Variable names are prefaced with F9_

Study # 004   CHILDID   Plate # 091   Visit # 002   F9_DATE

Site   Center   Child ID   Day   Month   Year

No   *Yes*   *Partial*

1. Was the Memory Aid completed?   [0]   [1]   [2]   MEMORY_AID

    [If "No", "X" and sign the form and hand over to supervisor.]

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

    First day of Diarrhea: [ ][ ]   DRH_FIRST

    Last day of Diarrhea: [ ][ ]   DRH_LAST

    [Code 1 to 14 from Memory Aid, Column 1]

Notes or comments *[Add date and initials or staff code]*

INT_CODE [ ][ ][ ]

Interviewer's Name _____
                                                        Staff code

                                                        QC_DATE

QC_CODE [ ][ ][ ]

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