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Study # 027

Site

Plate # 062

Center

Child ID (Control)

Visit # 002

**Eligibility Checklist**

- |  |             | 0                        | 1                        | 9                        |
|--|-------------|--------------------------|--------------------------|--------------------------|
|  |             | No                       | Yes                      | DK                       |
| 8. Is this child appropriately age-matched to the index case?                | AGE_MATCH   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Is this child the same gender as the index case?                          | SAME_GEN    | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 10. Does this child live in the same or nearby village or community as case? | SAME_VILLA  | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 11. Was the index case enrolled within the past 14 days?                     | ENROLL_14   | <input type="checkbox"/> | <input type="checkbox"/> |                          |
| 12. Has this child been free of diarrhea for the past 7 days?                | DRH_FREE7   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Is the child eligible for enrollment?                                    | ELIG_ENROLL | <input type="checkbox"/> | <input type="checkbox"/> |                          |

(The child is eligible only if the answers to Questions 8 through 12 are "Yes".)

- a. If either Questions 8 or 12 are "DK", check the option that best describes why you were not able to determine eligibility.

NOT\_ELIG

☐ 1 Caretaker not available.

☐ 2 Other, specify NOT\_ELIG\_SPEC

(If not eligible, STOP, end the interview by thanking the caretaker/parent for their participation. Write down name and staff code, date the form and submit to DCC. If the child is eligible, continue to Question 14.)

Interviewer's Name \_\_\_\_\_ INT\_CODE2

Staff code

Quality Control's Name \_\_\_\_\_ QC\_CODE2

Staff code

Day

Month

Year



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0

No

1

Yes

14. Was consent obtained?

☐
☐

CONSENT

15. Was a stool sample collected from the child?

☐
☐

STOOL\_SMPL

16. Was the child enrolled?

☐
☐

ENROLLED

17. If eligible but not enrolled, what was the reason? ["X" one of the two main reasons.]

NOT\_ENROLL

☐ 1 Not invited for one of the following reasons:

NOT\_INVITE

☐ 1 Unable to produce adequate stool sample [10 grams with a minimum of 5 grams]

☐ 2 Other, specify \_\_\_\_\_ NO\_INVITE\_SPEC

REFUSED

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

☐ 1 Parent/caretaker too busy

☐ 2 Does not like research

☐ 3 Other, specify \_\_\_\_\_ REFUSED\_SPEC

DATE\_ENROLL

18. If child is enrolled into the study, enter the date of enrollment:

Day

Month

Year

[If this child is enrolled, ensure that DSS ID is recorded on DSS Link file beside the index case.]

Notes or comments [Initial and date notes.]

Interviewer's Name \_\_\_\_\_

INT\_CODE3

Staff code

QC\_DATE3

Quality Control's Name \_\_\_\_\_

QC\_CODE3

Staff code

Day

Month

Year