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

Eligibility Checklist		
Age between 7 days and 59 days after date of birth	Y	N - ineligible
Being admitted to hospital because of acute illness	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
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
Admission for surgery, or likely to require surgery within 6m	Y- ineligible	N
Admission for trauma?	Y- ineligible	N
Sibling enrolled in study	Y- ineligible	N
Previously enrolled	Y- ineligible	N

Part 1

1. Admission to Hospital and Study Enrolment

DATE arrived at the hospital	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**TIME arrived at the hospital**	__ __: __ __ *24h Clock*	☐ Arrival time unknown	
DATE of enrolment i.e. date consented and seen by research team	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**TIME of enrolment**	__ __: __ __ *24h Clock*	**Sex**	☐ Male ☐ Female
DOB	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**Is the DOB:**	☐ True ☐ Estimated*	**Child's Initials**	___ ___ ___
Brought into hospital by: *Select all that apply*	☐ Mother	☐ Father	☐ Grandparent	☐ Aunt/Uncle	
	☐ Sibling <18	☐ Sibling >18	☐ Carer (care home)	☐ Other_____	

**if DOB is estimated, and the day is uncertain, write '15' for DD*

2. Presenting Complaints

☐ Fever / Hotness of body	☐ Vomiting	☐ Lethargy
☐ Difficulty breathing	☐ Diarrhoea <14 days	☐ Convulsions
☐ Cough<14 days	☐ Diarrhoea >14 days	☐ Altered consciousness
☐ Cough>14days	☐ Blood in stool	☐ Not feeding
☐ Poor feeding/ Weight loss	☐ Developmental delay	☐ Body swelling / limb swelling/ Oedema
☐ Rash/ skin lesion	☐ Neonatal jaundice	☐ Umbilical infection

☐ Other *(only one complaint, if not covered by above options)*
_____

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

3. 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*	____ ____ ____ % *Write 000 if unrecordable*	☐ Measured in Oxygen ☐ Measured in Room Air ☐ Unrecordable	

4. Anthropometry					
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 ___ ___ ___

NB: If the child is unwell the Length can be taken at a later time.

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

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

6. 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/excoriation	☐ 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

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

7. 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	☐	☐	☐
Hydrocephalus	☐	☐	☐
Sickle Cell disease *family history, crisis*	☐	☐	☐
Thalassaemia	☐	☐	☐
Visual problem / Blindness *Not fixing and following*	☐	☐	☐
Losing weight or not gaining weight	☐	☐	☐

8. **Feeding**					
Currently Breastfeeding?	☐ Y ☐ N		**If yes is the child taking anything else (exclude medicine)?**	☐ Y ☐ N ☐ N/A	
What did the child receive other than breast milk in the first 3 days of life? *Select all that apply* *Do not include medications e.g. ARV.*	☐ Sweetened/sugar water	☐ Formula/powder milk	☐ Animal milk		
	☐ Fruit Juice	☐ Tea	☐ Other		
	☐ Water	☐ Porridge/pulp	☐ Gutthi / gripe water		
	☐ Pure Honey	☐ Glycerine	☐ Nothing		

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	
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

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

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

Birth and perinatal care	
Born in THIS hospital	☐ Yes ☐ No ☐ Not born in hospital ☐ Unknown
Stayed more than one night in hospital after birth?	☐ Yes ☐ No ☐ Unknown ☐ N/A
Risk factors for complications	☐ **None known** ☐ Fever / unwell in labour ☐ Membranes ruptured >24h before birth ☐ Offensive liquor/vaginal discharge ☐ Chorioamnionitis ☐ Breech presentation ☐ Premature labour ☐ **Unknown**
Mother received medication during labour and delivery? *Select all that apply*	☐ **No medication** ☐ General anaesthetic ☐ Steroid (premature labour) ☐ Traditional/herbal/ homeopathy ☐ Misoprostol / induction of labour ☐ Oxytocin ☐ Other ☐ **Unknown** ☐ IV antibiotic ☐ Epidural /spinal ☐ PMTCT ☐ Analgesia ☐ Antacid ☐ Yes but unknown

