**CHAIN Day 180 Follow-Up V1.63**

**CHAIN Number [5][0] [0][0][2] [ ] [ ] [ ]**

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### Follow up at 180 days

TO BE COMPLETED WITHIN 14 DAYS OF SCHEDULED APPT BY TELEPHONE IF PARTICIPANT UNABLE TO ATTEND.
CONTINUE TO TRY TO CONTACT PARTICIPANT FOR AT LEAST 6 WEEKS AFTER SCHEDULED APPOINTMENT

| DATE SEEN: | _ _ / _ _ / _ _ _ _ _ _ |
| TIME SEEN: 24H Clock | _ _ : _ _ |

Informed consent reviewed with caregiver
- ☐ Yes
- ☐ No

Caregiver gives consent for samples at this appointment?
- ☐ Yes
- ☐ No

Seen at:
- ☐ Hospital / clinic
- ☐ Seen in community
- ☐ Not seen

If not seen within 2 weeks of scheduled appointment
- ☐ Confirmed alive only
e.g. telephoned to confirm vital _ _ / _ _ / _ _ _ _ _ _ status ALIVE _ _ / M M / Y Y Y
- ☐ Confirmed dead
Complete verbal autopsy and DEAD _ _ / _ _ / _ _ _ _ _ _ study conclusion _ _ / M M / Y Y Y

Not seen within 2 weeks but appointment made outside 2w window
- ☐ Yes
- ☐ No

- ☐ Unable
to contact by ATTEMPTED TELEPHONE CALL _ _ / _ _ / _ _ _ _ |
- ☐ HOME VISIT _ _ / _ _ / _ _ _ _ |

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### Anthropometry and Nutrition

| **Weight**

  to be taken using SECA scales for CHAIN
| ___ _ _ _ ___ kg |
| **Length**

  to be taken using SECA 416 infantometer provided for CHAIN
| Measurer 1 __ _ _ _ cm |
| Measurer 2 ___ _ _ _ cm |

| **MUAC**

  To be taken using MUAC tape for CHAIN
| Measurer 1 _ ___ _ cm |
| Measurer 2 ___ _ _ cm |

| **Oedema** |
| ☐ None ☐ + ☐ ++ ☐ +++ |

| **Head circumference**

  To be taken using CHAIN measuring tape
| Measurer 1 _ _ _ _ _ _ cm |
| Measurer 2 _ _ _ _ _ _ cm |

| **Initials** |
| Measurer 1 _ _ _ _ _ _ _ _ |
| Measurer 2 _ _ _ _ _ _ _ _ |

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CHAIN Day 180 Follow-up Version 1.63 20th August 17
**Current Health**

<table>
<thead>
<tr>
<th>Child in usual state of health now?</th>
<th>Y</th>
<th>N</th>
<th>If No, length of current illness</th>
<th>Number of days: _____</th>
</tr>
</thead>
</table>

What symptoms are present now?  
Select up to 3:

- ☐ No symptoms, child is well
- ☐ Vomiting
- ☐ Diarrhoea <14 days
- ☐ Diarrhoea >14 days
- ☐ Blood in stool
- ☐ Poor feeding / weight loss
- ☐ Body swelling/ oedema
- ☐ Rash / skin lesion

| Medication last 7 days.  
Circle any that apply |
<table>
<thead>
<tr>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ No medication</td>
</tr>
<tr>
<td>☐ Antibiotic</td>
</tr>
<tr>
<td>☐ Antimalarial</td>
</tr>
<tr>
<td>☐ Deworming</td>
</tr>
<tr>
<td>☐ Multivitamin</td>
</tr>
<tr>
<td>☐ Zinc</td>
</tr>
<tr>
<td>☐ Iron supplement</td>
</tr>
<tr>
<td>☐ Vitamin D/ Calcium</td>
</tr>
<tr>
<td>☐ Traditional / herbal / homeopathy</td>
</tr>
<tr>
<td>☐ Paracetamol/ Ibuprofen</td>
</tr>
<tr>
<td>☐ ORS</td>
</tr>
<tr>
<td>☐ Antihistamine</td>
</tr>
<tr>
<td>☐ Yes, but unknown</td>
</tr>
</tbody>
</table>

**HOSPITAL ADMISSIONS**

Any admissions (e.g. overnight stay) to a hospital since last CHAIN appointment?  
☐ Yes  ☐ No  ☐ Unknown

If Yes:  
Admission date (estimate)  
Hospital Name  
Length of stay (days)  
Source of information

☐ Hospital letter or medical file  
☐ Parent/carer report
### Outpatient Appointments

