**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*
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| **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 |
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| 🞏 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**
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| ***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, butDeclined | ⬜ 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 |

|  |  |
| --- | --- |
| **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\_\_\_ \_\_\_: \_\_\_ \_\_\_ |