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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 SEEN:	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	TIME SEEN: 24H Clock	__ __ : __ __
Informed consent reviewed with caregiver	☐ Yes ☐ No	Caregiver gives consent for samples at this appointment?	☐ Yes ☐ No
Seen at:	☐ Hospital / clinic	☐ Seen in community	☐ Not seen
If not seen within 2 weeks of scheduled appointment	☐ Confirmed alive only e.g. telephoned to confirm vital status	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	DATE CONTACTED
	☐ Confirmed dead Complete verbal autopsy and study conclusion	DATE CONTACTED	__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*
Not seen within 2 weeks but willing to attend appointment in future ☐ Yes ☐ No	☐ Unable to contact by telephone or home visit	DATE OF LAST TELEPHONE CALL *D D / M M / Y Y Y Y*	__ __ / __ __ / __ __ __ __ DATE OF HOME VISIT
		If patient did not attend and could not be reached by telephone *D D / M M / Y Y Y Y*	__ __ / __ __ / __ __ __ __

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Anthropometry and Nutrition

Weight		**Length** *to be taken using* [redacted]	Measurer 1 ____ ____. ____ cm
to be taken using SECA scales for CHAIN	___ ___ . ___ ___kg	*SECA 416 infantometer provided for CHAIN*	Measurer 2 [redacted] ____ ____ . ____ cm
MUAC *To be taken using MUAC tape for CHAIN*	Measurer 1 ____ ____ . ____ cm	**Head circumference** *To be taken using CHAIN measuring tape*	Measurer 1 [redacted] ____ ____. _____cm
	Measurer 2 ____ ____ . ____ cm		Measurer 2 [redacted] ____ ____. _____cm
Oedema	☐ None ☐ + ☐ ++ ☐ +++	**Initials**	Measurer 1 ___ ___ __ Measurer 2 ___ ___ __

Current Health

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Child in usual state of health now?	Y N	**If No, length of current illness**	Number of days: _____ _____

What symptoms are present now?
Select up to 3:

☐**No symptoms, child is well**

☐Vomiting	☐ Fever / Hotness of body	☐ Lethargy
☐Diarrhoea <14 days	☐ Difficulty breathing	☐ Convulsions
☐Diarrhoea >14 days	☐ Cough<14 days	☐ Altered consciousness
☐Blood in stool	☐ Cough>14days	☐ Not feeding
☐ Poor feeding / weight loss	☐ Body swelling/ oedema	☐Rash / skin lesion

Medication last 7 days. *Circle any that apply*	☐ No medication	☐·Antibiotic	☐ Antimalarial	☐Deworming	☐ Multivitamin
	☐ Zinc	☐Iron supplement	☐ Vitamin D/ Calcium	☐ Traditional / herbal / homeopathy	☐ Paracetamol/ Ibuprofen
	☐ ORS	☐ Antihistamine		☐ Yes, but unknown	

HOSPITAL ADMISSIONS	
Any admissions (e.g. overnight stay) to a hospital since last CHAIN appointment?	☐ Yes ☐ No ☐ Unknown

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If Yes: **Admission date (estimate)**	**Hospital Name**	**Length of stay (days)**	**Source of information**
__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*		__ __	☐ Hospital letter or medical file ☐ Parent/carer report
__ __/__ __/__ __ __ __ *D D / M M / Y Y Y Y*		__ __	☐ Hospital letter or medical file ☐ Parent/carer report

Outpatient Appointments		
Participant attended outpatient appointment since last CHAIN appointment?		
Nutrition follow-up only	Y	N
General paediatric appointment	Y	N
Cardiology appointment	Y	N
Neurology appointment	Y	N
HIV clinic	Y	N
TB clinic	Y	N

Sickle cell or thalassaemia clinic	Y	N
Outpatient blood transfusion	Y	N
Specialist Radiology	Y	N
Other specialist paediatric appointment	Y	N

Caregiver Appointments / Admissions	
☐ No outpatient appointment	☐ Not applicable – child in care

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Caregiver admitted to hospital since last CHAIN appointment?	Y	N
Psychiatry follow-up	Y	N
Antenatal care	Y	N
HIV clinic	Y	N
TB clinic	Y	N
Other	Y	N

Feeding

Currently in outpatient nutrition program? *Select one. If not in feeding program circle 'none'*	☐ Supplementary *(corn soy blend, RUSF, khichuri, halwa etc)*	☐ Therapeutic *(RUTF, Plumpy-nut)*	☐ None
Has the child eaten these nutrition products in the last 3 days?	☐ Supplementary	☐ Therapeutic	☐ None

Currently Breastfeeding?	☐ Y ☐ N	**If yes, taking other foods/fluids?**	☐ Y ☐ N
If NO breastfeeding at all, age stopped (in months)? *Select one*	☐ 0-3m ❑ 4-6m ☐ 7-12m ☐ >12m ☐ Unknown		

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Vaccinations – *Ask carer or check book / card if available*			
BCG scar	☐ Yes ☐ No	**Rotavirus**	☐ Self ☐ Book report ☐ Not received **Doses received:** 3 2 1 ☐ Unknown
Measles	☐ Book ☐ Self report ☐ Not received ☐ Unknown	**Pneumococcus**	☐ Self ☐ Book report ☐ Not received **Doses received:** 3 2 1 ☐ Unknown
		DTP/Penta	☐ Self ☐ Book report ☐ Not received **Doses received:** 3 2 1 ☐ Unknown
		Polio	☐ Self ☐ Book report ☐ Not received ☐ **Unknown**

