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Community Enrolment Form

Eligibility Criteria		
Age between 2 months and before 2nd birthday	Y	N - ineligible
Living in same community as a hospitalised participant	Y	N- ineligible
Parent or guardian able and available to consent	Y	N- ineligible
Able to feed orally in usual state of health	Y	N- ineligible
Required hospital admission within the last 2 weeks	Y- ineligible	N
Known but untreated TB or HIV	Y- ineligible	N
Known congenital syndrome	Y- ineligible	N
Cleft palate	Y- ineligible	N
Known congenital cardiac disease	Y- ineligible	N
Known terminal illness e.g. cancer	Y- ineligible	N
Sibling enrolled in study	Y- ineligible	N
Previously enrolled	Y- ineligible	N

Initials of person interviewing caregiver and completing part 2 ___ ___ ___ ☐ Doctor ☐ Clinical officer ☐ Nurse ☐ Field worker ☐ Research Assistant ☐ Other					Date __ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y* Time ___ ___: ___ ___
Who is being interviewed?					
☐ Primary caregiver only	☐ Care home staff	☐ Primary caregiver and one other person	☐ Primary caregiver and more than one other person	☐ One person who is not the primary caregiver	☐ More than one person who is not the primary caregiver

Enrolment					
Date of Enrolment *i.e. date consented and seen by research team in hospital*	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**Time of enrolment** *24H Clock*	__ __:__ __	**Sex** *circle*	Male Female
Date approached in community	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**Date of informed consent**		__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	
DOB	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**DOB**	☐True ☐Estimated	**Child Initials**	____ ____ ____

GPS LOCATION OF HOUSEHOLD			
Tick + or – to indicate N/S and W/E			
Latitude:	☐ +	☐ –	____ ____ . ____ ____ ____ ____ ____
Longitude	☐ +	☐ –	____ ____ . ____ ____ ____ ____ ____
NOTE: GPS must be set to decimal degrees DDD.DDDDDD (not degrees, minutes and seconds).			

Initial Observations (to be taken at time of examination by research team)					
Axillary temperature	____ ____. ____ °C	**Respiratory rate** *Count for 1 minute*	____ ____ ____/minute		
Heart rate *Count for 1 minute*	____ ____ ____/minute				
SaO2 *To be taken from finger or toe using pulse oximeter*	____ ____ ____ % *Leave blank if unrecordable*	☐ Measured in Oxygen	☐ Measured in Room Air	☐ Unrecordable	

Anthropometry and Nutrition					
Weight *to be taken using SECA scales for CHAIN study*	___ ___ . ___ ___kg		**Length** *to be taken using SECA 416 infantometer provided for CHAIN study*	Measurer 1	____ ____. ____ cm
				Measurer 2	____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN study*	Measurer 1	____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1	____ ____. _____cm
	Measurer 2	____ ____ . ____ cm		Measurer 2	____ ____. _____cm
Oedema	☐ None ☐ + ☐ ++ ☐ +++		**Initials**	Measurer 1 ___ ___ ___	Measurer 2 ___ ___ ___

Current Health				
Previously admitted to hospital. *Include other hospitals / health centres. Select 1*	☐ No	☐ 2 weeks-1month ago	☐ >1month ago	
Any medication last 7 days. *Select all that apply*	☐ No medication	☐ Antibiotic	☐ Antimalarial	☐Traditional
	☐ Deworming	☐ Vitamin	☐ Yes, but unknown	☐Other
Urine volume in last 24hrs? *Select 1*	☐ Not passing urine	☐ Less than normal	☐ Normal or greater	☐ Unknown

