

CRF02: Registration Log for Cases (REG)

Web Version: 1.0; 1.03; 23Sep16

Center (CENTER):
Registration Page Number (PGNUMBER):

1. Date of Registration: (REGRGSDT) (ddMMMyyyy)

Directions: Complete the following information for each child younger than 5 years old from your DSS population who is seeking medical care at the health facility.

Number: (REGSB1NM)	Time: (REGSB1TM) 24 hour clock	Cluster Number: (REGSB1CN)	Age: (REGSB1AG) In Months	Gender: (REGSB1GN) Boy Girl	Hospitalized? (REGSB1HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB1ST) No Yes

Number: (REGSB2NM)	Time: (REGSB2TM) 24 hour clock	Cluster Number: (REGSB2CN)	Age: (REGSB2AG) In Months	Gender: (REGSB2GN) Boy Girl	Hospitalized? (REGSB2HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB2ST) No Yes

Number: (REGSB3NM)	Time: (REGSB3TM) 24 hour clock	Cluster Number: (REGSB3CN)	Age: (REGSB3AG) In Months	Gender: (REGSB3GN) Boy Girl	Hospitalized? (REGSB3HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB3ST) No Yes

Number: (REGSB4NM)	Time: (REGSB4TM) 24 hour clock	Cluster Number: (REGSB4CN)	Age: (REGSB4AG) In Months	Gender: (REGSB4GN) Boy Girl	Hospitalized? (REGSB4HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB4ST) No Yes

Number: (REGSB5NM)	Time: (REGSB5TM) 24 hour clock	Cluster Number: (REGSB5CN)	Age: (REGSB5AG) In Months	Gender: (REGSB5GN) Boy Girl	Hospitalized? (REGSB5HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB5ST) No Yes

Number: (REGSB6NM)	Time: (REGSB6TM) 24 hour clock	Cluster Number: (REGSB6CN)	Age: (REGSB6AG) In Months	Gender: (REGSB6GN) Boy Girl	Hospitalized? (REGSB6HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (REGSB6ST) No Yes

Number: (REGSB7NM)	Time: (REGSB7TM)	Cluster	Age: (REGSB7AG)	Gender: (REGSB7GN)	Hospitalized? (REGSB7HP)
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	24 hour clock	Number: (REGSB7CN)	In Months	Boy Girl	No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(REGSB7ST) No Yes

Number: (REGSB8NM)	Time: (REGSB8TM) 24 hour clock	Cluster Number: (REGSB8CN)	Age: (REGSB8AG) In Months	Gender: (REGSB8GN) Boy Girl	Hospitalized?(REGSB8HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(REGSB8ST) No Yes

Number: (REGSB9NM)	Time: (REGSB9TM) 24 hour clock	Cluster Number: (REGSB9CN)	Age: (REGSB9AG) In Months	Gender: (REGSB9GN) Boy Girl	Hospitalized?(REGSB9HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(REGSB9ST) No Yes

Number: (REGS10NM)	Time: (REGS10TM) 24 hour clock	Cluster Number: (REGS10CN)	Age: (REGS10AG) In Months	Gender: (REGS10GN) Boy Girl	Hospitalized?(REGS10HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(REGS10ST) No Yes

Interviewer's Code: (REGINTCD)	Date: (REGINTDT) (ddMMMyyyy)
Quality Control's Code: (REGQCCD)	Date: (REGQCDT) (ddMMMyyyy)

Additional Selection Options for REG

- Center (CENTER) (key field):
- 01-Basse Major Health Center
 - 02-Gambisara HC
 - 03-Fatoto Health Center
 - 04-Garawol HC
 - 05-Demba Kunda health center
 - 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
 - 01-CSREF Commune I
 - 02-ASACOBA
 - 03-CSREF Commune IV
 - 04-ASACODJIP
 - 05-ASACODJENKA
 - 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2

- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI
- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- 06-Ting Wangi Health Center
- 07-Bar Agulu Health Center
- 08-Akala Health Center
- 09-Njejra Health Center
- 10-Siala Kaduol Dispensary
- 11- Mulaha Dispensary
- 12-Mahaya Health Centre
- 13-Ndori Dispensary
- 14-Nyathengo Health Centre
- 15-Wagai Dispensary
- 16-Siaya Prison Health Facility

CRF02A: Registration Log for Cases (RG1)

Web Version: 1.0; 1.00; 23Sep16

Center (CENTER):
Page Number (PGNUMB):

1. Date of Registration: (RG1RGSDT) (ddMMMyyyy)

Directions: Complete the following information for each child younger than 5 years old from your DSS population who is seeking medical care at the health facility.

Number: (RG1SB1NM)	Time: (RG1SB1TM) 24 hour clock	Cluster Number: (RG1SB1CN)	Age: (RG1SB1AG) In Months	Gender: (RG1SB1GN) Boy Girl	Hospitalized? (RG1SB1HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB1ST) No Yes

Number: (RG1SB2NM)	Time: (RG1SB2TM) 24 hour clock	Cluster Number: (RG1SB2CN)	Age: (RG1SB2AG) In Months	Gender: (RG1SB2GN) Boy Girl	Hospitalized? (RG1SB2HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB2ST) No Yes

Number: (RG1SB3NM)	Time: (RG1SB3TM) 24 hour clock	Cluster Number: (RG1SB3CN)	Age: (RG1SB3AG) In Months	Gender: (RG1SB3GN) Boy Girl	Hospitalized? (RG1SB3HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB3ST) No Yes

Number: (RG1SB4NM)	Time: (RG1SB4TM) 24 hour clock	Cluster Number: (RG1SB4CN)	Age: (RG1SB4AG) In Months	Gender: (RG1SB4GN) Boy Girl	Hospitalized? (RG1SB4HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB4ST) No Yes

Number: (RG1SB5NM)	Time: (RG1SB5TM) 24 hour clock	Cluster Number: (RG1SB5CN)	Age: (RG1SB5AG) In Months	Gender: (RG1SB5GN) Boy Girl	Hospitalized? (RG1SB5HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB5ST) No Yes

Number: (RG1SB6NM)	Time: (RG1SB6TM) 24 hour clock	Cluster Number: (RG1SB6CN)	Age: (RG1SB6AG) In Months	Gender: (RG1SB6GN) Boy Girl	Hospitalized? (RG1SB6HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG1SB6ST) No Yes

Number: (RG1SB7NM)	Time: (RG1SB7TM)	Cluster	Age: (RG1SB7AG)	Gender: (RG1SB7GN)	Hospitalized? (RG1SB7HP)
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	24 hour clock	Number: (RG1SB7CN)	In Months	Boy Girl	No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG1SB7ST) No Yes

Number: (RG1SB8NM)	Time: (RG1SB8TM) 24 hour clock	Cluster Number: (RG1SB8CN)	Age: (RG1SB8AG) In Months	Gender: (RG1SB8GN) Boy Girl	Hospitalized?(RG1SB8HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG1SB8ST) No Yes

Number: (RG1SB9NM)	Time: (RG1SB9TM) 24 hour clock	Cluster Number: (RG1SB9CN)	Age: (RG1SB9AG) In Months	Gender: (RG1SB9GN) Boy Girl	Hospitalized?(RG1SB9HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG1SB9ST) No Yes

Number: (RG1S10NM)	Time: (RG1S10TM) 24 hour clock	Cluster Number: (RG1S10CN)	Age: (RG1S10AG) In Months	Gender: (RG1S10GN) Boy Girl	Hospitalized?(RG1S10HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG1S10ST) No Yes

Interviewer's Code: (RG1INTCD)	Date: (RG1INTDT) (ddMMMyyyy)
Quality Control's Code: (RG1QCCD)	Date: (RG1QCDT) (ddMMMyyyy)

Additional Selection Options for RG1

- Center (CENTER) (key field):
- 01-Basse Major Health Center
 - 02-Gambisara HC
 - 03-Fatoto Health Center
 - 04-Garawol HC
 - 05-Demba Kunda health center
 - 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
 - 01-CSREF Commune I
 - 02-ASACOB
 - 03-CSREF Commune IV
 - 04-ASACODJIP
 - 05-ASACODJENKA
 - 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2

- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI
- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- 06-Ting Wangi Health Center
- 07-Bar Agulu Health Center
- 08-Akala Health Center
- 09-Njejra Health Center
- 10-Siala Kaduol Dispensary
- 11- Mulaha Dispensary
- 12-Mahaya Health Centre
- 13-Ndori Dispensary
- 14-Nyathengo Health Centre
- 15-Wagai Dispensary
- 16-Siaya Prison Health Facility

CRF02B: Registration Log for Cases (RG2)

Web Version: 1.0; 1.00; 16Dec16

Center (CENTER):
Registration Page Number (PGNUMBER):

1. Date of Registration: (RG2RGSDT) (ddMMMyyyy)

Directions: Complete the following information for each child younger than 5 years old from your DSS population who is seeking medical care at the health facility.

Number: (RG2SB1NM)	Time: (RG2SB1TM) 24 hour clock	Cluster Number: (RG2SB1CN)	Age: (RG2SB1AG) In Months	Gender: (RG2SB1GN) Boy Girl	Hospitalized? (RG2SB1HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB1ST) No Yes

Number: (RG2SB2NM)	Time: (RG2SB2TM) 24 hour clock	Cluster Number: (RG2SB2CN)	Age: (RG2SB2AG) In Months	Gender: (RG2SB2GN) Boy Girl	Hospitalized? (RG2SB2HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB2ST) No Yes

Number: (RG2SB3NM)	Time: (RG2SB3TM) 24 hour clock	Cluster Number: (RG2SB3CN)	Age: (RG2SB3AG) In Months	Gender: (RG2SB3GN) Boy Girl	Hospitalized? (RG2SB3HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB3ST) No Yes

Number: (RG2SB4NM)	Time: (RG2SB4TM) 24 hour clock	Cluster Number: (RG2SB4CN)	Age: (RG2SB4AG) In Months	Gender: (RG2SB4GN) Boy Girl	Hospitalized? (RG2SB4HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB4ST) No Yes

Number: (RG2SB5NM)	Time: (RG2SB5TM) 24 hour clock	Cluster Number: (RG2SB5CN)	Age: (RG2SB5AG) In Months	Gender: (RG2SB5GN) Boy Girl	Hospitalized? (RG2SB5HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB5ST) No Yes

Number: (RG2SB6NM)	Time: (RG2SB6TM) 24 hour clock	Cluster Number: (RG2SB6CN)	Age: (RG2SB6AG) In Months	Gender: (RG2SB6GN) Boy Girl	Hospitalized? (RG2SB6HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period? (RG2SB6ST) No Yes

Number: (RG2SB7NM)	Time: (RG2SB7TM)	Cluster	Age: (RG2SB7AG)	Gender: (RG2SB7GN)	Hospitalized? (RG2SB7HP)
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	24 hour clock	Number: (RG2SB7CN)	In Months	Boy Girl	No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG2SB7ST) No Yes

Number: (RG2SB8NM)	Time: (RG2SB8TM) 24 hour clock	Cluster Number: (RG2SB8CN)	Age: (RG2SB8AG) In Months	Gender: (RG2SB8GN) Boy Girl	Hospitalized?(RG2SB8HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG2SB8ST) No Yes

Number: (RG2SB9NM)	Time: (RG2SB9TM) 24 hour clock	Cluster Number: (RG2SB9CN)	Age: (RG2SB9AG) In Months	Gender: (RG2SB9GN) Boy Girl	Hospitalized?(RG2SB9HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG2SB9ST) No Yes

Number: (RG2S10NM)	Time: (RG2S10TM) 24 hour clock	Cluster Number: (RG2S10CN)	Age: (RG2S10AG) In Months	Gender: (RG2S10GN) Boy Girl	Hospitalized?(RG2S10HP) No Yes
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Three or more abnormally loose or watery stools within the last 24 hour period?(RG2S10ST) No Yes

Interviewer's Code: (RG2INTCD)	Date: (RG2INTDT) (ddMMMyyyy)
Quality Control's Code: (RG2QCCD)	Date: (RG2QCDT) (ddMMMyyyy)

Additional Selection Options for RG2

- Center (CENTER) (key field):
- 01-Basse Major Health Center
 - 02-Gambisara HC
 - 03-Fatoto Health Center
 - 04-Garawol HC
 - 05-Demba Kunda health center
 - 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
 - 01-CSREF Commune I
 - 02-ASACOB
 - 03-CSREF Commune IV
 - 04-ASACODJIP
 - 05-ASACODJENKA
 - 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2

- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI
- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- 06-Ting Wangi Health Center
- 07-Bar Agulu Health Center
- 08-Akala Health Center
- 09-Njejra Health Center
- 10-Siala Kaduol Dispensary
- 11- Mulaha Dispensary
- 12-Mahaya Health Centre
- 13-Ndori Dispensary
- 14-Nyathengo Health Centre
- 15-Wagai Dispensary
- 16-Siaya Prison Health Facility

	VIDA	:
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VDA02A (ENR)

Web Version: 1.0; 2.01; 23Sep16

1. Center: (ENRCENGA)

01-01-Basse Major Health Center
02-02-Gambisara HC
03-03-Fatoto Health Center
04-04-Garawol HC
05-05-Demba Kunda health center
*Additional Options Listed Below
2. Center: (ENRCENMA)

