## 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- [ ] NO If NO, indicate died, withdrawn or lost to follow up in SECTION A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>[ ] YES</td>
</tr>
</tbody>
</table>

**Died, where? (tick one)**

- [ ] Study Hospital
- [ ] Community
- [ ] Other health facility
- [ ] Unknown

- [ ] 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

- [ ] Voluntary withdrawal

Tick all the reasons given in discussion - do not probe for each item

- [ ] 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- The date withdrawn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>CRF completed by:</th>
<th>Initials: ___ ___ ___</th>
<th>Date: ___ / ___ / ______</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>DD / MM / YY YY YY</td>
</tr>
</tbody>
</table>

informed by family or neighbour or death certificate or hospital records

CHAIN CONCLUSION FORM V 1.63

10th January 2018