### Eligibility Checklist

<table>
<thead>
<tr>
<th>Condition</th>
<th>Y</th>
<th>N - ineligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age between 7 days and 59 days after date of birth</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Being admitted to hospital because of acute illness</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Parent or guardian able and available to consent</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Able to feed orally in usual state of health</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Known congenital syndrome</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cleft palate</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Known congenital cardiac disease</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Known terminal illness e.g. cancer</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Admission for surgery, or likely to require surgery within 6m</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Admission for trauma?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Sibling enrolled in study</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Previously enrolled</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### Part 1

#### 1. Admission to Hospital and Study Enrolment

<table>
<thead>
<tr>
<th>DATE arrived at the hospital</th>
<th>TIME arrived at the hospital</th>
<th>Arrival time unknown</th>
<th>DATE of enrolment</th>
<th>TIME of enrolment</th>
<th>Sex</th>
<th>Child’s Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>y/y/y/mm/dd</td>
<td>h:mm</td>
<td></td>
<td>y/y/y/mm/dd</td>
<td>h:mm</td>
<td></td>
<td></td>
</tr>
<tr>
<td>y/y/y/mm/dd</td>
<td>h:mm 24h Clock</td>
<td></td>
<td>y/y/y/mm/dd</td>
<td>h:mm 24h Clock</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DOB</th>
<th>Is the DOB:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>y/y/y/mm/dd</td>
<td>True</td>
<td>Estimated*</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Brought into hospital by:</th>
<th>Mother</th>
<th>Father</th>
<th>Grandparent</th>
<th>Aunt/Uncle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sibling &lt;18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sibling >18  □ Carer (care home)  □ Other__________

*if DOB is estimated, and the day is uncertain, write ‘15’ for DD

### 2. Presenting Complaints
3. Initial Observations (to be taken at time of examination by research team)

<table>
<thead>
<tr>
<th></th>
<th>Axillary temperature</th>
<th>Heart rate</th>
<th>Respiratory rate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Count for 1 minute</td>
<td>Count for 1 minute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>_____ _____/minute</td>
<td>_____ _____/minute</td>
</tr>
<tr>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Measured in</td>
<td>Measured in</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Unrecordable</td>
<td>Write 000 if unrecordable</td>
</tr>
</tbody>
</table>

4. Anthropometry

<table>
<thead>
<tr>
<th></th>
<th>Weight</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>to be taken</td>
<td>to be taken</td>
</tr>
<tr>
<td></td>
<td>using SECA 416</td>
<td>using SECA 416</td>
</tr>
<tr>
<td></td>
<td>_____ . ____ kg</td>
<td>_____ . ____ cm</td>
</tr>
</tbody>
</table>
CHAIN Number [5][0] [0][0][1] [ ][ ][ ]

SECA scales for CHAIN study

MUAC
To be taken using MUAC tape for CHAIN study

Measurer 1

Measurer 2

Head circumference
To be taken using CHAIN measuring tape

Measurer 1

Measurer 2

Oedema

☐ + + ☐ +++

None

Initials

Measurer 1

Measurer 2

NB: If the child is unwell the Length can be taken at a later time.

5. Current Health

Previously admitted to hospital.
Include other hospitals / health centres. Select 1

☐ No ☐ < 1 week ago ☐ 1 week-1 month ago ☐ >1 month ago

Any medication last 7 days.
Select all that apply

☐ No medication ☐ Antibiotic ☐ Antimalarial ☐ Traditional
☐ Deworming ☐ Vitamin ☐ Paracetamol or Ibuprofen
☐ Yes, but unknown ☐ Other

Urine volume in last 24hrs? Select 1

☐ Not passing ☐ Less than urine normal ☐ Normal ☐ Unknown or greater

6. Examination

Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP

Airway
(select one)

☐ Clear ☐ Needs active support ☐ Obstructed/Stridor

Breathing
(select all that apply)

☐ Normal – no concerns, (move to circulation)
☐ Central cyanosis ☐ Nasal flaring ☐ Reduced air-entry ☐ Wheeze ☐ Acidotic
Breathing ☐ Grunting
☐ Lower chest wall indrawing ☐ Crackles ☐ Dull to percussion ☐ Head nodding

