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Community Enrolment Form

Eligibility Criteria		
Age between 7 days and before 2nd birthday	Y	N - ineligible
Living in same community as a hospitalised participant	Y	N- ineligible
Parent or guardian able and available to consent	Y	N- ineligible
Able to feed orally in usual state of health	Y	N- ineligible
Required hospital admission within the last 2 weeks (if under 2 weeks old, admission since discharge home after birth)	Y- ineligible	N **hospital**
Known but untreated TB or HIV	Y- ineligible	N
Known congenital syndrome	Y- ineligible	N
Cleft palate	Y- ineligible	N
Known congenital cardiac disease	Y- ineligible	N
Known terminal illness e.g. cancer	Y- ineligible	N
Sibling enrolled in study	Y- ineligible	N
Previously enrolled	Y- ineligible	N

Initials of person interviewing caregiver

___ ___ ___

☐ Doctor ☐ Clinical officer ☐ Nurse ☐ Field worker ☐ Research Assistant ☐ Other

Who is being interviewed?

☐ Primary caregiver only ☐ Care staff ☐ Primary and more than one other person ☐ One person who is not the primary other person ☐ More than one person who is not the primary caregiver ☐ caregiver home

	Enrolment		
Date of Enrolment *i.e. date consented and seen by research team in hospital*	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**Time of enrolment** *24H Clock*	__ __:__ __
Date approached in community	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	**Date of informed consent**	
	__ __/__ __/__ __ __ __	**DOB**	☐True

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DOB	*D D / M M / Y Y Y Y*		☐Estimated

GPS LOCATION OF HOUSEHOLD	
Tick + or – to indicate N/S and W/E	
Latitude: ☐+ ☐–	____ ____ . ____ ____ ____ ____ ____
Longitude ☐+ ☐–	____ ____ . ____ ____ ____ ____ ____
NOTE: GPS must be set to decimal degrees DDD.DDDDDD (not degrees, minutes and seconds).	

Initial Observations (to be taken at time of examination			
Axillary temperature	____ ____. ____ °C	**Respiratory rate** *Count for 1 minute*	____ ____ ____/minute
Heart rate *Count for 1 minute*	____ ____ ____/minute		
SaO2 *To be taken from finger or toe* ____ ____ ____ % ☐ Measured in ☐ Measured in ☐ Unrecordable *using pulse oximeter* *Leave blank if unrecordable* Oxygen Room Air			

Anthropometry				
Weight *to be taken using*	___ ___ . ___ ___kg	**Length**	Measurer 1	____ ____. ____ cm

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SECA scales for CHAIN study			*to be taken using SECA 416 infantometer provided for CHAIN study*	Measurer 2	____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN study*	Measurer 1	____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1	____ ____. _____cm
	Measurer 2	____ ____ . ____ cm		Measurer 2	____ ____. _____cm
Oedema	☐ ☐ + ☐ ++ ☐ +++ None		**Initials**	Measurer 1 ___ ___ ___	Measurer 2 ___ ___ ___

Current Health

Previously admitted to hospital. *Include other hospitals / health centres. Select 1*	☐ No ☐ 2 weeks-1month ago ☐ >1month ago
medication last 7 days. *Select all that apply*	☐ No medication ☐ Antibiotic ☐ Antimalarial ☐Traditional **Any** ☐ Deworming ☐ Vitamin ☐ Yes, but unknown ☐Other
	☐ Not passing ☐ Less than ☐ Normal ☐ Unknown

