

<b>SECTION B</b>		<b>DATE OF STUDY CONCLUSION</b>	
<p><i>This is:</i></p> <ul style="list-style-type: none"><li>• <i>The date last seen in the community or in hospital</i></li><li>• <i>The date vital status was confirmed by telephone</i></li><li>• <i>The date withdrawn</i></li><li>• <i>The date of death</i></li></ul> <p><b>COMPLETE THE DATE FOR ALL PARTICIPANTS</b></p>		<p><b>Information from (tick one):</b></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>	



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**NO** If NO, indicate died, withdrawn or lost to follow up in SECTION A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

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

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)**



**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
---------------------------------------	---



<b>CRF completed by:</b>	Initials: __ __ __    Date: __ / __ / ____ D D / M M / Y Y Y Y
--------------------------	---