Circulation:
Cap Refill (select one) Cold Peripheries (select one)

☐ >3s ☐ 2-3s ☐ <2s
☐ Shoulder ☐ Elbow ☐ Hand ☐ Warm peripheries

Disability:
Conscious level (select one)
Fontanelle (select one)
Tone (select one) Posture (select one)

☐ Alert ☐ Voice ☐ Pain ☐ Unresponsive
☐ Normal ☐ Bulging ☐ Sunken ☐ Not present
☐ Normal ☐ Hypertonic ☐ Hypotonic
☐ Normal ☐ Decorticate ☐ Decerebrate
CHAIN Number [5][0][0][0][1]

<table>
<thead>
<tr>
<th>Activity (select one)</th>
<th>Normal</th>
<th>Irritable/Agitated</th>
<th>Lethargic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dehydration: Sunken eyes? Skin pinch (select one)</td>
<td>☐ Y ☐ N</td>
<td>☐ &gt;2 seconds ☐ &lt;2 seconds ☐ Immediate</td>
<td></td>
</tr>
<tr>
<td>Drinking/Breastfeeding (Select one)</td>
<td>Normal</td>
<td>Poorly</td>
<td>☐ Not drinking ☐ Eager / Thirsty</td>
</tr>
<tr>
<td>Abdomen (select any that apply)</td>
<td>☐ Normal – no concerns ☐ Distension ☐ Hepatomegaly</td>
<td>☐ Tenderness ☐ Splenomegaly ☐ Other abdominal mass</td>
<td></td>
</tr>
<tr>
<td>Signs of Rickets</td>
<td>☐ Wrist ☐ Rachitic ☐ Swollen ☐ Bow ☐ Frontal ☐ None</td>
<td>widening rosary knees legs bossing</td>
<td></td>
</tr>
<tr>
<td>Jaundice (Select one)</td>
<td>☐ Not jaundiced ☐ + ☐ ++ ☐ +++</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ENT/Oral/Eyes (select any that apply)</td>
<td>☐ Mouth Normal ☐ Ears Normal ☐ Eyes Normal</td>
<td>☐ Oral ulceration ☐ Pus from ear ☐ Conjunctivitis</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Oral candidiasis ☐ Tender swelling behind ear (mastoiditis) ☐ Eye discharge</td>
<td>☐ Stomatitis ☐ Lymphadenopathy ☐ Visual impairment</td>
<td></td>
</tr>
<tr>
<td>Skin (select any that apply)</td>
<td>☐ Normal ☐ Hyperpigmentation ☐ Depigmentation</td>
<td>☐ Broken ☐ Dermatitis ☐ ‘Flaky paint’ skin/excoriation</td>
<td></td>
</tr>
<tr>
<td></td>
<td>☐ Cellulitis ☐ Impetigo ☐ Pustules</td>
<td>☐ Vesicles ☐ Desquamation ☐ Macular or papular</td>
<td></td>
</tr>
<tr>
<td>Site of skin lesions. (select any that apply)</td>
<td>☐ Not applicable ☐ Trunk (No rash) ☐ Face / scalp ☐ Legs Palms / soles ☐ Buttocks ☐ Arms ☐ Perineum</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### 7. Suspected Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Confirmed (diagnosed previously/ recorded)</th>
<th>Suspected (clinician’s impression)</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral palsy/neurological problem/ epilepsy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Hydrocephalus</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sickle Cell disease family history, crisis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thalassaemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Visual problem / Blindness Not fixing and following</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
## 8. Feeding

<table>
<thead>
<tr>
<th>Currently Breastfeeding?</th>
<th>If yes is the child taking anything else (exclude medicine)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Y ☐ N</td>
<td>☐ Y ☐ N ☐ N/A</td>
</tr>
</tbody>
</table>

