**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

  **DATE CONTACTED**

  ___ / ___ / ___ ___
  D  D / M  M / Y  Y  Y  Y

- Confirmed dead

  **DATE CONTACTED**

  ___ / ___ / ___ ___
  D  D / M  M / Y  Y  Y  Y

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

- Yes  No

**Anthropometry and Nutrition**

**Weight**

_to be taken using SECA scales for CHAIN_

___ ___ . ___ ___ kg

**Length**

_to be taken using SECA 416 infantometer provided for CHAIN_

**Head circumference**

_to be taken using CHAIN measuring tape_

**MUAC**

_to be taken using MUAC tape for CHAIN_

**Measurer 1**

____ ____. ____ cm

**Measurer 2**

____ ____. ____ cm

**Measurer 1**

____ ___ . ____ cm

**Measurer 2**

____ ___ . ____ cm
Oedema

<table>
<thead>
<tr>
<th>None</th>
<th>+</th>
<th>++</th>
<th>+++</th>
</tr>
</thead>
</table>

Initials

Measurer 1

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
</table>

Measurer 2

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>

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Current Health

Child in usual state of health now?

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>

If No, length of current illness

Number of days: _____

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
- Rash / skin lesion
- Lethargy
- Convulsions
- Altered consciousness
- Not feeding
- Paracetamol/ Ibuprofen
- Zinc
- Iron supplement
- Vitamin D/ Calcium
- Traditional / herbal / homeopathy
- Multivitamin

Medication last 7 days. Circle any that apply

- No medication
- Antibiotic
- Antimalarial
- Deworming
- Vitamin D/ Calcium
- Traditional / herbal / homeopathy
- Paracetamol/ Ibuprofen
- Zinc
- Iron supplement
- Antihistamine
- Yes, but unknown

HOSPITAL ADMISSIONS

Any admissions (e.g. overnight stay) to a hospital since enrolment?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
</table>

If Yes:

- Admission date (estimate)
- Hospital Name
- Length of stay (days)
- Source of information
### Outpatient Appointments

**Participant attended outpatient appointment since enrolment?**

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition follow-up only</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>General paediatric appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Cardiology appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Neurology appointment</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>HIV clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>TB clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Sickle cell or thalassaemia clinic</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Outpatient blood transfusion</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Specialist Radiology</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Other specialist paediatric appointment</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

### Caregiver Appointments / Admissions

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

<table>
<thead>
<tr>
<th>Appointment</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver admitted to hospital since last CHAIN</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Psychiatry follow-up</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Antenatal care</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>HIV clinic</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>
CHAIN Immunology Outpatient SAM Day 90 Follow-Up V2.0

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

<table>
<thead>
<tr>
<th>TB clinic</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other</td>
<td>Y</td>
<td>N</td>
</tr>
</tbody>
</table>

**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)?

- [ ] 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>Measles</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] Yes</td>
<td>[ ] No</td>
</tr>
<tr>
<td>[ ] Book</td>
<td>[ ] Self report</td>
</tr>
<tr>
<td>[ ] Not received</td>
<td>[ ] Unknown</td>
</tr>
</tbody>
</table>

Rotavirus

- [ ] Book
- [ ] Self report
- [ ] Not received

Doses received: 3 2 1

Pneumococcus

- [ ] Book
- [ ] Self report
- [ ] Not received

Doses received: 3 2 1

DTP/Penta

- [ ] Book
- [ ] Self report
- [ ] Not received

Doses received: 3 2 1

Polio

- [ ] Book
- [ ] Self report
- [ ] Not received

- [ ] Unknown

**TB Screening**

<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>

CHAIN Immunology Outpatient SAM Day 90 Follow-up Version 2.0 11th March 2019
CHAIN Number [2][0] [0][0][1] [ ][ ][ ]
### 11. Outpatient SAM D90 Immunology Sample Collection

<table>
<thead>
<tr>
<th>CBC taken</th>
<th>Y</th>
<th>N</th>
<th>Plain Blood (serum)</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td></td>
<td></td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N</td>
<td></td>
<td></td>
<td>N</td>
<td></td>
<td></td>
</tr>
<tr>
<td>PBMC sample taken</td>
<td>Y</td>
<td>N</td>
<td>Clinical chemistry taken</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>EDTA 2ml plasma sample taken</td>
<td>Y</td>
<td>N</td>
<td>Blood spot taken</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>EDTA 0.5ml taken</td>
<td>Y</td>
<td>N</td>
<td>Green top WBA taken?</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td>Blood gas taken (if available at site)</td>
<td>Y</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Capillary</td>
<td>N</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Venous</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Date Taken**

- Date taken: __ __ / __ __ / __ __ __ __
- Time taken: ___ ___: ___ ___

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

- Difficult venepuncture
- Child uncooperative
- Parent refused
- Other

**Rectal swabs taken**

- Y BEFORE ABX
- 1
- 2
- Number taken
- Y AFTER ABX
- N
- Time taken: ___ ___: ___ ___

**Stool sample**

- in Y
- N
- Time taken: ___ ___: ___ ___

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

- Date
- Time

**Blood Samples taken by (initials)**

- __ __

**Rectal Swabs taken by (initials)**

- __ __

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CHAIN Immunology Outpatient SAM Day 90 Follow-Up Version 2.0 11th March 2019