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Examination

Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP

Airway *(select one)*	☐ **Clear**	☐ Needs active support	☐ Obstructed/Stridor		
Breathing *(select all that apply)*	☐ **Normal – no concerns**, (move to circulation)				
	☐ Central cyanosis	☐ Nasal flaring	☐ Reduced air-entry		
	☐ Wheeze	☐ Acidotic Breathing	☐ Grunting		
	☐ Lower chest wall indrawing	☐ Crackles	☐ Dull to percussion ☐ Head nodding		
Circulation:					
Cap Refill (select one)	☐ >3s	☐ 2-3s	☐ <2s		
Cold Peripheries(select one)	☐ Shoulder	☐ Elbow	☐ Hand	☐ Warm peripheries	
Disability:					
Conscious level(select one)	☐ **Alert**	☐ Voice	☐ Pain	☐ Unresponsive	
Fontanelle(select one)	☐ **Normal**	☐ Bulging	☐ Sunken	☐ Not present	
Tone(select one)	☐ **Normal**	☐ Hypertonic		☐ Hypotonic	
Posture(select one)	☐ **Normal**	☐ Decorticate		☐ Decerebrate	
Activity(select one)	☐ **Normal**	☐ Irritable/Agitated		☐ Lethargic	
Dehydration:					
Sunken eyes?	☐ Y	☐ N			
Skin pinch *(select one)*	☐ >2 seconds	☐ <2 seconds	☐ Immediate		
Drinking/Breastfeeding *(Select one)*	☐ **Normal**	☐ Poorly	☐ Not drinking	☐ Eager / Thirsty	
Abdomen *(select any that apply)*	☐ **Normal – no concerns**	☐ Distension	☐ Hepatomegaly		
	☐ Tenderness	☐ Splenomegaly	☐ Other abdominal mass		
Signs of Rickets	☐ **None**	☐ Wrist widening	☐ Rachitic rosary	☐ Swollen knees	☐ Bow legs	☐ Frontal bossing
Jaundice *(Select one)*	☐ **Not jaundiced**	☐ +	☐ ++	☐ +++	
ENT/Oral/Eyes *(select any that apply)*	☐ Mouth Normal	☐ Ears Normal	☐ Eyes Normal		
	☐ Oral ulceration	☐ Pus from ear	☐ Conjunctivitis		
	☐ Oral candidiasis	☐ Tender swelling behind ear (mastoiditis)	☐ Eye discharge		
	☐ Stomatitis	☐ Lymphadenopathy	☐ Visual impairment		
Skin *(select any that apply)*	☐ Normal	☐ Hyperpigmentation	☐ Depigmentation		
	☐ Broken skin	☐ Dermatitis	☐ 'Flaky paint'		
	☐ Cellulitis	☐ Impetigo	☐ Pustules		
	☐ Vesicles	☐ Desquamation	☐ Macular or papular		
Site of skin lesions. *(select any that apply)*	☐ Not applicable (No rash)	☐ Trunk	☐ Face / scalp	☐ Legs	
	☐ Palms / soles	☐ Buttocks	☐ Arms	☐ Perineum	

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Suspected Chronic Conditions			
Select confirmed, suspected or none for all conditions:	Confirmed *(diagnosed previously/ recorded)*	Suspected *(clinician's impression)*	None
Cerebral palsy/neurological problem/ epilepsy	☐	☐	☐
Sickle Cell disease *family history, crisis*	☐	☐	☐
Thalassaemia	☐	☐	☐
Visual problem / Blindness *Not fixing and following*	☐	☐	☐
Losing weight or not gaining weight	☐	☐	☐

TB Screening			
Known TB (on treatment) Y N	Child has cough >14 days Y N	Household contact has TB, or cough >14 days Y N	Child has suspected extra-pulmonary TB Y N

Feeding				
Currently in outpatient nutrition program? *Select one.*	☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa)*	☐ Therapeutic *(RUTF, Plumpy-nut)*	☐ None	
Has the child eaten these nutrition products in the last 3 days?	☐ Supplementary	☐ Therapeutic	☐ None	
Currently Breastfeeding?	☐ Y ☐ N	**If yes is the child taking anything else (exclude medicine)?**	☐ Y ☐ N	
If NO breastfeeding at all, age stopped in months? *(select one)*	☐ 0-3m ☐ 4-6m	☐ 7-12m	☐ >12m	☐ Unknown
What did the child receive other than breast milk in the first 3 days of life? *Select all that apply.*	☐ Sweetened/sugar water ☐ Fruit Juice ☐ Water ☐ Pure Honey	☐ Formula/powder milk ☐ Tea ☐ Porridge/pulp ☐ Glycerine	☐ Animal milk ☐ Other ☐ Nothing	

