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

Follow up at 90 days after discharge			
DATE SEEN:	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y	TIME SEEN: 24H Clock	__ __: __ __
Seen at:	☐ Hospital / clinic	☐ Seen in community	☐ Not seen
Informed consent reviewed with caregiver	☐ Yes ☐ No	Caregiver gives consent for samples at this appointment?	☐ Yes ☐ No
If not seen	☐ Confirmed alive only e.g. telephoned to confirm vital status	DATE CONTACTED	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y
	☐ Confirmed dead Complete verbal autopsy	DATE CONTACTED	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y
	☐ Unable to contact by telephone or home visit	DATE OF LAST TELEPHONE CALL	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y
		DATE OF HOME VISIT If patient did not attend and could not be reached by telephone	__ __/ __ __/ __ __ __ __ D D / M M / Y Y Y Y

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

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HOSPITAL ADMISSIONS				
Any admissions (e.g. overnight stay) to a hospital since D45?				Yes ☐ No ☐
If Yes: **Admission date**	**Hospital Name**	**Length of stay (days)**	**Main symptoms (up to two)**	**Source of information**
__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y		__ __	a) b) ☐ Unknown	☐ Hospital letter or medical file ☐ Parent/carer report
__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y		__ __	a) b) ☐ Unknown	☐ Hospital letter or medical file ☐ Parent/carer report
__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y		__ __	a) b) ☐ Unknown	☐ Hospital letter or medical file ☐ Parent/carer report

Current Health

Child in usual state of health now?	Y N	**If No, length of current illness**	Number of days: _____ _____

What symptoms are present now?
Select up to 3:

☐**No symptoms, child is well**

☐Vomiting	☐ Fever / Hotness of body	☐ Lethargy
☐Diarrhoea <14 days	☐ Difficulty breathing	☐ Convulsions
☐Diarrhoea >14 days	☐ Cough<14 days	☐ Altered consciousness
☐Blood in stool	☐ Cough>14days	☐ Not feeding

Medication last 7 days. *Circle any that apply*	☐ No medication ☐Antibiotic ☐ Antimalarial ☐Deworming ☐ Yes, but unknown ☐ Traditional / herbal / homeopathy ☐Other ______________________________

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Outpatient Appointments					
Participant attended outpatient appointment since D45?					
☐ Nutrition follow-up only	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ General paediatric appointment	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Cardiology appointment	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Neurology appointment	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ HIV clinic	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ TB clinic	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Sickle cell or thalassaemia clinic	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Outpatient blood transfusion	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Specialist Radiology	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Other specialist paediatric appointment	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown

Caregiver Appointments					
Caregiver attended outpatient appointment since D45?					
☐ No outpatient appointment	☐ Not applicable – child in care				
☐ Psychiatry follow-up	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Antenatal care	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ HIV clinic	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ TB clinic	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown
☐ Other	Y	N	Date	__ __/__ __/__ __ __ __ D D / M M / Y Y Y Y	☐ Unknown

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Feeding				
Currently in outpatient nutrition program? *Select one. If not in feeding program circle 'none'*		☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa etc)* ☐ 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, taking other foods/fluids?**		☐ Y ☐ N
If NO breastfeeding at all, age stopped (in months)? *Select one*	☐ 0-3m ☐ 4-6m ☐ 7-12m ☐ >12m ☐ Unknown			

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		

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

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CHANGES TO CHILD'S SOCIAL SITUATION	
Has the primary caregiver mostly lived in the same household as the child since last appointment?	☐ Y ☐ N
Has the primary caregiver attended any medical appointments since last appointment?	☐ Y ☐ N
Primary caregiver HIV status since discharge *Select one*	☐ Known positive on treatment ☐ Known Negative ☐ Tested positive and receiving care ☐ Unknown

Have there been changes to the child's social situation since discharge?
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 since discharge 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

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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 and any other 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, 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

Household Food Security	
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

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Plan day 180 visit	
Date of next visit __ __/__ __/__ __ __ __ D D/M M/ Y Y Y Y	Any new contact details:

D90 Core Cohort Investigations and Sample Collection			
EDTA 0.5ml blood taken	☐ Y ☐ N	**Serum sample taken?**	☐ Y ☐ N
EDTA 2ml plasma blood taken	☐ Y ☐ N	**Clinical chemistry sample taken?**	☐ Y ☐ N
Heparinised sample for PBMC *Immunology substudy sites*	☐ Y ☐ N	**Blood spot taken**	☐ Y ☐N
Unable to take discharge blood samples, why?	☐ N/A ☐ Difficult ☐ Child uncooperative ☐ Parent refused ☐ Other venepuncture within 12h ☐ Readmitted- readmission samples		
Rectal swabs taken	☐ Y BEFORE ABX ☐ N Number taken ☐1 ☐2 ☐ Y AFTER ABX Time taken__ __:__ __		
Stool sample taken	☐ Y ☐ N __ __/__ __/__ __ __ __ Time taken__ __:__ __ D D / M M / Y Y Y Y ☐ Unknown		

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 __ __:__ __