LAKANA trial

**Data collection form 04: Vital Status**

Version 0.3, 24 March 2020

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Section Header** | **Num.** | **Question Text** | **Question Responses** | **Required** |
|  | [0] | Instructions: Verify the household member’s information below and complete the vital status questions at each visit. [For each household member, display key identifying information: first name, surname, sex, date of birth.] | | |
| Visit information | [1] | Date: | date | Yes |
| Vital status (all) | [2] | Vital status: | 1, Alive | 2, Died | 3, Moved | 4, Unknown | Yes |
|  | [3] | If *Died*: date of death: | date | Yes |
| (Children only) | [4] | If *Moved*, where did the child move? | text | Yes |