

Study # 004

Plate # 061

Visit # 001

CHILDID

F6_DATE

Site

Center

Child ID (Control)

Day

Month

Year

Index Case's Information

CASE_DOB

CASE_AGE

Version #
Version1. Birthdate of index case: Age: in months
Day Month Year2. Gender of index case: Boy Girl CASE_GENDER3. Date of enrollment of index case: CASE_ENROLL
Day Month Year4. Child ID Number of index case: CASE_ID**Control's Information**

BIRTH_DATE

AGE

5. Child's birthdate: Age: in months
Day Month Year6. Child's gender: Boy Girl GENDER7. Have you been able to identify the child? No Yes Died [If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]
ID_CHILD**Eligibility Checklist**

| | No | Yes | DK | |
|--|--------------------------------|--------------------------------|--------------------------------|-------------|
| 8. Is this child appropriately age-matched to the index case? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="9"/> | AGE_MATCH |
| 9. Is this child the same gender as the index case? | <input type="text" value="0"/> | <input type="text" value="1"/> | | SAME_GEN |
| 10. Does this child live in the same or nearby village or community as case? | <input type="text" value="0"/> | <input type="text" value="1"/> | | SAME_VILLA |
| 11. Was the index case enrolled within the past 14 days? | <input type="text" value="0"/> | <input type="text" value="1"/> | | ENROLL_7 |
| 12. Has this child been free of diarrhea for the past 7 days? | <input type="text" value="0"/> | <input type="text" value="1"/> | <input type="text" value="9"/> | DRH_FREE7 |
| 13. Is the child eligible for enrollment? | <input type="text" value="0"/> | <input type="text" value="1"/> | | ELIG_ENROLL |

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

13a. If either Questions 8 or 12 are "DK", check the option that best describes why you were not able to determine eligibility.

NOT_ELIG

 Caretaker not available. 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_CODE
Staff codeQuality Control's Name _____ QC_CODE QC_DATE
Staff code Day Month Year

VRG Updated 22Aug2011



Study # 004

Plate # 062

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Site

Center

Child ID (Control)

No 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 3 grams]

☐ Other, specify NO_INVITE_SPEC
☐ Refused by parent/caretaker for one of the following reasons:

 REFUSED ☐ 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

Notes or comments [Initial and date notes.]

 Interviewer's Name _____ INT_CODE2

Staff code

 Quality Control's Name _____ QC_CODE2

Staff code

Day

QC_DATE2

Month

Year