### 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

<table>
<thead>
<tr>
<th>DATE OF CALL</th>
<th>TIME: 24H Clock</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>/<strong>/</strong>/<strong>/</strong>/</em>_</td>
<td><strong>:</strong></td>
</tr>
</tbody>
</table>

**VITAL STATUS**

- [ ] Confirmed alive only
  - e.g. telephoned to confirm vital status
  - DATE CONTACTED: _/__/__/__/__/__

- [ ] Confirmed dead
  - Complete verbal autopsy and study conclusion
  - DATE CONTACTED: _/__/__/__/__/__

If unable to contact

- [ ] Unable to contact by telephone or home visit
  - DATE OF HOME TELEPHONE CALL: _/__/__/__/__/__
  - VISIT: _/__/__/__/__/__

  - If patient did not attend and could not be reached by telephone

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### Anthropometry and Nutrition

**Weight**

- To be taken using SECA scales for CHAIN
- _/__/__/__/__/__ kg

**MUAC**

- To be taken using MUAC tape for CHAIN
  - Measurer 1: _/__/__/__/__/__ cm
  - Measurer 2: _/__/__/__/__/__ cm

**Length**

- To be taken using SECA 416 infantometer provided for CHAIN
  - Measurer 1: _/__/__/__/__/__ cm
  - Measurer 2: _/__/__/__/__/__ cm

**Head circumference**

- To be taken using CHAIN measuring tape
  - Measurer 1: _/__/__/__/__/__ cm
  - Measurer 2: _/__/__/__/__/__ cm

**Oedema**

- [ ] None
- [ ] +
- [ ] ++
- [ ] +++

**Initials**

- Measurer 1: _/__/__/__/__/__
- Measurer 2: _/__/__/__/__/__

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### Vaccinations

- **BCG scar**
  - [ ] Yes
  - [ ] No

- **Measles**
  - [ ] Book
  - [ ] Self report
  - [ ] Not received
  - [ ] Unknown

- **Rotavirus**
  - [ ] Book
  - [ ] Self report
  - [ ] Not received
  - [ ] Unknown

- **Pneumococcus**
  - [ ] Book
  - [ ] Self report
  - [ ] Not received
  - [ ] Unknown

- **DTP/Penta**
  - [ ] Book
  - [ ] Self report
  - [ ] Not received
  - [ ] Unknown

<table>
<thead>
<tr>
<th>Vaccinations</th>
<th>Doses received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3 2 1</td>
</tr>
</tbody>
</table>

- [ ] Unknown
## Polio

<table>
<thead>
<tr>
<th>Polio</th>
<th>Book</th>
<th>Self report</th>
<th>Not received</th>
<th>Unknown</th>
</tr>
</thead>
</table>

### D45 Hospitalised BMC Sample Collection

CHAIN Young infants D45 Follow up V2.0 11th July 2019

**CHAIN Day 45 Follow-Up V2.0 Infants BMC**

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

<table>
<thead>
<tr>
<th>Rectal swabs taken</th>
<th>□ Y BEFORE ABX</th>
<th>□ N</th>
<th>Number taken □ 1 □ 2</th>
<th>Time taken ___ : ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Y AFTER ABX</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Stool sample taken</th>
<th>□ Y</th>
<th>□ N</th>
<th>Date taken: ___ / ___ / ___</th>
<th>Time taken ___ : ___</th>
<th>□ Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>D D / M M / Y Y Y Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Plan day 90 call/visit**

Date of next call

___ / ___ / ___

D D / M M / Y Y Y Y

Any new contact details:


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

___ : ___