Urine volume in last 24hrs? *Select 1*

urine normal or greater

Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP

Airway *(select one)*	☐ **Clear**	☐ Needs active support	☐ Obstructed/Stridor	
Breathing *(select all that apply)*	☐ **Normal – no concerns**, (move to circulation)			
	☐ Central cyanosis ☐ Nasal flaring ☐ Reduced air-entry ☐ Wheeze ☐ Acidotic Breathing ☐ Grunting			
	☐ Lower chest wall indrawing ☐ Crackles ☐ Dull to percussion ☐ Head nodding			
Circulation:				
Cap Refill (select one)	☐ >3s ☐ 2-3s ☐ <2s			
Cold Peripheries(select one)	☐ Shoulder	☐ Elbow	☐ Hand	☐ Warm peripheries
Disability:				
Conscious level(select one)	☐ **Alert**	☐ Voice	☐ Pain	☐ Unresponsive
Fontanelle(select one)	☐ **Normal**	☐ Bulging	☐ Sunken	☐ Not present
Tone(select one)	☐ **Normal**	☐ Hypertonic		☐ Hypotonic
Posture(select one)	☐ **Normal**	☐ Decorticate		☐ Decerebrate
Activity(select one)	☐ **Normal**	☐ Irritable/Agitated		☐ Lethargic
Dehydration: **Sunken eyes?**	☐ Y ☐ N			

Skin pinch *(select one)*	☐ >2 seconds ☐ <2 seconds ☐ Immediate
Drinking/Breastfeeding *(Select one)*	☐ **Normal** ☐ Poorly ☐ Not drinking ☐ Eager / Thirsty
Abdomen *(select any that apply)*	☐ **Normal – no concerns** ☐ Distension ☐ Hepatomegaly ☐ Tenderness ☐ Splenomegaly ☐ Other abdominal mass
Signs of Rickets	☐ Wrist ☐ Rachitic ☐ Swollen ☐ Bow ☐ Frontal ☐ **None** widening rosary knees legs bossing
Jaundice *(Select one)*	☐ **Not jaundiced** ☐ + ☐ ++ ☐ +++
ENT/Oral/Eyes *(select any that apply)*	☐ Mouth Normal ☐ Ears Normal ☐ Eyes Normal ☐ Oral ulceration ☐ Pus from ear ☐ Conjunctivitis ☐ Oral candidiasis ☐ Tender swelling behind ear (mastoiditis) ☐ Eye discharge ☐ Stomatitis ☐ Lymphadenopathy ☐ Visual impairment
Skin *(select any that apply)*	☐ Normal ☐ Hyperpigmentation ☐ Depigmentation ☐ Broken skin ☐ Dermatitis ☐ 'Flaky paint' ☐ Cellulitis ☐ Impetigo ☐ Pustules ☐ Vesicles ☐ Desquamation ☐ Macular or papular
Site of skin lesions. *(select any that apply)*	☐ Not applicable ☐ Trunk ☐ Face / scalp ☐ Legs (No rash) ☐ Palms / soles ☐ Buttocks ☐ Arms ☐ Perineum

[redacted]

Select confirmed, suspected or none for all conditions:	Confirmed *(diagnosed previously/ recorded)*	Suspected *(clinician's impression)*	None
Cerebral palsy/neurological problem/ epilepsy	☐	☐	☐
Sickle Cell disease *family history, crisis*	☐	☐	☐
Thalassaemia	☐	☐	☐
Visual problem / Blindness *Not fixing and following*	☐	☐	☐

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Losing weight or not gaining weight	☐	☐	☐

Known TB (on treatment) Y N	Child has cough >14 days Y N	Household contact has TB, or cough >14 days Y N	Child has suspected extrapulmonary TB Y N

Feeding

Currently in outpatient nutrition program? *Select one.*	☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa)*	☐ Therapeutic *(RUTF, Plumpy-nut)*	☐ None
Has the child eaten these nutrition products in the last 3 days?	☐ Supplementary	☐ Therapeutic	☐ None
Currently Breastfeeding?	☐ Y ☐ N	**If yes is the child taking anything else (exclude medicine)?**	☐ Y ☐ N
If NO breastfeeding at all, age stopped in months? *(select one)*	☐ 4-6m	☐ 0-3m ☐ 7-12m ☐ >12m ☐ Unknown	
What did the child receive other than breast milk in the first 3 days of life? *Select all that apply.*	☐ Sweetened/sugar water ☐ Formula/powder milk ☐ Animal milk ☐ Fruit Juice ☐ Tea ☐ Other ☐ Water ☐ Porridge/pulp ☐ Nothing ☐ Pure Honey ☐ Glycerine		

