FLACSAM: DAY 45

- Note that this follow up should be done even if the participant is 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 45 days post-enrolment

| DATE SEEN: | __ __ / __ __ / __ __ __ __ |
| TIME SEEN: | __ __: __ __ |

**Seen at:**
- [ ] Study clinic
- [ ] Hospital inpatient
- [ ] In community
- [ ] Confirmed vital status by phone/verbal report

## Anthropometry and Oedema

- [ ] Anthropometry Not Done

| Weight | __ __ . __ ___kg |
| Oedema | [ ] None [ ] + [ ] ++ [ ] +++ |
| MUAC | __ __ __ . __ ___cm |
| Length/Height | __ __ __ __ . __ ___cm |

- [ ] Length measurement not possible due to physical reasons

## Clinic Visits and Hospital Admissions

### How many times since day 14 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 day 14 has the 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 day 14 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 day 14 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 45 ver 1.2 20/06/2018
**Current Health**

<table>
<thead>
<tr>
<th>Child in usual state of health now?</th>
<th>Y</th>
<th>N</th>
<th>If No, length of current illness</th>
<th>Number of days: __ __</th>
</tr>
</thead>
</table>

**What are the MAIN symptoms present now?**

- No symptoms, child is well
- Fever / Hotness of body
- Difficulty breathing
- Cough<14 days
- Cough>14 days
- Poor feeding/ Weight loss
- Rash/skin lesion
- Vomiting
- Diarrhoea <14 days
- Diarrhoea >14 days
- Blood in stool
- Developmental delay
- Other ________________
- Lethargy
- Convulsions
- Altered consciousness
- Not feeding (or failed appetite test)
- Body swelling/bilateral limb swelling/bilateral oedema

**Medication last 7 days.**

- No medication
- Antibiotic
- Antimalarial
- IV fluids
- Blood Transfusion
- Anticonvulsants
- Anti-TB
- ARVs/ARTs
- Traditional or Herbal
- Co-trimoxazole Prophylaxis
- Deworming
- Yes, but unknown
- Other __________________________

**Household health**

Since the last scheduled study contact has anyone in the household had a serious illness/hospitalisation/ died?

- Y
- N

**TB Screening**

<table>
<thead>
<tr>
<th>Known TB (on treatment)</th>
<th>Child has cough &gt;14 days</th>
<th>Household contact has TB, or cough &gt;14 days</th>
<th>Child has suspected extra-pulmonary TB</th>
</tr>
</thead>
<tbody>
<tr>
<td>Y</td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>N</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

**Feeding**

<table>
<thead>
<tr>
<th>Currently in outpatient nutrition program? (Select one)</th>
<th>None</th>
<th>Supplementary (corn soy blend, RUSF)</th>
<th>Therapeutic (RUTF, Plumpy-nut)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the child eaten these nutrition products in the last 3 days?</td>
<td>None</td>
<td>Supplementary</td>
<td>Therapeutic</td>
</tr>
<tr>
<td>Currently Breastfeeding?</td>
<td>Y</td>
<td>N</td>
<td>Is the child receiving feeds other than breast milk (exclude medicine)?</td>
</tr>
</tbody>
</table>
### D45 Sample Collection

<table>
<thead>
<tr>
<th>Description</th>
<th>Options</th>
<th>Details</th>
<th>Date Taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal swabs taken</td>
<td>For culture (transport media)</td>
<td>□</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>(Take TWO)</td>
<td>For storage (dry)</td>
<td>□</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>□</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Stool sample taken</td>
<td>Y</td>
<td>□</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>□</td>
<td><strong>/</strong>/____</td>
</tr>
</tbody>
</table>

**Date Taken:** DD/MM/YY/YY

- Passed at home
- Passed in the clinic

<table>
<thead>
<tr>
<th>Description</th>
<th>Date Taken:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rectal swab taken by initials</td>
<td><strong>/</strong>/____</td>
</tr>
<tr>
<td>Stool sample taken by initials</td>
<td><strong>/</strong>/____</td>
</tr>
</tbody>
</table>

### D45 CRF completed by

<table>
<thead>
<tr>
<th>Initials</th>
<th>Date</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>/</strong>/____</td>
<td><em><strong>:</strong></em></td>
</tr>
</tbody>
</table>

**Date:** DD/MM/YY/YY

**Time:** ___:___

### Date of next follow up

<table>
<thead>
<tr>
<th>Date</th>
<th><strong>/</strong>/____</th>
</tr>
</thead>
</table>

**Date:** DD/MM/YY/YY

**Is there a change in the client’s contact details?**

(Any changes in the client contact details to be entered in the Household Locator form)

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
</table>