

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- *The date withdrawn*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*

COMPLETE THE DATE FOR ALL PARTICIPANTS

Information from (tick one):

- Seen by study team *or*
- Contacted by telephone to establish vital status *or*



CHAIN STUDY CONCLUSION

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

NO *If NO, indicate died, withdrawn or lost to follow up in SECTION A*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

Died

Verbal autopsy completed?

YES

NO

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

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

Lost to follow up (un-traceable)

IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?

_ _ / _ _ / _ _ _ _
D D / M M / Y Y Y Y

informed by family or neighbour or death certificate or hospital records

CRF completed by:	Initials: ___ ___ ___ Date: ___/___/_____ <i>DD / MM / YYYY</i>
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CHAIN CONCLUSION FORM

V 1.63

10th January 2018