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|---|--|
| CRF Completed by (Initials) ___ ___ ___ | Date: ___ ___ / ___ ___ / ___ ___ ___ ___<br>D D / M M / Y Y Y Y |
|---|--|



**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*

|  |  |  |
|--|--|--|
| <b>Did the participant complete all three follow-up assessments study as planned?</b>                                | <input type="checkbox"/> YES   | <input type="checkbox"/> NO  |
| ENTER INITIALS AND DATE AT THE BOTTOM OF THE FORM  |  |  |
| <b>If the answer is NO, state the reason (tick) and insert date below:</b>   |  |  |
| <input type="checkbox"/> Permanently moved outside study area, contacted by telephone only to establish vital status |  |  |
| <input type="checkbox"/> Untraceable, unable to establish vital status   |  |  |
| <input type="checkbox"/> Died  | <b>If died, where?</b>   | <b>If died, verbal autopsy complete?</b>   |
|  | <input type="checkbox"/> Study Hospital, <input type="checkbox"/> Community              | <input type="checkbox"/> YES <input type="checkbox"/> NO   |
|  | <input type="checkbox"/> Other hospital / Health centre <input type="checkbox"/> Unknown |  |
| <input type="checkbox"/> Voluntary withdrawal  | Reason given in discussion (tick each mentioned; do not probe for each)                  |  |
|  | <input type="checkbox"/> Prefer not to say   | <input type="checkbox"/> Blood sampling  |
|  | <input type="checkbox"/> Insufficient benefit to participant                             | <input type="checkbox"/> Time/disruption in follow-up visits   |
|  | <input type="checkbox"/> Travel out of research area                                     | <input type="checkbox"/> Unable to arrange care for other children                                       |
|  | <input type="checkbox"/> Others in household or community not happy to continue          | <input type="checkbox"/> Unsure/unsupportive of reasons for research or of the institution conducting it |

|  |  |
|--|--|
| <b>Date of D180 appointment, death, loss to follow-up (last appointment attended or telephone contact) or voluntary withdrawal</b><br><i>Complete for all participants</i> | Date: ___ ___ / ___ ___ / ___ ___ ___ ___<br>D D / M M / Y Y Y Y |
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