Study # 027 CHILDID | Plate # 421 | Visit # 001 F4B_DATE

Site | Center | Child ID | Day | Month | Year 20__

Version # 4 VERSION

Section 1: Physical Findings

1. Physical findings:

WEIGHT

a. **Weight**

0-23 months old: (Weight of caretaker with and without child): WT_CHILD ___.__ kg (*Caretaker + child*) WT_CARE ___.__ kg (*Caretaker alone*)

24-59 months old: (Weight of child alone) WT ___.__ kg

HEIGHT

b. Height HT1 1st ___.__ cm HT2 2nd ___.__ cm HT3 3rd ___.__ cm

MUAC

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

TEMP

d. Axillary temperature __.__ °C

RESP

e. Respiratory rate per minute RESP1 1st ___ RESP2 2nd ___

CHEST_INDRW

f. Chest indrawing [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	***[*If enrolled in the LSD study, and response to questions 1g or 1i are other than "Normal", go back to CRF 03 and ensure child was properly enrolled.]***
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? [0] No [1] Yes OBSERVE_STOOL

[If "Yes", go to Question 3; if "No" go to Question 4.]

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

[If enrolled in the LSD study and response is "Loose/liquid stool with blood", go back to CRF 03 and ensure child is properly enrolled.]

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4. Does the child require rehydration? CHILD_REHYD

[0] No *[Go to Section 3]* [1] Yes, Oral rehydration [2] Yes, IV rehydration

[If enrolled in the LSD study, and response is "Yes, IV rehydration", go back to CRF 03 and ensure child is properly enrolled.]

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

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

Section 2: Initial Rehydration

[Complete this Section if the child received rehydration therapy (oral or intravenous) in this health facility.]

6. Start/Stop Initial Rehydration

REHYD_START_DATE a. Start Date: Day Month Year

REHYD_START_TIME b. Start Time: (24 hour clock)

REHYD_STOP_DATE c. Stop Date: Day Month Year

REHYD_STOP_TIME d. Stop Time: (24 hour clock)

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 go to Section 3.] CHILD_EVAL

7. Was the child evaluated after 4 hours? [0] No [1] Yes

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.]

CHILD_COMP_REHYD b. Was the child completely rehydrated? [0] No [1] Yes

8. Findings after 4 hours of rehydration:

a. **Weight**

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

24-59 months old: (Weight of child alone): FIND_WT ___.__ kg

FIND_MUAC b. MUAC FIND_MUAC_1 1st ___.__ cm FIND_MUAC_2 2nd ___.__ cm FIND_MUAC_3 3rd ___.__ cm

FIND_MOUTH c. Mouth [0] Normal [1] Somewhat dry [2] Very dry

SKIN_PINCH d. Skin pinch [0] Normal [1] Slow return [≤ 2 sec.] [2] Very slow [>2 sec.]

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9. Does the child continue to purge large volumes of watery stool? [0] No [1] Yes CHILD_PURGE

10. Was the total stool output within the last four hours measured? [0] No [1] Yes CHILD_OUTPUT

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

11. Does the child require additional oral/IV fluid for rehydration?

[0] No *[Go to section 3]* [1] Yes CHILD_IV

Outcome if additional rehydration needed after first 4 hours

REHYD_HOSP

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

b. Date of completed rehydration: REHYD_DATE

Day *Month* *Year*

c. Time of completed rehydration: *(24 hour clock)* REHYD_TIME

d. **Weight** If "Yes" to Q11a, weigh the child again after the child is completely rehydrated

REHYD_WEIGHT

0-23 months old: (Weight of caretaker with and without child): REHYD_WT_CHILD kg REHYD_WT_CARE kg

Caretaker + child *Caretaker alone*

24-59 months old: (Weight of child alone): REHYD_WT kg

REHYD_MUAC

e. MUAC 1st REHYD_MUAC_1 cm 2nd REHYD_MUAC_2 cm 3rd REHYD_MUAC_3 cm

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.]

