



Study # 027

CHILDID

Plate # 031

Visit # 001

F3_DATE

Site

Center

Child ID

Day

Month

Year

CHILDBRTH

AGE

Version #

VERSION

1. Child's birthdate:

Day

Month

Year

Age:

Months

2. Child's gender:

Boy

Girl

GENDER

F3_AGE CAT 1=0-11 Months
2=12-23 Months
3=24-59 Months

CASE_AGE_CAT

0

1

9

No

Yes

DK

Qualifying Checklist

3. Does the child qualify as a DSS resident?

CHILD_DSS *[If "Yes", ensure that DSS ID is recorded on DSS Link file.]*

4. Is this child 0-59 months of age?

AGE59

5. Did this child pass 3 or more abnormally loose stools during the previous 24 hours?

ABN_LOOSE

6. Did current diarrhea episode begin within the previous 7 days?

DRH_7

7. Before this episode began, did the child have at least 7 days without diarrhea?

DRH7DAY

[To qualify, all of the questions 3-7 must be "Yes".]

8. Based on questions 3-7, does this child qualify for GEMS 1A?

QUALIFY_GEMS1A

*[If "No" to question 8, write down the name and staff code and submit the form to the DCC.**If "Yes" to question 8, please continue.]*

Interviewer's Name _____

INT_CODE

Staff code

Quality Control's Name _____

QC_CODE

Staff code

QC_DATE

Day

Month

Year

Study # 027	Plate # 032	Visit # 001
<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID

Eligibility Checklist

9. Is this child currently enrolled in GEMS 1A as an
- | | | 0
No | 1
Yes |
|--------------|----------|--------------------------|--------------------------|
| a. LSD case? | LSD_CASE | <input type="checkbox"/> | <input type="checkbox"/> |
| b. MSD case? | MSD_CASE | <input type="checkbox"/> | <input type="checkbox"/> |
10. Does the child have ANY ONE of the following indicating moderate/severe diarrhea?
- | | | 0
No | 1
Yes |
|--|--------------|--------------------------|--------------------------|
| a. Sunken eyes, more than normal | DRH_SUNKEYES | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Loss of skin turgor | DRH_TURGOR | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Intravenous rehydration administered or prescribed | DRH_IV | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Dysentery (diarrhea with visible blood in stool observed or reported) | DRH_DYS | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Hospitalized with diarrhea or dysentery | DRH_HOSP | <input type="checkbox"/> | <input type="checkbox"/> |

11. Is the child eligible for enrollment in the MSD study?
- | | | No | Yes |
|--|-----------|--------------------------|--------------------------|
| | CHILD_MSD | <input type="checkbox"/> | <input type="checkbox"/> |

[To be eligible, at least one of the Questions 10a to 10e must be "Yes" and 9b must be "No".

If "Yes", go to question 13.]

12. Is the child eligible for enrollment in the LSD Study?
- | | | No | Yes |
|--|-----------|--------------------------|--------------------------|
| | CHILD_LSD | <input type="checkbox"/> | <input type="checkbox"/> |

[To be eligible, one of the two following conditions must be satisfied:

- All of the Questions 10a to 10e must be "No" and both 9a and 9b must be "No".*
- All of the Questions 10a to 10e must be "No", 9a must be "No" and 9b is "Yes", but the child was enrolled as an MSD more than 7 days ago.]*

[If the responses to Questions 11 and 12 are "No", STOP and end the interview by thanking the caretaker/parent for his/her participation. Write down the name and staff code and submit the form to the DCC. If child is eligible, continue to Question 13.]

Interviewer's Name _____	INT_CODE2	<input type="text"/>	<input type="text"/>	<input type="text"/>				
		Staff code						
Quality Control's Name _____	QC_CODE2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		Staff code	Day	Month	Year			



Study # 027

Plate # 033

Visit # 001

Site

Center

Child ID

	0	1
	No	Yes

13. Was consent obtained?

CONSENT

☐

14. Was child given antibiotic before whole stool sample could be collected?

ANTIBIOTIC

☐

a. If "No" to Question 14, was a stool sample collected from the child within 12 hours of registration?

STOOL_SMPL

☐

b. If "Yes" to Question 14, were rectal swabs taken before antibiotics AND was a whole stool collected within 12 hours of registration?

RECT_SWAB

☐

15. Was the child enrolled?

CHILD_ENROLL

☐

16. If eligible but not enrolled, what was the reason? [Check one of the two main reasons.]

1 Not invited by health center for one of the following reasons:

NOT_ENROLLED

1 After hours presentation

2 Unable to collect a rectal swab before the child received antibiotics

3 Unable to produce adequate stool sample [10 grams with a minimum of 5 grams] within 12 hours of registration

NOT_INVITED

4 14 day quota filled

5 Child died before invitation

6 Child too sick

7 Other, specify NOT_INVITE_SPEC

2 Refused by parent/caretaker for one of the following reasons:

1 Parent/caretaker too busy

2 Does not like research

3 Child too sick

4 Other, specify PT_REFUSED_SPEC

PT_REFUSED

Notes or comments [Initial and date notes.]

Interviewer's Name _____

INT_CODE3

Staff code

Quality Control's Name _____

QC_CODE3

Staff code

Day

QC_DATE3

Month

Year