

LAKANA trial

Data collection form 02b: Child Treatment at the health facility (Sub-study).

Version 1.0, 08 October 2020

Section Header	Num.	Question Text	Question Responses	Required
	[0]	Instructions: This form is to be completed by the study nurse at the pop-up health facility.		
Visit information	[1]	Date		Yes
Child information	[2]	Child ID		Yes
Study drug administration	[3]	Was the child given study medication?	1, Yes 2, No, the child was sick 3, No, the child refused 4, No, the caregiver changed his / her mind 5, No, there was no drug available 6, No, other reason	Yes
	[4]	If other reason, explain		Yes (if [3], 6)
	[5]	Actual dose administered:	decimal	Yes (if [3], 1)
	[6]	Time dose administered (24-hour format):		Yes (if [3], 1)
General comments	[7]	Please record any general comments below:	text	