1. Vaccinations – *Ask carer or check book / card if available*								
BCG scar	☐ Yes ☐ No	**Rotavirus**	☐ Book	☐ Self report	☐ Not received	**Doses** 3 2 1 **received:** ☐ Unknown		
Measles	☐ Book ☐ Self report ☐ Not received ☐ Unknown	**Pneumococcus**	☐ Book	☐ Self report	☐ Not received	**Doses** 3 2 1 **received:** ☐ Unknown		
		DTP/Penta	☐ Book	☐ Self report	☐ Not received	**Doses** 3 2 1 **received:** ☐ Unknown		
		Polio	☐ Book	☐ Self report	☐ Not received	☐ Unknown		
		MenAfriVac	☐ Book	☐ Self report	☐ Not received	☐ Unknown		

Care-seeking Behaviour				
Is the child in generally good health?	☐ Y	☐ N	☐ Unknown	
If No, how long has he child had this problem of generally bad health?	☐ < since birth	☐ <1month	☐ > 1month	
Does the child have health insurance?	☐ Y	☐ N	☐ Unknown	
Received medication from traditional healer, homeopathist or herbalist in last 4 weeks?			Y	N
Child's Health Status				
How does this child's health compare to other children of similar age in your neighbourhood? *Select one*				
☐Similar	☐Better	☐Worse	☐Don't know	
How did this child's health compare to his/her siblings at a similar age? *Select one*				
☐Similar	☐Better	☐Worse	☐Don't know	☐ Not applicable, only child

Source of information	☐ Maternal/caregiver recall	☐ Book/medical records
Birth weight	___ .___ ___kg	☐Unknown
Birth details *Select any that apply*	☐ Premature ☐ Born underweight (<2.5kg)	☐Twin/multiple birth ☐ Born at term
Delivery location *Select one*	☐ Born in hospital ☐ Community facility/clinic with midwife/nurse midwife/doctor ☐ Home without birth attendant ☐ Home with traditional birth attendant (untrained) ☐ Home with midwife/nurse ☐ Other ☐ Unknown	
Delivery details *Select all that apply*	☐ Normal, spontaneous vaginal delivery ☐ Assisted delivery (forceps, ventouse) ☐ Caesarean section ☐ Admitted neonatal unit ☐ Mother admitted to hospital >48h	

Mother's age at first pregnancy	___ ___years	☐ unknown	**Mother's age now**	___ __years	☐ unknown
Participant birth order	___ ___ of ___ ___ total live births (*e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)*				
Are the biological parents of this child consanguineous? *Ask if parents have relatives in common or are related.*	☐ Yes	☐ No	☐ Unknown		

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Who is the Primary Caregiver? *Select one*	☐Biological Parent ☐Grandparent ☐Sibling ☐Aunt / Uncle / Cousin ☐ Stepmother / father ☐ Care home /orphanage ☐Other/ Unclear		
Is the child's biological father alive?	☐ Y ☐ N ☐ Unknown	**Is the child's biological mother alive?**	☐ Y ☐ N ☐ Unknown
Primary Care Giver Age	☐ <18years ☐ >=18 years ☐ >50years ☐ N/A (care home or unclear)		
Select one **Primary Care Giver Sex**	☐ Male ☐ Female ☐ N/A	**Primary caregiver present at admission?**	☐ Y ☐ N
Has the primary caregiver lived in the same household as the child for the last 2 months?	☐ Y ☐ N ☐ N/A/ care home		
Marital status of primary caregiver *Select one*	☐ Married/ monogamous ☐ Married polygamous ☐ Single ☐ Separated / divorced ☐ Widowed ☐ N/A		
If not present at admission, where is the primary caregiver? *Select one*	☐ Home ☐ Work ☐ School ☐ Unknown ☐ Other_____ ☐ N/A		
If the primary caregiver is present, caregiver anthropometry: *Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.* ☐ **Primary caregiver not present during admission or care home**			
Weight ___ ___ . ___ kg	**MUAC** ___ ___ . ___ .cm	**Height:** ___ ___ ___cm	
Education: *Select highest level of education achieved*	☐ None ☐ Primary ☐ Secondary ☐ Above secondary ☐ Unknown ☐ N/A care home		
Able to read?	☐ Y ☐ N ☐Unknown	**Is the primary caregiver primarily responsible for financial support and providing for the child?**	☐ Y ☐ N
Primary caregiver HIV status in last 6 months *Select one*	☐ Tested Positive ☐ Tested Negative ☐ Not tested or unknown		
Have there been changes to the child's social situation in the last 2 MONTHS? *Select any that apply*			
Child moved to a different household	**Y N**	**Relocation from rural to urban setting**	**Y N**
		Relocation from urban to rural setting	**Y N**
		Relocation to live with different caregiver	**Y N**
Mother sick	**Y N**	**Mother Died**	**Y N**
Father sick	**Y N**	**Father Died**	**Y N**
Other primary caregiver sick	**Y N N/A**	**Other primary caregiver died**	**Y N N/A**
Primary caregiver changed	**Y N**	**Child went into care home**	**Y N**

