

Caregiver Flourish: Subjects

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[Home](#) > [Flourish PRN](#) > [Child Death Reports](#) > [Add Child Death Report](#)

Add Child Death Report

Please correct the error below.

Please complete Caregiver Consent form before proceeding.

1. Subject Identifier:

B142-040990337-3-10

2. Report Date:

Date: 2021-12-03

Today |

Time: 10:03:53

Now |

If reporting today, use today's date/time, otherwise use the date/time this information was reported.

3. Date of Death:

2021-12-03

Today |

4. What is the primary source of cause of death information? (if multiple source of information, list one with the smallest number closest to the top of the list):

- Autopsy
- Clinical_records
- Information from study care taker staff prior participant death
- Contact with other (non-study) physician/nurse/other health care provider
- Death Certificate
- Information from participant's relatives or friends
- Obituary
- Information requested, still pending
- No information will ever be available
- Other, specify

5. If Other, specify ...

6. Will an autopsy be performed later:

- Yes
- No

7. Describe the major cause of death (including pertinent autopsy information if available), starting with the first noticeable illness thought to be related to death, continuing to time of death.

Note: Cardiac and pulmonary arrest are not major reasons and should not be used to describe major cause

8. Based on the description above, what category best defines the major cause of death?

- HIV infection or HIV related diagnosis
- Disease unrelated to HIV
- Toxicity from Study Drug
- Toxicity from non-Study drug
- Trauma/Accident
- No information available
- Other, specify

9. If Other, specify ...

10. Duration of acute illness directly causing death:

0

in days (If unknown enter -1)

11. Who was responsible for primary medical care of the participant during the month prior to death?

- Doctor
- Nurse
- Traditional Healer
- Both Doctor or Nurse and Traditional Healer
- No known medical care received (family/friends only)

12. Was the participant hospitalised before death?

- Yes
- No

13. If yes, hospitalized, what was the primary reason for hospitalisation? :

- None

None

- Respiratory Illness(unspecified)
- Respiratory Illness, CXR confirmed
- Respiratory Illness, CXR confirmed, bacterial pathogen, specify
- Respiratory Illness, CXR confirmed, TB or probable TB
- Diarrhea Illness(unspecified)
- Diarrhea Illness, viral or bacterial pathogen, specify
- Sepsis(unspecified)
- Sepsis, pathogen specified, specify
- Meningitis(unspecified)
- Meningitis, pathogen specified, specify
- Non-infectious reason for hospitalization, specify
- Other infection, specify

14. If other illness or pathogen specify or non infectious reason, please specify below:

15. For how many days was the participant hospitalised during the illness immediately before death? :

0

in days

16. Relationship between the infant's death and (CTX vs Placebo) :

- Not related
- Probably not related
- Possibly related
- Probably related
- Definitely related

17. Relationship between the infant's death and infant extended nevirapine prophylaxis :

- Not related
- Probably not related
- Possibly related
- Probably related
- Definitely related

18. Relationship between the infant's death and HAART :

- Not related

- Probably not related
 - Possibly related
 - Probably related
 - Definitely related
-

19. Relationship between the infant's death and traditional medicine use :

- Not related
 - Probably not related
 - Possibly related
 - Probably related
 - Definitely related
-

20. Comments:

Audit (Show)

SAVE

Save and add another

Save and continue editing