01-01-CSREF Commune I
02-02-ASACOBABA
03-03-CSREF Commune IV
04-04-ASACODJIP
05-05-ASACODJENEKA
*Additional Options Listed Below
3. Center: (ENRCENKE)

01-01-Siaya District Hospital
02-02-Abidha Health Center
03-03-Lwak Mission Hospital
04-04-Ong'ielo Health Center
05-05-Kogelo Dispensary
*Additional Options Listed Below
4. Date of eligibility: (ENRELGDT)

(ddMMMyyyy)

Eligibility Checklist

5. Is this child 0-59 months of age?(ENROLAGE)

NoYesDK
6. Does the child qualify as a DSS resident?(ENRDSSRS)

NoYes

If "Yes", record DSS number:(ENRDSSGM)

If "Yes", record DSS number:(ENRDSSML)

If "Yes", record DSS number:(ENRDSSKE)
7. Check "Yes" if this child is NOT currently enrolled in VIDA as a case:(ENRNTENR)

NoYesDK

("currently enrolled" means: enrolled and has not completed 60-day followup visit)
8. Did this child pass 3 or more abnormally loose stools during the previous 24 hours?(ENR3LSTL)

NoYes
9. Did current diarrhea episode begin within the previous 7 days?(ENRPR7DI)

NoYesDK
10. Before this episode began, did the child have at least 7 days without diarrhea?(ENRWOTDI)

NoYesDK
11. Does the child have ANY ONE of the following indicating moderate/severe diarrhea?

a. Sunken eyes, more than normal(ENRSNKEY)NoYes

b. Loss of skin turgor(ENRSKNTR)NoYes

c. Intravenous rehydration administered orNoYes

prescribed (ENRIVREH)			
d. Dysentery (diarrhea with visible blood in stool observed or reported) (ENRDYSEN)	No	Yes	
e. Hospitalized with diarrhea or dysentery (ENRDIHOS)	No	Yes	
e. Hospitalized with diarrhea, no dysentery (ENRMDIAR)	No	Yes	
f. Hospitalized with dysentery (ENRMDYS)	No	Yes	
12. Is the child eligible for enrollment? (ENRELENR)	No	Yes	
a. For VIDA study? (ENRELVID)	No	Yes	
<i>[The child is eligible for VIDA study if the answers to the Questions 3 through 8, and at least one of the Questions 9a to 9e are "Yes".]</i>			
<i>[The child is eligible for VIDA study if the answers to the Questions 3 through 8, and at least one of the Questions 9a to 9f are "Yes".]</i>			
b. For VIDA-plus study? (ENRELVPL)	No	Yes	
<i>[The child is eligible for VIDA-plus study if the child born on or after June 1, 2013 and answers to the Questions 4 through 8, and at least one of the Questions 9a to 9e are "Yes", it is between January and June , and 9 cases have been enrolled in this child's age stratum during the current fortnight.]</i>			
<i>[The child is eligible for VIDA-plus study if: the child born on or after November 1, 2013 and answers to Questions 4 through 8 and at least one of the Questions 9a to 9f are "Yes", it is July-February, and 9 cases have been enrolled in this child's age stratum during the current fortnight.]</i>			
<i>[The child is eligible for VIDA-plus study if child born on or after May 1, 2014 and the answers to the Questions 4 through 8, and at least one of the Questions 9a to 9e are "Yes", and 9 cases have been enrolled in this child's age stratum during the current fortnight.]</i>			
c. For Merck study? (ENRELMRK)	No	Yes	
<i>[The child is eligible for Merck study if the answers to the Questions 3 through 8, and at least one of the Questions 9a to 9c or 9e are "Yes".]</i>			
 <i>If response to Question 10 is "No", STOP and end the interview by thanking the caretaker/parent for his/her participation. Write down the name and staff code and submit the form to the DCC. If the child is eligible, continue to Question 11.</i>			
13. Was consent obtained?			
a. For VIDA study? (ENRCNVID)	No	Yes	
b. For VIDA-plus study? (ENRCNVDP)	No	Yes	
c. For Merck study? (ENRCNMRK)	No	Yes	
14. If the child is eligible for VIDA, was child given antibiotic before whole stool sample was collected? (ENRANTIB)	No	Yes	NA
a. If "No" to Question 12, was a stool sample collected from the child within 12 hours of registration? (ENR12HST)	No	Yes	
b. If "Yes" to Question 12, were rectal swabs taken before antibiotics AND was a whole stool collected within 12 hours of registration? (ENRRSWAB)	No	Yes	
15. Was the child enrolled? (ENRCHENR)	No	Yes	
16. If eligible but not enrolled, what was the reason? [Check one of the two main reasons.] (ENRNENRS)	1-Not invited by health center for one of the following reasons 2-Refused by parent/caretaker for one of the following reasons		

If "Not invited by health center for one of the following reasons:" check one of the below options.

After hours presentation: (ENRAHP)

Unable to collect a rectal swab before the child received antibiotics (for VIDA): (ENRRSWNC)

Unable to produce adequate stool sample [10 grams with a minimum of 4 grams for VIDA, OR minimum of 2 grams for VIDA-plus] within 12 hours of registration: (ENRSTLON)

Unable to produce adequate stool sample [10 grams with a minimum of 4 grams for VIDA or Merck, OR minimum of 2 grams for VIDA-plus] within 12 hours of registration(*ENRSTLQ1*)

14 day quota filled (as applicable during non-rotavirus season): (*ENR14DQT*)

Child died before invitation: (*ENRCHDED*)

Child's severe condition did not allow time for enrollment process: (*ENRNIVSK*)

Other: (*ENRNIOTH*)

Specify: (*ENRNISP*)

If "Refused by parent/caretaker for one of the following reasons:" check one of the below options.

Parent/caretaker too busy: (*ENRPBUSY*)

Does not like research: (*ENRNLRSH*)

Child too sick: (*ENRREFSK*)

Other: (*ENRRFOTH*)

Specify: (*ENRRFSP*)

17. Is this child eligible for saliva collection at the time of enrollment?*(ENRSLCEL)*

No	Yes	NA
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Note: A child is eligible for saliva collection if s/he is enrolled in the VIDA or VIDA Plus study and is 3-23 months of age. If eligible, complete CRF12A. Complete CRF12B if saliva is collected at a follow-up visit (60 day follow-up for VIDA cases and controls, convenient time for VIDA-plus cases and controls).

Notes or comments: (*ENRCOMM*)

Interviewer's Name: (*ENRINTNM*)

Staff code: (*ENRISTCD*)

Quality Control's Name: (*ENRQCNM*)

Staff code: (*ENRQSTCD*)

(*ENRQCDT*)

(*ddMMMyyyy*)

Additional Selection Options for ENR

- Center:
- 06-06-Koina Health Center
 - 07-07-Bansang Hospital
 - 08-08-Brikamaba HC
 - 09-09-Jahali HC (Private)
 - 31-31-Bakadagi HC
 - 32-32-Janjang Bureh HC
 - 33-33-Fulabantang HC (private)

- Center:
- 06-06-Hopital Gabriel Toure - National Children Hospital
 - 07-07-Military Health center : Infirmerie du camp para
 - 08-08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-09-Centre de Sante SADIA pvt HC in Banconi
 - 10-10-Centre de Sante CHERIFLA
 - 31-31-CVD-Mali/CNAM
 - 32-32-The Clinic Lac TELE
 - 33-33-The Iranian Health Center : Centre Iranien

- 34-34-Cabinet TERIYA, pvt HC in BANCONI
- 35-35-PMI Missira, public HC in Commune 2
- 36-36-ASACONORD Commune 1
- 37-37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-38-ASACOKOSA
- 39-39-Clinic YATTARA, pvt HC in BANCONI
- 40-40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-42-Clinic FOMBA, pvt HC in BANCONI
- 43-43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-06-Ting Wangi Health Center
 - 07-07-Bar Agulu Health Center
 - 08-08-Akala Health Center
 - 09-09-Njejra Health Center
 - 10-10-Siala Kaduol Dispensary
 - 11-11-Mulaha Dispensary
 - 12-12-Mahaya Health Centre
 - 13-13-Ndori Dispensary
 - 14-14-Nyathengo Health Centre
 - 15-15-Wagai Dispensary
 - 16-16-Siaya Prison Health Facility

	VIDA	:
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CRF04A: Enrollment Cases - H (ECH)

Web Version: 1.0; 3.00; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (EHCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (EHCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (EHCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (ECHDT)

(ddMMMyyyy)

Section 1: Demographic and Epidemiological Information

1. What is your relationship to the child? (ECHRELAT)

- Mother
- Father
- Sister
- Brother
- Grandmother
- *Additional Options Listed Below

(ECHRELSP)

Specify:

2. Where does the child's mother live? (ECHMOTHL)

- Living in household
- Living outside of household
- Abroad
- Whereabouts unknown
- Died

3. Where does the child's father live? (ECHFATHL)

- Living in household
- Lives outside of household but nearby
- Abroad or far away
- Whereabouts unknown
- Died

4. How far did the child's primary caretaker go in school?(ECHPCSCH)

No formal schooling
Completed secondary
Less than primary
Post-secondary
Completed primary
*Additional Options Listed Below

5. How many people have been living regularly in your household for the past 6 months?(ECHHSHLD)

(xxx)

6. How many people have been sleeping regularly in your household for the past 6 months?(ECHHSLP)

(xxx)

7. How many children younger than 60 months live in the household?(ECHCH60M)

(xx)

8. How many rooms in your household are used for sleeping?(ECHSLPRM)

(xx)

9. What is the predominant floor in the house of the child?

<u>Natural Floor</u>		<u>Rudimentary Floor</u>		<u>Finished Floor</u>	
	Earth/Sand Dung		Wood planks Palm/bamboo		
(ECHNATFL)		(ECHRUDFL)			(ECHFINFL)
					Parquet or polished wood Vinyl or asphalt strips Ceramic tile Cement Carpet
(ECHFLOTH)	Other floor, specify:	(ECHFLSP)			

10. Does your household have the following? [Must be functioning; Check all that apply.]

(ECHELECT)	Electricity	(ECHBICYC)		(ECHTELE)	Telephone (mobile or non-mobile)
		Bicycle/rickshaw			
(ECHTELEV)	Television	(EHCARTR)	Car/truck	(EHCART)	Animal-drawn cart
(ECHMOTOS)		(ECHREFRI)	Refrigerator	(ECHAGRIC)	Agricultural land
Motorcycle/scooter					
(ECHRADIO)	Radio	(ECHBOAT)	Boat with a	(ECHHHNON)	None of the above
		motor			

11. What type of cooking fuel does your household use? [Check all that apply.]

(ECHCFELE)	Electricity	(ECHBIGAS)	Biogas	(ECHSTRAW)	Straw/shrubs/grass
(ECHLPGAS)	Liquid Propane	(ECHCOAL)	Coal/lignite	(ECHADUNG)	Animal dung
Gas					
(ECHNTGAS)	Natural Gas	(ECHCHARC)	Charcoal	(EHCROP)	Agricultural crop residue
(ECHKEROS)	Kerosene	(ECHWOOD)	Wood	(ECHBTGAS)	Butane gas
(ECHCFOTH)	Other, specify:	(ECHCFSP)			

12. Do the following animals live in the compound where the child lives? [Check all that apply.]

(ECHGOAT)	Goat	(ECHHHCOW)	Cow	(ECHDONK)	Donkey
(ECHSHEEP)	Sheep	(ECHRODEN)	Rodents	(ECHHORSE)	Horses
(ECHHHDOG)	Dog	(ECHHFOWL)	Fowl (chicken, duck or other birds)	(ECHNOANI)	No Animals
(ECHHHCAT)	Cat	(ECHPIG)	Pig		
(ECHANOTH)	Other, specify:	(ECHOANSP)			

13. During the last two weeks, has your household ever obtained drinking water from any of the following sources? *[Check all that apply.]*

(ECHPIPHS)	Piped into house	(ECHCVRWL)	Covered well in house or yard
(ECHPIYRD)	Piped into yard	(ECHCVPWL)	Covered public well
(ECHPUTAP)	Public tap	(ECHPRSPR)	Protected spring
(ECHOPWEL)	Open well in house or yard	(ECHUNSPR)	Unprotected spring
(ECHOPPWL)	Open public well	(ECHRIVER)	River
(ECHSTREM)	Stream	(ECHPNDLK)	Pond or lake
(ECHDAMER)	Dam or earth	(ECHRAINW)	Rainwater
(ECHDPTBW)	Deep tube well	(ECHSHTBW)	Shallow tube well
(ECHBGHT)	Bought (tank, bottles, etc)	(ECHBOREH)	Bore hole
(ECH2WSOT)	Other, specify:	(ECH2WSSP)	

14. During the last two weeks, what was the main source of drinking water for the members of your household? *[Check the response that relates to the main source of drinking water.](ECHH2O2W)*

- Piped into house
- Piped into yard
- Public tap
- Open well in house or yard
- Open public well
- *Additional Options Listed Below

Other, specify: (ECHSRCSP)

[Use your response from Question 14 to answer Questions 15 and 16. If the response to Question 14 is 'piped into house/yard', 'open or covered well in house/yard' or 'rainwater', then go to Question 17. Otherwise continue.]

