**Community Enrolment Form**

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

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| Initials of person interviewing caregiver  \_\_\_ \_\_\_ \_\_\_ | | | | | | Date  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** |
| 🞏 Doctor 🞏 Clinical officer 🞏 Nurse 🞏 Field worker 🞏 Research Assistant 🞏 Other | | | | | | Time  \_\_\_ \_\_\_: \_\_\_ \_\_\_ |
| **Who is being interviewed?** | | | | | | |
| 🞏 Primary caregiver only | 🞏 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 | |

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| Enrolment | | | | | |
| **Date of Enrolment**  *i.e. date consented and seen by research team in hospital* | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***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** | \_\_\_\_ \_\_\_\_ \_\_\_\_ |

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| **GPS LOCATION OF HOUSEHOLD** |
| *Tick + or – to indicate N/S and W/E*  Latitude: ⬜ + ⬜ – \_\_\_ \_\_\_ . \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  Longitude ⬜ + ⬜ – \_\_\_ \_\_\_ . \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_  *NOTE: GPS must be set to decimal degrees DDD.DDDDDD (not degrees, minutes and seconds).* |

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| **Initial Observations** (to be taken at time of examination by research team) | | | | | | |
| **Axillary temperature** | \_\_\_\_ \_\_\_\_. \_\_\_\_ °C | | **Respiratory** **rate** *Count for 1 minute* | | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute | |
| **Heart rate**  *Count for 1 minute* | \_\_\_\_ \_\_\_\_ \_\_\_\_/minute | |
| **SaO2**  *To be taken from finger or toe using pulse oximeter* | \_\_\_\_ \_\_\_\_ \_\_\_\_ %  *Leave blank if unrecordable* | 🞏 Measured in Oxygen | | 🞏 Measured in Room Air | | 🞏 Unrecordable |

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| **Current Health** | | | | | | | | |
| **Previously admitted to hospital.**  *Include other hospitals / health centres. Select 1* | 🞏 No | | 🞏 2 weeks-1month ago | | | 🞏 >1month ago | | |
| **Any medication last 7 days**.  *Select all that apply* | 🞏 No medication | 🞏 Antibiotic | | 🞏 Antimalarial | | | | 🞏Traditional |
| 🞏 Deworming | 🞏 Vitamin | | 🞏 Yes, but unknown | | | | 🞏Other |
| **Urine volume in last 24hrs?** *Select 1* | 🞏 Not passing urine | 🞏 Less than normal | | | 🞏 Normal  or greater | | 🞏 Unknown | |

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| **Anthropometry and Nutrition** | | | | | | | | | |
| **Weight**  *to be taken using SECA scales for CHAIN study* | \_\_\_ \_\_\_ . \_\_\_ \_\_\_kg | | | | | **Length**  *to be taken using SECA 416 infantometer provided for CHAIN study* | Measurer 1 | \_\_\_\_ \_\_\_\_. \_\_\_\_ cm | |
| Measurer 2 | \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm | |
| **MUAC**  *To be taken using MUAC tape for CHAIN study* | Measurer 1 | | \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm | | | **Head circumference**  *To be taken using CHAIN measuring tape* | Measurer 1 | \_\_\_\_ \_\_\_\_. \_\_\_\_\_cm | |
| Measurer 2 | | \_\_\_\_ \_\_\_\_ . \_\_\_\_ cm | | | Measurer 2 | \_\_\_\_ \_\_\_\_. \_\_\_\_\_cm | |
| **Oedema** | 🞎 None | 🞎 + | | 🞎 ++ | 🞎 +++ | **Initials** | Measurer 1  \_\_\_ \_\_\_ \_\_\_ | | Measurer 2  \_\_\_ \_\_\_ \_\_\_ |

