CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

<table>
<tr><th colspan="4">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</th></tr>
<tr><td>DATE SEEN:</td><td>__ __/ __ __/ __ __ __ __
D D / M M / Y Y Y Y</td><td>TIME SEEN: 24H Clock</td><td>__ __: __ __</td></tr>
<tr><td>Informed consent reviewed with caregiver</td><td>☐ Yes ☐ No</td><td>Caregiver gives consent for samples at this appointment?</td><td>☐ Yes ☐ No</td></tr>
<tr><td>Seen at:</td><td>☐ Hospital / clinic</td><td>☐ Seen in community</td><td>☐ Not seen</td></tr>
<tr><td rowspan="2">If not seen within 2 weeks of scheduled appointment</td><td>☐ Confirmed alive only
e.g. telephoned to confirm vital status</td><td>DATE CONTACTED</td><td>__ __/ __ __/ __ __ __ __
D D / M M / Y Y Y Y</td></tr>
<tr><td>☐ Confirmed dead
Complete verbal autopsy and study conclusion</td><td>DATE CONTACTED</td><td>__ __/ __ __/ __ __ __ __
D D / M M / Y Y Y Y</td></tr>
<tr><td>Not seen within 2 weeks but willing to attend appointment in future
☐ Yes ☐ No</td><td colspan="3">DATE OF LAST TELEPHONE CALL __ __/ __ __/ __ __ __ __
☐ Unable to contact by D D / M M / Y Y Y Y telephone or home visit DATE OF HOME VISIT
If patient did not attend and could not be reached by telephone __ __/ __ __/ __ __ __ __
D D / M M / Y Y Y Y</td></tr>
</table>

<table>
<tr><th colspan="4">Anthropometry and Nutrition</th></tr>
<tr><td rowspan="2">Weight
to be taken using SECA scales for CHAIN</td><td rowspan="2">___ ___ . ___ ___kg</td><td rowspan="2">Length to be taken using SECA 416 infantometer provided for CHAIN</td><td>Measurer 1
____ ____. ____ cm</td></tr>
<tr><td>Measurer 2
____ ____ . ____ cm</td></tr>
<tr><td rowspan="2">MUAC
To be taken using MUAC tape for CHAIN</td><td>Measurer 1 ____ ____ . ____ cm</td><td rowspan="2">Head circumference
To be taken using CHAIN measuring tape</td><td>Measurer 1
____ ____. _____cm</td></tr>
<tr><td>Measurer 2 ____ ____ . ____ cm</td><td>Measurer 2
____ ____. _____cm</td></tr>
</table>

CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

Oedema	☐ None ☐ + ☐ ++ ☐ +++	Initials	Measurer 1 ___ ___ __	Measurer 2 ___ ___ __

Current Health

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 enrolment?			☐Yes ☐ No ☐ Unknown
If Yes: **Admission date (estimate)**	**Hospital Name**	**Length of stay (days)**	**Source of information**

CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

__ __/__ __/__ __ __ __ 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 enrolment?		
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	
Caregiver admitted to hospital since last CHAIN	Y appointment?	N
Psychiatry follow-up	Y	N
Antenatal care	Y	N
HIV clinic	Y	N

CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

TB clinic	Y	N
Other	Y	N

Feeding			
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*							
BCG scar	☐ Yes ☐ No	**Rotavirus**	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
Measles	☐ Book ☐ Self report ☐ Not received ☐ Unknown	**Pneumococcus**	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
		DTP/Penta	☐ Book	☐ Self report	☐ Not received	**Doses received:**	3 2 1 ☐ Unknown
		Polio	☐ Book	☐ Self report	☐ Not received		☐ **Unknown**

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

CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

CHAIN Number [2][0] [0][0][1] [ ][ ][ ]

11. Outpatient SAM D90 Immunology Sample Collection					
CBC taken	☐ Y	☐ N	**Plain Blood (serum)**	☐ Y	☐ N
PBMC sample taken	☐ Y	☐ N	**Clinical chemistry taken**	☐ Y	☐ N
EDTA 2ml plasma sample taken	☐ Y	☐ N	**Blood spot taken**	☐ Y	☐ N
EDTA 0.5ml taken	☐ Y	☐ N	**Green top WBA taken?**	☐ Y	☐ N
Blood gas taken *(if available at site)*	☐ Capillary ☐ Venous	☐ N			
Date Taken	Date taken __ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	Time taken___ ___: ___ ___			
Unable to take blood samples, why?	☐ Difficult venepuncture	☐ Child uncooperative ☐ Parent refused ☐ Other			
Rectal swabs taken	☐ Y BEFORE ABX ☐ Y AFTER ABX	☐ N	☐1 ☐2 Number taken	Time taken___ ___: ___ ___	
Stool sample	Taken in clinic? ☐ Y	☐ N	Date taken __ __/ __ __/ __ __ __ __ *D D / M M / Y Y Y Y*	Time taken___ ___: ___ ___	

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

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 ___ ___: ___ ___