# CHAIN Day 90 Follow-Up V2.0 Infants under 2 months

## CHAIN Number [5][0][0][0][1] [ ][ ][ ]

### 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: | _ _ / _ _ / _ _ _ _ |
| TIME SEEN: 24H Clock | _ _ : _ _ |

**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**DATE CONTACTED**
  _ _ / _ _ / _ _ _ _
  D D / M M / Y Y Y Y

- ☐ Confirmed dead
Complete verbal autopsy and study**DATE CONTACTED**
  _ _ / _ _ / _ _ _ _
  D D / M M / Y Y Y Y
  *conclusion*

Not seen within 2 weeks but willing to attend appointment in future

- ☐ Yes
- ☐ No

**Date of last telephone call**
_ _ / _ _ / _ _ _ _
D D / M M / Y Y Y Y

**Date of home visit**
_ _ / _ _ / _ _ _ _
D D / M M / Y Y Y Y
If patient did not attend and could not be reached by telephone

### Anthropometry and Nutrition

<table>
<thead>
<tr>
<th>Weight</th>
<th>Length</th>
</tr>
</thead>
</table>

**Weight**
*to be taken using SECA scales for CHAIN*
_ _ . _ _ kg

**Length**
*to be taken using SECA 416 infantometer provided for CHAIN*

- Measurer 1
  _ _ _ _ . _ _ cm

- Measurer 2
  _ _ _ _ . _ _ cm
CHAIN Number [5][0] [0][0][1] [ ][ ][ ]

<table>
<thead>
<tr>
<th>MUAC</th>
<th>Measurement 1</th>
<th>Measurement 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>To be taken using MUAC tape for CHAIN</td>
<td>Measurer 1: _____ _____ • _ cm</td>
<td>Measurer 2: _____ _____ • _ cm</td>
</tr>
<tr>
<td></td>
<td>Measurer 1: _____ _____ • _ cm</td>
<td>Measurer 2: _____ _____ • _ cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oedema</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ None ☐ + ☐ ++ ☐ +++</td>
<td>Measurer 1: __ __ __</td>
</tr>
</tbody>
</table>

**Current Health**

<table>
<thead>
<tr>
<th>Child in usual state of health now?</th>
<th>Y</th>
<th>N</th>
<th>If No, length of current illness</th>
<th>Number of days: _____ _____</th>
</tr>
</thead>
</table>

**What symptoms are present now?**
*Select up to 3:*

- ☐ No symptoms, child is well
- ☐ Vomiting
- ☐ Diarrhoea <14 days
- ☐ Diarrhoea >14 days
- ☐ Blood in stool
- ☐ Poor feeding / weight loss
- ☐ Fever / Hotness of body
- ☐ Difficulty breathing
- ☐ Cough <14 days
- ☐ Cough >14 days
- ☐ Body swelling / oedema
- ☐ Not feeding
- ☐ Rash / skin lesion
- ☐ Lethargy
- ☐ Convulsions
- ☐ Altered consciousness
- ☐ Not feeding
- ☐ Rash / skin lesion

**Medication last 7 days.**

- ☐ No medication
- ☐ Antibiotic
- ☐ Antimalarial
- ☐ Deworming
- ☐ Multivitamin

CHAIN Young infants D90 Follow-up V2.0 11th July 2019
CHAIN Day 90 Follow-Up V2.0 Infants under 2 months

CHAIN Number [5] [0] [0] [0] [1] [ ] [ ] [ ]

Circle any that apply

- 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 discharge?  
☐ Yes  ☐ No  ☐ Unknown

If Yes:
Admission date (estimate)  
Hospital Name  
Length of stay (days)  
Source of information

☐ Hospital letter or medical file  
☐ Parent/carer report

Outpatient Appointments

Participant attended outpatient appointment since discharge?

- Nutrition follow-up only  
  Y  N
- General paediatric appointment  
  Y  N
- Cardiology appointment  
  Y  N
- Neurology appointment  
  Y  N
- HIV clinic  
  Y  N
**CHAIN Day 90 Follow-Up V2.0 Infants under 2 months**

**CHAIN Number [5][0] [0][0][1] [ ] [ ] [ ]**

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle cell or thalassaemia clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialist paediatric appointment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Caregiver Appointments / Admissions

- [ ] No outpatient appointment
- [ ] Not applicable – child in care

<table>
<thead>
<tr>
<th></th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver admitted to hospital since last Y appointment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 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
CHAIN Number [5][0] [0][0][1] [ ][ ][ ]

| 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 |

**Vaccinations – Ask carer or check book / card if available**

<table>
<thead>
<tr>
<th>BCG scar</th>
<th>□ Yes □ No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measles</td>
<td>□ Book □ Self report □ Not received Unknown</td>
</tr>
<tr>
<td>Pneumococcus</td>
<td>□ Self □ Book report □ Not received</td>
</tr>
<tr>
<td>DTP/Penta</td>
<td>□ Self □ Book report □ Not received</td>
</tr>
<tr>
<td>Polio</td>
<td>□ Self □ Book report □ Not received</td>
</tr>
</tbody>
</table>

**TB Screening**
### CHAIN Number [5][0] [0][0][1] [ ] [ ]

<table>
<thead>
<tr>
<th>Known TB (on treatment)</th>
<th>Child has cough &gt;14 days</th>
<th>Household contact has TB, or cough &gt;14 days</th>
<th>Child has suspected extrapulmonary TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Plan day 180 Follow Up Date**

____/__/____

D D / M M / Y Y Y

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**CRF Completed by (Initials) — to be signed when complete.**

_Do not sign if any fields are empty_

<table>
<thead>
<tr>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong><strong>/__/</strong></strong></td>
<td><em><strong>:</strong></em></td>
</tr>
<tr>
<td>D D / M M / Y Y Y</td>
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