### Follow up at 90 days

TO BE COMPLETED WITHIN 14 DAYS OF SCHEDULED APPT
BY TELEPHONE IF PARTICIPANT UNABLE TO ATTEND. IF PARTICIPANT ATTENDS LATER, AMEND CRF

<table>
<thead>
<tr>
<th>Date Seen:</th>
<th>Time Seen: 24H Clock</th>
</tr>
</thead>
<tbody>
<tr>
<td>__ __ / __ __ / __ __</td>
<td>__ __: __ __</td>
</tr>
</tbody>
</table>

Informed consent reviewed with caregiver

- Yes
- No

Caregiver gives consent for samples at this appointment?

- Yes
- No

Seen at:

- Hospital / clinic
- Seen in community
- Not seen

If not seen within 2 weeks of scheduled appointment

- Confirmed alive only e.g. telephoned to confirm vital status

DATE CONTACTED: __ __ / __ __ / __ __ __ __

- Confirmed dead Complete verbal autopsy and study conclusion

DATE CONTACTED: __ __ / __ __ / __ __ __ __

Not seen within 2 weeks but willing to attend appointment in future

- Yes
- No

Unable to contact by telephone or home visit

DATE OF LAST TELEPHONE CALL: __ __ / __ __ / __ __ __ __

DATE OF HOME VISIT: __ __ / __ __ / __ __ __ __

If patient did not attend and could not be reached by telephone

Not seen within 2 weeks but willing to attend appointment in future

- Yes
- No

Unable to contact by telephone or home visit

DATE OF LAST TELEPHONE CALL: __ __ / __ __ / __ __ __ __

DATE OF HOME VISIT: __ __ / __ __ / __ __ __ __

### Anthropometry and Nutrition

<table>
<thead>
<tr>
<th>Weight to be taken using SECA scales for CHAIN</th>
<th>Length to be taken using SECA 416 infometer provided for CHAIN</th>
</tr>
</thead>
<tbody>
<tr>
<td>___ __ . ___ ___ kg</td>
<td>Measurer 1: ___ __ . ___ cm</td>
</tr>
<tr>
<td></td>
<td>Measurer 2: ___ __ . ___ cm</td>
</tr>
</tbody>
</table>

**MUAC**

To be taken using MUAC tape for CHAIN

| Measurer 1: ___ __ . ___ cm |
| Measurer 2: ___ __ . ___ cm |

**Head circumference**

To be taken using CHAIN measuring tape

| Measurer 1: ___ __ . ___ cm |
| Measurer 2: ___ __ . ___ cm |

**Oedema**

- None
- +
- ++
- +++

Initials

Measurer 1: ___ ___ __

Measurer 2: ___ ___ __
### Current Health

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

What symptoms are present now?

*Select up to 3:*

- No symptoms, child is well
- Vomiting
- Diarrhoea <14 days
- Diarrhoea >14 days
- Blood in stool
- Poor feeding / weight loss
- Fever / Hotness of body
- Difficulty breathing
- Cough <14 days
- Cough > 14 days
- Body swelling / oedema
- Rash / skin lesion
- Lethargy
- Convulsions
- Altered consciousness
- Not feeding

**Medication last 7 days. Circle any that apply**

- No medication
- Antibiotic
- Antimalarial
- Deworming
- Multivitamin
- Zinc
- Iron supplement
- Vitamin D / Calcium
- Traditional / herbal / homeopathy
- Paracetamol / Ibuprofen
- ORS
- Antihistamine
- Yes, but unknown

**HOSPITAL ADMISSIONS**

Any admissions (e.g. overnight stay) to a hospital since last CHAIN appointment?

