



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NO *If NO, indicate died, withdrawn or lost to follow up in SECTION A* **YES** *If YES, go directly to SECTION B*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

<input type="checkbox"/> Died	Verbal autopsy completed? <input type="checkbox"/> YES <input type="checkbox"/> NO Died, where? <i>(tick one)</i> <input type="checkbox"/> Study Hospital <input type="checkbox"/> Other health facility <input type="checkbox"/> Community <input type="checkbox"/> Unknown
<input type="checkbox"/> Voluntary withdrawal <i>Tick all the reasons given in discussion - do not probe for each item</i>	<input type="checkbox"/> Prefer not to say <input type="checkbox"/> Insufficient benefit to participant <input type="checkbox"/> Blood sampling <input type="checkbox"/> Time/disruption in follow-up visits <input type="checkbox"/> Travel out of research area <input type="checkbox"/> Unable to arrange care for other children <input type="checkbox"/> Others in household or community not happy to continue <input type="checkbox"/> 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

<p><i>This is:</i></p> <ul style="list-style-type: none"> • <i>The date last seen in the community or in hospital</i> • <i>The date vital status was confirmed by telephone</i> • <i>The date withdrawn</i> • <i>The date of death</i> <p>COMPLETE THE DATE FOR ALL PARTICIPANTS</p>	<p>Information from (tick one):</p> <p><input type="checkbox"/> Seen by study team <i>or</i></p> <p><input type="checkbox"/> Contacted by telephone to establish vital status <i>or</i></p>
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__ / __ / ____ <i>D D / M M / Y Y Y Y</i>	informed by family or neighbour or death certificate or hospital records
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CRF completed by:	Initials: __ __ __ Date: __ / __ / ____ <i>D D / M M / Y Y Y Y</i>
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