

Follow Up Call Form

Date of Data Collection _____

DD/MM/YYYY

Patient's FIRST name _____

Patient's LAST name _____

Patient's SEX: Male Female

Participant's Hospital Identifier _____ (Unique number assigned to each patient)

Discharge Date: _____

DD/MM/YYYY

Approximately, how many days has it been since the child was discharged?

7 14 30 45 60

Since the last phone call (or since discharge for the first call), how is the child doing?

Doing well Still sick Dead Other

Since the last phone call (or since discharge for the first call), has the child had any of the following symptoms? Common cold Cough Difficulty breathing Fever

Refusal to eat/drink/breastfeed Pus draining from the ears Vomiting Other

If yes to any of the above symptoms, for how many days? _____

If yes to any of the above symptoms, what did you do about the child's symptoms?

Took them to the hospital Took them to a clinic

Took them to an emergency department Went to a pharmacy

Gave them herbs Nothing

If the child was taken to a hospital, were they admitted to the hospital? Yes No

If the child was found to be ill during the phone call, did you instruct them to take the child to a health facility? Yes No

If yes, what kind of health facility? _____