Eligibility Criteria

<table>
<thead>
<tr>
<th>Requirement</th>
<th>Y</th>
<th>N - ineligible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age between 7 days and before 2nd birthday</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Living in same community as a hospitalised participant</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Parent or guardian able and available to consent</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Able to feed orally in usual state of health</td>
<td>Y</td>
<td></td>
</tr>
<tr>
<td>Required hospital admission within the last 2 weeks (if under 2 weeks old,</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>hospital admission since discharge home after birth)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Known but untreated TB or HIV</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Known congenital syndrome</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Cleft palate</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Known congenital cardiac disease</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Known terminal illness e.g. cancer</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Sibling enrolled in study</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
<tr>
<td>Previously enrolled</td>
<td>Y- inelligible</td>
<td>N</td>
</tr>
</tbody>
</table>

Initials of person interviewing caregiver

___ ___ ___

Date

___/___/____

D / D M M / Y Y Y Y

Time

___ : ___

Who is being interviewed?

☐ Primary caregiver
☐ Care home staff
☐ Primary caregiver and one other person
☐ Primary caregiver and more than one other person
☐ One person who is not the primary caregiver
☐ More than one person who is not the primary caregiver

Enrolment

Date of Enrolment

___/___/____

D / D M M / Y Y Y Y

Time of enrolment

___:___

24H Clock

Sex

Circle

Male

Female

Date approached in community

___/___/____

D / D M M / Y Y Y Y

Date of informed consent

___/___/____

D / D M M / Y Y Y Y

DOB

___/___/____

D / D M M / Y Y Y Y

DOB

☐ True

☐ Estimated

Child Initials

_____ _____ ____

Date of informed consent

___/___/____

D / D M M / Y Y Y Y

DOB

☐ True

☐ Estimated

Child Initials

_____ _____ ____

DOB

☐ True

☐ Estimated

Child Initials

_____ _____ ____

DOB

☐ True

☐ Estimated

Child Initials

_____ _____ ____
GPS LOCATION OF HOUSEHOLD

Tick + or – to indicate N/S and W/E

| Latitude: | 0 + | 0 – | .......................... |
| Longitude | 0 + | 0 – | .......................... |

NOTE: GPS must be set to decimal degrees DDD.DDDDD (not degrees, minutes and seconds).

Initial Observations (to be taken at time of examination)

<table>
<thead>
<tr>
<th>Axillary temperature</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>.......................... .</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart rate</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Count for 1 minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.......................... /minute</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respiratory rate (Count for 1 minute)

|   |   |   |   |   |   |
|---|---|---|---|---|
| .......................... /minute |

SaO2

|   |   |   |   |   |   |
|---|---|---|---|---|
|  .......................... % |

To be taken from finger or toe using pulse oximeter

Leave blank if unrecordable

<table>
<thead>
<tr>
<th>Measured in Oxygen</th>
<th>Measured in Room Air</th>
<th>Unrecordable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Anthropometry and Nutrition

<table>
<thead>
<tr>
<th>Weight</th>
<th>Length</th>
</tr>
</thead>
<tbody>
<tr>
<td>to be taken using SECA scales for CHAIN study</td>
<td>to be taken using SECA 416 infantometer provided for CHAIN study</td>
</tr>
<tr>
<td>____ ____ . ____ kg</td>
<td>Measurer 1</td>
</tr>
<tr>
<td></td>
<td>____ ____ . ____ cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>MUAC</th>
<th>Head circumference</th>
</tr>
</thead>
<tbody>
<tr>
<td>MUAC tape for CHAIN study</td>
<td>CHAIN measuring tape</td>
</tr>
<tr>
<td>Measurer 1</td>
<td>Measurer 1</td>
</tr>
<tr>
<td>____ ____ . ____ cm</td>
<td>____ ____ . ____ cm</td>
</tr>
<tr>
<td>Measurer 2</td>
<td>Measurer 2</td>
</tr>
<tr>
<td>____ ____ . ____ cm</td>
<td>____ ____ . ____ cm</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Oedema</th>
<th>Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>Measurer 1</td>
</tr>
<tr>
<td>____ ____</td>
<td>____ ____</td>
</tr>
</tbody>
</table>