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| **Examination** | | | | | | | | | | | | | | | | | | | | | | |
| *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* | | | | | | | | | | | | | | | | | | | | | | |
| **Airway**  *(select one)* | **🞎 Clear** **🞎** Needs active support 🞎 Obstructed/Stridor | | | | | | | | | | | | | | | | | | | | | |
| **Breathing**  *(select all that apply)* | **🞎 Normal – no concerns**, (move to circulation) | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Central cyanosis | | | | | | | | | 🞎 Nasal flaring | | | | | | | | | 🞎 Reduced air-entry | | | |
| 🞎 Wheeze | | | | | | | | | 🞎 Acidotic Breathing | | | | | | | | | 🞎 Grunting | | | |
| 🞎 Lower chest wall indrawing | | | | | | | | | 🞎 Crackles | | | | | | | | | 🞎 Dull to percussion  🞏 Head nodding | | | |
| **Circulation:**  **Cap Refill** (select one)  **Cold Peripheries**(select one) | 🞎 >3s 🞎 2-3s 🞎 <2s | | | | | | | | | | | | | | | | | | | | | |
| 🞎 Shoulder | | | | | 🞎 Elbow | | | | | | | 🞎 Hand | | | | | | | | 🞎 Warm peripheries | |
| **Disability:** |  | | | | |  | | | | | | |  | | | | | | |  | | |
| **Conscious level**(select one) | 🞎 **Alert** | | | | | 🞎 Voice | | | | | | | 🞎 Pain | | | | | | | 🞎 Unresponsive | | |
| **Fontanelle**(select one) | **🞎 Normal** | | | | | 🞎 Bulging | | | | | 🞏 Sunken | | | | | | | | 🞎 Not present | | | |
| **Tone**(select one) | **🞎 Normal** | | | | | 🞎 Hypertonic | | | | | | | | | | 🞎 Hypotonic | | | | | | |
| **Posture**(select one) | **🞎 Normal** | | | | | 🞎 Decorticate | | | | | | | | | | 🞎 Decerebrate | | | | | | |
| **Activity**(select one) | **🞎 Normal** | | | | | 🞎 Irritable/Agitated | | | | | | | | | | 🞎 Lethargic | | | | | | |
| **Dehydration:**  **Sunken eyes?** | 🞏 Y | | 🞏 N | | |  | | | | | | | | | | | | | | | | |
| **Skin pinch** (s*elect one)* | 🞏 >2 seconds | | | | | 🞏 <2 seconds | | | | | | | | 🞏 Immediate | | | | | |  | | |
| **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 | | |
| **Site of skin lesions.** *(select any that apply)* | 🞏 Not applicable  (No rash)  🞏 Palms / soles | | | | 🞏 Trunk | | | | | | | 🞏 Face / scalp | | | | | | | | 🞏 Legs | | |
| 🞏 Buttocks | | | | | | | 🞏 Arms | | | | | | | | 🞏 Perineum | | |

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| **Suspected Chronic Conditions** | | | |
| *Select confirmed, suspected or none for all conditions:* | Confirmed  *(diagnosed previously/ recorded)* | Suspected  *(clinician’s impression)* | None |
| **Cerebral palsy/neurological problem/ epilepsy** | 🞏 | 🞏 | 🞏 |
| **Sickle Cell disease** *family history, crisis* | 🞏 | 🞏 | 🞏 |
| **Thalassaemia** | 🞏 | 🞏 | 🞏 |
| **Visual problem / Blindness** *Not fixing and following* | 🞏 | 🞏 | 🞏 |
| **Losing weight or not gaining weight** | 🞏 | 🞏 | 🞏 |

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| **TB Screening** | | | | | | | |
| Known TB  (on treatment) | | Child has cough >14 days | | Household contact has TB,  or cough >14 days | | Child has suspected extra-pulmonary TB | |
| Y | N | Y | N | Y | N | Y | N |

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| **Feeding** | | | | | | | | | |
| **Currently in outpatient nutrition program?**  *Select one.* | 🞏 Supplementary  (*corn soy blend, RUSF, khichuri, halwa)* | | | 🞏 Therapeutic  *(RUTF, Plumpy-nut)* | | 🞏 None | | | |
| **Has the child eaten these nutrition products in the last 3 days?** | 🞏 Supplementary | | | 🞏 Therapeutic | | 🞏 None | | | |
| **Currently Breastfeeding?** | 🞏 Y | 🞏 N | **If yes is the child taking anything else (exclude medicine)?** | | | | 🞏 Y | | 🞏 N |
| **If NO breastfeeding at all, age stopped in months?** *(select one)* | 🞏 0-3m | 🞏 4-6m | 🞏 7-12m | | 🞏 >12m | | | 🞏 Unknown | |
| **What did the child receive other than breast milk in the first 3 days of life?** *Select all that apply.* | 🞏 Sweetened/sugar water | | | 🞏 Formula/powder milk | | | | 🞏 Animal milk | |
| 🞏 Fruit Juice | | | 🞏 Tea | | | | 🞏 Other | |
| 🞏 Water | | | 🞏 Porridge/pulp | | | | 🞏 Nothing | |
| 🞎 Pure Honey | | | 🞎 Glycerine | | | |  | |

