CHAIN STUDY CONCLUSION V 2.0 CN [1][0][0][0][3] [ ][ ][ ]

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☐ **NO** *If NO, indicate died, withdrawn or lost to follow up in SECTION* **A**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

☐ Prefer not to say

☐ Blood sampling

☐ Travel out of research area

☐ Insufficient benefit to participant

☐ Time/disruption in follow-up visits

☐ Unable to arrange care for other children

☐ **Voluntary withdrawal** ***Tick all the reasons given in discussion - do not probe for each item***	☐ Others in household or community not happy to continue ☐	ns for research, or of the institution conducting it
☐ **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last seen in the community or in hospital*** • ***The date vital status was confirmed by telephone*** • ***The date withdrawn*** • ***The date of death*** ***COMPLETE THE DATE FOR ALL PARTICIPANTS***	***Information from (tick one):*** ☐ Seen by study team *or* ☐ Contacted by telephone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
__ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*	

CRF completed by:	Initials: ___ ___ ___ Date: __ __ / __ __ / __ __ __ __ *D D / M M / Y Y Y Y*