Vaccinations – *Ask carer or check book / card if available*

BCG scar	☐ Yes ☐ No	Rotavirus	☐ Book	☐ Self report	☐ Not received	Doses received: 3 2 1 ☐ Unknown
Measles	☐ Book ☐ Self report ☐ Not received ☐ Unknown	Pneumococcus	☐ Book	☐ Self report	☐ Not received	Doses received: 3 2 1 ☐ Unknown
		DTP/Penta	☐ Book	☐ Self report	☐ Not received	Doses received: 3 2 1 ☐ Unknown
		Polio	☐ Book	☐ Self report	☐ Not received	

Care-seeking Behaviour			
Is the child in generally good health?	☐ Y	☐ N	☐ Unknown
If No, how long has he child had this problem of generally bad health?	☐ < since birth	☐ <1month	☐ > 1month
Does the child have health insurance?	☐ Y	☐ N	☐ Unknown
Received medication from traditional healer, homeopathist or herbalist in last 4 weeks?		Y	N

Child's Health Status				
How does this child's health compare to other children of similar age in your neighbourhood? *Select one*				
☐Similar	☐Better	☐Worse	☐Don't know	
How did this child's health compare to his/her siblings at a similar age? *Select one*				
☐Similar	☐Better	☐Worse	☐Don't know	☐ Not applicable, only child

Birth History					
Source of information	☐ Maternal/caregiver recall		☐ Book/medical records		
Birth weight	___ .___ ___kg		☐Unknown		
Birth details *Select any that apply*	☐ Premature	☐ Born underweight (<2.5kg)	☐Twin/multiple birth	☐ Born at term	
Delivery location *Select one*	☐ Born in hospital	☐ Community facility/clinic with midwife/nurse midwife/doctor			
	☐ Home without birth attendant	☐ Home with traditional birth attendant (untrained)	☐ Home with midwife/nurse		
	☐ Other		☐ Unknown		
Delivery details *Select all that apply*	☐ Normal, spontaneous vaginal delivery	☐ Assisted delivery (forceps, ventouse)			
	☐ Caesarean section	☐ Admitted neonatal unit	☐ Mother admitted to hospital >48h		
Mother's age at first pregnancy	___ ___years	☐ unknown	**Mother's age now**	___ __years	☐ unknown
Participant birth order	___ ___ of ___ ___ total live births *(e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)*				
Are the biological parents of this child consanguineous? *Ask if parents have relatives in common or are related.*	☐ Yes	☐ No	☐ Unknown		

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Primary Caregiver Information					
This is the person who has responsibility for day to day care of the child, but is not a substitute carer such as childminder or grandparent who cares for child whilst, for example, mother is at work.					
Who is the Primary Caregiver? *Select one*	☐Biological Parent ☐Grandparent ☐Sibling ☐Aunt / Uncle / Cousin ☐ Stepmother / father ☐ Care home /orphanage ☐Other/ Unclear				
Is the child's biological father alive?	☐ Y ☐ N ☐ Unknown	**Is the child's biological mother alive?**	☐ Y ☐ N ☐ Unknown		
Primary Care Giver Age *Select one*	☐ <18years ☐ >=18 years ☐ >50years ☐ N/A (care home or unclear)				
Primary Care Giver Sex *Select one*	☐ Male ☐ Female ☐ N/A	**Primary caregiver present at admission?**	☐ Y ☐ N		
Has the primary caregiver lived in the same household as the child for the last 2 months?			☐ Y ☐ N ☐ N/A/ care home		
Marital status of primary caregiver *Select one*	☐ Married/ monogamous ☐ Married polygamous ☐ Single ☐ Separated / divorced ☐ Widowed ☐ N/A				
If not present at admission, where is the primary caregiver? *Select one*					
☐ Home ☐ Work ☐ School ☐ Unknown ☐ Other_______ ☐ N/A					
If the primary caregiver is present, caregiver anthropometry: *Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.*					
☐ **Primary caregiver not present during admission or care home**					
Weight	___ ___. ___ kg	**MUAC**	___ ___ .___.cm	**Height:**	___ ___ ___cm
Education: *Select highest level of education achieved*	☐ None ☐ Primary ☐ Secondary ☐ Above secondary ☐ Unknown ☐ N/A care home				
Able to read?	☐ Y ☐ N ☐Unknown	**Is the primary caregiver primarily responsible for financial support and providing for the child?**	☐ Y ☐ N		
Primary caregiver HIV status in last 6 months *Select one*	☐ Tested Positive ☐ Tested Negative ☐ Not tested or unknown				

