

Participant ID |__|__|__|__|__|

Participant's Initials |__|__|__|

Sex |__| (m/f)

FIELD WORKER VISIT CARD (TO BE COMPLETED ONLY BY FIELD WORKER)

	DAY 1			DAY 2		
	Enter Date ____/____/____	Enter time ____:____		Enter Date ____/____/____	Enter time ____:____	
ADVERSE EVENT SINCE LAST VISIT	PRESENT	Describe intensity* /diameter, and action taken	Any other comments	PRESENT	Describe intensity* /diameter, and action taken	Any other comments
Pain at injection site	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Limitation of leg movement	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Redness/discoloration at injection site	No <input type="checkbox"/> Yes <input type="checkbox"/>	Diameter __ __ mm		No <input type="checkbox"/> Yes <input type="checkbox"/>	Diameter __ __ mm	
Swelling at injection site	No <input type="checkbox"/> Yes <input type="checkbox"/>	Diameter __ __ mm		No <input type="checkbox"/> Yes <input type="checkbox"/>	Diameter __ __ mm	
Vomiting	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Diarrhoea	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Excessive crying	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Refusal to feed	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Fever reported by carer	No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __		No <input type="checkbox"/> Yes <input type="checkbox"/>	Grade __ Action __	
Other adverse event	Grade __ Action __			Grade __ Action __		
Vital signs	Temp __ , __ °C Pulse __ __ Beats/min Resp. Rate __ /min			Temp __ , __ °C Pulse __ __ Beats/min Resp. Rate __ /min		
If not seen, reason:						
Any other comments:						
Field worker name:						
If necessary, the participant will continue to be seen regularly after the third day until the symptom(s) have resolved						
*Intensity Grade (localised pain and/or limitation of leg movement) 1 = Painful on touch, no restriction in movement of limb 2 = Painful when limb is moved 3 = Unable to use limb due to pain			*Intensity Grade (all other events) 1 = Present but easily tolerated 2 = Interferes with daily activities 3 = Prevents daily activities		Action 0 = No action taken 1 = Medication 2 = Non-Drug therapy 3 = Hospitalisation	