Study # 004    CHILDID    Plate # 421    Visit # 001    F4B_DATE

| Site | Center | Child ID | Day | Month | Year |
|------|--------|----------|-----|-------|------|

## Section 1: Physical Findings

1. Physical findings:

    **a. Weight** WEIGHT

    **0-23 months old:** (Weight of caretaker with and without child):    WT_CHILD [ ][ ][ ].[ ] kg    WT_CARE [ ][ ][ ].[ ] kg

    *Caretaker + child*    *Caretaker alone*

    **24-59 months old:** (Weight of child alone)    WT [ ][ ][ ].[ ] kg

    b. Height    HEIGHT    HT1 1st [ ][ ][ ].[ ] cm    HT2 2nd [ ][ ][ ].[ ] cm    HT3 3rd [ ][ ][ ].[ ] cm

    c. MUAC    MUAC    MUAC1 1st [ ][ ].[ ] cm    MUAC2 2nd [ ][ ].[ ] cm    MUAC3 3rd [ ][ ].[ ] cm

    d. Axillary temperature    TEMP [ ][ ].[ ] °C

    e. Respiratory rate per minute    RESP    RESP1 1st [ ][ ][ ]    RESP2 2nd [ ][ ][ ]

    f. Chest indrawing    CHEST_INDRW    [0] No    [1] Yes

EYES    g. Eyes    [0] Normal    [1] Sunken *[Confirm with the mother that the eyes are more sunken than usual.]*

MOUTH    h. Mouth    [0] Normal    [1] Somewhat dry    [2] Very dry

SKIN    i. Skin pinch    [0] Normal    [1] Slow return *[≤ 2 sec.]*    [2] Very slow *[>2 sec.]*

MENTAL    j. Mental status    [0] Normal    [1] Restless, irritable    [2] Lethargic/unconscious

| | *Absent* | *Present* | |
|---|---|---|---|
| k. Rectal prolapse | [0] | [1] | RECTAL |
| l. Bipedal edema *[Both feet]* | [0] | [1] | BIPEDAL |
| m. Abnormal hair: sparse, loose, straight | [0] | [1] | ABN_HAIR |
| n. Undernutrition: wasted/very thin | [0] | [1] | UNDER_NUTR |
| o. Skin has 'flaky paint' appearance | [0] | [1] | SKIN_FLAKY |

2. Did either the interviewer or the study staff observe a stool sample from this child?    *No*    *Yes*

    *[If "Yes", go to Question 3, if "No" go to Question 4.]*    OBSERVE_STOOL    [0]    [1]

3. If yes, what was the nature of the stool? *["X" only one.]*    NATURE_STOOL

    [1] Loose/liquid stool without blood    [2] Loose/liquid stool with blood    [0] Normal stool

VRG Updated 22Aug2011

Study # 004          Plate # 422          Visit # 001

| | | |
|---|---|---|
| ☐ | ☐ ☐ | ☐ ☐ ☐ ☐ ☐ ☐ |
| *Site* | *Center* | *Child ID* |

4. Does the child require rehydration?          CHILD_REHYD

 ☐0 No     ☐1 Yes, Oral rehydration          ☐2 Yes, IV rehydration

 *[If 'No', go to Section 3]*

5. Will *[Child's Name]* receive recommended rehydration at this hospital/health center?

 ☐1 Yes   ☐2 No, referred to another center   ☐3 No, parents refused   ☐4 Prescribed ORS for
                                              RECOMMEND                    administration at home

## Section 2: Outcome after rehydration
*[Complete this Section if the child received rehydration therapy (oral or intravenous) in the health facility.]*

### *Outcome 4 hours after starting rehydration*
*[Obtain the following information 4 hours after starting rehydration therapy (oral or intravenous). If the child leaves the facility before 4 hours have passed, skip this Section and proceed to Section 3.]*

                                                        *No*       *Yes*
6. Was the child evaluated after 4 hours?          ☐0        ☐1 CHILD_EVAL

   a. If "No", what was the reason? CHILD_EVAL_SPEC _____

      *[If you were not able to do the evaluation after 4 hours, complete the reason and proceed to Section 3 below.]*

