



CHAIN Day 90 Follow-Up V2.0 Infants BMC

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

Telephone call only

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>D D / M M / Y Y Y Y</i> <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:
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CRF Completed by (Initials) – to be signed when complete. <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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