# CHAIN STUDY CONCLUSION

To be completed after Day 180, or following death of child, or withdrawal from the study

## IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?

- **NO** If NO, indicate died, withdrawn or lost to follow up in **SECTION A**
- **YES** If YES, go directly to **SECTION B**

## SECTION A

### GIVE THE REASON FOR NON-COMPLETION OF THE STUDY

<table>
<thead>
<tr>
<th>Died</th>
<th>Verbal autopsy completed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>YES</strong></td>
</tr>
<tr>
<td></td>
<td><strong>NO</strong></td>
</tr>
</tbody>
</table>

### Died, where? (tick one)

- **Study Hospital**
- **Other health facility**
- **Community**
- **Unknown**

### Voluntary withdrawal

- **Prefer not to say**
- **Insufficient benefit to participant**
- **Blood sampling**
- **Time/disruption in follow-up visits**
- **Travel out of research area**
- **Unable to arrange care for other children**
- **Others in household or community not happy to continue**
- **Unsure of or unsupportive of the reasons for research, or of the institution conducting it**

### Lost to follow up (un-traceable)

## SECTION B

### DATE OF STUDY CONCLUSION

**This is:**
- The date last seen in the community or in hospital
- The date vital status was confirmed by telephone
- The date withdrawn
- The date of death

**Information from (tick one):**

- Seen by study team or
- Contacted by telephone to establish vital status or
<table>
<thead>
<tr>
<th><strong>/</strong><em>/</em>_____</th>
<th>informed by family or neighbour or death certificate or hospital records</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRF completed by:</td>
<td>Initials: ____ ____ ____ Date: <strong><strong>/</strong></strong>/______</td>
</tr>
</tbody>
</table>

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