		Stud	y#	030,	ASE_	REGL	og	 Plat	 e#00	 	Τ	 F2_Da	I ■	 Vis	it # 001	11	П			
																		RSION# 2		
Site	e C	Cente	r		Po	age No).			Day		Mon	th		Year		۷LI	COION		
Directions: Complete the following information for each child younger than 5 years old who is seeking medical care a health facility.														al care at	the					
Nur	nbei	СН	ILDI	D		,	Гіте	TIME		Cluste	er Ur	Unit CLUSTE		ΞR	AGE Age	GEN Gen	DER der	HOS Hospita	SP alized?	
																0	1	0	1	
						2	4 hou	r clock	D	SS					In Months	Boy	Girl	No	Yes	
	N/A	4				Quali	Qualifies for DSS?			0 1 No Yes		Three or more al Stools in the pro		•		ır period?		Yes STOOLS		
Number						Time				Cluster Un					Age	Gender		Hospitalized?		
						2	4 hou	r clock							In Months	Boy	Girl	No	Yes	
N/		A			Qualifies for DSS?			No No						bnormally loose or water vevious 24 hour period?		-	No	Yes		
Nur	nbei	·	Time							Cluster Unit					Age	Gender		Hospitalized?		
						2	4 hou	r clock							In Months	Boy	Girl	No	Yes	
N/.		A				Quali	fies f	or DSS?	No No	\[Yes					bnormally l evious 24 ho		•	No	Yes	
Nui	nbei	•				,	Гіте			Cluster		Unit			Age	Gen	Gender		Hospitalized?	
							4 hou	r clock			•	_	•		In Months	Воу	Girl	No	Yes	
N/		A				Quali	fies f	or DSS?	No	Yes					bnormally l evious 24 ho			No	Yes	
Nui	nbei	·				,	Гіте			Cluste	er Ur	Unit			Age	Gen	Gender		Hospitalized?	
						2	4 hou	r clock							In Months	Boy	Girl	No	Yes	
	N/A	4				Quali	fies f	or DSS?	No No	Yes					bnormally levious 24 ho		-	No	Yes	
		wer'	S				Qua	lity Co				\neg	D	Γ						
Code:			Į	INT_CODE Code:					•	QC_CODE			Date: L		Day	Month QC_DATE		Year		