Site	Center	Child ID	Day	Month	Year
					2 0

DATE

~~Choose one: ☐ Case-child ☐ Control-child~~

Interview Outcome

1. What was the outcome of the follow-up interview? **STATUS**

   [1] Conducted

   [0] Not conducted

   If "Not conducted", what was the reason? **NOT_CONDUCT**

   [1] Child cannot be found
   [2] Caretaker not available after 3 visits
   [4] Other, specify_____
   [3] Caretaker refused
   [5] Caretaker refused because the child died

[If the interview was not conducted for the reason: "Caretaker refused because the child died", please continue to answer Q2 and Q3 a, b and c. If the interview was not conducted for another reason, complete Q1, sign, date, and submit this page to the DCC.]

Notes or comments *[Initial and date notes]*

~~*Interviewer's Name* _____ Staff code~~ **Moved to end of form**

~~*Quality Control's Name* _____ Staff code Day Month Year~~ 2 0

Site	*Center*	*Child ID*

Section 1: Clinical Information

2. What is your relationship to *[Child's Name]*? **RELATION**

1 Mother	2 Father	3 Sister	4 Brother
5 Grandmother	6 Grandfather	7 Aunt	8 Uncle
9 No relation	10 Other relation by blood or marriage, specify **RELATION_SPEC**		

3. How is *[Child's Name]*'s health since the last study visit? **CHILD_HEALTH**
[Explain to caretaker what is meant by "the last study visit".]

1 Appears healthy	4 Health has deteriorated
2 Health improved but not back to normal	5 Died
3 No better/unchanged	

[If died, complete "a" to "c" below.]

a. If *[Child's Name]* died, what was the date of death? **DATE_DEATH**

Day	*Month*	*Year*

b. If *[Child's Name]* died, what was the place of death? **PLACE_DEATH**

1 Health facility 2 Home or elsewhere

c. If the child died in a health facility, what was the name of the health facility?
[Use the Health Facility Coding List to code the facility; if the health facility is not coded, use '090' and insert the name below; if health facility unknown, use '999'.]

DIED_FACILITY

	FACILITY_SPEC _____

[If the child died, make sure a verbal autopsy will be completed (and medical information will be collected if the child died in a health facility) according to the local guidelines. For children who died, the remainder of the questionnaire needs to be completed except Section 2.]

Site ☐ Center ☐☐ Child ID ☐☐☐☐☐☐☐

4. Since the last study visit, did *[Child's Name]* experience any of the following illnesses?
[If "Yes" to any illness, indicate if child visited a health care facility for that illness.]

Illness?			Visited a health facility?		Illness?			Visited a health facility?	
No	*Yes*		*No*	*Yes*	*No*	*Yes*		*No*	*Yes*
0	1	EXP_DRH Diarrhea	EXP_DRH_VISIT 0	1	0	1	EXP_FEVER Fever with unknown origin	EXP_FEVER_VISIT 0	1
0	1	EXP_DYS Bloody diarrhea	EXP_DYS_VISIT 0	1	0	1	EXP_OTHR Other, specify EXP_SPEC	EXP_OTHR_VISIT 0	1
0	1	EXP_COU Cough with difficult breathing	EXP_COU_VISIT 0	1	0	1	EXP_OTHR2 Other, specify EXP_SPEC2	EXP_OTHR2_VISIT 0	1

5. To your knowledge, was the child diagnosed with any of the following at a health care facility?

	No	*Yes*	
DIAG_TYP	0	1	Typhoid
DIAG_MAL	0	1	Malaria
DIAG_PNE	0	1	Pneumonia
DIAG_MENG	0	1	Meningitis
DIAG_OTHR	0	1	Other, specify DIAG_SPEC

6. Since the last study visit, did *[Child's Name]* experienced any of the following:

		No	*Yes*
EXP_RECTAL	a. Rectal prolapse *[Some pink tissue appears outside of the child's anus]*	0	1
EXP_CONVUL	b. Convulsions	0	1
EXP_ARTHRITIS	c. Arthritis *[Swollen, painful joints]*	0	1

