



CHAIN Number [1][0][0][0][2][ ][ ][ ][ ]

Telephone call only

<b>Follow up at 90 days</b> TO BE COMPLETED WITHIN 14 DAYS OF SCHEDULED APPT BY TELEPHONE IF PARTICIPANT UNABLE TO ATTEND. IF PARTICIPANT ATTENDS LATER, AMEND CRF			
DATE OF CALL	____/____/_____ <i>D D / M M / Y Y Y Y</i>	TIME: 24H Clock	____:____
VITAL STATUS	<input type="checkbox"/> Confirmed alive only e.g. telephoned to confirm vital status	DATE CONTACTED	____/____/_____ <i>D D / M M / Y Y Y Y</i>
	<input type="checkbox"/> Confirmed dead Complete verbal autopsy and study conclusion	DATE CONTACTED	____/____/_____ <i>D D / M M / Y Y Y Y</i>
If unable to contact	<input type="checkbox"/> Unable to contact by telephone or home visit	DATE OF LAST TELEPHONE CALL	____/____/_____ <i>D D / M M / Y Y Y Y</i>
		DATE OF HOME VISIT If patient did not attend and could not be reached by telephone	____/____/_____ <i>D D / M M / Y Y Y Y</i>

Plan day 180 call	
Date of next call  ____/____/_____ <i>D D / M M / Y Y Y Y</i>	Any new contact details:

<b>CRF Completed by (Initials) – to be signed when complete.</b> Do not sign if any fields are empty	____	Date  ____/____/_____ <i>D D / M M / Y Y Y Y</i>	Time  ____:____
---	------	---	-----------------------