15. How long does it take to go there, get water, and come back?(ECHH2OTM)

- Less than 15 minutes
- 15 to 29 minutes
- 30 to 59 minutes
- 1 to 3 hours
- More than 3 hours

16. Do you or other members from your household go and fetch drinking water for the household every day? [If "Yes", go to Question 16a, if "No" go to Question 16b.](ECHH2FCH)

No Yes

- a. On average, how many trips do you and members from your household make to fetch water each day?(ECHH2ODA)
- b. On average, how many trips do you and

(xx) Number of trips/day

members from your household make to fetch water each week? *[If no trips are made, complete as "00".]*(ECHH20WK)

(xx) Number of trips/week

17. In the last two weeks, how often has water been available from this main source?(ECHH20AV)

All the time
Several hours every day
A few times per week
Less frequent than a few times per week

18. In the last two weeks, did you give the child stored water for drinking?(ECHH20ST)

NoYes

19. What kind of facility does your household most commonly use to dispose of human fecal waste? *[Show pictures to confirm the identity of the facility used.]*(ECHFWFAC)

Flush or pour-flush toilet to: piped sewer system; septic tank; or pit latrine
Flush or pour-flush toilet to elsewhere
Bucket
Ventilated improved pit (VIP) latrine
Pit latrine with slab
*Additional Options Listed Below

(ECHFWSP)

Other facility, specify:

[If "No facility" selected, go to Question 21]

20. How many households (other than your own) share this facility?*[Respond with a number; code "00" for none.]*(ECHHSHFC)

Section 2: Clinical Information

21. Breast Feeding:

a. Since becoming ill with diarrhea, what has your child been eating and drinking?

Breast milk(ECH1BMLK)NoYesDK

Drinking water(ECH1H20)NoYesDK

Other foods or drinks(ECH1FDRK)NoYesDK

b. During the week before becoming ill with diarrhea, what has your child been eating and drinking?

Breast milk(ECH2BMLK)NoYesDK

Drinking water(ECH2H20)NoYesDK

Other foods or drinks(ECH2FDRK)NoYesDK

22. How many days including today has this episode of diarrhea lasted?(ECHDIADA)

(xx) days

a. Date of onset of diarrhea:(ECHDIADT)

(ddMMMyyyy)

23. Since the child became ill with diarrhea, how would you best describe the stool? *[Check the most common.]*(ECHDESST)

Simple watery
Rice watery stool
Stickv/mucoid

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Simple watery
Rice watery stool
Sticky/mucoid
Bloody

[If the response is "Bloody," go back to CRF 03 and ensure child was properly enrolled.]

24. During the illness, what was the maximum number of loose stools that the child passed in a day (24 hour period)?(ECHSTDAY)

3
4 to 5
6 to 10
More than 10 times per day

25. Did the child have any of the following since this illness began?

a. Blood in stools	(ECHBLDST)	No	Yes	DK
b. Very thirsty	(ECHTHRST)	No	Yes	DK
c. Drank much less than usual	(ECHDRANK)	No	Yes	DK
d. Not able to drink	(ECHNODRK)	No	Yes	DK
e. Belly pain	(ECHBELLY)	No	Yes	DK
f. Fever measured <u>at least</u> 38°C or parental perception	(ECHFEVER)	No	Yes	DK
g. Irritable or restless	(ECHIRRIT)	No	Yes	DK
h. Decreased activity or lethargy	(ECHLETH)	No	Yes	DK
i. Loss of consciousness	(ECHLOC)	No	Yes	DK
j. Rectal straining	(ECHRSTRA)	No	Yes	DK
k. Rectal prolapse	(ECHRPROL)	No	Yes	DK
l. Cough	(ECHCOUGH)	No	Yes	DK
m. Difficulty breathing	(ECHDBRTH)	No	Yes	DK
n. Convulsion	(ECHCONV)	No	Yes	DK

[If the response to question 25a is "Yes," go back to CRF03 and ensure child was properly enrolled.]

26. Did the child vomit? [If 'No', go to Question 27. If 'Yes', continue](ECHVOMIT)

No Yes

a. On the worst day, how many times did s/he vomit?(ECHTMVOM)

1 2-4 5 or more

b. How many days did the child have vomiting including today?(ECHDAVOM)

(xx) days

27. Right now, does your child have any of the following?

a. Very thirsty	(ECHVTHRS)	No	Yes	DK
b. Drinks poorly or not able to drink	(ECHPRDRK)	No	Yes	DK
c. Sunken eyes	(ECHSKEYE)	No	Yes	DK

d. Wrinkled skin	(ECHWSKIN)	No	Yes	DK
e. Irritable or restless	(ECHRNIRR)	No	Yes	DK
f. Lethargy or loss of consciousness	(ECHRNLOC)	No	Yes	DK
g. Dry mouth	(ECHDRMTH)	No	Yes	DK
h. Fast breathing	(ECHFAST)	No	Yes	DK

27x. Is the child a VIDA-Plus case?(ECHVIDPL) No Yes

IF THE CHILD IS A VIDA-PLUS CASE, GO TO SECTION 4

28. Before coming to this hospital/health center, was the child given any of the following to treat his/her diarrhea? [Check all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

(ECHORS)	A fluid made from a special packet called ORALITE or ORS?	(ECHHMFLU)	Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)	
(ECHSMIF)	Special milk or infant formula	(ECHOTLIQ)	Any other liquids, specify:	(ECHABX) Antibiotics, specify:
(ECHHERB)	Home remedy/Herbal medication	(ECHLIQSP)		(ECHABXSP)
(ECHZINC)	Zinc (tablet/syrup)	(ECH1OTH)	Other (1), specify:	(ECH2OTH) (2), specify:
(ECHNOREM)	No special remedies given	(ECH1OTSP)		(ECH2OTSP)
				Other

29. Since the child developed diarrhea, how much have you been offering the child to drink?(ECHOFRK) More than usual
Usual
Somewhat less than usual
Much less than usual
Nothing to drink

30. Since the child developed diarrhea, how much have you been offering the child to eat?(ECHOFEAT) More than usual
Usual
Somewhat less than usual
Much less than usual
Nothing to eat

Section 3: Health care utilization before this visit to this hospital/health center

31. Before coming to this hospital/health center, did you seek care for the child outside your household for this illness? [If 'No', go to Question 33](ECHSKCAR) No Yes

32. If you previously sought care for the child for this illness, where did you go? [Use the Health Facility Coding List to code the center(s) of choice. Check all that apply.]

(ECHPHARM)	Pharmacy	(ECHFRREL)	Friend/relative
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(ECHTRAD)

Traditional healer

(ECHUPRAC)

Unlicensed practitioner/village doctor/bush doctor/village health worker

(ECH1HOSP)

Hospital/Center of first choice

(ECH1HCEN)

(ECH2HOSP)

Hospital/Center of second choice

(ECH2HCEN)

(ECHOHOSP)

Other Hospital/Center, specify:

(ECHOHCSP)

(ECHLPRAC)

Licensed practitioner/private doctor (not at hospital)

(ECHBREM)

Bought a remedy/medicine at the shop/market, specify remedy/drug

(ECHBMSP)

(ECH3HOSP)

Hospital/Center of third choice

(ECH3HCEN)

Section 4: Immunizations

The following information must be transmitted from the DSS database or entered onto this CRF during the interview:

33. Has your child received any vaccinations?(ECHANVAX)

No

Yes

34. Immunization card: (ECHICARD)

No

Yes

If yes, please take a photograph of immunization card.

a. If immunization card was not available, was vaccine data available from another source?(ECHICDNA)

No

Yes, DSS

Yes, RVS

Yes, Other Specify

Other, Specify: (ECHYOTSP)

35. Vaccine Given?	Date: (ddMMMyyyy)	Name of health center:	Health center code Don't Know	Health center code:
a. DPT/Pentavalent #1:(ECH1DPT) No Yes DK	(ECH1DPDT)	(ECH1DPHC)	(ECHDP1DK)	(ECH1DPD)
DPT/Pentavalent #2:(ECH2DPT) No Yes DK	(ECH2DPDT)	(ECH2DPHC)	(ECHDP2DK)	(ECH2DPD)
DPT/Pentavalent #3:(ECH3DPT) No Yes DK	(ECH3DPDT)	(ECH3DPHC)	(ECHDP3DK)	(ECH3DPD)
Which vaccine was given?(ECHVACNM) DPT Pentavalent Don't know				
b. Rotavirus vaccine #1 (ECH1ROT) No Yes DK	(ECH1RVDT)	(ECH1RVHC)	(ECHRV1DK)	(ECH1RVCD)
Rotavirus vaccine #2:(ECH2ROT)	(ECH2RVDT)	(ECH2RVHC)	(ECHRV2DK)	(ECH2RVCD)

No Yes DK				
Rotavirus vaccine #3: (ECH3ROT) No Yes DK	(ECH3RVDT)	(ECH3RVHC)	(ECHR3V3DK)	(ECH3RVCD)
c. Oral polio vaccine #1: (ECH1POLV) No Yes DK	(ECH1PVDT)	(ECH1PVHC)	(ECHIPV1DK)	(ECH1PVCD)
Oral polio vaccine #2: (ECH2POLV) No Yes DK	(ECH2PVDT)	(ECH2PVHC)	(ECHIPV2DK)	(ECH2PVCD)
Oral polio vaccine #3: (ECH3POLV) No Yes DK	(ECH3PVDT)	(ECH3PVHC)	(ECHIPV3DK)	(ECH3PVCD)
d. Inactivated polio vaccine (IPV) #1: (ECHIPV1) No Yes DK	(ECHIP1DT)	(ECHIP1HC)	(ECHIP1DK)	(ECHIP1CD)
Inactivated polio vaccine (IPV) #2: (ECHIPV2) No Yes DK	(ECHIP2DT)	(ECHIP2HC)	(ECHIP2DK)	(ECHIP2CD)
Inactivated polio vaccine (IPV) #3: (ECHIPV3) No Yes DK	(ECHIP3DT)	(ECHIP3HC)	(ECHIP3DK)	(ECHIP3CD)

END OF THE INTERVIEW.THANK THE RESPONDENT(S) FOR THEIR COOPERATION.

36. Specimen ID: (ECHSPCID)

Notes and Comments: (ECHCOMM)

Interviewer's Name: (ECHINTNM)

(ECHINTCD)

Staff code

Quality Control's Name: (ECHQCNAM)

(ECHQCCD)

Staff code (ECHQCDT)

(ddMMMyyyy)

Additional Selection Options for ECH

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmierie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE

- 33-The Iranian Health Center : Centre Iranien
- 34-Cabinet TERIYA, pvt HC in BANCONI
- 35-PMI Missira, public HC in Commune 2
- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

- What is your relationship to the child?
- Grandfather
 - Aunt
 - Uncle
 - No relation
 - Other relation by blood or marriage

- How far did the child's primary caretaker go in school?
- Religious education only
 - Don't know

- During the last two weeks, what was the main source of drinking water for the members of your household? *[Check the response that relates to the main source of drinking water.]*
- Stream
 - Dam or earth
 - Deep tube well
 - Bought (tank, bottles, etc)
 - Covered well in house or yard
 - Covered public well
 - Protected spring
 - Unprotected spring
 - River
 - Pond or lake
 - Rainwater
 - Shallow tube well
 - Bore hole
 - Other

- What kind of facility does your household most commonly use to dispose of human fecal waste? *[Show pictures to confirm the identity of the facility used.]*
- Pit latrine without slab or open pit
 - Composting toilet
 - Hanging toilet or hanging latrine
 - No facility: Bush/Field/Ground/Stream/Open sewer
 - Other, specify:

	VIDA	:
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CRF04B: Enrollment Cases - M (ECM)

Web Version: 1.0; 4.06; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (ECMCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (ECMCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENEKA
- *Additional Options Listed Below

Center: (ECMCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (ECMVSTDT)

(ddMMMyyyy)

Section 1: Physical Findings

1. Physical findings:

a. Weight:

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

Caretaker + child: (ECMWT1CC) (xxx.x) kg Caretaker alone: (ECMWT1CT) (xxx.x) kg
(ECMWT1NA) N/A
24-59 months old: (Weight of child alone) (ECMWT1CH) (xx.x) kg

b. Height

(ECMA1HT) 1st: (xxx.x) cm 2nd: (ECMA2HT) (xxx.x) cm
3rd: (ECMA3HT) (xxx.x) cm

c. MUAC: (ECMFMUA1)

1st: (xx.x) cm 2nd: (ECMSMUA2) (xx.x) cm
3rd: (ECMTMUA3) (xx.x) cm

d. Axillary temperature: (ECMAXTEM)

(xx.x) °C

e. Respiratory rate per minute: (ECMRP1RT)

1st: (xx) 2nd: (ECMRP2RT) (xx)

f. Capillary refill time: (ECMCAPII)

Normal (<2 sec.) Slow (2-3 sec.) Very slow (>3 sec.)

g. Chest indrawing: (ECMCHEST)

No Yes

h. Eyes: (ECMEYES)

Normal Sunken [Confirm with the mother that the eyes are more sunken than usual.]

i. Mouth: (ECMMOUT1)

Normal Somewhat dry Very dry

j. Skin pinch: (ECMSKIN1)

Normal Slow return [≤ 2 sec.] Very slow [>2 sec.]

k. Mental status: (ECMKMENT)

Normal Restless, irritable Lethargic/unconscious

l. Rectal prolapse: (ECMRECTA)	Absent	Present
m. Bipedal edema [Both feet]: (ECMMBIPE)	Absent	Present
n. Abnormal hair: sparse, loose, straight: (ECMABNHR)	Absent	Present
o. Undernutrition: wasted/very thin: (ECMUNDER)	Absent	Present
p. Skin has 'flaky paint' appearance: (ECMFLAKY)	Absent	Present

2. Did either the interviewer or the study staff observe a stool sample from this child? (ECMOBSTO)

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

3. If "Yes", what was the nature of the stool? (ECMNATST)

Loose/liquid stool without blood
Loose/liquid stool with blood
Normal stool

4. Does the child require rehydration? (ECMREHYD)

No
Yes, Oral rehydration
Yes, IV rehydration
Yes, both IV and oral rehydration (If No, go to section 3)

5. Did the child receive recommended rehydration at this hospital/health center? (ECMRECRE)

No Yes (If "Yes" continue, If "No" skip to b)

a. If Yes, select one:

Received IV rehydration at this center
Received oral rehydration at this center
(ECMIVORA) Received both oral and IV rehydration at this center

b. If No, state reason:

Referred to another center
Parents refused
(ECMSTREA) Prescribed ORS for use at home

5x. Is the child a VIDA-Plus case? (ECMVIDPL)

No Yes

If child is a VIDA-PLUS case, go to question 17.

