudication Decision below:

(**Important:** Please enter the final event date based on your review of source documentation.)

3a. PURE Adjudication Category → [  ]   
 Search Lookup 1

3b. PURE Code and Certainty (certainty where applicable) → [   .   ]   
 Search Lookup 2

3c. ICD-10 Code → [    ]   
 Search ICD-10 Lookup

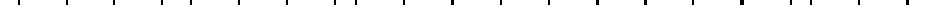
3d. ☐ No Alternative Diagnosis   
 (Use Additional Comments to explain decision)

4. Additional comments: \_\_\_\_\_   
 \_\_\_\_\_   
 \_\_\_\_\_

ROME E-Signature \_\_\_\_\_



## Stroke Adjudication Report

**Baseline ID:**   
 Centre #      Community/Region      Household #      Subject ID #

1. Reported Date of Event: 

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--	--

 OR 

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 Unk

*year*                      *month*

Adjudication Start Date: 

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year month day HH MM SS

☐ Medical record derived

☐ Verbal autopsy derived

☐ Other, *specify*: \_\_\_\_\_

2a. Final Date of Event: 

--	--	--

--	--

☐ Unknown  

*year**month*

3a. PURE Adjudication Category → [ \_\_\_\_\_ ]  
Search Lookup 1

3b. PURE Code and Certainty → [       .       ]  
(certainty where applicable) Search Lookup 2

3c. ICD-10 Code  [ \_ \_ \_ ]  
Search ICD-10 Lookup

3d. ☐ No Alternative Diagnosis:  
(Use Additional Comments to explain decision)

4. Additional comments: \_\_\_\_\_  
\_\_\_\_\_

ROME E-Signature \_\_\_\_\_

Subject Initials	<input type="text"/> <input type="text"/> <input type="text"/>	Adjudication Report #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	F M L		95000 - 99900
Subject ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Corresponding Event Report #	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Centre # Community # Household # Member #		14000 - 15990
Baseline ID:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Centre # Community/ Household # Subject ID #		

### EVENT DETAILS:

1. Reported Date of Event:       OR ☐ Unknown date of diagnosis

year month

### ADJUDICATION DECISION:

Adjudicator: [  ]  
User First and Last Name

Adjudication Start Date:

year month day HH MM SS

1. Diagnosis was (Check **ALL** that apply):

- ☐ Medical record derived
- ☐ Verbal autopsy derived
- ☐ Other, specify: \_\_\_\_\_

2. Was Event: ☐ Fatal ☐ Non - Fatal

2a. Final Date of Event:       ☐ Unknown

year month

3. Indicate Adjudication Decision below:

(Important: Please enter the final event date based on your review of source documentation.)

3a. PURE Adjudication Category → [  ]  
Search Lookup 1

3b. PURE Code and Certainty (certainty where applicable) → [   .   ]  
Search Lookup 2

3c. ICD-10 Code → [    ]  
Search ICD-10 Lookup

3d. ☐ No Alternative Diagnosis  
(Use Additional Comments to explain decision)

4. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ROME E-Signature \_\_\_\_\_