



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

Telephone call only

Follow up at 180 days 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>

UPDATE STUDY CONCLUSION

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