- Yes
- No
- Unknown

If Yes:

- Admission date (estimate)
- Hospital Name
- Length of stay (days)
- Source of information

<table>
<thead>
<tr>
<th>Admission date (estimate)</th>
<th>Hospital Name</th>
<th>Length of stay (days)</th>
<th>Source of information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>/ / / / / / / / /</strong></td>
<td></td>
<td><strong>/ / / / / / / / /</strong></td>
<td>Hospital letter or medical file</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>/ / / / / / / / /</strong></td>
<td>Parent/carer report</td>
</tr>
<tr>
<td><strong>/ / / / / / / / /</strong></td>
<td></td>
<td><strong>/ / / / / / / / /</strong></td>
<td>Hospital letter or medical file</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>/ / / / / / / / /</strong></td>
<td>Parent/carer report</td>
</tr>
</tbody>
</table>
### Outpatient Appointments

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nutrition follow-up only</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General paediatric appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cardiology appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Neurology appointment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sickle cell or thalassaemia clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outpatient blood transfusion</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist Radiology</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other specialist paediatric appointment</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Caregiver Appointments / Admissions

<table>
<thead>
<tr>
<th>Appointment Type</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver admitted to hospital since last CHAIN appointment?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychiatry follow-up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Antenatal care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HIV clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TB clinic</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Feeding

<table>
<thead>
<tr>
<th>Currently in outpatient nutrition program? Select one. If not in feeding program circle ‘none’</th>
<th>Supplementary (corn soy blend, RUSF, khichuri, halwa etc)</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? If NO breastfeeding at all, age stopped (in months)? Select one</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>If yes, taking other foods/fluids?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>If no breastfeeding at all, age stopped (in months)?</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
<tr>
<td>Select one</td>
<td>Y N</td>
<td>Y N</td>
<td>Y N</td>
</tr>
</tbody>
</table>

- **Outpatient Appointments**
  - Participant attended outpatient appointment since last CHAIN appointment?
  - Nutrition follow-up only
  - General paediatric appointment
  - Cardiology appointment
  - Neurology appointment
  - HIV clinic
  - TB clinic
  - Sickle cell or thalassaemia clinic
  - Outpatient blood transfusion
  - Specialist Radiology
  - Other specialist paediatric appointment

- **Caregiver Appointments / Admissions**
  - No outpatient appointment
  - Not applicable – child in care
  - Caregiver admitted to hospital since last CHAIN appointment?
  - Psychiatry follow-up
  - Antenatal care
  - HIV clinic
  - TB clinic
  - Other

- **Feeding**
  - Currently in outpatient nutrition program?
  - Supplementary
  - Therapeutic
  - None
  - Has the child eaten these nutrition products in the last 3 days?
  - Supplementary
  - Therapeutic
  - None
  - Currently Breastfeeding?
  - If NO breastfeeding at all, age stopped (in months)?
### Vaccinations – Ask carer or check book / card if available

<table>
<thead>
<tr>
<th>Vaccines</th>
<th>Ask carer or check book / card if available</th>
</tr>
</thead>
<tbody>
<tr>
<td>BCG scar</td>
<td>□ Yes □ No</td>
</tr>
<tr>
<td>Rotavirus</td>
<td>□ Book □ Self report □ Not received</td>
</tr>
<tr>
<td>Doses received</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>Pneumococcus</td>
<td>□ Book □ Self report □ Not received</td>
</tr>
<tr>
<td>Doses received</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>DTP/Penta</td>
<td>□ Book □ Self report □ Not received</td>
</tr>
<tr>
<td>Doses received</td>
<td>□ Unknown</td>
</tr>
<tr>
<td>Polio</td>
<td>□ Book □ Self report □ Not received</td>
</tr>
<tr>
<td></td>
<td>□ Unknown</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>
<tr>
<td>Has the primary caregiver mostly lived in the same household as the child since last appointment?</td>
<td>Y</td>
<td>N</td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
<td></td>
</tr>
<tr>
<td>Primary caregiver HIV status since discharge</td>
<td>Known positive on treatment</td>
<td>Known positive not on treatment</td>
<td>Known negative</td>
</tr>
<tr>
<td>Y</td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
</tbody>
</table>

### Changes to Child's Social Situation

**Has the primary caregiver mostly lived in the same household as the child since last appointment?**

**Primary caregiver HIV status since discharge**

**Have there been changes to the child's social situation since discharge?** Select any that apply:

- Child moved to a different household
- Mother sick
- Father sick
- Other primary caregiver sick
- Primary caregiver changed
- Primary caregiver started employment / returned to school
- Primary caregiver divorced / separated from partner
- Mother is pregnant
- Other primary caregiver pregnant?

