



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

Vaccinations – Ask carer or check book / card if available

BCG scar	<input type="checkbox"/> Yes <input type="checkbox"/> No	Rotavirus	<input type="checkbox"/> Self <input type="checkbox"/> Book report	<input type="checkbox"/> Not received	Doses 3 2 1 received: <input type="checkbox"/> Unknown
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DTP/Penta	<input type="checkbox"/> Self	<input type="checkbox"/> Not received	Doses 3 2 1
	<input type="checkbox"/> Book report		received: <input type="checkbox"/> Unknown

Measles	<input type="checkbox"/> Book <input type="checkbox"/> Self report	Pneumococcus	<input type="checkbox"/> Self	<input type="checkbox"/> Not received	Doses 3 2 1
			<input type="checkbox"/> Book report		received: <input type="checkbox"/> Unknown
<input type="checkbox"/> Not		Unknown <input type="checkbox"/> received			

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	___/___/_____ <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>DD/MM/YYYY</i> <input type="checkbox"/>
	Unable to contact by DATE OF HOME telephone or home visit VISIT ___ /___/____
	If patient did not attend <i>DD/MM/YYYY</i> and could not be reached by telephone

Anthropometry and Nutrition

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

	Polio	<input type="checkbox"/> Self <input type="checkbox"/> Not <input type="checkbox"/> Unknown <input type="checkbox"/> Book received report
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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][][][]

Rectal swabs taken	<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 _____ : _____

Stool sample taken	<input type="checkbox"/> Y <input type="checkbox"/> N	Time taken _____: _____ <input type="checkbox"/> Unknown
	Date taken: <u> </u> / <u> </u> / <u> </u> D D / M M / Y Y Y Y	

Plan day 90 call/visit

Date of next call <u> </u> / <u> </u> / <u> </u> D D / M M / Y Y Y Y	Any new contact details:
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CRF Completed by (Initials) – to be signed when complete. <i>Do not sign if any fields are empty</i>		Date	Time
	<u> </u> <u> </u>	<u> </u> / <u> </u> / <u> </u> D D / M M / Y Y Y Y	<u> </u> : <u> </u>