7. Findings after 4 hours of rehydration:

   **a. Weight**  FIND_WEIGHT          FIND_WT_CHILD          FIND_WT_CARE
   **0-23 months old:** (Weight of caretaker with and without child): ☐☐☐.☐ kg   ☐☐☐.☐ kg
                                                                      *Caretaker + child*   *Caretaker alone*

   **24-59 months old:** (Weight of child alone): FIND_WT ☐☐☐.☐ kg

   b. Mouth  FIND_MOUTH  ☐0 Normal        ☐1 Somewhat dry        ☐2 Very dry
   c. Skin pinch  SKIN_PINCH  ☐0 Normal   ☐1 Slow return [≤ 2 sec.]   ☐2 Very slow [>2 sec.]

                                                            *No*       *Yes*
8. Does the child continue to purge large volumes of watery stool?   ☐0   ☐1 CHILD_PURGE

9. Was the total stool output within the last four hours measured?   ☐0   ☐1 CHILD_OUTPUT

   a. If "Yes", what was the volume? ☐☐☐☐ ml VOLUME

10. Does the child require additional oral/IV fluid for rehydration? CHILD_IV ☐0 No *[skip to section 3]*   ☐1 Yes

Study # 004          Plate # 423          Visit # 001

| | | |
|---|---|---|
| Site | Center | Child ID |

## *Outcome if additional rehydration needed after 1ˢᵗ 4 hours*

*[Complete the following if "Yes" to question 10]*

REHYD_HOSP

10a. Was the child completely rehydrated in the hospital?   [0] No *[skip to section 3]*   [1] Yes

10b. Date of rehydration:  [ ][ ] [ ][ ] [ ][ ][ ][ ]   REHYD_DATE
                            *Day*   *Month*   *Year*

Time of rehydration:   [ ][ ][ ][ ]  *(24 hour clock)*   REHYD_TIME

10c. If "Yes" to Q10a, weigh the child again after the child is completely rehydrated

REHYD_WEIGHT                          REHYD_WT_CHILD          REHYD_WT_CARE

**0-23 months old:** (Weight of caretaker with and without child): [ ][ ][ ].[ ] kg   [ ][ ][ ].[ ] kg
                                                                    *Caretaker + child*   *Caretaker alone*

REHYD_WT

**24-59 months old:** (Weight of child alone): [ ][ ][ ].[ ] kg

## Section 3: Outcome when leaving the hospital/ health center

*[This Section should be completed when the child leaves the health center, either after an outpatient visit or hospital admission.]*

### 11. **Weight**

*(Measure weight at discharge from the hospital or from health center outpatient visit if the child received rehydration therapy and at least 4 hours have passed since the child was last weighed. Check "NA" otherwise.)*

OUT_WT_CHILD          OUT_WT_CARE

**0-23 months old:** (Weight of caretaker with and without child): [ ][ ][ ].[ ] kg   [ ][ ][ ].[ ] kg
OUT_WEIGHT                                                          *Caretaker + child*   *Caretaker alone*

OUT_WT                                                             OUT_WT_NA

**24-59 months old:** (Weight of child alone): [ ][ ][ ].[ ] kg    [1] NA

12. Was the child admitted to the hospital?     *No*  *Yes*
                                                 [0]  [1] ADMIT

   **[If "No", go to Question 14.]**

13. If admitted to the hospital, for how many days?  [ ][ ][ ]  OUTCOME_DAYS

                                            *No*  *Yes*
   13a. Is the child still in hospital > 60 days?  [0]  [1] HOSP

14. Child's diagnosis upon leaving the hospital/health center.  *["X" all that apply.]*

| | | OUTCOME_TYPHOID |
|---|---|---|
| [1] Diarrhea  OUTCOME_DRH | [1] Other invasive bacterial infection  OUTCOME_BACT | [1] Typhoid |
| [1] Dysentery  OUTCOME_DYS | [1] Malaria  OUTCOME_MALA | |
| [1] Pneumonia/lower respiratory infection  OUTCOME_PNEU | [1] Malnutrition  OUTCOME_MLNT | |
| [1] Meningitis  OUTCOME_MNGTS | [1] Other, specify_____  OUTCOME_OTHR  OUTCOME_SPEC | |