**What did the child receive other than breast milk in the first 3 days of life?**

*Select all that apply*

- ☐ Sweetened/sugar water
- ☐ Formula/powder milk
- ☐ Fruit Juice ☐ Tea
- ☐ Water ☐ Porridge/pulp
- ☐ Pure Honey ☐ Glycerine
- ☐ Animal milk
- ☐ Other
- ☐ Gutthi/gripe water
- ☐ Nothing

---

## 11. Immediate Clinical Investigations and HIV status

<table>
<thead>
<tr>
<th>Malaria RDT <em>circle result</em></th>
<th>Positive</th>
<th>Negative</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose</td>
<td>_____ . ____ mmol/L</td>
<td>Time glucose measured</td>
<td>_____ . ____ 24h clock</td>
</tr>
</tbody>
</table>

**HIV status known?**

- ☐ Yes, known exposed, known PCR negative (children
  - ☐ Yes, known ☐ Yes, antibody positive, under 18m with PCR result SEEN BY RESEARCH TEAM. If PCR positive unknown PCR status not seen select below and perform HIV RDT

- ☐ No, known to be HIV exposed, but child untested ☐ No, child not tested, not known to be exposed

<table>
<thead>
<tr>
<th>If child known HIV positive or exposed</th>
<th>On any ART?</th>
<th>If on treatment,</th>
<th>If on prophylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐ Y ☐ N ☐ Unknown</td>
<td>ARV 1 _________________</td>
<td>☐ Nevirapine prophylaxis only</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARV 2 _________________</td>
<td>☐ AZT + NVP prophylaxis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ARV 3 _________________</td>
<td>☐ Caregiver unsure</td>
</tr>
</tbody>
</table>

| Co-trimoxazole select one | On prophylactic ☐ On high dose | Not on coco-trimoxazole ☐ Caregiver unsure dose co-trimoxazole trimoxazole |
**CHAIN Number [5][0][0][0][0][1][ ][ ]**

<table>
<thead>
<tr>
<th>If not known positive</th>
<th>HIV RDT now select one</th>
<th>Referred to HIV clinic</th>
<th>HIV test offered to caregiver?</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Reactive / positive</td>
<td>□ Non-Reactive / Negative</td>
<td>□ Declined</td>
<td>□ Y □ N</td>
</tr>
<tr>
<td>PCR sent:</td>
<td></td>
<td>□ Yes □ No (select ‘No’ if referral not indicated)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Yes, □ Yes, Reactive</td>
<td>□ Yes, but □ No, Declined</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Non-reactive</td>
<td>□ Caregiver is known positive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>□ Declined</td>
<td>□ Missed in care home</td>
</tr>
<tr>
<td>Did the mother have interventions or medication during delivery to prevent transmission of HIV to baby?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Yes □ No □ Unknown</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Birth and perinatal care

- **Born in THIS hospital**
  - □ Yes □ No □ Not born in hospital □ Unknown
- **Stayed more than one night in hospital after birth?**
  - □ Yes □ No □ Unknown □ N/A
- **Risk factors for complications**
  - □ None known
  - □ Fever / unwell in labour
  - □ Membranes ruptured >24h before birth
  - □ Offensive liquor/vaginal discharge
  - □ Chorioamnionitis
  - □ Breech presentation
  - □ Premature labour
  - □ Unknown
- **Mother received medication during labour and delivery? Select all that apply**
  - □ No medication
  - □ General anaesthetic
  - □ Steroid (premature labour)
  - □ Traditional/herbal/ homeopathy
  - □ Misoprostol / induction of labour
  - □ Oxytocin
  - □ Other
  - □ IV antibiotic
  - □ Epidural /spinal
  - □ PMTCT
  - □ Analgesia
  - □ Antacid
  - □ Yes but unknown

### Antenatal care received

- **Source of information** Select all that apply
  - □ None
  - □ Maternal recall □ Health record book □ Other relative recall
### Antenatal care received?

**Select one**

Antenatal appointment includes any scheduled at health centre, visits in the community or organised privately. These must be for pregnancy not other medical issues.

