CHAIN CONCLUSION FORM V 2.0 Young Infants

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

<table>
<thead>
<tr>
<th>Did the participant complete all follow-up assessments study as planned? (state yeast day 45)</th>
<th>□ YES</th>
<th>□ NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENTER INITIALS AND DATE AT THE BOTTOM OF THE FORM</td>
<td></td>
<td></td>
</tr>
</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
- Died

If died, where?
- Study Hospital, Community
- Other hospital / Health centre, Unknown

If died, verbal autopsy complete?
- YES, NO

If died, where? Date of most recent visit attended or telephone call confirming vital status
- Study Hospital, Community
- Other hospital / Health centre, Unknown

Date: __ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y

CRF Completed by (Initials) __ __ __

Date: __ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y

Voluntary withdrawal
- Reason given in discussion (tick each mentioned; do not probe for each)
  - Prefer not to say
  - Insufficient benefit to participant
  - Travel out of research area
  - Others in household or community not happy to continue

- Blood sampling
- Time/disruption in follow-up visits
- Unable to arrange care for other children
- Unsure/unsupportive of reasons for research or the institution conducting it

Date of most recent visit attended or telephone call confirming vital status

Date: __ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y

CRF Completed by (Initials) __ __ __

Date: __ __ / __ __ / __ __ __ __ D D / M M / Y Y Y Y

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