## Current Health

<table>
<thead>
<tr>
<th>Previously admitted to hospital.</th>
<th>No</th>
<th>2 weeks-1 month ago</th>
<th>&gt;1 month ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Include other hospitals / health centres. Select 1</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Any medication last 7 days.</th>
<th>No medication</th>
<th>Antibiotic</th>
<th>Antimalarial</th>
<th>Traditional</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select all that apply</td>
<td>Deworming</td>
<td>Vitamin</td>
<td>Yes, but unknown</td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Urine volume in last 24hrs?</th>
<th>No</th>
<th>Less than normal</th>
<th>Normal or greater</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select 1</td>
<td>Not passing urine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Examination should be performed by CHAIN study clinician trained in clinical examination of children, and able to formulate a diagnosis based on clinical history and findings. Refer to Clinical Examination SOP.

<table>
<thead>
<tr>
<th>Airway (select one)</th>
<th>□ Clear</th>
<th>□ Needs active support</th>
<th>□ Obstructed/Stridor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breathing (select all that apply)</td>
<td>□ Normal – no concerns, (move to circulation)</td>
<td>□ Central cyanosis</td>
<td>□ Nasal flaring</td>
</tr>
<tr>
<td></td>
<td>□ Wheeze</td>
<td>□ Acidotic Breathing</td>
<td>□ Grunting</td>
</tr>
<tr>
<td></td>
<td>□ Lower chest wall indrawing</td>
<td>□ Crackles</td>
<td>□ Dull to percussion</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>□ Head nodding</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Circulation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cap Refill (select one)</td>
<td>□ &gt;3s</td>
</tr>
<tr>
<td>Cold Peripheries (select one)</td>
<td>□ Shoulder</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Disability:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Conscious level (select one)</td>
<td>□ Alert</td>
</tr>
<tr>
<td>Fontanelle (select one)</td>
<td>□ Normal</td>
</tr>
<tr>
<td>Tone (select one)</td>
<td>□ Normal</td>
</tr>
<tr>
<td>Posture (select one)</td>
<td>□ Normal</td>
</tr>
<tr>
<td>Activity (select one)</td>
<td>□ Normal</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dehydration:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sunken eyes?</td>
<td>□ Y</td>
</tr>
<tr>
<td>Skin pinch (select one)</td>
<td>□ &gt;2 seconds</td>
</tr>
</tbody>
</table>

| Drinking/Breastfeeding (select one) | □ Normal | □ Poorly | □ Not drinking | □ Eager / Thirsty |

| Abdomen (select any that apply) | □ Normal – no concerns | □ Distension | □ Hepatomegaly |
|                                  | □ Tenderness | □ Splenomegaly | □ Other abdominal mass |

| Signs of Rickets | □ None | □ Wrist widening | □ Rachitic rosary | □ Swollen knees | □ Bow legs | □ Frontal bossing |

| Jaundice (Select one) | □ Not jaundiced | □ + | □ ++ | □ +++ |

| ENT/Oral/Eyes (select any that apply) | □ Mouth Normal | □ Ears Normal | □ Eyes Normal |
|                                      | □ Oral ulceration | □ Pus from ear | □ Conjunctivitis |
|                                      | □ Oral candidiasis | □ Tender swelling behind ear (mastoiditis) | □ Eye discharge |
|                                      | □ Stomatitis | □ Lymphadenopathy | □ Visual impairment |

| Skin (select any that apply) | □ Normal | □ Hyperpigmentation | □ Depigmentation |
|                            | □ Broken skin | □ Dermatitis | □ ‘Flaky paint’ |
|                            | □ Cellulitis | □ Impetigo | □ Pustules |
|                            | □ Vesicles | □ Desquamation | □ Macular or papular |
|                            | □ Not applicable | □ Trunk | □ Face / scalp | □ Legs |
### Community Enrollment V1.62