Have there been changes to the child's social situation in the last 2 MONTHS? *Select any that apply*			
Child moved to a different household	**Y N**	**Relocation from rural to urban setting**	**Y N**
		Relocation from urban to rural setting	**Y N**
		Relocation to live with different caregiver	**Y N**
Mother sick	**Y N**	**Mother Died**	**Y N**
Father sick	**Y N**	**Father Died**	**Y N**
Other primary caregiver sick	**Y N N/A**	**Other primary caregiver died**	**Y N N/A**
Primary caregiver changed	**Y N**	**Child went into care home**	**Y N**
Primary caregiver started employment / returned to school	**Y N**	**Person providing for the child has lost income**	**Y N**
Primary caregiver divorced / separated from partner	**Y N**	**Primary caregiver in new relationship**	**Y N**
Mother is pregnant	**Y N**	**Mother gave birth**	**Y N**
Other primary caregiver pregnant?	**Y N N/A**	**Other primary caregiver gave birth**	**Y N N/A**

If primary caregiver has changed in the last 2 months, who was the child's previous primary caregiver? *Select one*			
☐Biologic Mother	☐Biologic Father	☐Sibling ≥18 years old	☐Sibling <18 years old
☐Grandparent	☐Aunt/Uncle/Cousin	☐Other	☐ N/A

Primary caregiver earns an income now? *Ask the person accompanying the child and select one*	
☐ Employed full time by someone else	☐ Employed part time by someone else
☐ Works for self	☐ No work income
☐ Works casually/irregularly for someone	☐ Don't know
If works casually, Occupation:	☐ N/A care home

How many days worked a week? *Select one*	☐ **<3** ☐ **3-5** ☐ **>5** ☐ N/A, does not work for income

If the primary caregiver earns, main source of income? *Select one*			
☐ Farmer	☐ Business/trader	☐ Labourer	☐ Domestic work
☐ Other private sector employment	☐ Public sector employment	☐ Retired with pension income	
☐ Begging	☐ Other__________________	☐ N/A	

If the primary caregiver works (earning or non-earning), main place of work? *Select one*		
☐In/around home (where child lives)	☐ Away for <4 hours per day	☐Away >4 hours but comes home daily
☐Away > 8h a day but returns home daily	☐Away >1 day, comes home weekly	☐ Away comes home, less than weekly
☐Primary caregiver lives and works away	☐ Don't know	☐ N/A

The person primarily providing financial support to this child is this child's: *Select one*			
☐ Biologic Mother	☐ Biologic Father	☐ Stepfather	☐ Stepmother
☐ Grandparent	☐ Sibling ≥18 years old	☐ Sibling <18 years old	☐ Aunt/Uncle/Cousin
☐ More than one person responsible, unclear	☐ Unsupported / care home	☐ Other -specify________________	

Person responsible for providing financial support to child, place of usual residence? *Select one*	
☐ Always sleeps at home	☐ Sleeps away but returns weekly
☐ Sleeps away for > two months per year	☐ Works and lives abroad, contact with child once a year or less
☐ Sleeps away but return monthly or less often	☐ Don't know
☐ Other____	☐ N/A (e.g. care home, unsupported)

What is the Father or person responsible for providing financial support to child source of income? *Select one. If the primary carer is also the person providing financial support do not complete this section.*			
☐ Farmer	☐ Business/trader	☐ Labourer	☐ Domestic work
☐ Other private sector employment	☐ Public sector employment	☐ Retired with pension income	
☐ Begging ☐None ☐ Unknown	☐ Other ____________________	☐ N/A	