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Primary caregiver started employment / returned to school	**Y**	**N**	**Person providing for the child has lost income**	**Y**	**N**
Primary caregiver divorced / separated from partner	**Y**	**N**	**Primary caregiver in new relationship**	**Y**	**N**
Mother is pregnant	**Y**	**N**	**Mother gave birth**	**Y**	**N**
Other primary caregiver pregnant?	**Y**	**N**	**N/A Other primary caregiver gave birth**	**Y**	**N** **N/A**

If primary caregiver has changed in the last 2 months, who was the child's previous primary caregiver?
Select one

☐Biologic Mother ☐Biologic Father ☐Sibling ≥18 years old ☐Sibling <18 years old

☐Grandparent ☐Aunt/Uncle/Cousin ☐Other ☐ N/A

Primary caregiver earns an income now? *Ask the person accompanying the child and select one*

☐ Employed full time by someone else ☐ Employed part time by someone else

☐ Works for self ☐ No work income

☐ Works casually/irregularly for someone ☐ Don't know

If works casually, Occupation: ☐ N/A care home

How many days worked a week? *Select one* ☐ **<3** ☐ **3-5** ☐ **>5** ☐ N/A, does not work for income

If the primary caregiver earns, main source of income? *Select one*_____

☐ Farmer ☐ Business/trader ☐ Labourer ☐ Domestic work

☐ Other private sector employment ☐ Public sector ☐ Retired with pension income employment

☐ Begging ☐ Other_____ ☐ N/A

If the primary caregiver works (earning or non-earning), main place of work? *Select one*

☐In/around home (where child lives) ☐ Away for <4 hours per day ☐Away >4 hours but comes home daily

☐Away > 8h a day but returns home daily ☐Away >1 day, comes home weekly ☐ Away comes home, less than weekly

☐Primary caregiver lives and works away ☐ Don't know ☐ N/A

The person primarily providing financial support to this child is this child's: *Select one*

☐ Biologic Mother ☐ Biologic Father ☐ Stepfather ☐ Stepmother

☐ Grandparent ☐ Sibling ≥18 years old ☐ Sibling <18 years old ☐ Aunt/Uncle/Cousin

☐ More than one person responsible, ☐ Unsupported / care home ☐ Other -specify_____ unclear

Person responsible for providing financial support to child, place of usual residence? *Select one*

☐ Always sleeps at home ☐ Sleeps away but returns weekly

☐ Sleeps away for > two months per year ☐ Works and lives abroad, contact with child once a year or less

☐ Sleeps away but return monthly or less often ☐ Don't know

☐ Other_____ ☐ N/A (e.g. care home, unsupported)

What is the Father or person responsible for providing financial support to child source of income? *Select one. If the primary carer is also the person providing financial support do not complete this section.*

☐ Farmer ☐ Business/trader ☐ Labourer ☐ Domestic work

☐ Other private sector employment ☐ Public sector employment ☐ Retired with pension income

