

Child Initials

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First Line Antimicrobials in Children with Complicated Severe Acute Malnutrition Study Conclusion

FLACSAM STUDY CONCLUSION

To be completed after D90 follow up, following death of child, or withdrawal from study

Date of last vital status confirmed or date of death

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- The date last seen in the community or in hospital
- The date last vital status was confirmed by telephone/verbal report
- The date withdrawn
- The date of death

This date is based on:	<input type="checkbox"/> Direct observation	<input type="checkbox"/> Written report <small>(death certificate/hospital records)</small>	<input type="checkbox"/> Phone call/verbal report
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Did the participant complete the study up to day 90? <small>(Confirmed alive at day 90)</small>	<input type="checkbox"/> YES <input type="checkbox"/> NO
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If the answer is NO , state the reason (<i>tick one</i>):	
<input type="checkbox"/> Untraceable (lost to follow up)	
<input type="checkbox"/> Permanently moved outside study area and not contactable to establish vital status	
<input type="checkbox"/> Died	Where? <input type="checkbox"/> Study Hospital <input type="checkbox"/> Other Health Facility <input type="checkbox"/> Community <input type="checkbox"/> Unknown Has verbal autopsy been completed? <input type="checkbox"/> YES <input type="checkbox"/> NO
<input type="checkbox"/> Voluntary withdrawal with no further follow up	Reason given in discussion (tick each mentioned; do not probe for each) <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Blood sampling <input type="checkbox"/> Insufficient benefit to participant <input type="checkbox"/> Time/disruption in follow-up visits <input type="checkbox"/> Travel out of research area <input type="checkbox"/> Unable to arrange care for other children <input type="checkbox"/> Others in household or community not happy to continue <input type="checkbox"/> Unsure/unsupportive of reasons for research or of the institution conducting it
<input type="checkbox"/> Other	Specify _____

Investigator initials: _____

Date: ____ / ____ / ____

If a participant is lost to follow up but re-appears later, the form can be updated with the new date last seen, even if this date is after the 90 days follow up