



CHAIN STUDY CONCLUSION

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

<input type="checkbox"/> NO <i>If NO, indicate died, withdrawn or lost to follow up in SECTION A</i> <input type="checkbox"/> YES <i>If YES, go directly to SECTION B</i>



IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?

SECTION A GIVE THE REASON FOR NON-COMPLETION OF THE STUDY	
<input type="checkbox"/> Died	<p>Verbal autopsy completed?</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Died, where? <i>(tick one)</i></p> <p style="text-align: center;"><input type="checkbox"/> Study Hospital <input type="checkbox"/> Other health facility</p> <p style="text-align: center;"><input type="checkbox"/> Community <input type="checkbox"/> Unknown</p>
<input type="checkbox"/> Voluntary withdrawal	<p><input type="checkbox"/> Prefer not to say <input type="checkbox"/> Insufficient benefit to participant</p> <p><input type="checkbox"/> Blood sampling <input type="checkbox"/> Time/disruption in follow-up visits</p> <p><input type="checkbox"/> Travel out of research area <input type="checkbox"/> Unable to arrange care for other children</p> <p><input type="checkbox"/> Others in household or community not happy to continue</p> <p><input type="checkbox"/> Unsure of or unsupportive of the reasons for research, or of the institution conducting it</p>
<p><i>Tick all the reasons given in discussion - do not probe for each item</i></p>	

Lost to follow up (completely untraceable by phone or visit)

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- *The date withdrawn*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

___ / ___ / _____
D D / M M / Y Y Y Y

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: ___ / ___ / _____
D D / M M / Y Y Y Y