☐ Begging ☐None ☐ Unknown ☐ Other _____ ☐ N/A

☐ Not applicable, caregiver looks after child full time ☐ Not applicable, child accompanies caregiver to work ☐ No substitute care, child left alone ☐ No substitute care / unclear ☐ Child in care home ☐ Biological Mother ☐ Biological Father ☐ Sibling <18 years old ☐ Sibling ≥18 years old ☐ Grandparent ☐ Aunt/Uncle/Cousin ☐ Childcare facility outside home ☐ Childminder/ day care at home	
How many days a week is the child in day care?	☐ N/A ☐ 1-2 ☐ 3-4 ☐ 5-6 ☐ >6
How many hours per day is the child in day care?	☐ N/A ☐ 1-4h ☐ 5-8h ☐ 9-12h ☐ >12h
How many children are looked after at this day care?	☐ <3 ☐ 4-6 ☐ 7-10 ☐ >10 ☐Unknown ☐ N/A
How many of these are under 2y?	☐ <3 ☐ 4-6 ☐ 7-10 ☐ >10 ☐Unknown ☐ N/A
How many adults look after these children?	☐ 1 ☐2-4 ☐5-10 ☐ >10 ☐ N/A
Do you feel the day care is good?	☐ Y ☐ N ☐ N/A
Who provides food for the child at day care? *Select one* ☐ Caregiver provides food for the child ☐ Day care provides food for the child ☐ Someone else provides food for the child ☐ Don't know ☐ N/A	
Is feeding supervised / assisted at day care?	☐ Y ☐ N ☐ Unknown ☐ N/A

11. Household Food Security (if child in care home include **children** in the care home only)	
During the past 7 DAYS has ANY member of the household missed a meal due to food shortage?	☐ Y ☐ N ☐ Unknown
During the past 4 WEEKS	

Did you worry that your household would not have enough food?	☐ Y	☐ N	☐ Unknown
Were any of your household unable to eat the kinds of food preferred because of a lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household had to eat a limited variety of food due to lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten some foods that you really didn't want to eat because of lack of resources?	☐ Y	☐ N	☐ Unknown
Have any of your household eaten fewer meals in a day because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did household members go to sleep at night hungry because there was not enough food?	☐ Y	☐ N	☐ Unknown
Did you or your household members go a whole day and night without eating anything because there was not enough food?	☐ Y	☐ N	☐ Unknown

23. Child Dietary Diversity
What does the child eat on a typical day? • *Ask this as an open question and select all that the caregiver mentions.* • *Do not present the caregiver with this list.* • *You may prompt the caregiver with open questions, e.g. What does your child usually eat for breakfast*
☐ **Milk and Milk Products**: Fresh/fermented milk, cheese, yogurt, or other milk products
☐ **Breast milk**
☐ **Cereals and Cereal Products**: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains
☐ **Fish and Sea Foods**: fresh or dried fish or shellfish
☐ **Roots and Tubers**: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
☐ **Vegetables**: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
☐ **Fruits**: Oranges, bananas, mangoes, avocados, apples, grapes etc
☐ **Meats and Poultry**: Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart or other organ meats or blood-based foods
☐ **Eggs**: Hen or other bird eggs
☐ **Pulses / Legumes / Nuts and Seeds**: Beans, peas, lentils, nuts, seeds or foods made from these
☐ **Fats and Oils**: Oil, fats, ghee, margarine or butter added to food or used for cooking
☐ **Sugars / Honey and Commercial Juices**: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
☐ **Miscellaneous**: Spices, unsweetened beverages
☐ **UNKNOWN**

How is food USUALLY given to the child? *Select one*	
☐ Fed by adult	☐ Child feeds self, unsupervised
☐ Child feeds self, supervised by adult	☐ Fed from common plate or bowl
☐ Child feeds self, supervised by older children	☐ Child exclusively breastfed

What is the main source of drinking water for members of your household? *Choose one*

☐ Piped water to dwelling	☐ Cart with small tank	☐ Bought from vendor
☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown
☐ Protected well / borehole	☐ Unprotected spring	
☐ Unprotected well	☐ Other	_____

What is the MAIN source of water used by your household for other purposes such as cooking and handwashing?