- [ ] No antenatal care
- [ ] At least 1 antenatal appointment
- [ ] 2 antenatal appointments
- [ ] More than 2 appointments
- [ ] Unknown

### Ultrasound scan?

**Select one**

- [ ] None
- [ ] At least one
- [ ] More than one
- [ ] Unknown

### Medication / Supplements in pregnancy

**Select all that apply**

- [ ] Folic acid
- [ ] Iron
- [ ] Antiretrovirals
- [ ] Cotrimoxazole/ septrin
- [ ] Antibiotic
- [ ] Magnesium sulphate
- [ ] Supplementary food
- [ ] Traditional / herbal/homeopathy
- [ ] Malaria prophylaxis
- [ ] Steroid
- [ ] Malaria treatment
- [ ] Yes but unknown
- [ ] Multivitamin
- [ ] Other

### Antenatal blood screening

- [ ] No antenatal blood screening
- [ ] Blood taken, reason unknown
- [ ] Unknown if done

**Select one**

- [ ] VDRL positive
- [ ] VDRL negative
- [ ] VDRL not done
- [ ] Unknown
- [ ] Hep B positive
- [ ] Hep B negative
- [ ] Hep B not done
- [ ] Unknown
- [ ] HIV positive
- [ ] HIV negative
- [ ] HIV not done
- [ ] Unknown
- [ ] Blood group done
- [ ] Not done
- [ ] Unknown
- [ ] VDRL positive
- [ ] VDRL negative
- [ ] VDRL not done
- [ ] Unknown
- [ ] Hep B positive
- [ ] Hep B negative
- [ ] Hep B not done
- [ ] Unknown
- [ ] HIV positive
- [ ] HIV negative
- [ ] HIV not done
- [ ] Unknown
- [ ] Blood group done
- [ ] Not done
- [ ] Unknown

### Estimated gestation

- [ ] < 36 weeks
- [ ] 36-42 weeks
- [ ] >42 weeks
- [ ] Unknown

### Mother received blood transfusion during or after birth

- [ ] Yes
- [ ] No
- [ ] Unknown

### Baby admitted to neonatal unit?

**Select all that apply**

- [ ] Not admitted
- [ ] No, admitted postnatal ward
- [ ] Yes for respiratory support (including Oxygen)
- [ ] Yes for antibiotics
- [ ] Yes for IV fluids / hypoglycaemia
- [ ] Yes for jaundice
- [ ] Yes for transfusion
- [ ] Yes other
- [ ] Unknown

### Baby passed stool within 24h of birth (including meconium during delivery)

- [ ] Yes
- [ ] No
- [ ] Unknown

### Is weight > birthweight now?

- [ ] Yes
- [ ] No
- [ ] Unknown

*(If birthweight is unknown but baby now weighs >4.5kg select ‘yes’)*
### Feeding and lactation support

<table>
<thead>
<tr>
<th>Baby breast fed within 12h of birth?</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age at first breast feed</td>
<td>&lt;=1h</td>
<td>1-4h</td>
<td>&gt;4-12h</td>
</tr>
<tr>
<td>Breast feeding at all now? If mother intends to breastfeed but baby unwell select yes</td>
<td>Yes</td>
<td>No</td>
<td>Unknown</td>
</tr>
</tbody>
</table>