**If primary caregiver has changed since discharge 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
### Child Dietary Diversity

**What does your 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*

<table>
<thead>
<tr>
<th>Option</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>✔️ Milk and Milk Products</td>
<td>Fresh/fermented milk, cheese, yogurt, or other milk products</td>
</tr>
<tr>
<td>✔️ Breast milk</td>
<td></td>
</tr>
<tr>
<td>✔️ Cereals and Cereal Products</td>
<td>Maize, rice, pasta, porridge, bread, biscuits, millet, sorghum, wheat and any other locally available grains</td>
</tr>
<tr>
<td>✔️ Fish and Sea Foods</td>
<td>fresh or dried fish or shellfish</td>
</tr>
<tr>
<td>✔️ Roots and Tubers</td>
<td>potatoes, sweet potatoes, yams, cassava, or foods made from roots or wild roots and tubers</td>
</tr>
<tr>
<td>✔️ Vegetables</td>
<td>Cabbages, carrots, spinach, and any other locally available vegetables including wild vegetables</td>
</tr>
<tr>
<td>✔️ Fruits</td>
<td>Oranges, bananas, mangoes, avocados, apples, grapes etc</td>
</tr>
<tr>
<td>✔️ Meats and Poultry</td>
<td>Camel, beef, lamb, goat, rabbit, wild game, chicken or other birds, liver, kidney, heart, other organ meats or blood-based foods</td>
</tr>
<tr>
<td>✔️ Eggs</td>
<td>Hen or other bird eggs</td>
</tr>
<tr>
<td>✔️ Pulses / Legumes / Nuts and Seeds</td>
<td>Beans, peas, lentils, nuts, seeds or foods made from these</td>
</tr>
<tr>
<td>✔️ Fats and Oils</td>
<td>Oil, fats, ghee, margarine or butter added to food or used for cooking</td>
</tr>
<tr>
<td>✔️ Sugars / Honey and Commercial Juices</td>
<td>Sugar in tea, honey, sweetened soda, juices, chocolates, sweets or candies</td>
</tr>
<tr>
<td>✔️ Miscellaneous</td>
<td>Spices, unsweetened beverages</td>
</tr>
</tbody>
</table>

### Household Food Security

<table>
<thead>
<tr>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>During the past 7 DAYS</strong> has ANY member of the household missed a meal due to food shortage?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td><strong>During the past 4 WEEKS</strong> Did you worry that your household would not have enough food?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Were any of your household unable to eat the kinds of food preferred because of a lack of resources?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Have any of your household had to eat a limited variety of food due to lack of resources?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Have any of your household eaten some foods that you really didn’t want to eat because of lack of resources?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Have any of your household eaten fewer meals in a day because there was not enough food?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Did household members go to sleep at night hungry because there was not enough food?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
<tr>
<td>Did you or your household members go a whole day and night without eating anything because there was not enough food?</td>
<td>□ Y □ N □ Unknown</td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>D90 Core Cohort Investigations and Sample Collection</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDTA 0.5ml blood taken</strong></td>
</tr>
<tr>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td><strong>Blood spot taken?</strong></td>
</tr>
</tbody>
</table>

**Unable to take blood samples, why?**
- ☐ N/A
- ☐ Difficult venepuncture
- ☐ Child uncooperative
- ☐ Parent refused
- ☐ Other venepuncture within 12h
- ☐ Readmitted – readmission samples

<table>
<thead>
<tr>
<th><strong>Rectal swabs taken</strong></th>
<th><strong>Stool sample taken</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Y BEFORE ABX ☐ N</td>
<td>☐ Y ☐ N</td>
</tr>
<tr>
<td>☐ Y AFTER ABX</td>
<td>Date taken: __ / __ / __ __ __ __</td>
</tr>
<tr>
<td>Time taken ___ : ___</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>CRF Completed by (Initials) – to be signed when complete.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do not sign if any fields are empty</strong></td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>