12. Date of discharge: DISCHARGE_DATE

Day *Month* *Year*

Time of discharge: *(24 hour clock)* DISCHARGE_TIME

13. Physical Findings: *[Measure only if child received rehydration therapy in the hospital and more than 4 hours have passed since last measurements.]*

OUT_WEIGHT

a. **Weight**

0-23 months old: (Weight of caretaker with and without child): OUT_WT_CHILD kg OUT_WT_CARE kg

Caretaker + child *Caretaker alone*

24-59 months old: (Weight of child alone): OUT_WT kg OUT_WT_NA [ ] N/A

OUT_MUAC

b. MUAC 1st OUT_MUAC_1 cm 2nd OUT_MUAC_2 cm 3rd OUT_MUAC_3 cm OUT_MUAC_NA [ ] N/A

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

[If enrolled in the LSD study and the answer to question 14 is "Yes", go back to CRF 03 and ensure child is properly enrolled. If "No", go to Question 16.]

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

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

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

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

[If enrolled in the LSD study and response is "Dysentery", go back to CRF 03 and ensure child is properly enrolled.]

17. 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	
TRT_PRES_ORS [1]	TRT_GIVE_ORS [1]	ORS
TRT_PRES_IV [1]	TRT_GIVE_IV [1]	Intravenous fluids
TRT_PRES_CXL [1]	TRT_GIVE_CXL [1]	Cotrimoxazole
TRT_PRES_FOOD [1]	TRT_GIVE_FOOD [1]	Normal food withheld for ≥1 day
TRT_PRES_GENT [1]	TRT_GIVE_GENT [1]	Gentamycin
TRT_PRES_CHLOR [1]	TRT_GIVE_CHLOR [1]	Chloramphenicol/Thiamphenicol
TRT_PRES_ERY [1]	TRT_GIVE_ERY [1]	Erythromycin
TRT_PRES_AZI [1]	TRT_GIVE_AZI [1]	Azithromycin
TRT_PRES_MACR [1]	TRT_GIVE_MACR [1]	Other macrolides
TRT_PRES_PEN [1]	TRT_GIVE_PEN [1]	Penicillin
TRT_PRES_AMOX [1]	TRT_GIVE_AMOX [1]	Amoxycillin
TRT_PRES_AMPI [1]	TRT_GIVE_AMPI [1]	Ampicillin
TRT_PRES_NALID [1]	TRT_GIVE_NALID [1]	Nalidixic acid
TRT_PRES_CPNR [1]	TRT_GIVE_CPNR [1]	Ciprofloxacin/Norfloxacin/other fluoroquinolone
TRT_PRES_SLPY [1]	TRT_GIVE_SLPY [1]	Selexid/Pivmecillinam
TRT_PRES_OTHR [1]	TRT_GIVE_OTHR [1]	Other antibiotic, specify_____ TRT_SPEC
TRT_PRES_ZINC [1]	TRT_GIVE_ZINC [1]	Zinc
TRT_PRES_HOME [1]	TRT_GIVE_HOME [1]	A (government recommended) homemade fluid
TRT_PRES_ANTI [1]	TRT_GIVE_ANTI [1]	An antimalarial drug
TRT_PRES_OTHR1 [1]	TRT_GIVE_OTHR1 [1]	Other medicine, specify_____ TRT_SPEC1
TRT_PRES_OTHR2 [1]	TRT_GIVE_OTHR2 [1]	Other medicine, specify_____ TRT_SPEC2
TRT_PRES_OTHR3 [1]	TRT_GIVE_OTHR3 [1]	Other medicine, specify_____ TRT_SPEC3

TRT_NONE [1] None prescribed/taken

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18. 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 18a and make sure a verbal autopsy will be completed according to local guidelines. Medical information will be collected using CRF 10.]

DATE_DEATH

a. 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

QC_DATE

*Quality Control's Name*_____ QC_CODE Staff code Day Month 20 Year

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