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Substitute Care: *Who usually looks after child when primary caretaker is working or away? Select all that apply*					
☐ Not applicable, caregiver looks after child full time		☐ Not applicable, child accompanies caregiver to work			
☐ No substitute care, child left alone		☐ No substitute care / unclear		☐ Child in care home	
☐ Biological Mother	☐ Biological Father	☐ Sibling <18 years old		☐ Sibling ≥18 years old	
☐ Grandparent	☐ Aunt/Uncle/Cousin	☐ Childcare facility outside home		☐ Childminder/ day care at home	
How many days a week is the child in day care?	☐ N/A	☐ 1-2	☐ 3-4	☐ 5-6	☐ >6
How many hours per day is the child in day care?	☐ N/A	☐ 1-4h	☐ 5-8h	☐ 9-12h	☐ >12h
How many children are looked after at this day care?	☐ <3	☐ 4-6	☐ 7-10	☐ >10	☐Unknown ☐ N/A
How many of these are under 2y?	☐ <3	☐ 4-6	☐ 7-10	☐ >10	☐Unknown ☐ N/A
How many adults look after these children?	☐ 1	☐2-4	☐5-10	☐ >10	☐ N/A
Do you feel the day care is good?	☐ Y	☐ N	☐ N/A		
Who provides food for the child at day care? *Select one*					
☐ Caregiver provides food for the child	☐ Day care provides food for the child	☐ Someone else provides food for the child	☐ Don't know	☐ N/A	
Is feeding supervised / assisted at day care?	☐ Y	☐ N	☐ Unknown	☐ N/A	

Household Food Security (if child in care home include **children** in the care home only)			
During the past 7 DAYS has ANY member of the household missed a meal due to food shortage?	☐ Y	☐ N	☐ Unknown
During the past 4 WEEKS			
Did you worry that your household would not have enough food?	☐ Y	☐ N	☐ Unknown
Were any of your household unable to eat the kinds of food preferred because of a lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household had to eat a limited variety of food due to lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten some foods that you really didn't want to eat because of lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten fewer meals in a day because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did household members go to sleep at night hungry because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did you or your household members go a whole day and night without eating anything because there was not enough food?	☐ Y	☐ N	☐ Unknown

Child Dietary Diversity
What does your child eat on a typical day? • *Ask this as an open question and select all that the caregiver mentions.* • *Do not present the caregiver with this list.* • *You may prompt the caregiver with open questions, e.g. What does your child usually eat for breakfast*
☐ **Milk and Milk Products**: Fresh/fermented milk, cheese, yogurt, or other milk products
☐ **Breast milk**
☐ **Cereals and Cereal Products**: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains
☐ **Fish and Sea Foods**: fresh or dried fish or shellfish
☐ **Roots and Tubers**: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
☐ **Vegetables**: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
☐ **Fruits**: Oranges, bananas, mangoes, avocados, apples, grapes etc
☐ **Meats and Poultry**: Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart or other organ meats or blood-based foods
☐ **Eggs**: Hen or other bird eggs
☐ **Pulses / Legumes / Nuts and Seeds**: Beans, peas, lentils, nuts, seeds or foods made from these
☐ **Fats and Oils**: Oil, fats, ghee, margarine or butter added to food or used for cooking
☐ **Sugars / Honey and Commercial Juices**: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
☐ **Miscellaneous**: Spices, unsweetened beverages

Feeding practices	
How is food USUALLY given to the child? ***Select one***	
☐ Fed by adult	☐ Child feeds self, unsupervised
☐ Child feeds self, supervised by adult	☐ Fed from common plate or bowl
☐ Child feeds self, supervised by older children	☐ Child exclusively breastfed

Assessment of household wealth (DHS 7 questionnaire. Please answer all questions)		
What is the main source of drinking water for members of your household? *Choose one*		
☐ Piped water to dwelling	☐ Cart with small tank	☐ Bought from vendor
☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown
☐ Protected well / borehole	☐ Unprotected spring	
☐ Unprotected well	☐ Other	________________________________
What is the MAIN source of water used by your household for other purposes such as cooking and handwashing? SELECT ONE ONLY		
☐ Piped water to dwelling	☐ Cart with small tank	☐ Bought from vendor

☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown
☐ Protected well / borehole	☐ Unprotected spring	
☐ Unprotected well	☐ Other	______________________________

How long does it take to get water and come back? (State 0 if water supplied within home or compound)	__ __ __minutes	☐ Don't know
In the past 2 weeks was the water from this source not available for at least one full day?	☐ Y ☐ N	☐ Unknown

Do you usually do anything to the water to make it safer to drink? *Select all that apply*			
☐ None	☐ Bleach/ chlorine	☐ Strain through a cloth	☐ Let it stand and settle
☐ Use water filter (ceramic/sand/composite etc)	☐ Solar disinfection	☐ Boil	☐ Other

What kind of toilet facility do members of your household usually use? *Select one*		
☐ Flush or pour flush toilet to piped sewer	☐ Flush to septic tank	☐ Ventilated improved pit latrine
☐ Flush to pit latrine	☐ Flush to somewhere else	☐ Open pit / Pit latrine without slab
☐ Flush don't know where	☐ Composting toilet	☐ Bucket toilet
☐ Pit latrine with slab	☐ Hanging toilet / hanging latrine	☐ No facility / bush/ field
☐ Unknown		

Do you share this toilet facility with other households?	☐ Y	☐ N	☐ Unknown	
If Yes, including your own household, how many households use this toilet facility?	Number if <10__	☐ >10 households	☐ Unknown	☐ N/A
Where is this toilet facility located?	☐ In own dwelling	☐ In own yard / plot	☐ Elsewhere	
How many rooms are there in the household for SLEEPING?	☐ **1**	☐ **2**	☐ **>2**	

What is the MAIN FLOOR material of the rooms in this household? *Select one only*		
☐ Cement	☐ Earth/sand	☐ Wood
☐ Dung	☐ Lives on boat	☐ Tiles
☐ Carpet	☐ Other (specify)____________________	☐ Unknown

What is the <u>MAIN WALL</u> material of the rooms in this household? *Select one only*			
☐ Grass/straw/makuti	☐ Stone	☐ Wood	☐ Unknown
☐ Corrugated iron sheet/ Tin	☐ Mud/wood	☐ Brick/block	
☐ Planks/shingles	☐ No wall	☐ Other (specify) _________________	

What is the <u>MAIN ROOF</u> material of the house in this household? *Select one only*		
☐ Grass/Thatch	☐ Tiles/Asbestos sheets	☐ Corrugated iron/ Tins
☐ Mud	☐ Nylon papers/clothes	☐ Concrete
☐ Other (specify) ________________________		☐ Unknown

What is the <u>MAIN</u> cooking fuel used in this household? *Select one only*		
☐ Electricity	☐ LPG /Natural gas/Biogas	☐ Paraffin

☐ Coal / Lignite	☐ Charcoal	☐ Firewood
☐ Straw/shrubs/grass	☐ Agricultural crop	☐ Animal Dung
☐ No food cooked in household	☐ Other (specify)_____________________	☐ Unknown

Do you have a separate room which is used as a kitchen?	☐ Y	☐ N	☐ Unknown

Where is this household's cooking area located?

☐ In the house ☐ Outdoors ☐ In a separate building ☐ Other ______________ ☐ Unknown

Does this household own any livestock, herds, other farm animals or poultry	☐ Y	☐ N	☐ Unknown
If yes, how many of the following animals does this household own?			
Cows/bulls__ __ Sheep__ __			
Horses/Donkeys/Mules__ __ Goats__ __			
Chickens or Ducks__ __ Other _____________ number ___ ___			☐ N/A
Does any member of this this household own land?	☐ Y	☐ N	☐ Unknown
If "Yes" How many acres of land does this household own?	_____Acres	☐ Unknown	☐ N/A
Does this household have a bank account?	☐ Y	☐ N	☐ Unknown
Does this household have electricity	☐ Y	☐ N	☐ Unknown
Does this household own a radio?	☐ Y	☐ N	☐ Unknown
Does this household own a television?	☐ Y	☐ N	☐ Unknown
Does this household own a computer?	☐ Y	☐ N	☐ Unknown
Does this household own a refrigerator?	☐ Y	☐ N	☐ Unknown
Does any member of this household own:			
A watch	☐ Y	☐ N	☐ Unknown
A mobile phone?	☐ Y Standard phone / ☐ Y smartphone	☐ N	☐ Unknown
An animal-drawn cart?	☐ Y	☐ N	☐ Unknown
A bicycle?	☐ Y	☐ N	☐ Unknown
A motorcycle / scooter?	☐ Y	☐ N	☐ Unknown
A car or truck?	☐ Y	☐ N	☐ Unknown
A boat with a motor?	☐ Y	☐ N	☐ Unknown