**CHAIN Number** [1][0][0][0][1][ ] [ ]

<table>
<thead>
<tr>
<th>Site of skin lesions. (select any that apply)</th>
<th>(No rash)</th>
<th>☐ Buttocks</th>
<th>☐ Arms</th>
<th>☐ Perineum</th>
<th>☐ Palms / soles</th>
</tr>
</thead>
</table>

#### Suspected Chronic Conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Confirmed (diagnosed previously/ recorded)</th>
<th>Suspected (clinician’s impression)</th>
<th>None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebral palsy/neurological problem/ epilepsy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sickle Cell disease family history, crisis</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thalassaemia</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Visual problem / Blinding Not fixing and following</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Losing weight or not gaining weight</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

#### 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 extrapulmonary 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?</th>
<th>☐ Supplementary (corn soy blend, RUSF, khichuri, halwa)</th>
<th>☐ Therapeutic (RUTF, Plumpy-nut)</th>
<th>☐ None</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has the child eaten these nutrition products in the last 3 days?</td>
<td>☐ Supplementary</td>
<td>☐ Therapeutic</td>
<td>☐ None</td>
</tr>
<tr>
<td>Currently Breastfeeding?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>If yes is the child taking anything else (exclude medicine)?</td>
</tr>
<tr>
<td>If NO breastfeeding at all, age stopped in months? (select one)</td>
<td>☐ 0-3m</td>
<td>☐ 4-6m</td>
<td>☐ 7-12m</td>
</tr>
<tr>
<td></td>
<td>☐ Sweetened/sugar water</td>
<td>☐ Formula/powder milk</td>
<td>☐ Animal milk</td>
</tr>
<tr>
<td></td>
<td>☐ Fruit Juice</td>
<td>☐ Tea</td>
<td>☐ Other</td>
</tr>
</tbody>
</table>

CHAIN COMMUNITY ENROLLMENT CRF V1.62 2nd October 2018
What did the child receive other than breast milk in the first 3 days of life? Select all that apply.

- Water
- Porridge/pulp
- Pure Honey
- Glycerine
- Nothing

Vaccinations – Ask carer or check book / card if available

<table>
<thead>
<tr>
<th></th>
<th>BCG scar</th>
<th>Rotavirus</th>
<th>Pneumococcus</th>
<th>DTP/Penta</th>
<th>Polio</th>
<th>MenAfriVac</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>Book</td>
<td>Book</td>
<td>Book</td>
<td>Book</td>
<td>Book</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>Self report</td>
<td>Self report</td>
<td>Self report</td>
<td>Self report</td>
<td>Self report</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not received</td>
<td>Not received</td>
<td>Not received</td>
<td>Not received</td>
<td>Not received</td>
</tr>
</tbody>
</table>

Doses received:

- BCG: 3 2 1
- Rotavirus: 3 2 1
- Pneumococcus: 3 2 1
- DTP/Penta: 3 2 1
- Polio: 3 2 1
- MenAfriVac: 3 2 1

Child Health

Is the child in generally good health?

- Y
- N
- Unknown

If No, how long has he child had this problem of generally bad health?

- < since birth
- <1month
- > 1month

Does the child have health insurance?

- Y
- N
- Unknown

Received medication from traditional healer, homeopathist or herbalist in last 4 weeks?

- Y
- N

Child’s Health Status

How does this child’s health compare to other children of similar age in your neighbourhood? Select one

- Similar
- Better
- Worse
- Don’t know

How did this child’s health compare to his/her siblings at a similar age? Select one

