**CHAIN STUDY CONCLUSION**

*To be completed after D180 follow-up, following death of child, or withdrawal from study*

*The child is lost to follow-up only after non-attendance to D45, D90 AND D180 appointments*

Refer to Follow up and retention SOP

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<table>
<thead>
<tr>
<th>Did the participant complete all three follow-up assessments study as planned?</th>
<th>□ YES</th>
<th>□ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER INITIALS AND DATE AT THE BOTTOM OF THE FORM</td>
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</tbody>
</table>

If the answer is NO, state the reason (tick) and insert date below:

- □ Permanently moved outside study area, contacted by telephone only to establish vital status
- □ Untraceable, unable to establish vital status

**If died, where?**

- □ Study Hospital, Community
- □ Other hospital / Health centre, Unknown

**If died, verbal autopsy complete?**

- □ YES
- □ NO

**Voluntary withdrawal**

Reason given in discussion (tick each mentioned; do not probe for each)

- □ Prefer not to say
- □ Blood sampling
- □ Insufficient benefit to participant
- □ Time/disruption in follow-up visits
- □ Travel out of research area
- □ Unable to arrange care for other children
- □ Others in household or community not happy to continue
- □ Unsure/unsupportive of reasons for research or of the institution conducting it

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Date of D180 appointment, death, loss to follow-up (last appointment attended or telephone contact) or voluntary withdrawal

Complete for all participants

Date: ____ / ____ / ____ __ __ __ __

DD / MM / YY YY