SELECT ONE ONLY

☐ Piped water to dwelling	☐ Cart with small tank	☐ Bought from vendor
☐ Piped water to yard / plot	☐ Tanker truck	☐ Rainwater
☐ Piped to neighbour	☐ Bottled water	☐ Stream/river/lake/pond/dam
☐ Public tap/ Standpipe	☐ Protected spring	☐ Unknown
☐ Protected well / borehole	☐ Unprotected spring	
☐ Unprotected well	☐ Other _____	

How long does it take to get water and come back?	
(State 0 if water supplied within home or compound)	__ __ __minutes ☐ Don't know

In the past 2 weeks was the water from this source not available for at least one full day?

☐ Y ☐ N ☐ Unknown

Do you usually do anything to the water to make it safer to drink? *Select all that apply*

☐ None ☐ Bleach/ chlorine ☐ Strain through a cloth ☐ Let it stand and settle

☐ Use water filter (ceramic/sand/composite etc) ☐ Solar disinfection

What kind of toilet facility do members of your household usually use? *Select one*

☐ Flush or pour flush toilet to piped sewer ☐ Flush to septic tank ☐ Ventilated improved pit latrine

☐ Flush to pit latrine ☐ Flush to somewhere else ☐ Open pit / Pit latrine without slab

☐ Flush don't know where ☐ Composting toilet ☐ Bucket toilet

☐ Pit latrine with slab ☐ Hanging toilet / hanging latrine ☐ No facility / bush/ field

☐ Unknown

Do you share this toilet facility with other households?	☐ Y	☐ N	☐ Unknown

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If Yes, including your own household, how many households use this toilet facility?	Number if <10__ ☐ >10 ☐ Unknown ☐ N/A households
Where is this toilet facility located?	☐ In own dwelling ☐ In own yard / plot ☐ Elsewhere
How many rooms are there in the household for SLEEPING?	☐ **1** ☐ **2** ☐ **>2**

What is the MAIN FLOOR material of the rooms in this household? *Select one only*

☐ Cement ☐ Earth/sand ☐ Wood

☐ Dung ☐ Lives on boat ☐ Tiles

☐ Carpet ☐ Other (specify)_____ ☐ Unknown

What is the <u>MAIN WALL</u> material of the rooms in this household? *Select one only*

☐ Grass/straw/makuti ☐ Stone ☐ Wood ☐ Unknown

☐ Corrugated iron sheet/ Tin ☐ Mud/wood ☐ Brick/block

☐ Planks/shingles ☐ No wall ☐ Other (specify) _____

What is the <u>MAIN ROOF</u> material of the house in this household? *Select one only*

☐ Grass/Thatch ☐ Tiles/Asbestos sheets ☐ Corrugated iron/ Tins

☐ Mud ☐ Nylon papers/clothes ☐ Concrete

☐ Other (specify) _____ ☐ Unknown

☐ Boil ☐ Other

What is the MAIN cooking fuel used in this household? *Select one only*		
☐ Electricity	☐ LPG /Natural gas/Biogas	☐ Paraffin
☐ Coal / Lignite	☐ Charcoal	☐ Firewood
☐ Straw/shrubs/grass	☐ Agricultural crop	☐ Animal Dung
☐ No food cooked in household	☐ Other (specify)_____	☐ Unknown

Do you have a separate room which is used as a kitchen?	☐ Y	☐ N	☐ Unknown

Where is this household's cooking area located?				
☐ In the house	☐ Outdoors	☐ In a separate building	☐ Other _____	☐ Unknown