- Similar
- Better
- Worse
- Don’t know
- Not applicable, only child
<table>
<thead>
<tr>
<th>Source of information</th>
<th>Maternal/caregiver recall</th>
<th>Book/medical records</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth weight</td>
<td>___ . ___ ___kg</td>
<td>Unknown</td>
</tr>
<tr>
<td>Birth details</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Premature</td>
<td>□ Born underweight (&lt;2.5kg)</td>
</tr>
<tr>
<td></td>
<td>□ Twin/multiple birth</td>
<td>□ Born at term</td>
</tr>
<tr>
<td>Delivery location</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Born in hospital</td>
<td>□ Community facility/clinic with midwife/nurse midwife/doctor</td>
</tr>
<tr>
<td></td>
<td>□ Home without birth attendant</td>
<td>□ Home with traditional birth attendant (untrained)</td>
</tr>
<tr>
<td></td>
<td>□ Home with midwife/nurse</td>
<td>□ Other</td>
</tr>
<tr>
<td></td>
<td>□ Unknown</td>
<td></td>
</tr>
<tr>
<td>Delivery details</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>□ Normal, spontaneous vaginal delivery</td>
<td>□ Assisted delivery (forceps, ventouse)</td>
</tr>
<tr>
<td></td>
<td>□ Caesarean section</td>
<td>□ Admitted neonatal unit</td>
</tr>
<tr>
<td></td>
<td>□ Mother admitted to hospital &gt;48h</td>
<td></td>
</tr>
<tr>
<td>Mother’s age at first pregnancy</td>
<td>___ ___ years</td>
<td>□ unknown</td>
</tr>
<tr>
<td>Participant birth order</td>
<td>___ ___ of ___ ___ total live births</td>
<td>(e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)</td>
</tr>
<tr>
<td>Are the biological parents of this child consanguineous?</td>
<td>Ask if parents have relatives in common or are related.</td>
<td>□ Yes</td>
</tr>
<tr>
<td>Community Enrolment V1.62</td>
<td>CHAIN Number [1][0][0][0][1] [ ][ ][ ]</td>
<td></td>
</tr>
<tr>
<td>---------------------------</td>
<td>----------------------------------------</td>
<td></td>
</tr>
<tr>
<td><strong>Primary Caregiver Information</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
This is the person who has responsibility for day to day care of the child, but is not a substitute carer such as childminder or grandparent who cares for child whilst, for example, mother is at work. | |
| Who is the Primary Caregiver? Select one |  
- Biological Parent
- Grandparent
- Sibling
- Aunt / Uncle / Cousin
- Stepmother / father
- Care home /orphanage
- Other/ Unclear | |
| Is the child’s biological father alive? |  
- Y
- N
- Unknown | Is the child’s biological mother alive? |  
- Y
- N
- Unknown | |
| Primary Care Giver Age |  
- <18 years
- >=18 years
- >50 years
- N/A (care home or unclear) |  |
| Primary Care Giver Sex |  
- Male
- Female
- N/A | Primary caregiver present at admission? |  
- Y
- N | |
| Has the primary caregiver lived in the same household as the child for the last 2 months? |  
- Y
- N
- N/A/ care home | Marital status of primary caregiver |  
- Married/ monogamous
- Married polygamous
- Single
- Separated / divorced
- Widowed
- N/A | If not present at admission, where is the primary caregiver? Select one |  
- Home
- Work
- School
- Unknown
- Other_______
- N/A | |
| If the primary caregiver is present, caregiver anthropometry: | Use locally available adult scales and stadiometer, and adult MUAC tapes provided by CHAIN. |  
- Primary caregiver not present during admission or care home |  
- Weight _____ ___ kg
- MUAC ______ ______ cm
- Height:______ ______ cm |  
- Education: Select highest level of education achieved |  
- None
- Primary
- Secondary
- Above secondary
- Unknown
- N/A care home |  
- Able to read? |  
- Y
- N
- Unknown | Is the primary caregiver primarily responsible for financial support and providing for the child? |  
- Y
- N | |
| Primary caregiver HIV status in last 6 months |  
- Tested Positive
- Tested Negative
- Not tested or unknown | Have there been changes to the child's social situation in the last 2 MONTHS? Select any that apply |  
- Child moved to a different household |  
- Y
- N | Relocation from rural to urban setting |  
- Y
- N | Relocation from urban to rural setting |  
- Y
- N | Relocation to live with different caregiver |  
- Y
- N | |
| Mother sick |  
- Y
- N | Mother Died |  
- Y
- N | Father sick |  
- Y
- N | Father Died |  
- Y
- N | Other primary caregiver sick |  
- Y
- N
- N/A | Other primary caregiver died |  
- Y
- N
- N/A | Primary caregiver changed |  
- Y
- N | Child went into care home |  
- Y
- N | Primary caregiver started employment / returned to school |  
- Y
- N | Person providing for the child has lost income |  
- Y
- N | Primary caregiver divorced / separated from partner |  
- Y
- N | Primary caregiver in new relationship |  
- Y
- N | Mother is pregnant |  
- Y
- N | Mother gave birth |  
- Y
- N | Other primary caregiver pregnant? |  
- Y
- N
- N/A | Other primary caregiver gave birth |  
- Y
- N
- N/A |
Community Enrolment V1.62