Study # 004          Plate # 424          Visit # 001

| | | |
|---|---|---|
| Site | Center | Child ID |

15. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. *["X" all that apply.]*

| Given prescription for treatment at home | Treatment given in health center | | Given prescription for treatment at home | Treatment given in health center |
|---|---|---|---|---|
| TRT_PRES_ORS [1] | TRT_GIVE_ORS [1] ORS | TRT_PRES_AMPI [1] | [1] Ampicillin | TRT_GIVE_AMPI |
| TRT_PRES_IV [1] | TRT_GIVE_IV [1] Intravenous fluids | TRT_PRES_NALID [1] | [1] Nalidixic acid | TRT_GIVE_NALID |
| TRT_PRES_CXL [1] | TRT_GIVE_CXL [1] Cotrimoxazole | TRT_PRES_CPNR [1] | [1] Ciprofloxacin/Norfloxacin/other fluoroquinolone | TRT_GIVE_CPNR |
| TRT_PRES_FOOD [1] | TRT_GIVE_FOOD [1] Normal food withheld for $\geq$1 day | TRT_PRES_SLPY [1] | [1] Selexid/Pivmecillinam | TRT_GIVE_SLPY |
| TRT_PRES_GENT [1] | TRT_GIVE_GENT [1] Gentamycin | TRT_PRES_OTHR [1] | [1] Other antibiotic, specify_____ | TRT_GIVE_OTHR    TRT_SPEC |
| TRT_PRES_CHLOR [1] | TRT_GIVE_CHLOR [1] Chloramphenicol/Thiamphenicol | TRT_PRES_ZINC [1] | [1] Zinc | TRT_GIVE_ZINC |
| TRT_PRES_ERY [1] | TRT_GIVE_ERY [1] Erythromycin | TRT_PRES_HOME [1] | [1] A (government recommended) homemade fluid | TRT_GIVE_HOME |
| TRT_PRES_AZI [1] | TRT_GIVE_AZI [1] Azithromycin | TRT_PRES_ANTI [1] | [1] An antimalarial drug | TRT_GIVE_ANTI |
| TRT_PRES_MACR [1] | TRT_GIVE_MACR [1] Other macrolides | TRT_PRES_OTHR1 [1] | [1] Other medicine, specify_____ | TRT_GIVE_OTHR1    TRT_SPEC1 |
| TRT_PRES_PEN [1] | TRT_GIVE_PEN [1] Penicillin | TRT_PRES_OTHR2 [1] | [1] Other medicine, specify_____ | TRT_GIVE_OTHR2    TRT_SPEC2 |
| TRT_PRES_AMOX [1] | TRT_GIVE_AMOX [1] Amoxycillin | TRT_PRES_OTHR3 [1] | [1] Other medicine, specify_____ | TRT_GIVE_OTHR3    TRT_SPEC3 |

TRT_NONE [ ] None prescribed/taken

16. Outcome when leaving hospital/health center. *["X" only one response.]*

OUTCOME

[1] Resolved or healthy          [2] Improved

[3] No better          [4] Worse

[5] Died in hospital/health center          [6] Unknown/lost to follow up

*[If the child died, complete Question 16a and make sure a verbal autopsy will be completed according to local guidelines. Medical information will be collected using CRF10.]*

DATE_DEATH

16a. If the child died, what was the date of death: [  ] [  ] [  ]
Day    Month    Year

Notes or comments *[Initial and date notes]*

[                                                                    ]

Interviewer's Name _____          INT_CODE [  ]
Staff code

Quality Control's Name _____          QC_CODE [  ]
Staff code          QC_DATE [  ] [  ] [  ]
Day    Month    Year