**YES breastfeeding now**

- If not exclusively breast feeding, why?
  - Ask what else the mother is giving the baby. If giving other food/milk ask why
  - Not applicable (exclusively breastfeeding)
  - Not enough milk
  - Baby struggled to breastfeed
  - Mother unwell
  - Unknown
  - Other
<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
</table>
| Does the mother have any help with breast feeding? `Select all that apply.` `Relative` refers to relative of the child. Ask the mother if she feels there is active and positive support of breast feeding | ☐ No support with breast feeding  
☐ Yes maternal relative  
☐ Yes paternal relative  
☐ Yes father  
☐ Yes midwife/community health worker  ☐ Yes other |
| Does the mother/caregiver intend to continue breast feeding once the baby is over 6m old? | ☐ Yes  ☐ No  ☐ Unsure |
| NO, Not breastfeeding at all now (if mother not intending to breastfeed) Has the child ever breast fed since birth? | ☐ Yes  ☐ No  ☐ Unknown |
| Why has breastfeeding stopped? `Select one, the main reason` | ☐ Mother HIV positive  
☐ Not enough milk  
☐ Baby struggled to breastfeed  ☐ Mother unwell  
☐ Mother died, not present  ☐ Other |
| Does the mother have any help with feeding? `Select all that apply.` `Relative` refers to relative of the child. | ☐ No support with feeding  
☐ Yes maternal relative  
☐ Yes paternal relative  
☐ Yes father  ☐ Yes midwife/community health worker  ☐ Yes other |
| Does the mother/caregiver have any help with the baby? `Select all that apply.` `Relative` refers to relative of the child | ☐ No help  
☐ Yes maternal relative  
☐ Yes paternal relative  
☐ Yes father  ☐ Yes midwife/community health worker  ☐ Yes other |
| Does the caregiver buy other sources of milk for the baby? `Select all that apply` | ☐ No  
☐ Yes infant formula  
☐ Yes other breast milk  
☐ Yes cows milk  ☐ Yes other |
| Was the mother working prior to giving birth? | ☐ Yes  ☐ No  ☐ Unknown |
| Is the mother working now? | ☐ Yes  ☐ No  ☐ Unknown |
| Maternity pay? | ☐ Yes  ☐ No  ☐ Unknown |

**11. Suspected Initial Diagnoses:**

Clinical diagnosis should be based on examination and investigation findings. **Tick the three most likely diagnoses.**

<table>
<thead>
<tr>
<th>Respiratory</th>
<th>Infection</th>
<th>CNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ LRTI/pneumonia</td>
<td>☐ Gastroenteritis</td>
<td>☐ Febrile convulsions</td>
</tr>
<tr>
<td>☐ Bronchiolitis</td>
<td>☐ Sepsis</td>
<td>☐ Epilepsy</td>
</tr>
</tbody>
</table>
**CHAIN Number**: [5][0] [0][0][1] [ ][ ][ ]

- **URTI**
- **Pulmonary TB**
- **Otitis media**
- **Asthma**

**General**
- **Anaemia**
- **Sickle Cell Disease**
- **Thalassaemia**
- **Renal impairment**
- **Nephrotic syndrome**
- **Nephritis**
- **Liver dysfunction**
- **Ileus**
- **Congenital cardiac disease**
- **Haemolytic disease newborn**
- **Neonatal jaundice**

- **Malaria**
- **Extra pulmonary TB**
- **Soft tissue infection**
- **UTI**
- **HIV related illness**
- **Measles**
- **Varicella**

**Other suspected diagnosis:**
- **Other**
- **Unknown**
- **Failed appetite test only**
- **Breast-feeding difficulty**
- **Tongue tie**
- **Congenital syphilis**
- **Microcephaly**

---

**12 Initial Treatment**

<table>
<thead>
<tr>
<th>Admission to: select one</th>
<th>Admission to ward</th>
<th>Admission to HDU</th>
<th>Admission to ICU</th>
<th>Admission to neonatal unit</th>
</tr>
</thead>
</table>

**Date and time First antibiotics given**  
__ __ / __ __ / __ __ ___ __ : ___

**Intravenous Antibiotics Given?**
- **Not given**
  - Benzylpenicillin
  - Gentamicin
  - Ceftriaxone / Cefotaxime
  - Co-amoxiclav/
  - Flu/Cloxacillin
  - Chloramphenicol Augmentin
  - Ampicillin
  - Amikacin
  - Meropenem / Imipenem
  - Levofloxacin
  - Vancomycin
  - Metronidazole
  - Ceftazidime
  - Pivmecillinam
  - Other allocation