CHAIN Number [1][0][0][0][1][ ][ ][ ]

If primary caregiver has changed in the last 2 months, who was the child’s previous primary caregiver?

- Biologic Mother
- Biologic Father
- Sibling ≥18 years old
- Sibling <18 years old
- Grandparent
- Aunt/Uncle/Cousin
- Other
- N/A

Primary caregiver earns an income now? Ask the person accompanying the child and select one

- Employed full time by someone else
- Employed part time by someone else
- Works for self
- No work income
- Works casually/irregularly for someone
- Don’t know
- If works casually, Occupation: N/A care home

How many days worked a week? Select one

- <3
- 3-5
- >5
- N/A, does not work for income

If the primary caregiver earns, main source of income? Select one

- Farmer
- Business/trader
- Labourer
- Domestic work
- Other private sector employment
- Public sector employment
- Retired with pension income
- Other
- N/A

If the primary caregiver works (earning or non-earning), main place of work? Select one

- In/around home (where child lives)
- Away for <4 hours per day
- Away >4 hours but comes home daily
- Away >8h a day but returns home daily
- Away >1 day, comes home weekly
- Away comes home, less than weekly
- Away comes home, less than weekly
- N/A

The person primarily providing financial support to this child is this child’s:

- Biologic Mother
- Biologic Father
- Stepfather
- Stepmother
- Grandparent
- Sibling ≥18 years old
- Sibling <18 years old
- Aunt/Uncle/Cousin
- More than one person responsible, unclear
- Unsupported / care home
- Other

Person responsible for providing financial support to child, place of usual residence? Select one

- Always sleeps at home
- Sleeps away but returns weekly
- Sleeps away for > two months per year
- Works and lives abroad, contact with child once a year or less
- Sleeps away but return monthly or less often
- Don’t know
- Other
- N/A (e.g. care home, unsupported)

What is the Father or person responsible for providing financial support to child source of income?

Select one. If the primary carer is also the person providing financial support do not complete this section.

- Farmer
- Business/trader
- Labourer
- Domestic work
- Other private sector employment
- Public sector employment
- Retired with pension income
- Begging
- None
- Unknown
- Other
- N/A
### Substitute Care:

**Who usually looks after child when primary caretaker is working or away? Select all that apply**

- ☐ Not applicable, caregiver looks after child full time
- ☐ No substitute care, child left alone
- ☐ Biological Mother
- ☐ Biological Father
- ☐ Grandparent
- ☐ Aunt/Uncle/Cousin
- ☐ Not applicable, child accompanies caregiver to work
- ☐ Sibling <18 years old
- ☐ Sibling ≥18 years old
- ☐ Childcare facility outside home
- ☐ Childminder/ day care at home

<table>
<thead>
<tr>
<th>How many days a week is the child in day care?</th>
<th>☐ N/A</th>
<th>☐ 1-2</th>
<th>☐ 3-4</th>
<th>☐ 5-6</th>
<th>☐ &gt;6</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many hours per day is the child in day care?</td>
<td>☐ N/A</td>
<td>☐ 1-4h</td>
<td>☐ 5-8h</td>
<td>☐ 9-12h</td>
<td>☐ &gt;12h</td>
</tr>
<tr>
<td>How many children are looked after at this day care?</td>
<td>☐ &lt;3</td>
<td>☐ 4-6</td>
<td>☐ 7-10</td>
<td>☐ &gt;10</td>
<td>Unknown</td>
</tr>
<tr>
<td>How many of these are under 2y?</td>
<td>☐ &lt;3</td>
<td>☐ 4-6</td>
<td>☐ 7-10</td>
<td>☐ &gt;10</td>
<td>Unknown</td>
</tr>
<tr>
<td>Do you feel the day care is good?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ N/A</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Who provides food for the child at day care? Select one**

