LAKANA trial

**Data collection form 02a: Child re-treatment**

Version 0.1, 29 March 2020

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| **Section Header** | **Num.** | **Question Text** | **Question Responses** | **Required** |
|  | [0] | Instructions: Complete this form if a child receives a second dose. | | |
| Visit information | [1] | Date of treatment: |  | Yes |
| Child information | [2] | Does caregiver provide consent for the child named <name>? | 1, Yes | 0, No (stop and continue with next child) | 9, No – caregiver is not authorized to provide consent (stop and return later) | Yes |
| Individual eligibility criteria | [3] | Is <name> allergic to macrolides?  *(reported or checked on document)* | 1, Yes (not eligible - stop and continue with next child) | 0, No | Yes |
|  | [4] | What is the weight of <name>? |  | Yes |
|  | [5] | Is <name>’s weight below 3kg? | 1, Yes (not eligible - stop and continue with next child) | 0, No | [Calculated] |
| Study drug administration | [6] | What is the planned daily dose of study medication to be given to <name>? | *calculated from weight* | Yes |
|  | [7] | Was <name> given study medication? | 1, Yes | 0, No | Yes |
|  | [8] | If No, please record reason below:  *(end of form)* | 1, Child is absent from household | 2, Child is sick | 3, Child has died | 4, Other |  |
|  | [9] | Actual dose administered: | decimal | Yes |
|  | [10] | Time dose administered (24-hour format): | *captured automatically* | Yes |
|  | [11] | The dose administered is not the same as the planned dose. Please provide an explanation: | text | If [actual dose administered] > [ planned daily dose] OR [ actual dose administered] < [ planned daily dose] |
|  | [12] | Reason for redosing: | 1, Child vomited | 2, Previous dose not swallowed | 3, Other | Yes |
|  | [13] | Specify: | text | Yes (if [12] = 3) |
| General comments | [13] | If necessary, record further details of the need for redosing: | text |  |