



CHAIN Day 180 Follow-Up V2.0 Infants BMC

CHAIN Number [1][0][0][0][3][][][][]

Telephone call only

<p>Follow up at 180 days TO BE COMPLETED WITHIN 14 DAYS OF SCHEDULED APPT BY TELEPHONE IF PARTICIPANT UNABLE TO ATTEND. IF PARTICIPANT ATTENDS LATER, AMEND CRF</p>			
DATE OF CALL	___/___/_____ <i>D D / M M / Y Y Y Y</i>	TIME: 24H Clock	___:___
VITAL STATUS	<input type="checkbox"/> Confirmed alive only e.g. telephoned to confirm vital status DATE CONTACTED ___/___/_____ <i>D D / M M / Y Y Y Y</i>		
	<input type="checkbox"/> Confirmed dead Complete verbal autopsy and study DATE CONTACTED ___/___/_____ conclusion <i>D D / M M / Y Y Y Y</i>		
If unable to contact	DATE OF LAST TELEPHONE CALL ___/___/_____ <i>D D / M M / Y Y Y Y</i> <input type="checkbox"/> Unable to contact by DATE OF HOME telephone or home visit VISIT ___/___/_____ If patient did not attend <i>D D / M M / Y Y Y Y</i> and could not be reached by telephone		

UPDATE STUDY CONCLUSION

CRF Completed by (Initials) – to be signed when complete. <i>Do not sign if any fields are empty</i>	____	Date ____/____/_____ <i>D D / M M / Y Y Y Y</i>	Time ____:____
--	------	---	-----------------------