**GROUP** Day 180 Follow-Up V2.0 Infants BMC

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

**Telephone call only**

<table>
<thead>
<tr>
<th><strong>DATE OF CALL</strong></th>
<th><strong>TIME: 24H Clock</strong></th>
<th><strong>DATE CONTACTED</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __ __ __</td>
<td>__ __ : __ __</td>
<td>__ __ / __ __ / __ __ __ __</td>
</tr>
</tbody>
</table>

**VITAL STATUS**

- Confirmed alive only
  - e.g. telephoned to confirm vital status
  - DATE CONTACTED __ __ / __ __ / __ __ __ __

- Confirmed dead
  - Complete verbal autopsy and study conclusion
  - DATE CONTACTED __ __ / __ __ / __ __ __ __

**If unable to contact**

- Unable to contact by telephone or home visit
  - DATE OF LAST TELEPHONE CALL __ __ / __ __ / __ __ __ __
  - DATE OF HOME VISIT __ __ / __ __ / __ __ __ __

**UPDATE STUDY CONCLUSION**

**CRF Completed by (Initials) – to be signed when complete.**

*Do not sign if any fields are empty*

- Date __ __ / __ __ / __ __ __ __
- Time __ __ : __ __