**Not given**
CHAIN Number [5][0][0][0][1] [ ][ ][ ]

<table>
<thead>
<tr>
<th>Oral Antibiotics Given?</th>
<th>□ Amoxicillin</th>
<th>□ Erythromycin</th>
<th>□ Azithromycin</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Not given</td>
<td>□ Co-trimoxazole</td>
<td>□ Metronidazole</td>
<td>□ Ciprofloxacin</td>
</tr>
<tr>
<td>□ Co-amoxiclav /</td>
<td>□ Cefalexin / cefaclor</td>
<td>□ Nalidixic acid</td>
<td>Augmentin</td>
</tr>
<tr>
<td>□ Penicillin</td>
<td>□ Flucloxacin</td>
<td>□ Levofloxacin</td>
<td></td>
</tr>
<tr>
<td>□ Other _______________</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Initial treatment given</th>
<th>□ IV Fluid Bolus</th>
<th>□ IV Maintenance Fluids</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Oxygen</td>
<td>□ CPAP</td>
<td></td>
</tr>
<tr>
<td>□ IV Glucose</td>
<td>□ Oral Glucose</td>
<td>□ Warmth (heater, warmed fluids)</td>
</tr>
<tr>
<td>□ Blood transfusion</td>
<td>□ Commercial F75</td>
<td></td>
</tr>
<tr>
<td>□ Phenobarbitone</td>
<td>□ Commercial F100</td>
<td></td>
</tr>
<tr>
<td>□ Diazepam</td>
<td>□ Locally prepared F75/ milk suji</td>
<td></td>
</tr>
<tr>
<td>□ Paracetamol</td>
<td>□ Local prepared F100 / milk suji 100</td>
<td></td>
</tr>
<tr>
<td>□ Ibuprofen</td>
<td>□ Expressed breast milk</td>
<td></td>
</tr>
<tr>
<td>□ Diclofenac</td>
<td>□ Dilute F100/ dilute milk or formula</td>
<td></td>
</tr>
<tr>
<td>□ Salbutamol / atrovent / other bronchodilator</td>
<td>□ Other milk/ formula/ feed</td>
<td></td>
</tr>
<tr>
<td>□ Prednisolone/ dexamethasone/ hydrocortisone</td>
<td>□ Nasogastric tube</td>
<td></td>
</tr>
<tr>
<td>□ Adrenaline</td>
<td>□ Multivitamin</td>
<td></td>
</tr>
<tr>
<td>□ Zinc</td>
<td>□ Micronutrients</td>
<td></td>
</tr>
<tr>
<td>□ Folic acid</td>
<td>□ Vitamin A</td>
<td></td>
</tr>
<tr>
<td>□ Antimalarial (any)</td>
<td>□ Albendazole / deworming</td>
<td></td>
</tr>
<tr>
<td>□ ReSoMal</td>
<td>□ Other</td>
<td></td>
</tr>
<tr>
<td>□ ORS</td>
<td>_________________</td>
<td></td>
</tr>
</tbody>
</table>
### 11. Admission Core Cohort Investigations and Sample Collection

<table>
<thead>
<tr>
<th></th>
<th>CBC taken</th>
<th>Clinical chemistry taken</th>
<th>Plain Blood (serum)</th>
<th>Blood spot taken</th>
<th>Blood culture taken (if available at site)</th>
<th>Blood gas taken (if available at site)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Y</td>
<td>□ Y</td>
<td>□ Y</td>
<td>□ Y</td>
<td>□ Y BEFORE ABX</td>
<td>□ Y BEFORE ABX</td>
</tr>
<tr>
<td></td>
<td>□ N</td>
<td>□ N</td>
<td>□ N</td>
<td>□ N</td>
<td>□ Y AFTER ABX</td>
<td>□ Y AFTER ABX</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>□ Capillary</td>
<td>□ Venous</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Date Taken</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Date taken</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>__ __ / __ __ / __ __ __ __</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time taken</strong></td>
<td>__ __ : __ __</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D / M / Y / Y</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Unable to take blood samples, why?**

- □ Difficult venepuncture
- □ Child uncooperative
- □ Parent refused
- □ Other

<table>
<thead>
<tr>
<th></th>
<th>Rectal swabs taken</th>
<th>Rectal Swabs taken by (initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>□ Y BEFORE ABX</td>
<td>__ __ __</td>
</tr>
<tr>
<td></td>
<td>□ Y AFTER ABX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 1</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ 2</td>
<td></td>
</tr>
<tr>
<td><strong>Number taken</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Time taken</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>D / M / Y / Y</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Stool sample**