- ☐ Caregiver provides food for the child
- ☐ Day care provides food for the child
- ☐ Someone else provides food for the child
- ☐ Don’t know
- ☐ N/A

**Is feeding supervised / assisted at day care?**

- ☐ Y
- ☐ N
- ☐ Unknown
- ☐ N/A

---

### 11. Household Food Security

(if child in care home include children in the care home only)

**During the past 7 DAYS** has ANY member of the household missed a meal due to food shortage?

- ☐ Y
- ☐ N
- ☐ Unknown

**During the past 4 WEEKS**

Did you worry that your household would not have enough food?

- ☐ Y
- ☐ N
- ☐ Unknown

Were any of your household unable to eat the kinds of food preferred because of a lack of resources?

- ☐ Y
- ☐ N
- ☐ Unknown

Have any of your household had to eat a limited variety of food due to lack of resources?

- ☐ Y
- ☐ N
- ☐ Unknown

Have any of your household eaten some foods that you really didn’t want to eat because of lack of resources?

- ☐ Y
- ☐ N
- ☐ Unknown

Have any of your household eaten fewer meals in a day because there was not enough food?

- ☐ Y
- ☐ N
- ☐ Unknown

Did household members go to sleep at night hungry because there was not enough food?

- ☐ Y
- ☐ N
- ☐ Unknown

Did you or your household members go a whole day and night without eating anything because there was not enough food?

- ☐ Y
- ☐ N
- ☐ Unknown
23. Child Dietary Diversity

What does the child eat on a typical day?
- Ask this as an open question and select all that the caregiver mentions.
- Do not present the caregiver with this list.
- You may prompt the caregiver with open questions, e.g. What does your child usually eat for breakfast

☐ Milk and Milk Products: Fresh/fermented milk, cheese, yogurt, or other milk products

☐ Breast milk

☐ Cereals and Cereal Products: Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat, locally available grains

☐ Fish and Sea Foods: fresh or dried fish or shellfish

☐ Roots and Tubers: potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers

☐ Vegetables: Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables

☐ Fruits: Oranges, bananas, mangoes, avocados, apples, grapes etc

☐ Meats and Poultry: Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart or other organ meats or blood-based foods

☐ Eggs: Hen or other bird eggs

☐ Pulses / Legumes / Nuts and Seeds: Beans, peas, lentils, nuts, seeds or foods made from these

☐ Fats and Oils: Oil, fats, ghee, margarine or butter added to food or used for cooking

☐ Sugars / Honey and Commercial Juices: Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies

☐ Miscellaneous: Spices, unsweetened beverages

☐ UNKNOWN

Feeding Practices

How is food USUALLY given to the child? Select one

☐ Fed by adult

☐ Child feeds self, unsupervised

☐ Child feeds self, supervised by adult

☐ Fed from common plate or bowl

☐ Child feeds self, supervised by older children

☐ Child exclusively breastfed

household wealth (DHS 7 questionnaire. Please answer all questions

What is the main source of drinking water for members of your household? Choose one

☐ Piped water to dwelling

☐ Cart with small tank

☐ Bought from vendor

☐ Piped water to yard / plot

☐ Tanker truck

☐ Rainwater

☐ Piped to neighbour

☐ Bottled water

☐ Stream/river/lake/pond/dam

☐ Public tap/ Standpipe

☐ Protected spring

☐ Unknown

☐ Protected well / borehole

☐ Unprotected spring

---------------------------------------------------------------------------------------