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| 1. **Vaccinations –** *Ask carer or check book / card if available* | | | | | | | | | |
| **BCG scar** | 🞏 Yes | | 🞏 No | **Rotavirus** | 🞏 Book | 🞏 Self report | 🞏 Not received | **Doses received:** | 3 2 1  🞏 Unknown |
| **Measles** | 🞏 Book | 🞏 Self report | | **Pneumococcus** | 🞏 Book | 🞏 Self report | 🞏 Not received | **Doses received:** | 3 2 1  🞏  Unknown |
| 🞏 Not received | 🞏 Unknown | | **DTP/Penta** | 🞏 Book | 🞏 Self report | 🞏 Not received | **Doses received:** | 3 2 1  🞏 Unknown |
|  |  | | **Polio** | 🞏 Book | 🞏 Self report | 🞏 Not received | 🞏 Unknown | |
|  |  |  | | **MenAfriVac** | 🞏 Book | 🞏 Self report | 🞏 Not received | 🞏 Unknown | |

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| **Care-seeking Behaviour** | | | | | | | | | | | |
| **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 | |

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| **Birth History** | | | | | | | | | | | | | | | | | |
| **Source of information** | | **🞎** Maternal/caregiver recall | | | | | | | 🞎 Book/medical records | | | | | | | | |
| **Birth weight** | | \_\_\_ .\_\_\_ \_\_\_kg | | | | | | | 🞏Unknown | | | | | | | | |
| **Birth details**  *Select any that apply* | | 🞎 Premature | | | 🞎 Born underweight (<2.5kg) | | | | | 🞎Twin/multiple birth | | | | | 🞎 Born at term | | |
| **Delivery location**  *Select one* | 🞏 Born in hospital | | | 🞎 Community facility/clinic with midwife/nurse midwife/doctor | | | | | | | | | | | | | |
|  | 🞎 Home without birth attendant | | | 🞏 Home with traditional  birth attendant (untrained) | | | | | | | 🞎 Home with midwife/nurse | | | | | | |
| 🞏 Other | | | | | | | | | | 🞎 Unknown | | | | | | |
| **Delivery details**  *Select all that apply* | 🞎 Normal, spontaneous vaginal delivery | | | | | | 🞎 Assisted delivery (forceps, ventouse) | | | | | | | | | | |
| 🞎 Caesarean section | | | | | 🞎 Admitted neonatal unit | | | | | | 🞎 Mother admitted to hospital >48h | | | | | |
| **Mother’s age at first pregnancy** | | | \_\_\_ \_\_\_years | | | 🞏 unknown | | **Mother’s age now** | | | | | | \_\_\_ \_\_years | | | 🞏 unknown |
| **Participant birth order** | | | \_\_\_ \_\_\_ of \_\_\_ \_\_\_ total live births  (*e.g. if youngest of 3 children 3 of 3, if oldest of 3 children 1 of 3)* | | | | | | | | | | | | | | |
| **Are the biological parents of this child consanguineous?**  *Ask if parents have relatives in common or are related.* | | | | | | | 🞏 Yes | | | | | | 🞏 No | | | 🞏 Unknown | |

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| **Primary Caregiver Information**  ***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** *Select one* | | | 🞏 <18years | | | | | | | | | | | | | 🞏 >=18 years | | | | | | | | | | | | | 🞏 >50years | | | | | | | 🞏 N/A (care home or unclear) | | | | | | | | | | | | |
| **Primary Care Giver Sex** *Select one* | | | 🞏 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** *Select one* | | | | 🞏 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** *Select one* | | | | | 🞏 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** | |

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| **If primary caregiver has changed in the last 2 months, who was the child’s previous primary caregiver?** *Select one* | | | |
| 🞏Biologic Mother | 🞏Biologic Father | 🞏Sibling ≥18 years old | 🞏Sibling <18 years old |
| 🞏Grandparent | 🞏Aunt/Uncle/Cousin | 🞏Other | 🞏 N/A |

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| **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 | | | | | | | |  |
| 🞏 Begging | 🞏 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 | | |
| 🞏Primary caregiver lives and works away | | | 🞏 Don’t know | | | | | | | 🞏 N/A | | | |

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| **The person primarily providing financial support to this child is this child’s:** *Select one* | | | |
| 🞏 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 -specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