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Does this household own any livestock, herds, other farm animals or poultry		☐ Y	☐ N	☐ Unknown
If yes, how many of the following animals does this household own?				
Cows/bulls__ __ Sheep__ __ Horses/Donkeys/Mules__ __ Goats__ __ Chickens or Ducks__ __ Other _____ number ___ ___				☐ N/A
Does any member of this this household own land?		☐ Y	☐ N	☐ Unknown
If "Yes" How many acres of land does this household own?		____Acres	☐ Unknown	☐ N/A
Does this household have a bank account?		☐ Y	☐ N	☐ Unknown
Does this household have electricity		☐ Y	☐ N	☐ Unknown
Does this household own a radio?		☐ Y	☐ N	☐ Unknown
Does this household own a television?		☐ Y	☐ N	☐ Unknown
Does this household own a computer?		☐ Y	☐ N	☐ Unknown
Does this household own a refrigerator?		☐ Y	☐ N	☐ Unknown
Does any member of this household own:				
A watch		☐ Y	☐ N	☐ Unknown
A mobile phone?	☐ Y Standard phone	☐ Y smartphone	☐ N	☐ Unknown
An animal-drawn cart?		☐ Y	☐ N	☐ Unknown
A bicycle?		☐ Y	☐ N	☐ Unknown
A motorcycle / scooter?		☐ Y	☐ N	☐ Unknown
A car or truck?		☐ Y	☐ N	☐ Unknown
A boat with a motor?		☐ Y	☐ N	☐ Unknown

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Malaria RDT *circle result*		Positive			Negative			Not done			
Blood glucose		___ ___ . ___ mmol/L			**Time glucose measured**			___ ___:___ ___ *24h clock* ☐ Unknown			
Urine Dipstick *(can be done at any time during admission)*		Protein		Nitrites	Leucocytes		Blood		Ketones		Glucose
Urine sample stored?	**Y N**										
☐ Not done ☐ Bag ☐ Clean catch		None + ++ +++		Pos Neg	None + ++ +++		None + ++ +++		None + ++ +++		None + ++ +++

HIV status known?	☐ Yes, known PCR positive	☐ Yes, antibody positive, unknown PCR status	☐ Yes, known exposed, known PCR negative (children under 18m with PCR result SEEN BY RESEARCH TEAM. If not seen select below and perform HIV RDT	
	☐ No, known to be HIV exposed, but child untested	☐ No, child not tested, not known to be exposed		
If child known HIV positive or exposed — **On any ART?**	☐ Y ☐ N ☐ Unknown	**If on treatment,** ARV 1_____ ARV 2_____ ARV 3_____	**If on prophylaxis** ☐ Nevirapine prophylaxis only ☐ AZT + NVP prophylaxis ☐ Caregiver unsure	
Co-trimoxazole *select one*	☐ On high dose co-trimoxazole	☐ On prophylactic dose co-trimoxazole	☐ Not on co-trimoxazole	☐ Caregiver unsure
If not known positive — **HIV RDT now** *select one*	☐ Reactive / positive	☐ Non-Reactive / Negative	☐ Declined	
	PCR sent: ☐ Y ☐ N missed ☐ N referred			
HIV test offered to caregiver?	☐ Yes, Reactive	☐ Yes, Non-reactive	☐ Yes, but Declined	☐ No, Caregiver is known positive ☐ Missed ☐ N/A child in care home
Did the mother have PMTCT interventions?	☐ Yes	☐ No	☐ Unknown	

CBC taken	☐ Y ☐ N	**Plain Blood (serum)**	☐ Y	☐ N	Date taken:
Clinical chemistry taken	☐ Y ☐ N	**Blood spot taken**	☐ Y	☐ N	___ ___/___ ___/___ ___ ___ ___ *D D/M M/ Y Y Y Y*
EDTA 2ml blood taken	☐ Y ☐ N				
EDTA 0.5ml blood taken	☐ Y ☐ N				Time taken ___ ___:___ ___

Heparinised for PBMCs *(immunology sites only)*	☐ Y ☐ N				
Unable to take blood samples, why?	☐ Difficult venepuncture	☐ Child uncooperative	☐ Parent refused	☐ Other	
Rectal swabs taken	☐ Y ☐ N	Number of swabs ☐1 ☐2	Time taken___ ___: ___ ___		
Stool sample taken	☐ Y ☐ N	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Time taken___ ___: ___ ___		
If collected prior to appointment	Date collection pot given to caregiver	__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Sample taken on day of appointment?	☐ Y	☐ N

Blood Samples taken by (initials)	__ __ __
Rectal Swabs taken by (initials)	__ __ __

CRF Completed by (initials) **to be signed when complete.** *Do not sign if any fields are empty*		Date __ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*	Time ___ ___: ___ ___