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:

a. Start Date: (ECMSTRDT)	(ddMMMyyyy)	b. Start Time: (ECMSTRTM)	(hh:mm)
	(24 hour clock)		
c. Stop Date: (ECMSTPDT)	(ddMMMyyyy)	d. Stop Time: (ECMSTPTM)	(hh:mm)
	(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, answer question 7 then skip to Section 3.]

7. Was the child evaluated after 4 hours? (ECMEVALU)

No Yes

a. If "No", what was the reason? (ECMNEREA)

[If you were not able to do the evaluation after 4 hours, complete the reason and proceed to Section 3 below.]

b. Was the child completely rehydrated? (ECMCOREH)

No Yes

8. Findings after 4 hours of rehydration:

a. Weight:

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

Caretaker + child:(ECMWT2CC)

(xxx.x) kg

Caretaker alone:(ECMWT2CT)

(xxx.x)

(ECWT2NA)

N/A

24-59 months old: (Weight of child alone): (ECMWT2CH)

(xxx.x) kg

b. MUAC: (ECMFMUA4)

1st: (xx.x) cm

2nd:(ECMFMUA5)

(xx.x) cm

3rd:(ECMSMUA6)

(xx.x) cm

c. Mouth: (ECMMOUT2)

Normal

Somewhat dry

Very dry

d. Skin pinch: (ECMSKIN2)

Normal

Slow return [≤ 2 sec.]

Very slow [>2 sec.]

9. Does the child continue to purge large volumes of watery stool?(ECMPLURG)

No

Yes

10. Was the total stool output within the last four hours measured?(ECMTOSTO)

No

Yes

a. If "Yes", what was the volume?(ECMVOLUM)

(xxxx) (ml)

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

No

Yes

(If No, go to section 3)

Outcome if additional rehydration needed after first 4 hours

a. Was the child completely rehydrated in the hospital?(ECMREHOS)

No

Yes

(If No, go to section 3)

b. Date of completed rehydration: (ECMREHDT)

(ddMMMyyyy)

c. Time of completed rehydration: (ECMREHTM)

(hh:mm) (24 hour clock)

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

0-23 months old: (Weight of caretaker with and without child):(ECMWT3CC)

Caretaker + child:

(xxx.x) kg

Caretaker alone:(ECMWT3CT)

(xxx.x) kg

(ECMWT3NA)

N/A

24-59 months old: (Weight of child alone): (ECMWT3CH)

(xxx.x) kg

e. MUAC: (ECMSMUA7)

1st: (xx.x) cm

2nd:(ECMEMUA8)

(xx.x) cm

3rd:(ECMNMUA9)

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

a. Weight:

0-23 months old: (Weight of caretaker with and without child):(ECMWTCC4)

Caretaker + child:

(xxx.x) kg

Caretaker alone:(ECMWTCT4)

(xxx.x) kg

(ECM23NA)

N/A

24-59 months old: (Weight of child alone): (ECMWTCH4)

(xxx.x) kg

(ECM59NA)

N/A

b. MUAC: (ECMMUA10)

1st: (xx.x) cm

2nd:(ECMMUA11)

(xx.x) cm

3rd:(ECMMUA12)

(xx.x) cm

(ECMNTAP2)

N/A

13. Was the child admitted to a hospital?(ECMADDMI)

No

Yes

13x. If "No", was it advised that the child be admitted to a hospital?(ECMADVIS)

No

Yes

If Yes, specify: (ECMADVSP)

Yes, but parent refused

Yes, referred to another hospital

Yes, but parent refused

Yes, referred to another hospital

Yes, but parent refused
Yes, referred to another hospital
Yes, but child died before admission

If the child was admitted to a hospital, go to Q 14. If not admitted, go to Q 15.

14. If admitted to the hospital, for how many days?(ECMADDDAY) (xxx)
a. Is the child still in hospital > 60 days?(ECMHO60D) No Yes

15. Child's diagnosis upon leaving the hospital/health center. [Check all that apply.]

(ECMDIARR)	Diarrhea
(ECMDYSEN)	Dysentery
(ECMPNEUM)	Pneumonia/lower respiratory infection
(ECMMENIN)	Meningitis
(ECMBACTE)	Other invasive bacterial infection
(ECMMALAR)	Malaria
(ECMMALNU)	Malnutrition
(ECMTYPHO)	Typhoid
(ECMOTHER)	Other

Please, specify: (ECMDIASP)

16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross check the appropriate boxes. [Check all that apply.]

	Given prescription for treatment at home	Treatment given in health center		
ORS	(ECMORSHM)	(ECMORSCE)		
Intravenous fluids	(ECMIVHM)	(ECMIVCEN)		
Zinc	(ECMZNHM)	(ECMZNCEN)		
Cotrimoxazole	(ECMCOTHM)	(ECMCOTCE)		
Gentamycin	(ECMGENHM)	(ECMGENCE)		
Chloramphenicol/Thiamphenicol	(ECMCHLHM)	(ECMCHLCE)		
Erythromycin	(ECMERYHM)	(ECMERYCE)		
Azithromycin	(ECMAZIHM)	(ECMAZICE)		
Other macrolides	(ECMMACHM)	(ECMMACCE)		
Penicillin	(ECMPENHM)	(ECMPENCE)		
Amoxycillin	(ECMAMOHM)	(ECMAMOCE)		
Ceftriaxone (or other 3rd generation cephalosporin)	(ECMCEFHM)	(ECMCEFCE)		

1st or 2nd generation cephalosporin	(ECMCEPHM)	(ECMCEPCE)		
Ampicillin	(ECMAMPHM)	(ECMAMPCE)		
Nalidixic acid	(ECMNALHM)	(ECMNALCE)		
Ciprofloxacin/Norfloxacin/other fluoroquinolone	(ECMCIPHM)	(ECMCIPCE)		
Selexid/Pivmecillinam	(ECMSELHM)	(ECMSELCE)		
Metronidazole (Flagyl)	(ECMMETHM)	(ECMMETCE)		
Other antibiotic	(ECMANTHM)	(ECMANTCE)	Please specify: (ECMANHSP)	Please specify: (ECMANCSP)
A (government recommended) homemade fluid	(ECMHMFHM)	(ECMHFCEN)		
An antimalarial drug	(ECMANTIM)	(ECMANTIC)		
Other medicine	(ECMOMHM1)	(ECMOMCE1)	Please specify: (ECMOM1SP)	Please specify: (ECMOM2SP)
Other medicine	(ECMOMHM2)	(ECMOMCE2)	Please specify: (ECMOM3SP)	Please specify: (ECMOM4SP)
Other medicine	(ECMOMHM3)	(ECMOMCE3)	Please specify: (ECMOM5SP)	Please specify: (ECMOM6SP)
	None prescribed/taken (ECMNONE)			

17. Outcome when leaving hospital/health center. (ECMOUTCO)

Resolved or healthy
Improved
No better
Worse
Died in hospital/health center
*Additional Options Listed Below If Died in hospital/health center [skip to Q19]

18. Date of discharge: (ECMDISDT)

(ddMMMyyyy) Time of discharge: (ECMDISTM)

(hh:mm)

19. If the child died, what was the date of death: (ECMDTHDT)

(ddMMMyyyy)

[If the child died, complete make sure a verbal autopsy will be completed according to local guidelines. Collect medical information using CRF 10.]

Notes or comments: (ECMNOTES)

Interviewer's Name: (ECMINTNM)

(ECMINTSC)

Staff code

Quality Control's Name: (ECMQCNAM)	(ECMQCSC)	Staff code (ECMQCDT)
(ddMMMyyyy)		

Additional Selection Options for ECM

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

Outcome when leaving hospital/health center.
Unknown/lost to follow up

	VIDA	:
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CRF05: 60 Day Follow-up (CFU)

Web Version: 1.0; 3.04; 25Apr17

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (CFUCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (CFUCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (CFUCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (CFUDATE)

(ddMMMyyyy)

Interview Outcome

1. What was the outcome of the follow-up interview?(CFUINOTC) Conducted Not conducted

If "Not conducted", what was the reason?(CFUINTNC)

- Child cannot be found
- Caretaker refused
- Caretaker not available after 3 visits
- Caretaker refused because the child died
- Other

Other,specify: (CFUINCSP)

[If the interview was not conducted for the reason: "Caretaker refused because the child died", please continue to answer Q2 and Q3 a, b and c. If the interview was not conducted for another reason, complete Q1, sign, date, and submit this page to the DCC.]

Section 1: Clinical Information

2. What is your relationship with the child?(CFURELCH)

- Mother
- Father
- Sister
- Brother
- Grandmother

Mother
Father
Sister
Brother
Grandmother
*Additional Options Listed Below

Other,specify: (CFURELSP)

3. How is child's health since the last study visit?(CFUHELTH)

Appears healthy
Health has deteriorated
Health improved but not back to normal
Died
No better/unchanged

[If died, complete "a" to "c" below.]

a. If the child died, what was the date of death?(CFUDTHDT) (ddMMMyyyy)

b. If the child died, what was the place of death?(CFUDTHPL) Health facility Home or elsewhere

c. If the child died in a health facility, what was the name of the health facility?(CFUDTHFC)

[Use the Health Facility Coding List to code the facility; if the health facility is not coded, use '090' and insert the name below; if health facility unknown, use '999'.]

Other,specify: (CFUDFCSP)

[If the child died, make sure a verbal autopsy will be completed (and medical information will be collected if the child died in a health facility) according to the local guidelines. For children who died, the remainder of the questionnaire needs to be completed except Section 2.]

4. Since the last study visit, did the child experience any of the following illnesses?

[If "Yes" to any illness, indicate if child visited a health care facility for that illness.]