Immediate Clinical Investigations and HIV status						
Malaria RDT *circle result*	Positive		Negative		Not done	
Blood glucose	___ ___ . ___ mmol/L		**Time glucose measured**		___ ___:___ ___ *24h clock* ☐ Unknown	
Urine Dipstick *(can be done at any time during admission)* **Urine sample stored?** Y N	Protein	Nitrites	Leucocytes	Blood	Ketones	Glucose
☐ Not done ☐ Bag ☐ Clean catch	None + ++ +++	Pos Neg	None + ++ +++	None + ++ +++	None + ++ +++	None + ++ +++

HIV status known?		☐ Yes, known PCR positive ☐ Yes, antibody positive, unknown PCR status ☐ Yes, known exposed, known PCR negative (children under 18m with PCR result SEEN BY RESEARCH TEAM. If not seen select below and perform HIV RDT ☐ No, known to be HIV exposed, but child untested ☐ No, child not tested, not known to be exposed		
If child known HIV positive or exposed	**On any ART?**	☐ Y ☐ N ☐ Unknown	**If on treatment,** ARV 1____________________ ARV 2____________________ ARV 3____________________	**If on prophylaxis** ☐ Nevirapine prophylaxis only ☐ AZT + NVP prophylaxis ☐ Caregiver unsure
	Co-trimoxazole *select one*	☐ On high dose co-trimoxazole ☐ On prophylactic dose co-trimoxazole ☐ Not on co-trimoxazole ☐ Caregiver unsure		
If not known positive	**HIV RDT now** *select one*	☐ Reactive / positive PCR sent: ☐ Y ☐ N missed ☐ N referred ☐ Non-Reactive / Negative ☐ Declined		
HIV test offered to caregiver?		☐ Yes, Reactive ☐ Yes, Non-reactive ☐ Yes, but Declined ☐ No, Caregiver is known positive ☐ Missed ☐ N/A child in care home		
Did the mother have PMTCT interventions?		☐ Yes ☐ No ☐ Unknown		

CHAIN Number [1][0] [0][0][3] [ ][ ][ ]

Community Core Cohort Investigations and Sample Collection				
CBC taken	☐ Y ☐ N	**Plain Blood (serum)**	☐ Y ☐ N	Date taken: __ __/__ __/__ __ __ __ *D D/M M/ Y Y Y Y* Time taken ___ ___: ___ ___
Clinical chemistry taken	☐ Y ☐ N	**Blood spot taken**	☐ Y ☐ N	
EDTA 2ml blood taken	☐ Y ☐ N			
EDTA 0.5ml blood taken	☐ Y ☐ N			
Heparinised for PBMCs *(immunology sites only)*	☐ Y ☐ N			
Unable to take blood samples, why?	☐ Difficult venepuncture	☐ Child uncooperative	☐ Parent refused	☐ Other

Rectal swabs taken	☐ Y ☐ N	Number of swabs ☐1 ☐2	Time taken___ ___: ___ ___	
Stool sample taken	☐ Y ☐ N	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Time taken___ ___: ___ ___	
If collected prior to appointment	Date collection pot given to caregiver	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Sample taken on day of appointment?	☐ Y ☐ N

Blood Samples taken by (initials)	__ __ __
Rectal Swabs taken by (initials)	__ __ __

CRF Completed by (initials) to be signed when complete. *Do not sign if any fields are empty*	__ __ __	Date __ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Time ___ ___: ___ ___