Antenatal care received	
Source of information *Select all that apply*	☐ **None** ☐ Maternal recall ☐ Health record book ☐ Other relative recall
Antenatal care received? *Select one* *Antenatal appointment includes any scheduled at health centre, visits in the community or organised privately. These must be for pregnancy not other medical issues*	☐ **No antenatal care** ☐ At least 1 antenatal appointment ☐ 2 antenatal appointments ☐ More than 2 appointments ☐ Unknown
Ultrasound scan? *Select one*	☐ None ☐ At least one ☐ More than one ☐ Unknown

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

Medication / Supplements in pregnancy *Select all that apply*	☐ **None given** ☐ Folic acid ☐ Iron ☐ Antiretrovirals ☐ Cotrimoxazole/ septrin ☐ Antibiotic ☐ Magnesium sulphate ☐ Supplementary food ☐ Traditional / herbal/homeopathy ☐ Malaria prophylaxis ☐ Steroid ☐ Malaria treatment ☐ Yes but unknown ☐ Multivitamin ☐ Other
Antenatal blood screening	☐ **No antenatal blood screening** ☐ **Blood taken, reason unknown** ☐ **Unknown if done** ☐ VDRL positive ☐ VDRL negative ☐ VDRL not done ☐ Unknown ☐ Hep B positive ☐ Hep B negative ☐ Hep B not done ☐ Unknown ☐ HIV positive ☐ HIV negative ☐ HIV not done ☐ Unknown ☐Blood group done ☐ Not done ☐ Unknown
Estimated gestation	☐ < 36 weeks ☐ 36-42 weeks ☐ >42 weeks ☐ unknown

Mother received blood transfusion during or after birth	☐ Yes ☐ No ☐ Unknown
Baby admitted to neonatal unit? *Select all that apply*	☐ **Not admitted** ☐ **No, admitted postnatal ward** ☐ Yes for respiratory support (including Oxygen) ☐ Yes for antibiotics ☐ Yes for IV fluids / hypoglycaemia ☐ Yes for jaundice ☐ Yes for transfusion ☐ Yes other ☐ Unknown
Baby passed stool within 24h of birth *(including meconium during delivery)*	☐ Yes ☐ No ☐ Unknown
Is weight > birthweight now?	☐ Yes ☐ No ☐ Unknown *(if birthweight is unknown but baby now weighs >4.5kg select 'yes'*

Feeding and lactation support	
Baby breast fed within 12h of birth?	☐ Yes ☐ No ☐ Unknown
Age at first breast feed	☐ <=1h ☐ 1-4h ☐ >4-12h ☐ >12h ☐ Not applicable ☐ Unknown
Breast feeding at all now? *If mother intends to breastfeed but baby unwell select yes*	☐ Yes ☐ No ☐ Unknown
YES breastfeeding now If not exclusively breast feeding, why? *Ask what else the mother is giving the baby. If giving other food/milk ask why*	☐ **Not applicable (exclusively breastfeeding)** ☐ Not enough milk ☐ Baby struggled to breastfeed ☐ Mother unwell ☐ Unknown ☐ Other

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

Does the mother have any help with **breast** feeding? *Select all that apply. 'Relative' refers to relative of the child. Ask the mother if she feels there is active and positive support of breast feeding*	☐ **No support with breast feeding** ☐ Yes maternal relative ☐ Yes paternal relative ☐ Yes father ☐ Yes midwife/ community health worker ☐ Yes other
Does the mother/caregiver intend to continue breast feeding once the baby is over 6m old?	☐ Yes ☐ No ☐ Unsure
NO, Not breastfeeding at all now ***(if mother not intending to breastfeed)*** Has the child ever breast fed since birth?	☐ Yes ☐ No ☐ Unknown
Why has breastfeeding stopped? *Select one, the main reason*	☐ Mother HIV positive ☐ Not enough milk ☐ Baby struggled to breastfeed ☐ Mother unwell ☐ Mother died, not present ☐ Other
Does the mother have any help with feeding? *Select all that apply. 'Relative' refers to relative of the child.*	☐ **No support with feeding** ☐ Yes maternal relative ☐ Yes paternal relative ☐ Yes father ☐ Yes midwife/ community health worker ☐ Yes other
Does the mother/caregiver have any help with the baby? *Select all that apply. 'Relative' refers to relative of the child*	☐ **No help** ☐ Yes maternal relative
	☐ Yes paternal relative ☐ Yes father ☐ Yes midwife /community health worker ☐ Yes other
Does the caregiver buy other sources of milk for the baby? *Select all that apply*	☐ **No** ☐ Yes infant formula ☐ Yes other breast milk ☐ Yes cows milk ☐ Yes other
Was the mother working prior to giving birth?	☐ Yes ☐ No ☐ Unknown
Is the mother working now?	☐ Yes ☐ No ☐ Unknown
Maternity pay?	☐ Yes ☐ No ☐ Unknown