Illness?				Visited a health facility?		
(CFUDIARH)	No	Yes	Diarrhea	(CFUDIFC)	No	Yes
(CFUBLDDI)	No	Yes	Bloody diarrhea	(CFUBDIFC)	No	Yes
(CFUCOUGH)	No	Yes	Cough with difficult breathing	(CFUCGHFC)	No	Yes
(CFUFEVER)	No	Yes	Fever with unknown origin	(CFUFEVFC)	No	Yes
(CFUOTH1)	No	Yes	Other	(CFUOT1FC)	No	Yes
(CFUOTH2)	No	Yes	Other	(CFUOT2FC)	No	Yes
Other,specify: (CFUOT1SP)						
Other,specify: (CFUOT2SP)						

5. To your knowledge, was the child diagnosed with any of the following at a health care facility?

Typhoid: (CFUTYHPO) No Yes

Malaria: (CFUMALAR)

No Yes
No Yes
No Yes
No Yes

Pneumonia: (CFUPNEUM)
Meningitis: (CFUMENIG)
Other: (CFUDGOTH)
Other,specify: (CFUDGOSP)

6. Since the last study visit, did the child experience any of the following:

- a. Rectal prolapse [Some pink tissue appears outside of the child's anus]: (CFURCTLP) No Yes
- b. Convulsions: (CFUCONVL) No Yes
- c. Arthritis [Swollen, painful joints]: (CFUARTHHR) No Yes

Section 2: Physical Examination

7. Physical findings:

a. Weight:

0-23 months old
24-59 months old
Child's age: (CFUCHAGE)

0-23 months old: (Weight of caretaker with and without child): (CFUCTCWT) (xxx.x) (CFUCTWT) (xxx.x)
kg Caretaker + child kg Caretaker alone

24-59 months old: (Weight of child alone): (CFUCHWT) (xxx.x) kg

b. Height 1st: (CFUHGT1) (xxx.x) 2nd: (CFUHGT2) 3rd: (CFUHGT3)
cm (xxx.x) cm (xxx.x) cm

c. MUAC 1st: (CFUMUAC1) (xx.x) cm 2nd: (CFUMUAC2) 3rd: (CFUMUAC3)
(xx.x) cm (xx.x) cm

d. Axillary temperature: (CFUAXTMP)
(xx.x) °C

e. Respiratory rate per minute 1st: (CFURP1RT) 2nd: (CFURP2RT) (xxx)
(xxx)

- f. Rectal prolapse: (CFURCPLP) Absent Present
- g. Bipedal edema [Both feet]: (CFUEDMBP) Absent Present
- h. Abnormal hair: sparse, loose, straight: (CFUAHAIR) Absent Present
- i. Undernutrition: wasted/very thin: (CFUUNTRN) Absent Present
- j. Skin has 'flaky paint' appearance: (CFUFLSKN) Absent Present

Notes or comments: (CFUCOMM)

Interviewer's Name: (CFUIVWNM)

Staff code: (CFUISTCD)

Quality Control's Name: (CFUQCNM)

Staff code: (CFUQSTCD)

(CFUQCDT)

(ddMMMyyyy)

Additional Selection Options for CFU

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmierie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

- What is your relationship with the child?
- Grandfather
 - Aunt
 - Uncle
 - No relation
 - Other relation by blood or marriage

VDA02B (ENR)

Web Version: 1.0; 2.01; 23Sep16

Center: (ENRCENGA)	01-01-Basse Major Health Center 02-02-Gambisara HC 03-03-Fatoto Health Center 04-04-Garawol HC 05-05-Demba Kunda health center *Additional Options Listed Below <div></div>
Center: (ENRCENMA)	01-01-CSREF Commune I 02-02-ASACOBABA 03-03-CSREF Commune IV 04-04-ASACODJIP 05-05-ASACODJENEKA *Additional Options Listed Below <div></div>
Center: (ENRCENKE)	01-01-Siaya District Hospital 02-02-Abidha Health Center 03-03-Lwak Mission Hospital 04-04-Ong'ielo Health Center 05-05-Kogelo Dispensary *Additional Options Listed Below <div></div>

Complete for each Control Child you attempted to contact:

Index Case's Information

1. Child ID Number of Index Case for this control: (ENRCIDNM)
2. Birthdate of index case: (ENRICBTH)

(ddMMMyyyy)

Age of case at enrollment: (ENRICAGE)

(xx) in months
3. Gender of index case: (ENRICGEN)
- Boy Girl
4. Date of enrollment of index case: (ENRIENDT)
- (ddMMMyyyy)

Control's Information

5. DSS Number: (ENRDSSGM)
6. DSS Number: (ENRDSSML)
7. DSS Number: (ENRDSSKE)
8. Child's birthdate: (ENRCNBDT)
- (ddMMMyyyy)
- Age of control at enrollment: (ENRCNAGE)
- (xx) in months
9. Child's gender: (ENRCNGEN)
- Boy Girl

10. Have you been able to identify the child?(ENRCNIDE) No Yes Died
[If "Yes", continue; otherwise stop, write your name and staff code, date the form and save the form.]

Eligibility Checklist

11. Is this child appropriately age-matched to the index case?(ENRAGEMT) No Yes DK
 12. Is this child the same gender as the index case?(ENRGENMT) No Yes
 13. Does this child live in the same or nearby village or community as case?(ENRLIVEN) No Yes
 14. Was the index case enrolled within the past 14 days?(ENR14DEN) No Yes
 15. Has this child been free of diarrhea for the past 7 days?(ENRDIFRE) No Yes DK
 16. Is the child eligible for enrollment?(ENRELENR) No Yes

(The child is eligible only if the answers to Questions 9 through 13 are "Yes".)

- a. If either Questions 9 or 13 is "DK", check the option that best describes why you were not able to determine eligibility. (ENRDKRES)

1-Caretaker not available
 2-Other

Specify: (ENRDKSP)

(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 15.)

17. Was consent obtained?(ENRCNSNT) No Yes
 18. Was an adequate stool sample collected from the child?(ENRSTLCT) No Yes
 19. Was the child enrolled?(ENRCHENR) No Yes

20. If eligible but not enrolled, what was the reason? *[Check one of the two main reasons.]*(ENRNENRS)

1-Not invited for one of the following reasons
 2-Refused by parent/caretaker for one of the following reasons

If "Not invited for one of the following reasons:" check one of the below options.

Unable to produce adequate stool sample *[10 grams with a minimum of 5 grams]*: (ENRSTLQN)

Quota of necessary controls was filled: (ENRQTFLD)

Other: (ENRNIOTH)

Specify: (ENRNISP)

If "Refused by parent/caretaker for one of the following reasons:" check one of the below options.

Parent/caretaker too busy: (ENRPBUSY)

Does not like research: (ENRNLRSH)

Other: (ENRRFOTH)

Specify: (ENRRFSP)

21. If child is enrolled into the study, enter the date of enrollment: (ENRENRTD) (ddMMMyyyy)

22. Is this child eligible for saliva collection at the time of enrollment?(ENRSLCEL) No Yes NA

Note: A case is eligible for saliva collection if s/he is 3-23 months of age and is enrolled in the VIDA or VIDA Plus study. The matched control of each eligible case is eligible if s/he is 3-23 months of age.

If eligible, complete CRF12A. Complete CRF12B if saliva must be collected at a follow-up visit (60 day follow-up for VIDA cases and controls, convenient time for VIDA-plus cases and controls).

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

Notes or comments: (ENRCOMM)

Interviewer's Name: (ENRINTNM)

Staff code: (ENRISTCD)

Quality Control's Name: (ENRQCNM)

Staff code: (ENRQSTCD)

(ENRQCDT)

(ddMMMyyyy)

Additional Selection Options for ENR

- Center:
- 06-06-Koina Health Center
 - 07-07-Bansang Hospital
 - 08-08-Brikamaba HC
 - 09-09-Jahali HC (Private)
 - 31-31-Bakadagi HC
 - 32-32-Janjang Bureh HC
 - 33-33-Fulabantang HC (private)

- Center:
- 06-06-Hopital Gabriel Toure - National Children Hospital
 - 07-07-Military Health center : Infirmerie du camp para
 - 08-08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-09-Centre de Sante SADIA pvt HC in Banconi
 - 10-10-Centre de Sante CHERIFLA
 - 31-31-CVD-Mali/CNAM
 - 32-32-The Clinic Lac TELE
 - 33-33-The Iranian Health Center : Centre Iranien
 - 34-34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-35-PMI Missira, public HC in Commune 2
 - 36-36-ASACONORD Commune 1
 - 37-37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-38-ASACOKOSA
 - 39-39-Clinic YATTARA, pvt HC in BANCONI
 - 40-40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-42-Clinic FOMBA, pvt HC in BANCONI
 - 43-43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-06-Ting Wangi Health Center
 - 07-07-Bar Agulu Health Center
 - 08-08-Akala Health Center
 - 09-09-Njejra Health Center
 - 10-10-Siala Kaduol Dispensary
 - 11-11-Mulaha Dispensary
 - 12-12-Mahaya Health Centre
 - 13-13-Ndori Dispensary
 - 14-14-Nyathengo Health Centre
 - 15-15-Wagai Dispensary
 - 16-16-Siaya Prison Health Facility

Segment (PROTSEG): B

Visit Number (VISNO):

Center: (EN1CENGA)

- 01-01-Basse Major Health Center
- 02-02-Gambisara HC
- 03-03-Fatoto Health Center
- 04-04-Garawol HC
- 05-05-Demba Kunda health center
- *Additional Options Listed Below

Center: (EN1CENMA)

- 01-01-CSREF Commune I
- 02-02-ASACOB
- 03-03-CSREF Commune IV
- 04-04-ASACODJIP
- 05-05-ASACODJENEKA
- *Additional Options Listed Below

Center: (EN1CENKE)

- 01-01-Siaya District Hospital
- 02-02-Abidha Health Center
- 03-03-Lwak Mission Hospital
- 04-04-Ong'ielo Health Center
- 05-05-Kogelo Dispensary
- *Additional Options Listed Below

Date of Interview: (EN1INTDT) (ddMMMyyyy)

Section 1: Demographic and Epidemiological Information

1. What is your relationship with the child? (EN1RELCH)

- 1-Mother
- 2-Father
- 3-Sister
- 4-Brother
- 5-Grandmother
- *Additional Options Listed Below

Specify: (EN1RELSP)

2. Where does child's mother live? (EN1MLIVE)

- 1-Living in household
- 2-Abroad
- 3-Died
- 4-Lives outside of household but nearby
- 5-Whereabouts unknown

3. Where does child's father live? (EN1FLIVE)

- 1-Living in household
- 2-Abroad
- 3-Died
- 4-Lives outside of household but nearby
- 5-Whereabouts unknown

4. How far did the child's primary caretaker go in school?(EN1SCHCT)

1-No formal schooling

2-Completed secondary

3-Less than primary

4-Post-secondary

5-Completed primary

*Additional Options Listed Below

5. How many people have been living regularly in your household for the past 6 months?(EN1PPLHS)

(xxx)

6. How many people have been sleeping regularly in your household for the past 6 months?(EN1PSLHS)

(xxx)

7. How many children younger than 60 months live in the household?(EN1CHDHS)

(xx)

8. How many rooms in your household are used for sleeping?(EN1SLPRM)

(xx)

9. What is the predominant floor in the house of the child?

Natural Floor

Rudimentary Floor

Finished Floor

(EN1NATFL)

(EN1FINFL)

01-Earth/Sand
02-Dung

(EN1RUDFL)

01-Wood planks
02-Palm/bamboo

01-Parquet or polished wood
02-Vinyl or asphalt strips
03-Ceramic tile
04-Cement
05-Carpet

(EN1FLOTH)

(EN1FOTSP)

Other floor, specify:

10. Does your household have the following? [Check all that apply]

(EN1HSELE)

Electricity

(EN1HSBYC)

Bicycle/rickshaw

(EN1HSTEL)

Telephone (mobile or non-

mobile)

(EN1HSTLV)

Television

(EN1HSCAR)

Car/truck

(EN1ACART)

Animal-drawn cart

(EN1HSMOT)

Motorcycle/scooter

(EN1HSREF)

Refrigerator

(EN1AGLND)

Agricultural land

(EN1HSRAD)

Radio

(EN1HSBOT)

motor

Boat with a

(EN1HSNON)

None of the above

11. What type of cooking fuel does your household use? [Check all that apply]

(EN1FLELE)

Electricity

(EN1BGAS)

Biogas

(EN1GRASS)

Straw/shrubs/grass

(EN1LPG)

Propane Gas

Liquid

(EN1COAL)

Coal/lignite

(EN1DUNG)

dung

Animal

(EN1NTGAS)

Natural Gas

(EN1CHCOL)

Charcoal

(EN1CPRSD)

Agricultural crop residue

(EN1KERSN)

Kerosene

(EN1WOOD)

Wood

(EN1BTGAS)

gas

Butane

(EN1FUOTH)

specify

Other,

(EN1FUSP)

12. Do the following animals live in the compound where the child lives? *[Check all that apply.]*

(EN1GOAT)	Goat	(EN1COW)	Cow	(EN1DNKY) Donkey	
(EN1SHEEP)	Sheep	(EN1RODNT)	Rodents	(EN1HORSE) Horses	
(EN1DOG)	Dog	(EN1FOWL)	Fowl (chicken, duck or other birds	(EN1NANM) Animals	No
(EN1CAT)	Cat	(EN1PIG)	Pig		
(EN1ANOTH) specify	Other,	(EN1ANMSP)			

13. During the last two weeks, has your household ever obtained drinking water from any of the following sources? *[Check all that apply.]*

(EN1DWPHS) Piped into house	(EN1DWPYR) Piped into yard	(EN1DWTAP) Public tap	(EN1OWLHS)	Open well in house or yard
(EN1OPBWL) Open public well	(EN1DAMET) Pond or lake	(EN1DTBWL) Deep tube well	(EN1STBWL)	Shallow tube well
(EN1CWLHS) Covered well in house or yard	(EN1CPBWL) Covered public well	(EN1PRSPR) Protected spring	(EN1UPSPR)	Unprotected spring
(EN1RIVER) River	(EN1DAM) Dam or earth	(EN1RAINW) Rainwater	(EN1BOTTL)	Bought (tank, bottles, etc)
(EN1BOREH) Bore hole	(EN1STREM) Stream	(EN1WTOTH) Other, specify	(EN1OWTSP)	

14. During the last two weeks, what was the main source of drinking water for the members of your household? *[Check only one response that relates to the main source of drinking water.]* (EN1MNSRS)

- 01-Piped into house
- 02-Piped into yard
- 03-Public tap
- 04-Open well in house or yard
- 05-Open public well
- *Additional Options Listed Below

Specify: (EN1WMNSP)

[Use your response from Question 14 to answer Questions 15 and 16. If the response to Question 14 is "piped into house/yard", "open or covered well in house/yard" or "rainwater", then go to Question 17. Otherwise, continue.]

