



CHAIN STUDY CONCLUSION

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

IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?

NO *If NO, indicate died, withdrawn or lost to follow up in SECTION A*

YES *If YES, go directly to SECTION B*



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

Voluntary withdrawal

Tick all the reasons given in discussion - do not probe for each item

Prefer not to say

Insufficient benefit to participant

Blood sampling

Time/disruption in follow-up visits

Travel out of research area

Unable to arrange care for other children

Others in household or community not happy to continue

Unsure of or unsupportive of the reasons 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- *The date withdrawn*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

__ / __ / ____
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