



**CHAIN STUDY CONCLUSION**

To be completed after day 180, following death of child, or withdrawal from study

<b>Did the participant complete all follow-up assessments study as planned? (state yeast day 45)</b>		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ENTER INITIALS AND DATE AT THE BOTTOM OF THE FORM			
If the answer is NO, state the reason (tick) and insert date below:			
<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	

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<b>Date of most recent visit attended or telephone call confirming vital status</b>	Date: ___ / ___ / _____ <i>DD / MM / YYYY</i>
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<b>CRF Completed by (Initials) _____</b>	Date: ___ / ___ / _____ <i>DD / MM / YYYY</i>
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