<table>
<thead>
<tr>
<th></th>
<th>Taken</th>
<th>Date taken</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>in □ Y</td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ N</td>
<td></td>
</tr>
<tr>
<td><strong>Date taken</strong></td>
<td>__ / __ / __ __ __</td>
<td>Time taken __ __ : __ __</td>
</tr>
<tr>
<td><strong>D / M / Y / Y</strong></td>
<td>__ __ __ __</td>
<td>__ __ __ __ __</td>
</tr>
</tbody>
</table>

**24h?**

**Chest x-ray indicated**

- □ Yes, but too unwell
- □ Yes, done
- □ Indicated but not done, unclear
- □ Not indicated

**Lumbar puncture indicated**

- □ Yes, but too unwell
- □ Yes, done
- □ Not indicated

**Blood Samples taken by (initials)**

__ __ __

**Rectal Swabs taken by (initials)**

__ __ __
12. CHAIN ADMISSION CRF: SOCIAL INFORMATION.

To be completed within 48h of admission when child is stable. This should ideally be done in a conversational and unhurried way, with the interviewer sitting with the caregiver.

Initials of person interviewing caregiver and completing part 2

Date

Who is being interviewed?

- Primary
- Care
- Primary caregiver
- One person who
- More than one person who

Does the child have health insurance?

- Y
- N
- Unknown

What was the main reason for bringing the child to this hospital today? *Reasons given, select one*

- Referred by health care
- Caregiver concern of child’s condition
- Received money for transport to hospital worker
- Relative / neighbour concern
- Primary caregiver returned home
- Other of child’s condition

How did you travel to the hospital? *Select all that apply*

- Car/ Taxi
- Ambulance
- Bus
- Motorbike
- Tuk-tuk/CNG
- Cycle rickshaw
- Train
- Walking
- Other

How long did it take you to travel to hospital?

- <1h
- 1-<2h
- 2-4h
- >4h
- >1 day

---

13. Care-seeking Behaviour

Was the child in generally good health before this illness?

- Y
- N
- Unknown

If No, how long has the child had this problem of generally bad health?

- ___ weeks
- N/A

Does the child have health insurance?

- Y
- N
- Unknown
14. Child’s Health Status Before Admission

Before this illness, how did this child’s health compare to other children of similar age in your neighbourhood? Select one
- Similar
- Better
- Worse
- Don’t know

Before this illness, how did this child’s health compare to his/her siblings at a similar age? Select one
- Similar
- Better
- Worse
- Don’t know
- N/A only child

11. Primary Caregiver Information

This is the person who has responsibility for day to day care of the child, but is not a substitute carer such as childminder or grandparent who cares for child whilst, for example, mother is at work.

<table>
<thead>
<tr>
<th>Who is the Primary Caregiver? Select one</th>
<th>Biological Parent</th>
<th>Grandparent</th>
<th>Sibling</th>
<th>Aunt / Uncle / Cousin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the child’s biological father alive?</td>
<td>Y</td>
<td>N</td>
<td>Unknown</td>
<td></td>
</tr>
<tr>
<td>Is the child’s biological mother alive?</td>
<td>Y</td>
<td>N</td>
<td>Unknown</td>
<td></td>
</tr>
</tbody>
</table>

Primary Care Giver Age
- <18 years
- >=18 years
- >50 years
- N/A (care home or unclear)

Primary Care Giver Sex
- Male
- Female
- N/A

Primary Caregiver present at admission?
- Y
- N

Has the primary caregiver lived in the same household as the child for the last 2 months?
- Y
- N
- N/A (care home)

Marital status of primary caregiver
- Married
- Single
- Separated / divorced
- Widowed
- N/A monogamous
- polygamous

If not present at admission, where is the primary caregiver? Select one
- Home
- Work
- School
- Unknown
- Other
- N/A
**CHAIN Young Infants Enrolment CRF V2.2**

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

If the primary caregiver is present, caregiver anthropometry:

*Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN.*

<table>
<thead>
<tr>
<th>Primary caregiver not present during admission, or care home</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Weight</strong></td>
</tr>
<tr>
<td>____ ___ ___ kg</td>
</tr>
</tbody>
</table>

**Education:** Select highest level of education achieved

- None
- Primary
- Secondary
- Above secondary
- Un known
- N/A care home

**Able to read?**

- Y
- N
- Unknown

Is the primary caregiver primarily responsible for financial support and providing for the child?