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| **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 | | | | |

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| **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 🞏 Not applicable, child accompanies caregiver to work | | | | | | | | | | | | | | |
| 🞏 No substitute care, child left alone 🞏 No substitute care / unclear 🞏 Child in care home | | | | | | | | | | | | | | |
| 🞏 Biological Mother | 🞏 Biological Father | | | | 🞏 Sibling <18 years old | | | | | | 🞏 Sibling ≥18 years old | | | |
| 🞏 Grandparent | 🞏 Aunt/Uncle/Cousin | | | | 🞏 Childcare facility outside home | | | | | | 🞏 Childminder/ day care at home | | | |
| **How many days a week is the child in day care?** | | | | | 🞏 N/A | | 🞏 1-2 | 🞏 3-4 | | 🞏 5-6 | | | | 🞏 >6 |
| **How many hours per day is the child in day care?** | | | | | 🞏 N/A | | 🞏 1-4h | 🞏 5-8h | | | 🞏 9-12h | | | 🞏 >12h |
| **How many children are looked after at this day care?** | | | | | 🞏 <3 | | 🞏 4-6 | 🞏 7-10 | | | 🞏 >10 | | 🞏Unknown 🞏 N/A | |
| **How many of these are under 2y?** | | | | | 🞏 <3 | | 🞏 4-6 | 🞏 7-10 | | | 🞏 >10 | | 🞏Unknown 🞏 N/A | |
| **How many adults look after these children?** | | | | | 🞏 1 | | 🞏2-4 | 🞏5-10 | | | 🞏 >10 | | 🞏 N/A | |
| **Do you feel the day care is good?** | | | | | 🞏 Y | | 🞏 N 🞏 N/A | | | | | | | |
| **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 | | |  | | |  | | |

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| 1. **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 |

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| 1. **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** |

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| **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 |

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| **Assessment of 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 | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 🞏 Unprotected well | 🞏 Other | | | | |
| **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 | 🞏 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 | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| 🞏 Unprotected well | 🞏 Other | | | | |
| **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 | |
| 🞏 Use water filter  (ceramic/sand/composite etc) | | 🞏 Solar disinfection | 🞏 Boil | | | | 🞏 Other | |

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| **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 one 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 one 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 one only* | | | | | | | | | | | | | | | | |
| 🞏 Grass/Thatch | | 🞏 Tiles/Asbestos sheets | | | | | | | | | 🞏 Corrugated iron/ Tins | | | | | |
| 🞏 Mud | | 🞏 Nylon papers/clothes | | | | | | | | | 🞏 Concrete | | | | | |
| 🞏 Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Unknown | | | | | | | | | | | | | | | | |
| **What is the MAIN cooking fuel used in this household?** *Select one only* | | | | | | | | | | | | | | | | |
| 🞏 Electricity | | 🞏 LPG /Natural gas/Biogas | | | | | | | | | 🞏 Paraffin | | | | | |
| 🞏 Coal / Lignite | | 🞏 Charcoal | | | | | | | | | 🞏 Firewood | | | | | |
| 🞏 Straw/shrubs/grass | | 🞏 Agricultural crop | | | | | | | | | 🞏 Animal Dung | | | | | |
| 🞏 No food cooked in household | | 🞏 Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Unknown | | | | | | | | | | | | | | |
| **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 | | | | | | | | | | | | |

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| **Does this household own any livestock, herds, other farm animals or poultry** | | | | 🞏 Y | 🞏 N | | 🞏 Unknown |
| **If yes, how many of the following animals does this household own?** | | | | | | | |
| Cows/bulls\_\_ \_\_ | Sheep\_\_ \_\_ | | | | | | |
| Horses/Donkeys/Mules\_\_ \_\_ | Goats\_\_ \_\_ | | | | | | |
| Chickens or Ducks\_\_ \_\_ | Other \_\_\_\_\_\_\_\_\_\_\_\_\_ number \_\_\_ \_\_\_ 🞏 N/A | | | | | | |
| **Does any member of this this household own land?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **If “Yes” How many acres of land does this household own?** | | | | \_\_\_\_Acres | 🞏 Unknown | 🞏 N/A | |
| **Does this household have a bank account?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does this household have electricity** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does this household own a radio?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does this household own a television?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does this household own a computer?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does this household own a refrigerator?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **Does any member of this household own:** | | | | | | | |
| **A watch** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **A mobile phone?** | | 🞏 Y  Standard phone | 🞏 Y smartphone | | 🞏 N | 🞏 Unknown | |
| **An animal-drawn cart?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **A bicycle?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **A motorcycle / scooter?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **A car or truck?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |
| **A boat with a motor?** | | | | 🞏 Y | 🞏 N | 🞏 Unknown | |

