

CRF Completed by (Initials) ___ ___	Date: ___/___/___ D D / M M / Y Y Y Y
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**CHAIN STUDY CONCLUSION**

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

*Refer to Follow up and retention SOP*

<b>Is the vital status known at D180</b>	<input type="checkbox"/> YES ENTER INITIALS AND DATE AT THE BOTTOM OF THE FORM	<input type="checkbox"/> NO
<input type="checkbox"/> Attended day 180 appointment		
<input type="checkbox"/> Contacted by telephone only to establish vital status only		
<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"/> Other hospital / Health centre <input type="checkbox"/> Unknown	<input type="checkbox"/> YES <input type="checkbox"/> NO
<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> <i>Complete for all participants</i>	Date: ___/___/___ D D / M M / Y Y Y Y
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