Section 2: Physical Examination

7. Physical findings

a. Weight
AGECAT
0-23 months old: (Weight of caretaker with and without child): WT_CHILD ☐☐☐.☐ kg *Caretaker + child* WT_CARE ☐☐☐.☐ kg *Caretaker alone*

24-59 months old: (Weight of child alone): ☐☐☐.☐ kg WT

b. Height HT1 1st ☐☐☐.☐ cm HT2 2nd ☐☐☐.☐ cm HT3 3rd ☐☐☐.☐ cm

c. MUAC MUAC1 1st ☐☐.☐ cm MUAC2 2nd ☐☐.☐ cm MUAC3 3rd ☐☐.☐ cm

d. Axillary temperature ☐☐.☐ °C TEMP

e. Respiratory rate per minute: 1st ☐☐☐ RESP1 2nd ☐☐☐ RESP2

Site	Center	Child ID
☐	☐☐	☐☐☐☐☐☐☐

	Absent	Present	
f. Rectal prolapse	0	1	RECTAL
g. Bipedal edema *[Both feet]*	0	1	BIPEDAL
h. Abnormal hair: sparse, loose, straight	0	1	ABN_HAIR
i. Undernutrition: wasted/very thin	0	1	UNDER_NUTR
j. Skin has 'flaky paint' appearance	0	1	SKIN_FLAKY

Section 3: Birth Weight

[The following questions will be answered only if a source document (antenatal card, child health card, vaccination card, other health records etc.) is available at the time of interview.]

8. Is there any source document that has information about birth weight, first weight, LMP, or EDD?

0 No 1 Yes BWT_SOURCE

[If the response to Q8 is "Yes", go to Q9.
If the response to Q8 is "No", skip the Qs 9-15b, and sign and date the CRF.]

9. Date of birth of the child (from a source document): ☐☐ *Day* ☐☐☐ *Month* ☐☐☐☐ *Year* DOB

10. Was the child weighed at birth?

0 No 1 Yes BWT_AVAIL

[If the response to Q10 is "Yes", ask Q11 and skip 12-13. If the response to Q10 is "No" ask Questions 12-13. For all children, ask Q14-15.]

11. If Yes, what was the weight of the child at birth (from source document)?

☐.☐☐ kg BWT

12a. If the child was not weighed at birth, was a first weight taken for this child within one month of DOB (from source document)?

0 No 1 Yes WT_AFTER

[If the response to Q12a is No, go to Q14a.]

12b. If Yes, how many days after DOB was the first weight taken?

☐☐ days WT_DAYS

☐ ☐☐ ☐☐☐☐☐☐☐

Site *Center* *Child ID*

13. If the child was not weighed at birth, what was the first weight taken for this child within one month of DOB (from source document)?

☐☐.☐☐ kg **WT_FIRST**

14a. Was the first date of last menstruation (LMP) of the mother before this child birth available? (from source document)

☐ 1 Yes **LMP_AVAIL**

☐ 0 No

14b. If Yes, specify date: **LMP_DATE** ☐ 1 Day unknown **LMP_NA**

☐☐ ☐☐☐ ☐☐☐☐

Day *Month* *Year*

15a. Was the expected date of delivery (EDD) of the mother for this child available? (from source document)

☐ 1 Yes **EDD_AVAIL**

☐ 0 No

15b. If Yes, specify date: **EDD** **EDD_NA** ☐ 1 Day unknown

☐☐ ☐☐☐ ☐☐☐☐

Day *Month* *Year*

END OF INTERVIEW. THANK RESPONDENT(S) FOR THEIR COOPERATION.

Notes or comments *[Initial and date notes]*

COMMENT1

INTVWR1

Interviewer's Name _____ ☐☐☐ **INT_CODE1**

Staff code

QC1

Quality Control's Name _____ ☐☐☐ ☐☐ ☐☐☐ 2 0 ☐☐

Staff code *Day* *Month* *Year*

QC_CODE1 **QC_DATE1**