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☐ NO If NO, indicate died, withdrawn or lost to follow up in SECTION A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

IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?

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
<table>
<thead>
<tr>
<th>Date of Study Conclusion</th>
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<tbody>
<tr>
<td><strong>SECTION B</strong></td>
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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- The date withdrawn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 informed by family or neighbour or death certificate or hospital records

CRF completed by:
Initials: ___ ___ ___  Date: __ ___ / __ ___ / ________

CHAIN CONCLUSION FORM  V 2.1  8th August 2019