

Study # 004

CHILDID

Plate # 111

Visit # 001 F11_DATE

Site

Center

Child ID

Day

Month

Year

1. (Estimated) time of stool passed/excreted: (24 hour clock) VERSION=1
2. Time stool sample placed in transport media: (24 hour clock)
3. Consistency: (select one) CONSISTENCY
- ☐ 1 grade 1 (formed) ☐ 2 grade 2 (soft) ☐ 3 grade 3 (thick liquid)
- ☐ 4 grade 4 (opaque watery) ☐ 5 grade 5 (rice water-clear watery)
4. Characterization:
- Blood BLOOD ☐ 0 No ☐ 1 Yes Pus PUS ☐ 0 No ☐ 1 Yes Mucus MUCUS ☐ 0 No ☐ 1 Yes
5. Swab in Cary Blair: ☐ 0 No ☐ 1 Yes CARYBLAIR
6. Swab in Buffered Glycerol Saline: ☐ 0 No ☐ 1 Yes GLYCEROL
7. If the child is a case, did s/he receive antibiotic after arriving at the health center but before producing the stool specimen? If the child is a control, did s/he receive antibiotic during the 4 hours prior to stool collection?
- ANTIBIOTIC ☐ 0 No ☐ 1 Yes ☐ 9 DK

7a. If response to Question 7 is "Yes", check the appropriate boxes ["X" all that apply].

- ANTI_AMPI ☐ 1 Ampicillin ANTI_NALI ☐ 1 Nalidixic acid
- ANTI_COTR ☐ 1 Cotrimoxazole ANTI_CIPR ☐ 1 Ciprofloxacin/Norfloxacin/other fluoroquinolone
- ANTI_SELE ☐ 1 Selexid/Pivmecillinam ANTI_GENT ☐ 1 Gentamycin
- ANTI_CHLO ☐ 1 Chloramphenicol/Thiamphenicol ANTI_ERYT ☐ 1 Erythromycin
- ANTI_AZIT ☐ 1 Azithromycin ANTI_MACR ☐ 1 Other macrolides
- ANTI_PENI ☐ 1 Penicillin ANTI_OTHER ☐ 1 Other antibiotic, specify ANTI_SPEC
- ANTI_AMOX ☐ 1 Amoxicillin

8. If antibiotic was given: ANTI_DATEDate of first antibiotic:

Day

Month

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Time of first antibiotic: ANTI_TIME (24 hour clock)Specimen ID: SPECIMEN_ID9. Time sample received by lab personnel: SPECIMEN_LABTIME (24 hour clock)

INT_CODE

Interviewer's Name _____

Staff code

QC_CODE

Quality Control's Name _____

Staff code

QC_DATE

Day

Month

Year