CHAIN COMMUNITY ENROLLMENT CRF V1.62 2nd October 2018

12
### Community Enrolment V1.62

**CHAIN Number**: [1][0][0][0][1][ ] [ ]

<table>
<thead>
<tr>
<th>Unprotected well</th>
<th>Other</th>
</tr>
</thead>
</table>

**What is the MAIN source of water used by your household for other purposes such as cooking and handwashing?** SELECT ONE ONLY

- Piped water to dwelling
- Piped water to yard / plot
- Piped to neighbour
- Public tap / Standpipe
- Protected well / borehole
- Unprotected well

<table>
<thead>
<tr>
<th>Cart with small tank</th>
<th>Bought from vendor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tanker truck</td>
<td>Rainwater</td>
</tr>
<tr>
<td>Bottled water</td>
<td>Stream/river/lake/pond/dam</td>
</tr>
<tr>
<td>Protected spring</td>
<td>Unknown</td>
</tr>
<tr>
<td>Unprotected spring</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

**How long does it take to get water and come back?**
(State 0 if water supplied within home or compound)

__ __ __minutes  ☐ Don’t know

**In the past 2 weeks was the water from this source not available for at least one full day?**

☐ Y  ☐ N  ☐ Unknown

**Do you usually do anything to the water to make it safer to drink?** *Select all that apply*

- None
- Bleach/ chlorine
- Strain through a cloth
- Let it stand and settle
- Solar disinfection
- Boil
- Other

**What kind of toilet facility do members of your household usually use?** *Select one*

- Flush or pour flush toilet to piped sewer
- Flush to septic tank
- Ventilated improved pit latrine
- Flush to pit latrine
- Flush to somewhere else
- Open pit / Pit latrine without slab
- Flush don’t know where
- Composting toilet
- Bucket toilet
- Pit latrine with slab
- Hanging toilet / hanging latrine
- No facility / bush/ field
- Unknown

**Do you share this toilet facility with other households?**

☐ Y  ☐ N  ☐ Unknown

**If Yes, including your own household, how many households use this toilet facility?**

Number if <10__  ☐ >10 households  ☐ Unknown  ☐ N/A

**Where is this toilet facility located?**

☐ In own dwelling  ☐ In own yard / plot  ☐ Elsewhere

**How many rooms are there in the household for SLEEPING?**

☐ 1  ☐ 2  ☐ >2

**What is the MAIN FLOOR material of the rooms in this household?** *Select only*

- Cement
- Earth/sand
- Wood
- Dung
- Lives on boat
- Tiles
- Carpet
- Other (specify) ____________________________
- Unknown

**What is the MAIN WALL material of the rooms in this household?** *Select only*

- Grass/straw/makuti
- Stone
- Wood
- Unknown
- Corrugated iron sheet/ Tin
- Mud/wood
- Brick/block
- Planks/shingles
- No wall
- Other (specify) ____________________________

**What is the MAIN ROOF material of the house in this household?** *Select only*

---

CHAIN COMMUNITY ENROLLMENT CRF V1.62 2nd October 2018

---
What is the MAIN cooking fuel used in this household? *Select one only*

<table>
<thead>
<tr>
<th>Fuel Options</th>
<th>Grass/Thatch</th>
<th>Tiles/Asbestos sheets</th>
<th>Corrugated iron/ Tins</th>
</tr>
</thead>
<tbody>
<tr>
<td>Electricity</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coal / Lignite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Straw/shrubs/grass</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No food cooked in household</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Optional</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Do you have a separate room which is used as a kitchen?

- ☐ Y
- ☐ N
- ☐ Unknown

Where is this household’s cooking area located?

