

## **CHAIN STUDY CONCLUSION**

To be completed after Day 180, or following death of child, or withdrawal from the study

□ NO If NO, indicate di	ied, withdrawn or lost to follow up in SECTION 🗛	☐ YES If YES, go directly to SECTION B	
1			
IS THE PARTICIPANT IN FOLLOW UP AT DAY 180?			
SECTION A GIVE THE REASON FOR NON-COMPLETION OF THE STUDY			
☐ Died	Verbal autopsy completed?		
	☐ YES	□NO	
	Died, where? (tick one)		
	☐ Study Hospital	☐ Other health facility	
	☐ Community	☐ Unknown	
□ Voluntary	☐ Prefer not to say	☐ Insufficient benefit to participant	
withdrawal	☐ Blood sampling	☐ Time/disruption in follow-up visits	
	☐ Travel out of research area	☐ Unable to arrange care for other children	
Tick all the reasons given in discussion - do not probe for each item	Others in household or community not happy to continue		
	☐ Unsure of or unsupportive of the reasons for research, or of the institution conducting it		

SECTION B DATE OF	STUDY CONCLUSION
This is: The date last seen in the community or in hospital The date vital status was confirmed by telephone The date withdrawn The date of death	
COMPLETE THE DATE FOR ALL PARTICIPANTS	Information from (tick one):
	☐ Seen by study team <i>or</i>
//	☐ Contacted by telephone to establish vital status or informed by family or neighbour or death certificate or hospital records
CRF completed by:	Initials: Date://

V 2.1

8<sup>th</sup> August 2019

☐ Lost to follow up (completely untraceable by phone or visit)

CHAIN CONCLUSION FORM