

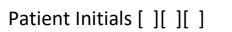
	Day 21 Follow Up				
1.		VISIT DETAILS			
1.1.	Date seen or contacted on phone	$\frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}$			
1.2.	Time seen or contacted on phone (24H Clock)	: (24H Clock)			
1.3.	Seen at	□ Hospital / clinic □ Hospital inpatient □ In Community □ Confirmed vital status phone - alive □Confirmed vital status phone – dead			

		2. ANTHROPOMETRY
2.1.	Weight (to be taken using SECA scales for CHAIN study)	kg
2.2.	Length/ height (Select ONE) (Length measured lying down if participant less than 24 months and height measured standing)	Length Height (to be taken using SECA 416 infantometer provided for study)
		Measurer 1: cm Measurer 2: cm
2.3.	MUAC (To be taken using MUAC tape for CHAIN study)	Measurer 1: cm Measurer 2: cm
2.4.	Head circumference (To be taken using CHAIN measuring tape)	Measurer 1: cm Measurer 2: cm
2.5.	Oedema (Select ALL that apply)	□ None □ both feet/ankles □ lower legs □ hands or lower arms □ face
2.6.	Growth changes consistent with previous measurements?	Yes No Not available (If no, consider to be wrong measurement, child or file)
2.7.	Staff Initials	Measurer 1: Measurer 2:



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	3. 1	HOSPITAL ADMISSIONS
3.1.	Any admissions (e.g. overnight stay) to a	Yes No
	hospital since discharge?	If YES (Complete SAE form)
	If Yes	
	a) Admission date 1:	$\frac{1}{D} \frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}$
	(If not known estimate)	
	(5	Definite date Estimated date
	b) Date of discharge 1	// D D / M M / Y Y Y Y
		D D / M M / Y Y Y Y
		Definite date Estimated date
	d) Source of information 1 (Select ALL that apply)	Hospital letter or medical file Parent/carer report
3.2.	If Second admission	Not applicable
-	a) Admission date 2	$\frac{1}{D} \frac{1}{D} \frac{1}{M} \frac{1}{M} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$
	(If not known, estimate)	D D / M M / Y Y Y Y
		Definite date Estimated date
	c) Date of discharge 2	/// D D / M M / Y Y Y Y
		Definite date Estimated date
	e) Source of information 2	Hospital letter or medical file Parent/carer report
	(Select ALL that apply)	
3.3.	If third admission	Not applicable
	a) Admission date 3	
	(If not known, estimate)	$\frac{-}{D}\frac{/}{M}\frac{/}{M}\frac{/}{Y}\frac{Y}{Y}\frac{Y}{Y}$
	b) Date of discharge 3	Not applicable
		/// ///
		Definite date Estimated date
	c) Source of information 3 (Select ALL that apply)	Hospital letter or medical file Parent/carer report



	4. CURR	ENT HEALTH
4.1.	What symptoms were noticed in the last 7 days?	□No symptoms, child is well
		Fever
	must also be filled. Refer to SAE and Toxicity SOP.	
	Diarrhoea	
	Blood in stool	
		□Cough
		Difficulties with feeding/loss of appetite
		Difficulty breathing
		Yellowness of skin/eyes
		□Rash / skin lesion

		5. MEDICATIONS AT DAY 21		
5.1.	Enzyme/Placebo: a) Bottle 1 i). Weight	grams		
	ii). Usage	Used completely Partly Used Returned as unused Not Returned		
	b) Bottle 2	Not applicable, only 1 bottle given		
	i). Weight	grams		
	ii). Usage	Used completely Partly Used Returned as unused Not Returned		
5.2.	Urso/Placebo:			
	c) Bottle 1 i). Weight	grams		
	ii). Usage	Used completely Partly Used Returned as unused Not Returned		
	d) Bottle 2	Not applicable, only 1 bottle given		
	ii). Weight	grams		
	iii). Usage	Used completely Partly Used Returned as unused Not Returned		

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	6. Outpatient Appointments						
6.1.	a)	Attended Nutrition follow-up since discharge (Select ONE)		Yes	C	ב	No

		7. FEEDING		
7.1.	Currently in outpatient nutrition program? Select one. If not in feeding program circle 'none'	□ None	□ Supplementary (corn soy blend, RUSF, khichuri, halwa etc)	□ Therapeutic (RUTF, Plumpy-nut)
7.2.	How many times attended since discharge	times		
7.3.	Has the child eaten the following nutrition products in the last 3 days? (Select ALL that apply)	□ None	□ Supplementary	☐ Therapeutic

	8. PLAN DAY 60 VISIT					
8.1.	Date of next visit	// D D/M M/ Y Y Y Y				
8.2.	Any new contact details?	Yes No If Yes, details				



	9. D21 INVESTIGATIONS AND SAMPLE COLLECTIONS				
9.1.	EDTA blood sample taken	Yes No			
9.2.	Date and Time EDTA blood taken	// D D/M M/ Y Y Y Y : (24H Clock)			
9.3.	If unable to take blood samples, why? (Select ONE)	Image: N/A Image: Difficult venepuncture Image: Difficult venepuncture Image: Difficult venepunctu			
9.4.	a) Rectal swabs taken	□ Yes □ No			
	b) Date and Time Rectal swabs taken	// D D/M M/ Y Y Y Y : : (24H Clock)			
9.5.	Stool sample taken	Yes No			
9.6.	Date and Time Stool taken	// D D/M M/ Y Y Y Y : (24H Clock)			
9.7.	Blood Samples taken by (initials) (Select N/A if blood sample was not collected)	□N/A			
9.8.	Rectal Swabs taken by (initials) (Select N/A if rectal swab sample was not collected)	□n/a			
9.9.	Stool taken by (initials) (Select N/A if stool sample was not collected)	□n/a			



	10.CRF COMPLETION		
10.1.	a)	CRF Completed by (Initials) –	
		to be signed when complete	
		Do not sign if any fields are empty	
	b)	Date	
			//
			D D / M M / Y Y Y Y
	C)	Time	
		(24 hr clock)	
10.2	d)	CRF Reviewed by (Initials)	
	e)	Date	// D D / M M / Y Y Y
	f)	Time (24 hr clock)	;;