15. How long does it take to go there, get water, and come back? (EN1WFCTM)

- 01-Less than 15 minutes
- 02-15 to 29 minutes
- 03-30 to 59 minutes
- 04-1 to 3 hours
- 05-More than 3 hours

16. Do you or other members from your household go and fetch drinking water for the household every day? (EN1FCHHM)

No Yes

[If "Yes", go to Question 16a, if "No" go to Question 16b.]

a. On average, how many trips do you and (xx) Number of trips/day

members from your household make to fetch water each day?(EN1FCFRD)

b. On average, how many trips do you and members from your household make to fetch water each week? [If no trips are made, complete as "00".](EN1FCFRW)

(xx) Number of trips/week

17. In the last two weeks, how often has water been available from this main source?(EN1MNWAV)

01-All the time
02-Several hours every day
03-A few times per week
04-Less frequent than a few times per week

18. In the last two weeks, did you give the child stored water for drinking?(EN1SWTDR)

NoYes

19. What kind of facility does your household most commonly use to dispose of human fecal waste?(EN1FCWST)

01-Flush or pour-flush toilet to: piped sewer system; septic tank; or pit latrine
02-Flush or pour-flush toilet to elsewhere
03-Bucket
04-Ventilated improved pit (VIP) latrine
05-Pit latrine with slab
*Additional Options Listed Below

Specify: (EN1FCWSP)

[If "No facility" selected, go to Question 21]

20. How many households (other than your own) share this facility?(EN1FWSHR)

[Respond with a number; code "00" for none.]

Section 2: Clinical Information

21. What type of diet does your child normally take?

Breast milk: (EN1BRMLK)NoYesDK
Drinking water: (EN1DRWAT)NoYesDK
Other foods or drinks: (EN1OTHFD)NoYesDK

22. During the last 7 days, did the child have any of the following?

Blood in stools: (EN1BLDST)NoYes
Fever measured at least 38 °C or parental perception: (EN1FEVER)NoYes
Vomiting 3 or more times per day: (EN1VOMIT)NoYes

22x. Is this child a VIDA-Plus control?(EN1VIDPL)NoYes

IF VIDA-PLUS CONTROL, SAVE THIS FORM AND SKIP TO NEXT PAGE (PAGE 2) FOR SECTION 3.

23. Is the child currently receiving any medicine? (If No, go to Question 26)(EN1MEDS)NoYes

24. Is a bottle or tablet strip or prescription available for ongoing treatment?(If No, go to Question 26)(EN1PRSAV)NoYes

25. What are the medicines that the child is currently receiving? [Check all that apply and, if yes, indicate in next column by placing a check when the drug was verified by seeing a bottle, tablet strip, or prescription.]

Yes	Verified	Yes	Verified
(EN1ORS)	(EN1VORS)ORS	(EN1AMPIC)	(EN1VAMPI)Ampicillin

(EN1IV)	(EN1VIV) Intravenous fluids	(EN1NACID)	(EN1VACID) Nalidixic acid
(EN1ZINC)	(EN1VZINC) Zinc	(EN1CIPRO)	(EN1VCIPR) Ciprofloxacin/Norfloxacin/other fluoroquinolone
(EN1COTRI)	(EN1VCOTR) Cotrimoxazole	(EN1SLXID)	(EN1VSLXD) Selexid/Pivmecillinam
(EN1GENTA)	(EN1VGENT) Gentamycin	(EN1METRO)	(EN1VMTRO) Metronidazole (Flagyl)
(EN1CHLOR)	(EN1VCHLO) Chloramphenicol/Thiamphenicol	(EN1HMFLD)	(EN1VHMFL) A (government recommended) homemade fluid
(EN1ERYTH)	(EN1VERYT) Erythromycin	(EN1ANMAL)	(EN1VANML) An antimalarial drug
(EN1AZITH)	(EN1VAZIT) Azithromycin	(EN1OTAB)	(EN1VOTAB) Other antibiotic, specify
(EN1OMACR)	(EN1VOMAC) Other macrolides	(EN1OT1MD)	(EN1VOT1M) Other medicine, specify
(EN1PENIC)	(EN1VPENC) Penicillin	(EN1OT2MD)	(EN1VOT2M) Other medicine, specify
(EN1AMOXY)	(EN1VAMOX) Amoxycillin	(EN1OT3MD)	(EN1VOT3M) Other medicine, specify
(EN1CEFTR)	(EN1VCEFT) Ceftriaxone (or other 3rd generation cephalosporin)	(EN1NONEP)	(EN1VNONE) None prescribed/taken
(EN1CEPHA)	(EN1VCEPH) 1st or 2nd generation cephalosporin		

Specify: (EN1OABSP)

Specify: (EN1OM1SP)

Specify: (EN1OM2SP)

Specify: (EN1OM3SP)

26. The last time the child had diarrhea, did you seek care for him/her outside your household?(EN1OTCAR)

No [Go to Q. 28]YesNever had diarrhea [Go to Q. 30]
27. If you sought care for the child's last episode of diarrhea where did you go [Use the Health Facility Coding List to code the center(s) of choice. Check all that apply.]

(EN1CPHRM)Pharmacy

(EN1CFRND)Friend/relative

(EN1CTRDH)Traditional healer

(EN1CUNLC)Unlicensed practitioner/village doctor/bush doctor/village health worker

(EN1CPRDO)Licensed practitioner/private doctor (not at hospital)

(EN1CENT1)Hospital/Center of 1st choice (EN1CN1CD)

(EN1CENT2)	Hospital/Center of 2nd choice (EN1CN2CD)
(EN1CENT3)	Hospital/Center of 3rd choice (EN1CN3CD)
(EN1CRMMD)	Bought a remedy/medicine at the shop/market
(EN1COTHS)	Other Hospital/Center
Specify remedy/drug: (EN1RMDSP)	
Specify: (EN1OHPSP)	

28. The last time the child had diarrhea, how much did you offer the child to drink?(EN1OFDRK)

1-More than usual

2-Usual

3-Somewhat less than usual

4-Much less than usual

5-Nothing to drink

29. The last time the child had diarrhea, how much did you offer the child to eat?(EN1OFEAT)

1-More than usual

2-Usual

3-Somewhat less than usual

4-Much less than usual

5-Nothing to eat

Additional Selection Options for EN1

- Center:
- 06-06-Koina Health Center
 - 07-07-Bansang Hospital
 - 08-08-Brikamaba HC
 - 09-09-Jahali HC (Private)
 - 31-31-Bakadagi HC
 - 32-32-Janjang Bureh HC
 - 33-33-Fulabantang HC (private)
- Center:
- 06-06-Hopital Gabriel Toure - National Children Hospital
 - 07-07-Military Health center : Infirmerie du camp para
 - 08-08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-09-Centre de Sante SADIA pvt HC in Banconi
 - 10-10-Centre de Sante CHERIFLA
 - 31-31-CVD-Mali/CNAM
 - 32-32-The Clinic Lac TELE
 - 33-33-The Iranian Health Center : Centre Iranien
 - 34-34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-35-PMI Missira, public HC in Commune 2
 - 36-36-ASACONORD Commune 1
 - 37-37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-38-ASACOKOSA
 - 39-39-Clinic YATTARA, pvt HC in BANCONI
 - 40-40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-42-Clinic FOMBA, pvt HC in BANCONI
 - 43-43-Clinic Life source , pvt HC in DJICORONI
- Center:
- 06-06-Ting Wangi Health Center
 - 07-07-Bar Agulu Health Center
 - 08-08-Akala Health Center
 - 09-09-Njejra Health Center
 - 10-10-Siala Kaduol Dispensary
 - 11-11-Mulaha Dispensary

- 12-12-Mahaya Health Centre
- 13-13-Ndori Dispensary
- 14-14-Nyathengo Health Centre
- 15-15-Wagai Dispensary
- 16-16-Siaya Prison Health Facility

What is your relationship with the child?

- 6-Grandfather
- 7-Aunt
- 8-Uncle
- 9-No relation
- 10-Other relation by blood or marriage

How far did the child's primary caretaker go in school?

- 6-Religious education only
- 7-Don't know

During the last two weeks, what was the main source of drinking water for the members of your household? [Check only one response that relates to the main source of drinking water.]

- 06-Stream
- 07-Dam or earth
- 08-Deep tube well
- 09-Bought (tank, bottles, etc)
- 10-Covered well in house or yard
- 11-Covered public well
- 12-Protected spring
- 13-Unprotected spring
- 14-River
- 15-Pond or lake
- 16-Rainwater
- 17-Shallow tube well
- 18-Bore hole
- 99-Other

What kind of facility does your household most commonly use to dispose of human fecal waste?

- 06-Pit latrine without slab or open pit
- 07-Composting toilet
- 08-Hanging toilet or hanging latrine
- 09-No facility: Bush/Field/Ground/Stream/Open sewer
- 10-Other, specify:

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CRF07: Enrollment Controls Pg2 (EN2)

Web Version: 1.0; 4.01; 23Sep16

Segment (PROTSEG): B

Visit Number (VISNO):

29x. Is the child a VIDA-Plus control?(EN2VIDPL) No Yes

Section 3: Physical Findings

30. Physical findings:

a. Weight:

0-23 months old: Caretaker + child:(EN2CTCWT) (xxx.x) kg Caretaker alone:(EN2CTWT) (xxx.x) kg (EN2CTWNA) N/A

24-59 months old: Weight of child alone:(EN2CHWT) (xx.x) kg

b. Height: 1st:(EN2HGT1) (xxx.x) cm 2nd:(EN2HGT2) (xxx.x) cm 3rd:(EN2HGT3) (xxx.x) cm

c. MUAC: 1st:(EN2MUAC1) (xx.x) cm 2nd:(EN2MUAC2) (xx.x) cm 3rd:(EN2MUAC3) (xx.x) cm

d. Axillary temperature:(EN2AXTMP) (xx.x) °C

e. Respiratory rate per minute: 1st:(EN2RP1RT) (xxx) 2nd:(EN2RP2RT) (xxx)

f. Bipedal edema:(EN2EDMBP) Absent Present

g. Abnormal hair: sparse, loose, straight:(EN2AHAIR) Absent Present

h. Undernutrition: wasted/very thin:(EN2UNNTR) Absent Present

i. Skin has 'flaky paint' appearance:(EN2FLSKN) Absent Present

Section 4: Immunizations

The following information must be transmitted from the DSS database or entered onto this CRF during the interview:

31. Has your child ever had any vaccinations?(EN2ANVAX) No Yes

32. Immunization card:(EN2ICARD) No Yes

32a. If immunization card was not available, was vaccine data available from another source?(EN2ICDNA) N-No D-Yes, DSS R-Yes, RVS Y-Yes, Other Specify

Other, Specify:(EN2YOTSP)

33. Vaccine Given?	Date:(ddMMMyyyy)	Name of health center	Health center code Don't Know	Health center code
a. DPT/Pentavalent#1:(EN2DPT1) No Yes DK	(EN2DP1DT)	(EN2DP1HC)	(EN2DP1DK)	(EN2DH1CD)
DPT/Pentavalent#2:(EN2DPT2) No Yes DK	(EN2DP2DT)	(EN2DP2HC)	(EN2DP2DK)	(EN2DH2CD)
DPT/Pentavalent#3:(EN2DPT3)	(EN2DP3DT)	(EN2DP3HC)	(EN2DP3DK)	(EN2DH3CD)

No	Yes	DK					
Which vaccine was given? (EN2VACNM) DPT Pentavalent Don't know							
b. Rotavirus vaccine #1: (EN2ROTV1) No Yes DK			(EN2RV1DT)	(EN2RV1HC)	(EN2RV1DK)	(EN2RV1CD)	
Rotavirus vaccine #2: (EN2ROTV2) No Yes DK			(EN2RV2DT)	(EN2RV2HC)	(EN2RV2DK)	(EN2RV2CD)	
Rotavirus vaccine #3: (EN2ROTV3) No Yes DK			(EN2RV3DT)	(EN2RV3HC)	(EN2RV3DK)	(EN2RV3CD)	
c. Oral polio vaccine #1: (EN2POLV1) No Yes DK			(EN2PV1DT)	(EN2PV1HC)	(EN2PV1DK)	(EN2PV1CD)	
Oral polio vaccine #2: (EN2POLV2) No Yes DK			(EN2PV2DT)	(EN2PV2HC)	(EN2PV2DK)	(EN2PV2CD)	
Oral polio vaccine #3: (EN2POLV3) No Yes DK			(EN2PV3DT)	(EN2PV3HC)	(EN2PV3DK)	(EN2PV3CD)	
d. Inactivated polio vaccine (IPV) #1: (EN2IPV1) No Yes DK			(EN2IP1DT)	(EN2IP1HC)	(EN2IP1DK)	(EN2IP1CD)	
Inactivated polio vaccine (IPV) #2: (EN2IPV2) No Yes DK			(EN2IP2DT)	(EN2IP2HC)	(EN2IP2DK)	(EN2IP2CD)	
Inactivated polio vaccine (IPV) #3: (EN2IPV3) No Yes DK			(EN2IP3DT)	(EN2IP3HC)	(EN2IP3DK)	(EN2IP3CD)	

34. Specimen ID: (EN2SPCID)

Notes or comments: (EN2COMM)

Interviewer's Name: (EN2IVWNM)	(EN2ISTFC)	Staff
	code	
Quality Control's Name: (EN2QCNM)	(EN2QCSTC)	
	Staff code (EN2QCDT)	(ddMMMyyyy)

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CRF09: Memory Aid Score Sheet (MAS)

Web Version: 1.0; 1.03; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

1. Center: (MASCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

2. Center: (MASCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENEKA
- *Additional Options Listed Below

3. Center: (MASCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

4. Date: (MASCOMDT)

(ddMMMyyyy)

5. Was the Memory Aid completed? (MASMACOM)

No Yes Partial

[If "No", enter "Interviewer's Name" and save the form.]

