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## **APPENDECES**

Questionnaire No.....

**Questionnaire The Accuracy of the cause of death from medical certificate of death**

Interviewer \_\_\_\_\_ Date \_\_\_\_\_

**Part I General information of informant of decedent in Maijai district, Phayao Province**

- |   |                       |
|---|-----------------------|
| 1. Name _____   |                       |
| 2. Address _____  |                       |
| 3. Age _____  | Age 1 [ ] [ ] [ ] [ ] |
| 4. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female  | Sex 1 [ ]             |
| 5. Relationship with decedent _____   |                       |
| <input type="checkbox"/> 1. Father <input type="checkbox"/> 2. Mother <input type="checkbox"/> 3. Spouse <input type="checkbox"/> 4. Descendant <input type="checkbox"/> 5. Brother | relation 1 [ ]        |
| <input type="checkbox"/> 6. Grandchild <input type="checkbox"/> 7. Relative <input type="checkbox"/> 8. Neighbour <input type="checkbox"/> 9. Others (identify) .....               |                       |
| 6. The informant stayed with decedent pre-death   |                       |
| <input type="checkbox"/> 1. Yes. length of time.....year (s)  | relation 2 [ ]        |
| <input type="checkbox"/> 2. No. met the decedent.....day (s) before death   | relation 3 [ ]        |

**Part II General information of the decedent**

- |  |                       |
|--|-----------------------|
| 1. Name _____  |                       |
| Identity card No. (13 units) _____   |                       |
| 2. Age _____ years (At death)  | Age 2 [ ] [ ] [ ] [ ] |
| 3. Sex <input type="checkbox"/> 1. Male <input type="checkbox"/> 2. Female   | Sex 2 [ ]             |
| 4. Status <input type="checkbox"/> 1. Single <input type="checkbox"/> 2. Married <input type="checkbox"/> 3. Widowed | status [ ]            |
| <input type="checkbox"/> 4. Divorced <input type="checkbox"/> 5. Separated   |                       |
| 5. Occupation <input type="checkbox"/> 1. Agriculturist <input type="checkbox"/> 2. Trade                            | occupation [ ]        |
| <input type="checkbox"/> 3. Civil servant/State enterprise authority <input type="checkbox"/> 4. Hireling            |                       |
| <input type="checkbox"/> 5. Others (identify) _____ <input type="checkbox"/> 6. Unemployed                           |                       |

**Part III Information of dying**

## 1. Profile of ailment, treatment, operation (fill up all blanks)

- 1.1 Self-disease      1. \_\_\_\_\_ The length \_\_\_\_\_  
                                  2. \_\_\_\_\_ The length \_\_\_\_\_  
                                  3. \_\_\_\_\_ The length \_\_\_\_\_
- 1.2 Operation            1. \_\_\_\_\_ (Which part) When \_\_\_\_\_  
                                  2. \_\_\_\_\_ (Which part) When \_\_\_\_\_  
                                  3. \_\_\_\_\_ (Which part) When \_\_\_\_\_
- 1.3 Treatment        1. \_\_\_\_\_  
                                  2. \_\_\_\_\_  
                                  3. \_\_\_\_\_

## 2. Profile of ailment for a period of one year before death (orderly)

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## 3. The ailment during 6 months period before death (Orderly)

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## 4. The ailment during a week period before death (Orderly)

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**Part IV Supporting information of decedent's ailment**

## 1. Consumption behavior

## 1.1 Cigarette

 1. Non - smoker 2. Smoke

Age of beginning \_\_\_\_\_ the length \_\_\_\_\_ years

Quantity \_\_\_\_\_ cigarettes per day

## 1.2 Liquor

 1. Non - drinker 2. Drink

Age of beginning \_\_\_\_\_ the length \_\_\_\_\_ years

Frequency  1. Every day  2. Often  3. Hardly

## 1.3 Other Narcotics

 1. Non - use 2. Use (identify) \_\_\_\_\_

## 2. Psychological health problems

 1.No. 2.Yes. (Explain problem feature)

cig [ ]

startsm [ ] [ ] time1 [ ] [ ]

freq1 [ ] [ ]

alc [ ]

startdr [ ] [ ] time2 [ ] [ ]

freq2 [ ]

drug [ ] type [ ]

mental [ ]

**Part V Inference of cause of death**

1. Infer cause of death from doctor inference \_\_\_\_\_

**Part VI Cause of death from medical certificate of death**

1. Cause of death 1. \_\_\_\_\_

2. \_\_\_\_\_

Cause1 [ ] [ ] [ ]

Cause2 [ ] [ ] [ ]

## 2. Commentator

 1. Chief of village/borough  2. Doctor

Opinion [ ]

## 3. Notifier

 1. Father  2. Mother  3. Spouse  4. Descendant 5. Brotherly  6. Grandchild  7. Relative 8. Neighbor  9. Others (identify) \_\_\_\_\_

Reporter [ ]

Questionnaire No.....

**Record form the accuracy of cause of death identified in medical certificate of death in hospital**

Collector \_\_\_\_\_ Date \_\_\_\_\_

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**Part I General information of decedent in Maijai district, Phayao Province**

1. Name \_\_\_\_\_

2. Address \_\_\_\_\_

3. Age. \_\_\_\_\_

4. Sex         1. Male       2. Female

5. Date of death \_\_\_\_\_

6. Cause of death identified on medical certificate of death \_\_\_\_\_

7. Run-on information from treatment profile in hospital such as result of blood test, result of infection, result of autopsy result of glucose, X-Ray EKG etc. and doctor diagnosis

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8. Cause of death identified in patient profile by doctor

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\_\_\_\_\_



## CURRICULUM VITAE

Name : Bunyat Suriyachai

Date of Birth : 28-07-1959

Sex : Male

Nationality : Thai

Marital status : Married

Educational Background : Bachelor of Political Sciences ,1980 Thammasat  
University.

Present Position : Administrative officer, 7 Phayao Provincial Health  
Office, Phayao province.