TB Screening			
Known TB (on treatment) Y N	Child has cough >14 days Y N	Household contact has TB, or cough >14 days Y N	Child has suspected extrapulmonary TB Y N

CHANGES TO CHILD'S SOCIAL SITUATION

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Has the primary caregiver mostly lived in the same household as the child since last appointment?	☐ Y ☐ N		
Primary caregiver HIV status since discharge *Select one*	☐ Known positive on treatment ☐ Known positive not on treatment ☐ Known negative ☐ Unknown		
Have there been changes to the child's social situation since discharge? *Select any that apply*			
Child moved to a different household	**Y N**	**Relocation from rural to urban setting** *Select 'yes' even if this is temporary*	**Y N**
		Relocation from urban to rural setting *Select 'yes' even if this is temporary*	**Y N**
		Relocation to live with different caregiver *Select 'yes' even if this is temporary*	**Y N**
Mother sick	**Y N**	**Mother Died**	**Y N**
Father sick	**Y N**	**Father Died**	**Y N**
Other primary caregiver sick	**Y N N/A**	**Other primary caregiver died**	**Y N N/A**
[redacted]	**Y N**	[redacted]	**Y N**
Primary caregiver changed	**Y N**	**Child went into care home**	**Y N**
Primary caregiver started employment / returned to school	**Y N**	**Person providing for the child has lost income**	**Y N**
Primary caregiver divorced / separated from partner	**Y N**	**Primary caregiver in new relationship**	**Y N**
Mother is pregnant	**Y N**	**Mother gave birth**	**Y N**
Other primary caregiver pregnant?	**Y N N/A**	**Other primary caregiver gave birth**	**Y N N/A**
If primary caregiver has changed since discharge months, who was the child's previous primary caregiver? *Select one*			

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☐Biologic Mother	☐Biologic Father	☐Sibling ≥18 years old	☐Sibling <18 years old
☐Grandparent	☐Aunt/Uncle/Cousin	☐Other	☐ N/A

Child Dietary Diversity
What does your child eat on a typical day? *ASK THIS AS AN OPEN QUESTION AND SELECT ALL THAT THE CAREGIVER MENTIONS. DO NOT PRESENT THE CAREGIVER WITH THIS LIST. YOU MAY PROMPT THE CAREGIVER WITH OPEN QUESTIONS, e.g. WHAT DOES YOUR CHILD USUALLY EAT FOR BREAKFAST*
☐ **Milk and Milk Products**: Fresh/fermented milk, cheese, yogurt, or other milk products
☐ **Breast milk**
☐ **Cereals and Cereal Products**: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat and any other locally available grains
☐ **Fish and Sea Foods**: fresh or dried fish or shellfish
☐ **Roots and Tubers**: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers
☐ **Vegetables**: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables
☐ **Fruits**: Oranges, bananas, mangoes, avocados, apples, grapes etc
☐ **Meats and Poultry**: Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart, other organ meats or blood-based foods

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☐ **Eggs**: Hen or other bird eggs
☐ **Pulses / Legumes / Nuts and Seeds**: Beans, peas, lentils, nuts, seeds or foods made from these
☐ **Fats and Oils**: Oil, fats, ghee, margarine or butter added to food or used for cooking
☐ **Sugars / Honey and Commercial Juices**: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies
☐ **Miscellaneous**: Spices, unsweetened beverages

Household Food Security	
During the past 7 DAYS has ANY member of the household missed a meal due to food shortage?	☐ Y ☐ N ☐ Unknown
During the past 4 WEEKS	
Did you worry that your household would not have enough food?	☐ Y ☐ N ☐ Unknown
Were any of your household unable to eat the kinds of food preferred because of a lack of resources?	☐ Y ☐ N ☐ Unknown

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Have any of your household had to eat a limited variety of food due to lack of resources?	☐ Y ☐ N ☐ Unknown
Have any of your household eaten some foods that you really didn't want to eat because of lack of resources?	☐ Y ☐ N ☐ Unknown
Have any of your household eaten fewer meals in a day because there was not enough food?	☐ Y ☐ N ☐ Unknown
Did household members go to sleep at night hungry because there was not enough food?	☐ Y ☐ N ☐ Unknown
Did you or your household members go a whole day and night without eating anything because there was not enough food?	☐ Y ☐ N ☐ Unknown

Plan day 180 visit	
Date of next visit __ __/__ __/__ __ __ __ *D D/M M/ Y Y Y Y*	Any new contact details:

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D90 Core Cohort Investigations and Sample Collection			
CBC Taken	☐ Y ☐ N	**Serum sample taken?**	☐ Y ☐ N
EDTA 2ml plasma blood taken	☐ Y ☐ N	**Blood spot taken?**	☐ Y ☐ N
Unable to take blood samples, why?	☐ N/A ☐ Difficult venepuncture ☐ Child uncooperative ☐ Parent refused ☐ Other venepuncture within 12h ☐ Readmitted – readmission samples		
Rectal swabs taken	☐ Y BEFORE ABX ☐ N Number taken ☐1 ☐2 ☐ Y AFTER ABX Time taken___ ___: ___ ___		
Stool sample taken	☐ Y ☐ N Date taken: __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y* Time taken___ ___: ___ ___ ☐ Unknown		

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 ___ ___: ___ ___
Blood Samples taken by (initials)	__ __ __		
Rectal Swabs taken by (initials)	__ __ __		