- ☐ In the house
- ☐ Outdoors
- ☐ In a separate building
- ☐ Other
- ☐ Unknown
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does this household own any livestock, herds, other farm animals or poultry?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>If yes, how many of the following animals does this household own?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cows/bulls__ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sheep__ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Horses/Donkeys/Mules__ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Goats__ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chickens or Ducks__ __</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other _____________ number ___ ___</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does any member of this household own land?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>If “Yes” How many acres of land does this household own?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Acres</td>
<td>☐ Unknown</td>
<td>☐ N/A</td>
<td></td>
</tr>
<tr>
<td>Does this household have a bank account?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does this household have electricity</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does this household own a radio?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does this household own a television?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does this household own a computer?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does this household own a refrigerator?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Does any member of this household own:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A watch</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>A mobile phone?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Standard phone</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>Smartphone</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>An animal-drawn cart?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>A bicycle?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>A motorcycle / scooter?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>A car or truck?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
<tr>
<td>A boat with a motor?</td>
<td>☐ Y</td>
<td>☐ N</td>
<td>☐ Unknown</td>
</tr>
</tbody>
</table>
## 11. Immediate Clinical Investigations and HIV status

<table>
<thead>
<tr>
<th>Malaria RDT circle result</th>
<th>Positive</th>
<th>Negative</th>
<th>Not done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood glucose</td>
<td>___ ___ mmol/L</td>
<td>Time glucose measured</td>
<td>___ ___ 24h clock</td>
</tr>
<tr>
<td>Urine Dipstick</td>
<td>Protein</td>
<td>Nitrites</td>
<td>Leucocytes</td>
</tr>
<tr>
<td>(can be done at any time during admission)</td>
<td>None</td>
<td>+</td>
<td>++</td>
</tr>
</tbody>
</table>

### HIV status known?
- Yes, known exposed, known PCR negative (children under 18m with PCR result SEEN BY RESEARCH TEAM. If not seen select below and perform HIV RDT
- Yes, known exposed, antibody positive, unknown PCR status
- Yes, known exposed, known PCR negative (children under 18m with PCR result SEEN BY RESEARCH TEAM. If not seen select below and perform HIV RDT
- No, known to be HIV exposed, but child untested
- No, child not tested, not known to be exposed

### If child known HIV positive or exposed
- On any ART?
  - Yes
  - No
  - Unknown
- Co-trimoxazole select one
  - On prophylactic dose co-trimoxazole
  - On high dose co-trimoxazole
  - Not on co-trimoxazole
  - Caregiver unsure

### If not known positive
- HIV RDT now select one
  - Reactive / positive
  - Non-Reactive / Negative
  - Declined
- PCR sent: Yes
- N

### Referred to HIV clinic
- Yes
- No (select ‘No’ if referral not indicated)

### HIV test offered to caregiver?
- Yes, Reactive
- Yes, Non-reactive
- Yes, but Declined
- No, Caregiver is known positive
- Missed
- N/A child in care home

### Did the mother have interventions or medication during delivery to prevent transmission of HIV to baby?
- Yes
- No
- Unknown

---

CHAIN COMMUNITY ENROLLMENT CRF V1.62 2nd October 2018
11. Admission Core Cohort Investigations and Sample Collection

<table>
<thead>
<tr>
<th></th>
<th>CBC taken</th>
<th>Clinical chemistry taken</th>
<th>EDTA 2ml blood taken</th>
<th>EDTA 0.5ml blood taken</th>
<th>Date Taken</th>
<th>Blood Samples taken by (initials)</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC taken</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
</tr>
<tr>
<td>Clinical chemistry taken</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
</tr>
<tr>
<td>EDTA 2ml blood taken</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
</tr>
<tr>
<td>EDTA 0.5ml blood taken</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
<td>□ Y</td>
<td>□ N</td>
</tr>
</tbody>
</table>

Date taken: __ __ / __ __ / __ __ __ __

Time taken: __ __ : __ __

Unable to take blood samples, why?
- □ Difficult venepuncture
- □ Child uncooperative
- □ Parent refused
- □ Other

Rectal swabs taken
- □ Y BEFORE ABX
- □ Y AFTER ABX

Number taken: □ 1 □ 2

Time taken: __ __ : __ __

Stool sample
- □ Y Taken in first 24h?
- □ N

Date taken: __ __ / __ __ / __ __ __ __

Time taken: __ __ : __ __

CRF Completed by (Initials) – to be signed when complete.
Do not sign if any fields are empty

Date: __ __ / __ __ / __ __ __ __

Time: __ __ : __ __