

Study # 027	CHILDID	Plate # 061	Visit # 002	F6_DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID (Control)	Day	Month
				Year

Index Case's InformationVersion #
VERSION

3

CASE_DOB

1. Birthdate of index case: Age: in months

Day Month Year

2. Gender of index case: Boy Girl CASE_GENDER

3. Date of enrollment of index case: CASE_ENROLL

Day Month Year

4. Child ID Number of Index Case for this control: CASE_ID

Site Center Child ID

a. Enrollment: LSD MSD LSD_MSD

Control's Information

BIRTH_DATE

AGE

5. Child's birthdate: Age: in months

Day Month Year

6. Child's gender: Boy Girl GENDER

No Yes Died

7. Have you been able to identify the child? ID_CHILD

[If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]

Interviewer's Name _____ INT_CODE

Staff code

Quality Control's Name _____ QC_CODE QC_DATE

Staff code Day Month Year



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



Study # 027

Site

Plate # 063

Center

Child ID (Control)

Visit # 002

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

☐ **Not invited for one of the following reasons:**

NOT_INVITE

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

☐ Other, specify _____ NO_INVITE_SPEC

REFUSED

☐ **Refused by parent/caretaker for one of the following reasons:**
☐ Parent/caretaker too busy

☐ Does not like research

☐ 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