Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

Eligibility Criteria		
Age between 7 days 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 (if under 2 weeks old, hospital admission since discharge home after birth)	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 ___ ___ ___ ☐ 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**	____ ____ ____

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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			
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	

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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	
	☐ Not applicable	☐ Trunk	☐ Face / scalp	☐ Legs

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

Site of skin lesions. *(select any that apply)*	(No rash) ☐ Palms / soles	☐ Buttocks	☐ Arms	☐ Perineum

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)		Child has cough >14 days		Household contact has TB, or cough >14 days		Child has suspected extra-pulmonary TB	
Y	N	Y	N	Y	N	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
	☐ Sweetened/sugar water	☐ Formula/powder milk	☐ Animal milk		
	☐ Fruit Juice	☐ Tea	☐ Other		

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

What did the child receive other than breast milk in the first 3 days of life? *Select all that apply.*	☐ Water	☐ Porridge/pulp	☐ Nothing
	☐ Pure Honey	☐ Glycerine	

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	☐ Unknown	
		MenAfriVac	☐ Book	☐ Self report	☐ Not received	☐ Unknown	

Child Health

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

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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	

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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**

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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

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	

11. 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

23. Child Dietary Diversity
What does the 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
☐ **UNKNOWN**

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

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

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

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

11. 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)* ☐ Not done ☐ Bag ☐ Clean catch	Protein	Nitrites	Leucocytes	Blood	Ketones	Glucose	
	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 prophylactic dose co-trimoxazole	☐ On high dose co-trimoxazole	☐ Not on co-trimoxazole	☐ Caregiver unsure
If not known positive — **HIV RDT now** *select one*	☐ Reactive / positive	☐ Non-Reactive / Negative	☐ Declined	
	PCR sent: ☐ Y ☐ N			
Referred to HIV clinic	☐ Yes	☐ No (select 'No' if referral not indicated)		
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 interventions or medication during delivery to prevent transmission of HIV to baby?	☐ Yes	☐ No	☐ Unknown	

Community Enrolment V1.62 CHAIN Number [3][0][0][0][1][ ][ ][ ]

11. Admission Core Cohort Investigations and Sample Collection				
CBC taken	☐ Y ☐ N	**Plain Blood (serum)**	☐ Y	☐ N
Clinical chemistry taken	☐ Y ☐ N	**Blood spot taken**	☐ Y	☐ N
EDTA 2ml blood taken	☐ Y ☐ N			
EDTA 0.5ml blood taken	☐ Y ☐ N			
Date Taken	Date taken __ __ / __ __ / __ __ __ __ Time taken___ ___: ___ ___ *D D / M M / Y Y Y Y*			
Unable to take blood samples, why?	☐ Difficult venepuncture ☐ Child uncooperative ☐ Parent refused ☐ Other			
Rectal swabs taken	☐ Y BEFORE ABX ☐ Y AFTER ABX ☐ N Number taken ☐1 ☐2 Time taken___ ___: ___ ___			
Stool sample	Taken in first 24h? ☐ Y ☐ N Date taken __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* Time taken___ ___: ___ ___			

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 ___ ___: ___ ___