6. If "Yes" or "Partial", what was the first and last day of diarrhea according to the Memory Aid?

First day of diarrhea: (MASFDDIA)

- 00
- 01
- 02
- 03
- 04
- *Additional Options Listed Below

Last day of diarrhea: (MASLDDIA)

- 00
- 01
- 02
- 03
- 04
- *Additional Options Listed Below

[Code 1 to 14 from Memory Aid Column 1, Select '00' if the child did not have diarrhea]

Notes or comments [Add date and initials or staff

<i>code]: (MASCOMM)</i>	
Interviewer's name: <i>(MASINTNM)</i>	<i>(MASINTSC)</i>
<i>Staff code</i>	
Quality control's name: <i>(MASQCNM)</i>	<i>(MASQCSC)</i>
<i>Staff code</i> <i>(MASQCDT)</i>	<i>(ddMMMyyyy)</i>

Additional Selection Options for MAS

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)
- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI
- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility
- First day of diarrhea:
- 05
 - 06
 - 07
 - 08
 - 09
 - 10
 - 11

12
13
14

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CRF10: Information Child Death (ICD)

Web Version: 1.0; 3.01; 23Sep16

Center: (ICDCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (ICDCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (ICDCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (ICDVDT) (ddMMMyyyy)

1. DSS ID number: (ICDDSSID)

a. Status of the child in the study at the time of death: (ICDSTOD)	Case	Control
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2. Code of the health facility where the child died: (ICDHFCD)

[Use Health Facility Coding List to code. If a facility is not coded, use "090" and specify the name of health facility below.] (ICDSPENM)

3. Date of visit/ hospital admission of the child: (ICDVSTDT) (ddMMMyyyy)

4. Date of death of the child: (ICDDTHDT) (ddMMMyyyy)

5. Was any medical information about the cause of death of the child obtained from the health facility? (ICDDTHCA)	No	Yes
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If no, reason: (ICDCAREA)

[If no information was obtained, write down your name, staff code, date the form and submit this page to DCC.]

6. Were you able to see the medical chart of the child?*(ICDMEDCH)* No Yes

[If "No", go to Question 8. If "Yes", answer question 6a and record the causes of death in Questions 7a-7c. Record the notes from the medical chart in the space provided in the field 'Transcription of notes from the medical chart'.]

a. Date of last note in the chart:*(ICDLSNDT)* *(ddMMMyyyy)*

7. Cause of death according to medical chart:

a. 1st diagnosis:*(ICDICOD1)* Code:*(ICDFCD1C)*

b. 2nd diagnosis:*(ICDFCOD1)* Code:*(ICDSCD1C)*

c. Comment:*(ICDSCOD1)*

8. Were you able to interview a doctor/nurse who attended the child before death?*(ICDINTDO)* No Yes

[If "No", go to Question 9. If "Yes" record the causes of death in the spaces provided for Questions 8a-8c.]

a. 1st diagnosis:*(ICDICOD2)* Code:*(ICDFCD2C)*

b. 2nd diagnosis:*(ICDFCOD2)* Code:*(ICDSCD2C)*

c. Comment:*(ICDSCOD2)*

9. Were you able to see the death certificate?*(ICDDTHCR)* No Yes

[If "No", write down your name, staff code, date the form and submit to DCC. If "Yes" record the causes of death in the spaces provided for Questions 9a-9c.]

a. 1st diagnosis:*(ICDICOD3)* Code:*(ICDFCD3C)*

b. 2nd diagnosis:*(ICDFCOD3)* Code:*(ICDSCD3C)*

c. Comment:*(ICDSCOD3)*

Transcription of notes from the medical chart:*(ICDTRAMC)*

Notes or Comments: *(ICDCOMM)*

Interviewer's Name: *(ICDINTNM)*

Staff code: *(ICDISTCD)*

Quality Control's Name: *(ICDQCNM)*

Staff code: *(ICDQSTCD)*

Date: *(ICDQCDT)*

(ddMMMyyyy)

Additional Selection Options for ICD

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

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CRF11: Stool Collection (STC)

Web Version: 1.0; 1.04; 23Sep16

Segment (PROTSEG): A

Visit Number (VISNO):

Center: (STCCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (STCCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (STCCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Date: (STCVSTST)

(ddMMMyyyy)

1. Time and date when whole stool passed/excreted:

a. Date first whole stool passed/excreted: (STCPASDT)

(ddMMMyyyy)

b. Time first whole stool passed/excreted: (STCPASTM)

(hh:mm) (24 hour clock)

2. Consistency of whole stool sample: (STACONSI)

- grade 1 (formed)
- grade 2 (soft)
- grade 3 (thick liquid)
- grade 4 (opaque watery)
- grade 5 (rice water-clear watery)

3. Characterization of stool sample (whole stool or rectal swab):

Blood (STCBLOOD)

No Yes

Pus (STCPUS)

No Yes

Mucus (STCMUCUS)

No Yes

4. If the child is a case, did s/he receive antibiotics after arriving at the health center but before producing the whole stool specimen? (STCRANCS)

No Yes DK

[If 'Yes', check the appropriate boxes (Check all that apply). If 'No', go to Question 7.]

(STCAMPIC)	Ampicillin
(STCNALID)	Nalidixic acid
(STCCOTRI)	Cotrimoxazole
(STCCIPRO)	Ciprofloxacin/Norfloxacin/other fluoroquinolone
(STCSELPi)	Selexid/Pivmecillinam
(STCGENTA)	Gentamycin
(STCCHLOR)	Chloramphenicol/Thiamphenicol
(STCERYTH)	Erythromycin
(STCAZITH)	Azithromycin
(STCOTMAC)	Other macrolides
(STCPENIC)	Penicillin
(STCCEFTR)	Ceftriaxone or other 3rd generation cephalosporin
(STCAMOXY)	Amoxicillin
(STCCEPHA)	1st or 2nd generation cephalosporin
(STCMETRO)	Metronidazole (Flagyl)
(STCOTANT)	Other antibiotic
Please specify: (STCANTSP)	
5. If antibiotic was given:	
a. Date of first antibiotic: (STCANTDT)	(ddMMMyyyy)
b. Time of antibiotic: (STCANTTM)	(hh:mm) (24 hour clock)
6. If the child is a case and was given antibiotics at the health center before the child produced a whole stool specimen, were rectal swabs collected from the child before the child received antibiotics? (STCSTOSP)	No Yes [If 'Yes', continue. If 'No', go to Question 7.]
a. Date rectal swabs obtained: (STCSWBDT)	(ddMMMyyyy)
b. Time rectal swabs obtained: (STCSWBTM)	(hh:mm) (24 hour clock)
7. Time and date when whole stool/rectal swab placed in transport media:	
a. Date whole stool/rectal swab placed in transport media: (STCTRSDT)	(ddMMMyyyy)
b. Time whole stool/rectal swab placed in transport media: (STCTRSTM)	(hh:mm) (24 hour clock)
8. Swab (rectal swab/whole stool) in Cary Blair: (STCSWBCB)	No Yes
9. Swab (rectal swab/whole stool) in Buffered Glycerol Saline: (STCSWBGS)	No Yes
10. Is this specimen for VIDA or VIDA-Plus? (Select one) (STCVIDAS)	VIDA VIDA-Plus (Rotavirus ELISA only)
11. Specimen ID: (STCSPEID)	
12. Time and date when sample received by lab personnel:	
a. Date sample received by lab personnel: (STCLABDT)	

	(ddMMMyyyy)
b. Time sample received by lab personnel: (STCLABTM)	(hh:mm) (24 hour clock)
Interviewer's name: (STCINTNA)	(STCINSO)
	Staff code
Quality Control's Name: (STCQCNAM)	(STQCSTC)
	Staff code (STQCCT)
	(ddMMMyyyy)

Additional Selection Options for STC

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)
 - 31-Bakadagi HC
 - 32-Janjang Bureh HC
 - 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

	VIDA	:
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CRF12: Saliva Collection (SVC)

Web Version: 1.0; 5.00; 25Apr17



Segment (PROTSEG): A
Saliva Collection (SALCOLL):

Center: (SVCCENGA)

- 01-Basse Major Health Center
- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- *Additional Options Listed Below

Center: (SVCCENMA)

- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- *Additional Options Listed Below

Center: (SVCCENKE)

- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
- *Additional Options Listed Below

Instructions: A child is eligible for saliva collection if s/he is a case or control who is enrolled in the VIDA or VIDA Plus study. Cases must be 3-23 months of age at the time of enrollment. If a case is eligible and is matched to a control that is outside of this age range, saliva is not collected from the control, but saliva is still collected from the case.If the child is eligible, continue completing this form. If the child is not eligible, do not collect saliva and do not complete this form.

Instructions: If saliva could not be collected at enrollment or insufficient saliva was collected at enrollment, complete this form. A child is eligible for saliva collection if s/he is a case or control who is enrolled in the VIDA or VIDA Plus study. Cases and controls must be 3-23 months of age at the time of enrollment. If a case is eligible and is matched to a control that is outside of this age range, saliva is not collected from the control, but saliva is still collected from the case.

- 1. Was saliva collected at the enrollment visit?
- 2. Was saliva collected at the follow-up visit? (SVCELGSC) No Yes

- a. If saliva was not collected at the enrollment visit, what was the reason?(SVCNOSVA)
 - Caretaker refused
 - Child left before obtaining sample, but plan made to collect a sample
 - Other
- b. If saliva was not collected at a follow-up visit, what was the reason?(SVCNOSVB)
 - Caretaker refused
 - Child could not be found
 - Child died
 - Caretaker not available after 3 visits
 - Other

Other, specify: (SVCEOTSP)

c. If saliva was collected, in your opinion, was sufficient saliva volume collected?(SVCSUFVC)		No	Yes
If sufficient saliva was not collected at the enrollment visit, a second attempt for saliva collection will be made at a follow-up visit and CRF12B will be completed.			
3. How much time has passed between the child breastfeeding and saliva collection? (select one)(SVCPASTM)		Not breastfeeding Breastfeeding <30 minutes before collection Breastfeeding 30 minutes - 1 hour before collection Breastfeeding >1 hour before collection	
4. Was the child's mouth rinsed with clean water or ORS fluid before saliva collection?(SVCCHRIN)		No	Yes
5. Time and date when saliva collected:			
Date of saliva collection: (SVCSLCDT)		(ddMMMyyyy)	
Time of saliva collection: (SVCSLCTM)		(hh:mm) (24 hour clock)	
6. Specimen ID: (SVCESPID)		A	
7. Specimen ID: (SVCFSPID)		B	
8. Specimen ID: (SVCF2SID)		B1	
9. Specimen ID: (SVCF3SID)		B2	
10. Time and date when sample received by lab personnel:			
Date sample received by lab personnel: (SVCLBRDT)		(ddMMMyyyy)	
Time sample received by lab personnel: (SVCLBRTM)		(hh:mm) (24 hour clock)	
11. Saliva Sample Volume: (SVCSALVL)		(xxxx) ml	
Interviewer's Name: (SVCINWNM)		(SVCISTCD)	Staff code
Quality Control's Name: (SVCQCNM)		(SVCQCSCD)	Staff code
		(SVCQCDT)	(ddMMMyyyy)

Additional Selection Options for SVC

Saliva Collection (SALCOLL) (key field):

- A
- B
- B1
- B2

- Center:
- 06-Koina Health Center
 - 07-Bansang Hospital
 - 08-Brikamaba HC
 - 09-Jahali HC (Private)

- 31-Bakadagi HC
- 32-Janjang Bureh HC
- 33-Fulabantang HC (private)

- Center:
- 06-Hopital Gabriel Toure - National Children Hospital
 - 07-Military Health center : Infirmerie du camp para
 - 08-ASACODJAN: a CSCOM Public HC in Banconi
 - 09-Centre de Sante SADIA pvt HC in Banconi
 - 10-Centre de Sante CHERIFLA
 - 31-CVD-Mali/CNAM
 - 32-The Clinic Lac TELE
 - 33-The Iranian Health Center : Centre Iranien
 - 34-Cabinet TERIYA, pvt HC in BANCONI
 - 35-PMI Missira, public HC in Commune 2
 - 36-ASACONORD Commune 1
 - 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
 - 38-ASACOKOSA
 - 39-Clinic YATTARA, pvt HC in BANCONI
 - 40-Mother Child medical office AVICENNE pvt HC in BANCONI
 - 41-Cabinet DjIGUIYA, pvt HC in BANCONI
 - 42-Clinic FOMBA, pvt HC in BANCONI
 - 43-Clinic Life source , pvt HC in DJICORONI