- Y
- N

Primary caregiver HIV status in last 6 months: Select one

- Tested Positive
- Tested Negative
- Not tested or unknown

Have there been ANY changes to the child's social situation in the last 2 months? Select any that apply,

- Child moved to a different household
- Relocation from rural to urban setting
  - Select 'yes' even if this is temporary
- Relocation from urban to rural setting
  - Select 'yes' even if this is temporary
- Relocation to live with different caregiver
  - Select 'yes' even if this is temporary

- Mother sick
- Father sick
- Other primary caregiver sick
- Other primary caregiver died

- Primary caregiver changed
- Child went into care home

- Primary caregiver started employment / returned to school
- Person providing for the child has lost income

- Primary caregiver divorced / separated from partner
- Primary caregiver in new relationship

- Mother is pregnant
- Mother gave birth

- Other primary caregiver pregnant?
- Other primary caregiver gave birth

If primary caregiver has changed in the last 2 months, who was the child’s previous primary caregiver? Select one

- Biologic Mother
- Biologic Father
- Sibling ≥18 years old
- Sibling <18 years old
- Grandparent
- Aunt/Uncle/Cousin
- Other
- N/A
### 12. Birth History

<table>
<thead>
<tr>
<th><strong>Source of information</strong></th>
<th>□ Maternal/caregiver recall</th>
<th>□ Book/medical records</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Birth weight</strong></td>
<td>___ .___ ___kg</td>
<td>□ Unknown</td>
</tr>
<tr>
<td><strong>Birth details</strong> Select any that apply</td>
<td>□ Premature □ Born small &lt;2.5kg □ Twin/multiple birth □ Born at term □ Unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Delivery location</strong> Select one</td>
<td>□ Born in hospital □ Community facility/clinic with midwife/nurse midwife/doctor</td>
<td></td>
</tr>
<tr>
<td>□ Home without □ Home with traditional □ Home with midwife/nurse birth attendant birth attendant (untrained)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Other □ Unknown</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Delivery details</strong> Select all that apply</td>
<td>□ Normal, spontaneous vaginal □ Assisted delivery (forceps, Caesarean section ventouse)</td>
<td></td>
</tr>
<tr>
<td>□ Mother admitted to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>□ Admitted neonatal unit □ Unknown hospital &gt;48h</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Mother’s age at first pregnancy</strong></td>
<td>___ ___ years □ unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Mother’s age now</strong></td>
<td>___ ___ years □ unknown</td>
<td></td>
</tr>
<tr>
<td><strong>Participant birth order</strong></td>
<td>___ ___ of ___ ___ total live births (e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)</td>
<td></td>
</tr>
<tr>
<td><strong>Are the biological parents of this child consanguineous?</strong> Ask if parents have relatives in common or are related.</td>
<td>□ Yes □ No □ Unknown</td>
<td></td>
</tr>
</tbody>
</table>

### 13. Household Food Security

*If child in care home include children in the care home only*

**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 |
<table>
<thead>
<tr>
<th>Question</th>
<th>Y</th>
<th>N</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were any of your household unable to eat the kinds of food preferred because of a lack of resources?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any of your household had to eat a limited variety of food due to lack of resources?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any of your household eaten some foods that you really didn’t want to eat because of lack of resources?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have any of your household eaten fewer meals in a day because there was not enough food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did household members go to sleep at night hungry because there was not enough food?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you or your household members go a whole day and night without eating anything because there was not enough food?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CRF Completed by (Initials) – to be signed when complete.**
*Do not sign if any fields are empty*

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

Date: __ __ / __ __ / __ __ __ __

Time: __ __: __ __