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

11. Suspected Initial Diagnoses: **c** *Clinical diagnosis should be based on examination and investigation findings. Tick the <u>three most likely</u> diagnoses.*		
Respiratory	**Infection**	**CNS**
☐ LRTI/pneumonia	☐ Gastroenteritis	☐ Febrile convulsions
☐ Bronchiolitis	☐ Sepsis	☐ Epilepsy
☐ URTI	☐ Malaria	☐ Probable meningitis
☐ Pulmonary TB	☐ Extra pulmonary TB	☐ Other encephalopathy
☐ Otitis media	☐ Soft tissue infection	☐ Hydrocephalus
☐ Asthma	☐ UTI	☐ Developmental delay
General	☐ HIV related illness	☐ Cerebral palsy / Birth asphyxia
☐ Anaemia	☐ Measles	**Other suspected diagnosis:**
☐ Sickle Cell Disease	☐ Varicella	☐ Other
☐ Thalassaemia	☐ Osteomyelitis	☐ Unknown
☐ Renal impairment	☐ Febrile illness unspecified	☐ Failed appetite test only
☐ Nephrotic syndrome	☐ Enteric fever	☐ Breast-feeding difficulty
☐ Nephritis	☐ Infected umbilicus	☐ Tongue tie
☐ Liver dysfunction		☐ Congenital syphilis
☐ Ileus		☐ Microcephaly
☐ Congenital cardiac disease		
☐ Haemolytic disease newborn		
☐ Neonatal jaundice		

12 Initial Treatment				
Admitted to: *select one*	☐ Admission to ward	☐ Admission to HDU	☐ Admission to ICU	☐ Admission to neonatal unit
Date and time First antibiotics given	__ __ / __ __ / __ __ __ __ ___ ___:___ ___			☐Not given
Intravenous Antibiotics Given? **☐ Not given**	☐ Benzylpenicillin ☐ Co-amoxiclav/ Augmentin ☐ Ampicillin ☐ Levofloxacin ☐ Ceftazidime	☐ Gentamicin ☐ Flu/Cloxacillin ☐ Amikacin ☐ Vancomycin ☐ Pivmecillinam	☐ Ceftriaxone / Cefotaxime ☐ Chloramphenicol ☐ Meropenem / Imipenem ☐ Metronidazole	

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

	☐ Other_____		
Oral Antibiotics Given? **☐ Not given**	☐ Amoxicillin	☐ Erythromycin	☐ Azithromycin
	☐ Co-trimoxazole	☐ Metronidazole	☐ Ciprofloxacin
	☐ Cefalexin / cefaclor	☐ Co-amoxiclav / Augmentin	☐ Nalidixic acid
	☐ Penicillin	☐ Flucloxacillin	☐ Levofloxacin
	☐ Other _____		
Initial treatment <u>given</u> *First 6 hours.* *Select any that apply.*	☐ IV Fluid Bolus		☐ IV Maintenance Fluids
	☐ Oxygen		☐ CPAP
	☐ IV Glucose ☐ Oral Glucose		☐ Warmth (heater, warmed fluids)
	☐ Blood transfusion		☐ Commercial F75
	☐ Phenobarbitone		☐ Commercial F100
	☐ Diazepam		☐ Locally prepared F75/ milk suji
	☐ Paracetamol		☐ Local prepared F100 / milk suji 100
	☐ Ibuprofen		☐ Expressed breast milk
	☐ Diclofenac		☐ Dilute F100/ dilute milk or formula
	☐ Salbutamol / atrovent / other bronchodilator		☐ Other milk/ formula/ feed
			☐ RUTF
	☐ Prednisolone/ dexamethasone/ hydrocortisone		☐ Nasogastric tube
	☐ Adrenaline		☐ Multivitamin
	☐ Zinc		☐ Micronutrients
	☐ Folic acid		☐ Vitamin A
	☐ Antimalarial (any)		☐ Albendazole / deworming
	☐ ReSoMal		☐ Other _____
	☐ ORS		