- Center:
- 06-Ting Wangi Health Center
 - 07-Bar Agulu Health Center
 - 08-Akala Health Center
 - 09-Njejra Health Center
 - 10-Siala Kaduol Dispensary
 - 11-Mulaha Dispensary
 - 12-Mahaya Health Centre
 - 13-Ndori Dispensary
 - 14-Nyathengo Health Centre
 - 15-Wagai Dispensary
 - 16-Siaya Prison Health Facility

	VIDA	:
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CRF15: Stool Accession (STA)

Web Version: 1.0; 1.04; 16Nov15

Specimen ID (SPEC_ID):

Is this specimen for VIDA or VIDA-Plus? (Select one)(STAVIDAS)	VIDA	VIDA-Plus
Rectal swab sample collected?(STARECSW)	No	Yes
Whole stool sample collected?(STASTOOL)	No	Yes
Specimen receipt:		
Time processed in laboratory (24 hour clock):(STASPTM)		(hh:mm)
Date:(STASPDT)		(ddMMMyyyy)
Properly labeled?(STALABEL)	No	Yes
Container tightly shut?(STACONST)	No	Yes
Temperature okay (cold pack frozen)?(STATEMP)	No	Yes
Sufficient weight/volume?(STAWVSF)	No	Yes Actual weight: (STAWGT) (xxx.xx) g
(minimum 4 g or ml for VIDA; 2 g or ml for VIDA-Plus)		
Acceptable for accession?(STAACCES)	No	Yes

Aliquoted for:

Viruses (ELISA)(STAVIRUS)	No	Parasites(STAPARA)	No	Yes	Virus PCR(STAVRPCR)	No
Yes					Yes	
Archive 1(STAARCH1)	No	Yes	Archive 2(STAARCH2)	No	Archive 3(STAARCH3)	No
			Yes		Yes	

Specimen plated on:

SS/XLD (STASSXLD)	No	Yes	TTGA/TCBS (STATTGAT)	No	Yes	CAMPY (STACAMPY)	No	Yes
MaC (STAMAC)	No	Yes	BP/APW (STABPAPW)	No	Yes	ABA/CIN/RYAN (STAACR)	No	Yes

Technician: (STATECHN)	(STATCNDT)
	(ddMMMyyyy)

QC/Supervisor: (STASUPR)	Date
Reviewed: (STASUPDT)	(ddMMMyyyy)

	VIDA	:
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CRF16: Stool Culture (STL)

Web Version: 1.0; 4.00; 23Feb16

Specimen ID (SPEC_ID):

Date of Test (STLDT) (ddMMMyyyy)

Is this specimen for VIDA or VIDA-Plus? (Select one)(STLVIDAS) VIDA VIDA-Plus

Bacteria Isolated: For each bacteria tested, check either "No" (Not isolated) or "Yes" (isolated)

Aeromonas spp. (STLAERO)	No	Yes
Campylobacter jejuni (STLCAMJE)	No	Yes
Campylobacter coli (STLCAMCO)	No	Yes
Campylobacter (Not jejuni or coli) (STLCAMJC)	No	Yes
Salmonella Typhi (STLSALTY)	No	Yes
Detected from Sellenite broth (STLSEBR1)	No	Yes
Salmonella enterica Non-Typhi serovar (STLSALEN)	No	Yes
Detected from Sellenite broth (STLSEBR2)	No	Yes
Shigella spp. (STLSHIG)	No	Yes

Shigella Serogroup (STLSHSER)	S. dysenteriae		
	S. flexneri		
	S. boydii		
	S. sonnei		
	Non-typeable		
Shigella flexneri serotype (STLSHFLS)	1a		
	1b		
	2a		
	2b		
	3a		
	*Additional Options Listed Below		
Shigella serotype (STLSHSET)	Test completed	Test not done	
Shigella dysenteriae serotype 1 (STLSHDYS)	No	Yes	Not done

Vibrio cholerae (STLVCHOL)	No	Yes	
If V. cholerae: (STLVCTYP)	O1		
	O139		
	Non O1/Non O139		
	Not tested		
If O1: (STLVCO1A)	El Tor	Classical	Not tested

(STLVCO1B)	Inaba	Ogawa	Not tested
<i>Vibrio parahaemolyticus</i> (STLVPARA)	No	Yes	
<i>Vibrio (other species)</i> (STLVOTH)	No	Yes	
None of the above pathogens isolated (STLPATHN)	No isolated)	Yes (means none of the above	
<i>E. coli</i> isolated (STLECOLI)	No	Yes	
No growth(STLNOGRO)	No	Yes	(means no growth on plate)
Technician: (STLTECHN)			(STLTCNDT)
		(ddMMMyyyy)	
QC/Supervisor: (STLSUPR)			Date
		Reviewed: (STLSUPDT)	(ddMMMyyyy)

Additional Selection Options for STL

- Shigella flexneri* serotype
- 3b
 - 3c
 - 4a
 - 4b
 - 5a
 - 5b
 - 6
 - 7a
 - 7b
 - X
 - Y
 - NT

	VIDA	:
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CRF17: Polymerase Reaction (PCR)

Web Version: 1.0; 1.04; 16Dec16

Specimen ID (SPEC_ID):

Date of Test:(PCRD T) (ddMMMyyyy)

Is this specimen for VIDA or VIDA-Plus? (Select one)(PCRVIDAS) VIDA VIDA-Plus

Multiplex PCR #1

(PCRM1TST)	Test completed	Not performed
estA (ST)(approx. 147 bp): (PCRM1ST)	Positive	Negative
eltB (LT)(approx. 508 bp): (PCRM1LT)	Positive	Negative
bfpA(approx. 300 bp): (PCRM1BFP)	Positive	Negative
aatA(approx. 630 bp): (PCRM1AAT)	Positive	Negative
aaiC(approx. 215 bp): (PCRM1AAI)	Positive	Negative
eae(approx. 881 bp): (PCRM1EAE)	Positive	Negative

Duplex PCR

(PCRDPTST)	Test completed	Not performed
eae (approx. 384 bp): (PCRDPEAE)	Positive	Negative
ST (approx. 166 bp): (PCRD PST)	Positive	Negative

bfpA monoplex:

(PCRBFTST)	Test completed	Not performed
bfpA (approx. 300 bp): (PCRBFBFP)	Positive	Negative

Multiplex PCR #2

(PCRM2TST)	Test completed	Not performed
Stx-2 (approx. 443 bp): (PCRM2ST2)	Positive	Negative
eae (approx. 377 bp): (PCRM2EAE)	Positive	Negative
Sen (approx. 310 bp): (PCRM2SEN)	Positive	Negative
Stx-1 (approx. 220 bp): (PCRM2ST1)	Positive	Negative
Efa-1 (approx. 165 bp): (PCRM2EFA)	Positive	Negative

Technician:(PCRTECHN) (PCRTCNDT)

(ddMMMyyyy)

QC/Supervisor: (PCRSUPRV)

Date

Reviewed: (PCRSUPDT) (ddMMMyyyy)

	VIDA	:
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CRF18: P & V Immunoassays (PVI)

Web Version: 1.0; 1.03; 15Apr16

Specimen ID (SPEC_ID):

Date of test: (PVITSTDY)

(ddMMMyyyy)

Is this specimen for VIDA or VIDA-Plus? (Select one)(PVIVIDAS)

VIDAVIDA-Plus

PROTOZOAL ELISA IMMUNOASSAY

Entamoeba histolytica: (PVIENHIS)	Positive	Negative	Not done
Giardia lamblia: (PVIGILAM)	Positive	Negative	Not done
Cryptosporidium spp.: (PVICRYPT)	Positive	Negative	Not done

Technician: (PVIFTECH)

Date: (PVIFTEDT)

(ddMMMyyyy)

VIRAL ELISA IMMUNOASSAY

Rotavirus: (PVIROTAV)	Positive	Negative	Not done
Adenovirus: (PVIADENO)	Positive	Negative	Not done
Adenovirus 40/41: (PVIAD40)	Positive	Negative	Not done

Technician: (PVISTECH)

Date: (PVISTEDT)

(ddMMMyyyy)

QC/Supervisor: (PVIQCNAM)

(PVIQCDT) Date

Reviewed:

(ddMMMyyyy)

	VIDA	:
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CRF19: RT-PCR for Viruses (RTV)

Web Version: 1.0; 1.04; 18Aug15

Specimen ID (*SPEC_ID*):

Date of test: (*RTVTSTDT*)

(*ddMMMyyyy*)

Is this specimen for VIDA or VIDA-Plus? (*Select one*)(*RTVVIDAS*)

VIDAVIDA-Plus

RT-PCR FOR VIRUSES

Norovirus GI (~330 bp): (<i>RTVNNGI</i>)	Positive	Negative	Not done
Norovirus GII (~387 bp): (<i>RTVNNGII</i>)	Positive	Negative	Not done
Sapovirus (~434 bp): (<i>RTVSAPVI</i>)	Positive	Negative	Not done
Astrovirus (~719 bp): (<i>RTVASTVI</i>)	Positive	Negative	Not done

Technician: (*RTVTECNA*)


Date: (*RTVTECDT*)

(*ddMMMyyyy*)

QC/Supervisor: (*RTVQCNAM*)

(*RTVQCDT*) Date

Reviewed:(*ddMMMyyyy*)

	VIDA		:
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Demographics (DEM)

Web Version: 1.0; 1.04; 17Nov15

1. Date of Birth: (DEMDOB)	(ddMMMyyyy)	Age at enrollment: (DEMAge)
	(xx) (in months)	
2. Gender: (DEMGENDR)	Boy	Girl
Notes or comments: (DEMCOMM)		

	VIDA	:
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Protocol Deviation Form (PDV)

Web Version: 1.0; 1.01; 23Sep16

Center (CENTER):
Deviation Number (DEVNUM):
Report Date (REPORTDT):

Protocol deviation date: (PDVPRDDT) (ddMMMyyyy)

Investigator name: (PDVINVNM)

Protocol number local IRB: (PDVPRIRB)

Protocol number UMB IRB: HP 00062472

Child ID: (PDVCHID) (xxxxxxxxxx) N/A (PDVCHIDN)
(select N/A, if not associated with a subject and skip to brief deviation description in section below)

Did the deviation result in an adverse or serious adverse event? (PDVAESAE) No Yes

Brief deviation description:
(note: if this was an error in the laboratory procedures, refer to the deviation form of the lab) (PDVDVDES)

Describe steps taken to resolve or avoid recurrence of the deviation: (PDVDVRES)

Deviation category: (PDVDVCAT)

- Eligibility/enrollment
- Follow-up visit schedule
- Protocol procedure/assessment
- Laboratory SOP deviation
- Other

If other, specify: (PDVOTHSP)

Does this deviation meet immediate IRB reporting requirements? (PDVDVIRB) No Yes

If yes, date IRB notified: (PDVIRBDT) (ddMMMyyyy)

Additional notes: (PDVCOMM)

Additional Selection Options for PDV

Center (CENTER) (key field):
01-Basse Major Health Center

- 02-Gambisara HC
- 03-Fatoto Health Center
- 04-Garawol HC
- 05-Demba Kunda health center
- 06-Koina Health Center
- 07-Bansang Hospital
- 08-Brikamaba HC
- 09-Jahali HC (Private)
- 31-Bakadagi HC
- 32-Janjang Bureh HC
- 33-Fulabantang HC (private)
- 01-CSREF Commune I
- 02-ASACOB
- 03-CSREF Commune IV
- 04-ASACODJIP
- 05-ASACODJENKA
- 06-Hopital Gabriel Toure - National Children Hospital
- 07-Military Health center : Infirmerie du camp para
- 08-ASACODJAN: a CSCOM Public HC in Banconi
- 09-Centre de Sante SADIA pvt HC in Banconi
- 10-Centre de Sante CHERIFLA
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- 32-The Clinic Lac TELE
- 33-The Iranian Health Center : Centre Iranien
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- 35-PMI Missira, public HC in Commune 2
- 36-ASACONORD Commune 1
- 37-Cabinet medical Kassim TIENOU pvt HC in BANCONI
- 38-ASACOKOSA
- 39-Clinic YATTARA, pvt HC in BANCONI
- 40-Mother Child medical office AVICENNE pvt HC in BANCONI
- 41-Cabinet DjIGUIYA, pvt HC in BANCONI
- 42-Clinic FOMBA, pvt HC in BANCONI
- 43-Clinic Life source , pvt HC in DJICORONI
- 01-Siaya District Hospital
- 02-Abidha Health Center
- 03-Lwak Mission Hospital
- 04-Ong'ielo Health Center
- 05-Kogelo Dispensary
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- 12-Mahaya Health Centre
- 13-Ndori Dispensary
- 14-Nyathengo Health Centre
- 15-Wagai Dispensary
- 16-Siaya Prison Health Facility