



FLACSAM: DAY 14

- Note that this follow up should be done even if the participant in still in hospital.
- If it is only possible to confirm vital status by phone (participant is travelling) then ask and complete all the questions except the anthropometry and the samples.

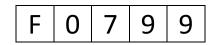
Follow up at 14 days post-enrolment								
DATE SEEN:		TIME SEEN:						
	// //		24H Clock					
Seen at:	□ Study clinic □ Hospital inpatient	I I In community	Confirmed vital status by one/verbal report					

Anthropometry and Oedema								
Anthropometry Not Done								
Weight	kg	Oedema	□ None	□+	□++	□ +++		
MUAC	cm	Length/Height		·	cm	Length		
Measured by (initials)			□ Length measurement not possible due to physical reasons					

Clinic Visits and Hospital Admissions								
How many times since discharge has the child been taken to a nutrition clinic? (number of times, indicate 0 if none)	At study hospital	Other nutrition clinics						
How many times since discharge has the	At study hospital	Other clinics						
child been taken to a specialist clinic because of illness? (number of times, indicate 0 if none) (Tick all that apply)	□HIV □TB □Cardiac	□Sickle Cell □Neuro □Other						
How many times since discharge has the child been taken to a clinic because of acute illness? (number of times, indicate 0 if none)	Study clinic	Other clinics						
How many times since discharge has the child been admitted to hospital? (number of times, indicate 0 if none)	Study hospital	Non-study hospital						

If a child has been admitted, this is an SAE – complete an SAE form for every admission to give details of diagnosis and outcome FLACSAM DAY 14 ver 1.2 20/06/2018





Current Health									
Child in usual state of health now?		ΠY	ΠN	lf No, illness	o, length of current ess		Number of d	Number of days:	
What are the MAIN symptoms present now?									
No symptoms, child is well									
□ Fever / Hotness of boo	ły	🗆 Vo	□ Vomiting □ Lethar			□ Letharg	У		
□ Difficulty breathing		□ Diarrhoea <14 days			Convuls	□ Convulsions			
□ Cough<14 days		🗖 Diarrhoea >14 days			□ Altered consciousness				
□ Cough>14days		□ Blood in stool			 Not feeding (or failed appetite test) Body swelling/bilateral limb swelling/bilateral oedema 				
□ Poor feeding/ Weight loss		Developmental delay							
□ Rash/skin lesion		□ Other							
Medication last 7 days. tick any that apply			bal						
Household health									
Since the last scheduled study contact has anyone in the household had a serious illness/hospitalisation/ died?							n 🗆 N		

TB Screening									
Known TBChild has cough >14(on treatment)days				contact has TB, gh >14 days	Child has suspected extra- pulmonary TB				
ΠY	ΠN	ΠY	ΠN	ΠY	ΠN	ΠY	ΠN		

Feeding								
Currently in outpatient nutrition program? (Select one)	□ None	Supplementary (corn soy blend, RUSF)		□ Therapeutic (RUTF, Plumpy-nut)				
Has the child eaten these nutrition products in the last 3 days?	□ None	□ Supplementary	🗖 The	rapeutic				
Currently Breastfeeding?	DY DN	•	the child receiving feeds other an breast milk (exclude medicine)?					





NO STUDY SAMPLES ARE NEEDED AT THE DAY 14 VISIT

		Date		Time	
D14 CRF completed by Initials		/// ///	Y Y Y Y	;;	
	Date				
Date of next follow up	$\frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}$				
Have you given the child a stool conta day 45 sample? <i>(not to be entered in t</i>	ПΥ	□ N			
<i>Is there a change in the client's contact a</i> changes in the client contact details to be Household Locator form)	ΠY	□ N			