



CHAIN Number [4][0][0][0][1][ ][ ][ ]

Follow up at 90 days			
TO BE COMPLETED WITHIN 14 DAYS OF SCHEDULED APPT BY TELEPHONE IF PARTICIPANT UNABLE TO ATTEND. IF PARTICIPANT ATTENDS LATER, AMEND CRF			
DATE OF CALL	___/___/_____ D D / M M / Y Y Y Y	TIME: 24H Clock	__:__:__
VITAL STATUS	<input type="checkbox"/> Confirmed alive only e.g. telephoned to confirm vital status DATE CONTACTED ___/___/_____ D D / M M / Y Y Y Y		
	<input type="checkbox"/> Confirmed dead Complete verbal autopsy and study conclusion DATE CONTACTED ___/___/_____ D D / M M / Y Y Y Y		
If unable to contact	DATE OF LAST TELEPHONE CALL ___/___/_____ D D / M M / Y Y Y Y <input type="checkbox"/> Unable to contact by DATE OF HOME telephone or home visit VISIT ___/___/_____ If patient did not attend D D / M M / Y Y Y Y and could not be reached by telephone		

Anthropometry and Nutrition			
<b>Weight</b> to be taken using SECA scales for CHAIN	___ __ . ___ __ kg	<b>Length</b> to be taken using SECA 416 infantometer provided for CHAIN	Measurer 1 _____. ____ cm
			Measurer 2 _____. ____ cm
<b>MUAC</b> To be taken using MUAC tape for CHAIN	Measurer 1 _____. ____ cm	<b>Head circumference</b> To be taken using CHAIN measuring tape	Measurer 1 _____. ____ cm
	Measurer 2 _____. ____ cm		Measurer 2 _____. ____ cm
<b>Oedema</b> <input type="checkbox"/> None <input type="checkbox"/> + <input type="checkbox"/> ++ <input type="checkbox"/> +++		<b>Initials</b>	Measurer 1 _____ Measurer 2 _____

Vaccinations – Ask carer or check book / card if available						
<b>BCG scar</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Rotavirus</b> <input type="checkbox"/> Book <input type="checkbox"/> Self report <input type="checkbox"/> Not received	<b>Doses received:</b> 3 2 1 <input type="checkbox"/> Unknown				
<b>Measles</b> <input type="checkbox"/> Book <input type="checkbox"/> Self report <input type="checkbox"/> Not received <input type="checkbox"/> Unknown	<b>Pneumococcus</b> <input type="checkbox"/> Book <input type="checkbox"/> Self report <input type="checkbox"/> Not received	<b>Doses received:</b> 3 2 1 <input type="checkbox"/> Unknown				
	<b>DTP/Penta</b> <input type="checkbox"/> Book <input type="checkbox"/> Self report <input type="checkbox"/> Not received	<b>Doses received:</b> 3 2 1 <input type="checkbox"/> Unknown				

	<b>Polio</b>	<input type="checkbox"/> Book	<input type="checkbox"/> Self report	<input type="checkbox"/> Not received	<input type="checkbox"/> <b>Unknown</b>
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## D45 Hospitalised BMC Sample Collection

CHAIN Young infants D45 Follow up V2.0 11<sup>th</sup> July 2019



CHAIN Day 45 Follow-Up V2.0 Infants BMC

CHAIN Number [1][0][0][0][2] [ ][ ][ ]

<b>Rectal swabs taken</b>	<input type="checkbox"/> Y BEFORE ABX <input type="checkbox"/> N      Number taken <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Y AFTER ABX	Time taken ____: ____
<b>Stool sample taken</b>	<input type="checkbox"/> Y <input type="checkbox"/> N Date taken: ____/____/_____ <div style="text-align: center; font-size: small;">D D / M M / Y Y Y Y</div>	Time taken ____: ____ <input type="checkbox"/> Unknown

### Plan day 90 call/visit

Date of next call <div style="text-align: center; margin-top: 10px;">           ____/____/_____  <small>D D / M M / Y Y Y Y</small> </div>	Any new contact details:
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<b>CRF Completed by (Initials) – to be signed when complete.</b> <i>Do not sign if any fields are empty</i>	_____	Date <div style="text-align: center; margin-top: 10px;">           ____/____/_____  <small>D D / M M / Y Y Y Y</small> </div>	Time ____: ____
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