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| **Immediate Clinical Investigations and HIV status** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Malaria RDT** *circle result* | | | | | Positive | | | | | | | | | | Negative | | | | | | | | | | Not done | | | |
| **Blood glucose** | | | | | \_\_\_ \_\_\_ . \_\_\_ mmol/L | | | | | | | | | | **Time glucose measured** | | | | | | | | | | \_\_\_ \_\_\_:\_\_\_ \_\_\_  *24h clock* **⬜** Unknown | | | |
| **Urine Dipstick** *(can be done at any time during admission)* | | | | | Protein | | | | | Nitrites | | | | | Leucocytes | | | | | | Blood | Ketones | | | | Glucose | | |
| **Urine sample stored?** | | **Y** | | **N** |
| 🞏 Not done 🞏 Bag 🞏 Clean catch | | | | | None  + ++ +++ | | | | | Pos Neg | | | | | None  + ++ +++ | | | | | | None  + ++ +++ | None  + ++ +++ | | | | None  + ++ +++ | | |
| **HIV status known?** | | | 🞏  Yes, known PCR positive | | | | | 🞏  Yes, 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?** | | ⬜ Y | | | ⬜ N | | | ⬜  Unknown | | | | | **If on treatment,**  ARV 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ARV 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ARV 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | **If on prophylaxis**  ⬜ Nevirapine prophylaxis only  ⬜ AZT + NVP prophylaxis  ⬜ Caregiver unsure | | | | | |
| **Co-trimoxazole** *select one* | | ⬜ On high dose  co-trimoxazole | | | | | | | | 🞏 On prophylactic 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: ⬜ Y  ⬜ N missed 🞏 N referred | | | | | | | | | |  | | | | | | | | | | | |  | | |
| **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 PMTCT interventions?** | | | ⬜ Yes | | | | ⬜ No | | | | | ⬜ Unknown | | | | |  | | | | | | | |  | | | |

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| **Community Core Cohort Investigations and Sample Collection** | | | | | | | | | | | | | | |
| **CBC taken** | 🞏 Y | 🞏 N | | **Plain Blood (serum)** | | | 🞏 Y | | 🞏 N | | Date taken:  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y***  Time taken  \_\_\_ \_\_\_: \_\_\_ \_\_\_ | | | |
| **Clinical chemistry taken** | 🞏 Y | 🞏 N | | **Blood spot taken** | | | 🞏 Y | | 🞏 N | |
| **EDTA 2ml blood taken** | 🞏 Y | 🞏 N | |
| **EDTA 0.5ml blood taken** | 🞏 Y | 🞏 N | |  | | |  | |  | |
| **Heparinised for PBMCs** *(immunology sites only)* | 🞏 Y 🞏 N | | |  | | |  | |  | |
| **Unable to take blood samples, why?** | | | | 🞏 Difficult venepuncture | | | 🞏 Child uncooperative | | | | 🞏 Parent refused | | | 🞏 Other |
| **Rectal swabs taken** | 🞏 Y | | 🞏 N | | | Number of swabs 🞏1 🞏2 | | | | Time taken\_\_\_ \_\_\_: \_\_\_ \_\_\_ | | | | |
| **Stool sample taken** | 🞏 Y | | 🞏 N | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | | | | Time taken\_\_\_ \_\_\_: \_\_\_ \_\_\_ | | | | |
| **If collected prior to appointment** | Date collection pot given to caregiver | | | | \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | | | Sample taken on day of appointment? | | | | 🞏 Y | 🞏 N | |

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| --- | --- | --- | --- | --- |
| **Blood Samples taken by (initials)** | \_\_ \_\_ \_\_ | | | |
| **Rectal Swabs taken by (initials)** | \_\_ \_\_ \_\_ | | | |
|  |  | |  |  |
| **CRF Completed by (initials)**  **to be signed when complete.** *Do not sign if any fields are empty* | | \_\_ \_\_ \_\_ | Date  \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_  ***D D / M M / Y Y Y Y*** | Time  \_\_\_ \_\_\_: \_\_\_ \_\_\_ |