**FLACSAM: DAY 90**

- 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 90 days post-enrolment

<table>
<thead>
<tr>
<th>DATE SEEN:</th>
<th>TIME SEEN:</th>
</tr>
</thead>
<tbody>
<tr>
<td><em><strong>/</strong></em>/___</td>
<td><em><strong>:</strong></em></td>
</tr>
</tbody>
</table>

**D D / M M / Y Y Y**

**24H Clock**

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

### Anthropometry and Oedema

- [ ] Anthropometry Not Done

<table>
<thead>
<tr>
<th>Weight</th>
<th>Oedema</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] None
- [ ] +
- [ ] ++
- [ ] +++

<table>
<thead>
<tr>
<th>MUAC</th>
<th>Length/Height</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Length
- [ ] Height

**Measured by (initials):** ___ ___ __

- [ ] Length measurement not possible due to physical reasons

### Clinic Visits and Hospital Admissions

<table>
<thead>
<tr>
<th>How many times since day 45 has the child been taken to a nutrition clinic? (number of times, indicate 0 if none)</th>
<th>At study hospital ___</th>
<th>Other nutrition clinics ___</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many times since day 45 has the child been taken to a specialist clinic because of illness? (number of times, indicate 0 if none) (Tick all that apply)</td>
<td>At study hospital ___</td>
<td>Other clinics ___</td>
</tr>
<tr>
<td>HIV</td>
<td>TB</td>
<td>Cardiac</td>
</tr>
<tr>
<td>How many times since day 45 has the child been taken to a clinic because of acute illness? (number of times, indicate 0 if none)</td>
<td>Study clinic ___</td>
<td>Other clinics ___</td>
</tr>
<tr>
<td>How many times since day 45 has the child been admitted to hospital? (number of times, indicate 0 if none)</td>
<td>Study hospital ___</td>
<td>Non-study hospital ___</td>
</tr>
</tbody>
</table>

*If a child has been admitted, this is an SAE – complete an SAE form for every admission to give details of diagnosis and outcome*
## 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?

1. □ No symptoms, child is well
2. □ Fever / Hotness of body
3. □ Difficulty breathing
4. □ Cough < 14 days
5. □ Cough > 14 days
6. □ Poor feeding/ Weight loss
7. □ 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.

**tick any that apply**

- □ No medication
- □ Antibiotic
- □ Antibacterial
- □ IV fluids
- □ Anticonvulsants
- □ Anti-TB
- □ ARVs/ARTs
- □ Co-trimoxazole Prophylaxis
- □ Deworming
- □ Traditional or Herbal
- □ 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>□ N</td>
<td>□ Y</td>
<td>□ N</td>
</tr>
</tbody>
</table>

## 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
- □ Therapeutic

### Currently Breastfeeding?

- □ Y
- □ N

### Is the child receiving feeds other than breast milk **(exclude medicine)?**

- □ Y
- □ N
<table>
<thead>
<tr>
<th>D90 Sample Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Rectal swabs taken</strong> (Take TWO)</td>
</tr>
<tr>
<td>□ For culture (transport media)</td>
</tr>
<tr>
<td>□ For storage (dry)</td>
</tr>
<tr>
<td>□ N</td>
</tr>
<tr>
<td><strong>Date Taken:</strong> __ <strong>/</strong> <strong>/</strong> __ __ __</td>
</tr>
<tr>
<td><strong>Rectal swab taken by initials</strong> ______</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>D90 CRF completed by initials</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date</strong> __ <strong>/</strong> <strong>/</strong> __ __</td>
</tr>
<tr>
<td><strong>Time</strong> __ <strong>:</strong> __</td>
</tr>
</tbody>
</table>

THIS IS THE END OF THE STUDY – PLEASE COMPLETE THE STUDY CONCLUSION PAGE
THEN CHECK ALL DATA IN THE CRF IS COMPLETE