



CHAIN Day 90 Follow-Up V2.0 Infants BMC

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

Telephone call only

<b>Follow up at 90 days</b> 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    ___/___/_____ <span style="float: right;"><i>D D / M M / Y Y Y Y</i></span>		
	<input type="checkbox"/> Confirmed dead Complete verbal autopsy and study    DATE CONTACTED    ___/___/_____ conclusion <span style="float: right;"><i>D D / M M / Y Y Y Y</i></span>		
If unable to contact	DATE OF LAST TELEPHONE CALL    ___/___/_____ <span style="float: right;"><i>D D / M M / Y Y Y Y</i></span>		
	<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		

Plan day 180 call	
Date of next call	___/___/_____ <i>D D / M M / Y Y Y Y</i>
	Any new contact details:

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