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition follow-up only</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>General paediatric appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cardiology appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Neurology appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>HIV clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>TB clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Sickle cell or thalassaemia clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Outpatient blood transfusion</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Specialist Radiology</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Other specialist paediatric appointment</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### Caregiver Appointments / Admissions

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver admitted to hospital since last CHAIN</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Psychiatry follow-up</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>HIV clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>TB clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Other</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
### Feeding

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Currently in outpatient nutrition program? Select one. If not in feeding program circle 'none'</td>
<td>Supplementary (corn soy blend, RUSF, khichuri, halwa etc), Therapeutic (RUTF, Plumpy-nut), None</td>
</tr>
<tr>
<td>Has the child eaten these nutrition products in the last 3 days?</td>
<td>Supplementary, Therapeutic, None</td>
</tr>
<tr>
<td>Currently Breastfeeding?</td>
<td>Y, N</td>
</tr>
<tr>
<td>If yes, taking other foods/fluids?</td>
<td>Y, N</td>
</tr>
<tr>
<td>If NO breastfeeding at all, age stopped (in months)? Select one</td>
<td>0-3m, 4-6m, &gt;6-12m, &gt;12m, Unknown</td>
</tr>
</tbody>
</table>

### Vaccinations – Ask carer or check book / card if available

<table>
<thead>
<tr>
<th>Vaccine</th>
<th>BCG scar</th>
<th>Rotavirus</th>
<th>Pneumococcus</th>
<th>DTP/Penta</th>
<th>Polio</th>
<th>Doses received:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Book</td>
<td>Self report</td>
<td>Book</td>
<td>Self report</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Not received</td>
<td>Not received</td>
<td>Not received</td>
<td>Not received</td>
<td>Unknown</td>
</tr>
<tr>
<td></td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

### TB Screening

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>Known TB (on treatment)</td>
<td>Y, N</td>
</tr>
<tr>
<td>Child has cough &gt;14 days</td>
<td>Y, N</td>
</tr>
<tr>
<td>Household contact has TB, or cough &gt;14 days</td>
<td>Y, N</td>
</tr>
<tr>
<td>Child has suspected extrapulmonary TB</td>
<td>Y, N</td>
</tr>
</tbody>
</table>
CHAIN Number [5][0] [0][0][2] [ ][ ][ ]
### CHANGES TO CHILD’S SOCIAL SITUATION

Has the primary caregiver mostly lived in the same household as the child since last appointment?  
☐ Y  ☐ N

**Primary caregiver HIV status since discharge**  
Select one:  
☐ Known positive  ☐ Known positive not  ☐ Known  ☐ Unknown  
  treatment on  
  treatment negative

Have there been changes to the child’s social situation since discharge?  
Select any that apply:

- **Child moved to a different household**  
  Y  N

- **Relocation from rural to urban setting**  
  Select ‘yes’ even if this is temporary  
  Y  N

- **Relocation from urban to rural setting**  
  Select ‘yes’ even if this is temporary  
  Y  N

- **Relocation to live with different caregiver**  
  Select ‘yes’ even if this is temporary  
  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

- **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 since discharge 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

### Child Dietary Diversity

**What does your 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
**CHAIN Day 180 Follow-Up V1.63**

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- **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 and any other 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, 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

### Household Food Security

**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

Plan day 180 visit

Date of next visit:  
___ / ___ / _____  
D D / M M / Y Y Y Y

Any new contact details:

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D180 Core Cohort Investigations and Sample Collection

<table>
<thead>
<tr>
<th>CBC taken</th>
<th>☐ Y</th>
<th>☐ N</th>
<th>Serum sample taken?</th>
<th>☐ Y</th>
<th>☐ N</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDTA 2ml plasma blood taken</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>Blood spot taken?</td>
<td>☐ Y</td>
<td>☐ N</td>
</tr>
</tbody>
</table>

Unable to take blood samples, why?  
☐ N/A  ☐ Difficult venepuncture ☐ Child uncooperative ☐ Parent refused  
☐ Other venepuncture within 12h  ☐ Readmitted – readmission samples

Rectal swabs taken  
☐ Y BEFORE ABX  ☐ N  Number taken ☐ 1  ☐ 2  
☐ Y AFTER ABX  
Time taken ___ ___: ___ ___

Stool sample taken  
☐ Y ☐ N  
Date taken: ___ / ___ / _____  
D D / M M / Y Y Y Y  
Time taken ___ ___: ___ ___  ☐ Unknown

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  
___ : ___

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CHAIN Number [5][0] [0][0][2] [ ][ ][ ]

COMPLETE STUDY CONCLUSION FORM AFTER DAY 180 VISIT
If child does not attend day 180 appointment, continue to attempt to contact the family for 6 weeks after scheduled D180 visit to determine vital status