Variable names are prefaced with F6_

Study # 004   CHILDID   Plate # 061   Visit # 001   F6_DATE

| | | | | | | | | |
Site   Center   Child ID (Control)   Day   Month   Year

Index Case's Information

Version=1

CASE_DOB   CASE_AGE

1. Birthdate of index case: [ ][ ] [ ][ ][ ] [ ][ ][ ]   Age: [ ][ ] *in months*
   Day   Month   Year

2. Gender of index case: [0] *Boy* [1] *Girl*   CASE_GENDER

3. Date of enrollment of index case: [ ][ ] [ ][ ][ ] [ ][ ][ ]   CASE_ENROLL
   Day   Month   Year

4. Child ID Number of index case: [ ][ ][ ][ ][ ]   CASE ID

Control's Information

BIRTH_DATE   AGE

5. Child's birthdate: [ ][ ] [ ][ ][ ] [ ][ ][ ]   Age: [ ][ ] *in months*
   Day   Month   Year

6. Child's gender: [0] *Boy* [1] *Girl* GENDER

ID_CHILD   No   Yes   Died   *[If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]*

7. Have you been able to identify the child?   [0] [1] [2]

Eligibility Checklist

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

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

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

NOT_ELIG

[1] Caretaker not available.   [2] Other, specify NOT_ELIG_SPEC _____

(If not eligible, STOP, end the interview by thanking the caretaker/parent for their participation. Write down name and staff code, date the form and submit to DCC. If the child is eligible, continue to Question 14.)

INT_CODE

Interviewer's Name _____   [ ][ ][ ]
Staff code

QC_CODE   QC_DATE

Quality Control's Name _____   [ ][ ][ ]   [ ][ ] [ ][ ][ ] [ ][ ][ ]
Staff code   Day   Month   Year

VRG Updated 22Aug2011

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Study # 004   Plate # 062   Visit # 001

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Site   *Center*   *Child ID (Control)*

.
                                                            No   *Yes*

14. Was consent obtained? |0| |1| CONSENT

15. Was a stool sample collected from the child? |0| |1| STOOL_SMPL

16. Was the child enrolled? |0| |1| ENROLLED

17. If eligible but not enrolled, what was the reason? *["X" one of the two main reasons.]*
NOT_ENROLL

   |1| **Not invited for one of the following reasons:**

NOT_INVITE |1| Unable to produce adequate stool sample *[10 grams with a minimum of 3 grams]*

   |2| Other, specify NO_INVITE_SPEC _____

   |2| **Refused by parent/caretaker for one of the following reasons:**

REFUSED |1| Parent/caretaker too busy

   |2| Does not like research

   |3| Other, specify REFUSED_SPEC _____

                                                    DATE_ENROLL

18. If child is enrolled into the study, enter the date of enrollment: ☐☐ ☐☐☐ ☐☐☐☐
                                                    Day   *Month*   *Year*

Notes or comments *[Initial and date notes.]*

☐

INT_CODE2
Interviewer's Name _____ ☐☐☐
                                               Staff code

                                               QC_DATE2
QC_CODE2
Quality Control's Name _____ ☐☐☐   ☐☐ ☐☐☐ ☐☐☐☐
                                               Staff code   *Day*   *Month*   *Year*

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