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

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	**Blood culture taken** *(if available at site)*	☐ Y BEFORE ABX ☐ Y AFTER ABX	☐ N
EDTA 0.5ml blood taken	☐ Y ☐ N	**Blood gas taken** *(if available at site)*	☐ Capillary ☐ Venous	☐ N
Date Taken	Date taken __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* Time taken___ ___: ___ ___			
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___ ___: ___ ___			

Chest x-ray indicated *(respiratory signs symptoms)*	☐ Yes, but too unwell ☐ Yes, done ☐ Indicated but not done, unclear ☐ Not indicated
Lumbar puncture indicated *(signs of meningitis documented)*	☐ Yes, but too unwell ☐ Yes, done ☐ Not indicated

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 ___ ___: ___ ___

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

PART 2

12. CHAIN ADMISSION CRF: SOCIAL INFORMATION.

To be completed within 48h of admission when child is stable. This should ideally be done in a conversational and unhurried way, with the interviewer sitting with the caregiver.

Initials of person interviewing caregiver and completing part 2	Date
___ ___ ___ ☐ Doctor ☐ Clinical officer ☐ Nurse ☐ Field worker ☐ Research Assistant ☐ Other	__ __/__ __/__ __ __ __ *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

13. Care-seeking Behaviour

Was the child in generally good health before this illness?	☐ Y	☐ N	☐ Unknown
If No, how long has the child had this problem of generally bad health?	__ __ weeks	☐ N/A	
Does the child have health insurance?	☐ Y	☐ N	☐ Unknown

What was the main reason for bringing the child to this hospital today? *Reasons given, select one*

☐ Referred by health care worker	☐ Caregiver concern of child's condition	☐ Received money for transport to hospital (e.g. from family, neighbour, paid work)?
☐ Relative / neighbour concern of child's condition	☐ Primary caregiver returned home e.g. if working away	☐ Other

How did you travel to the hospital? *Select all that apply*

☐Car/ Taxi ☐ Ambulance ☐ Bus ☐Motorbike ☐ Tuk-tuk /CNG ☐ Cycle rickshaw ☐ Train ☐ Walking ☐ Other

How long did it take you to travel to hospital?	☐ <1h	☐ 1- < 2h	☐ 2-4h	☐ >4h	☐ > 1 day

How much did it cost the family to travel to hospital today (in local currency? *Estimate amount. If walked, drove own car or free ambulance write* ___ ___ ___ ___

Have you sought treatment for this illness prior to coming to hospital? *Select all that apply*

☐ No treatment sought ☐ Shop ☐ Government hospital ☐ Government dispensary ☐ Traditional Healer

☐ Pharmacy ☐ Private Medical Facility/ NGO ☐ Herbalist ☐ Homeopathist ☐ Other

Received treatment from traditional healer, homeopathist or herbalist in last 4 weeks? Y N

14. Child's Health Status Before Admission

Before this illness, how did this child's health compare to other children of similar age in your neighbourhood? *Select one*

☐Similar ☐Better ☐Worse ☐Don't know

Before this illness, how did this child's health compare to his/her siblings at a similar age? *Select one*

☐Similar ☐Better ☐Worse ☐ Don't know ☐ N/A only child

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

11. 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 ANY 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** *Select 'yes' even if this is temporary*	**Y**	**N**
			Relocation from urban to rural setting *Select 'yes' even if this is temporary*	**Y**	**N**
			Relocation to live with different caregiver *Select 'yes' even if this is temporary*	**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**

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

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

12. Birth History

Source of information	☐ Maternal/caregiver recall	☐ Book/medical records			
Birth weight	___ .___ ___kg	☐Unknown			
Birth details *Select any that apply*	☐ Premature	☐ Born small <2.5kg	☐Twin/multiple birth	☐ Born at term	☐ Unknown
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	☐ Unknown		

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	

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

13. 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

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 ___ ___: ___ ___

END