	Study # 027 CHILDID	Plate # 061		Visit	# 002 F6_I	DATE		
	Site Center	Child ID (Con	ntrol)	Day [Month	2 0 Year		
Inc	dex Case's Information	CASE_DOB		C	ASE_AGE	Version # VERSION	3	
1.	Birthdate of index case:	Day Month	Year	Age	e:	in months		
2.	Gender of index case:	Boy 1 Girl C	ASE_GENDER	२				
3.	Date of enrollment of index	x case: Day	Month	Yeo	ar	ASE_ENROLL SE_ID		
4.	Child ID Number of Index	Case for this control	: Site	Center		Child ID		
	a. Enrollment:	LSD 1	MSD LSD	_MSD				
Control's Information BIRTH_DATE AGE								
5.	Child's birthdate: Day	Month	Year	Age:		nonths		
6.	Child's gender: O Bo	y 1 Girl GE	NDER					
7.	Have you been able to iden	tify the child?	No Yes	Died	D_CHILD			
[If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]								
Inte	terviewer's Name	INT_CODE	Staff code	00	C_DATE			
Que	uality Control's Name	QC_CODE	Staff code	Day	Month	2 0 Year		

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Study # 027	Plate # 062	Visit # 002			
Site Center	Child ID (Control)				
Eligibility Checklist			0	1	9
8. Is this child appropriately age-	matched to the index case?	AGE_MATCH	No	Yes	\bigcap
9. Is this child the same gender as	s the index case?	SAME_GEN			
10. Does this child live in the same	e or nearby village or commu	SAME_VILLA nity as case?			
11. Was the index case enrolled wa	ithin the past 14 days?	ENROLL_14			
12. Has this child been free of diar	rhea for the past 7 days?	DRH_FREE7			
13. Is the child eligible for enrollm	nent?	ELIG_ENROLL			
(The child is eligible only if the answ	ers to Questions 8 through 12 are '	'Yes".)			
a. If either Questions 8 or 12 determine eligibility.	are "DK", check the option th	at best describes	why y	ou were	not able to
	NOT_ELIG				
1 Caretaker not available	. 2 Otho	er, specify	NOT_	ELIG_SP	<u>EC</u>
(If not eligible, STOP, end the intervie staff code, date the form and submit to				Write do	wn name and
Interviewer's Name	INT_CODE2 Staff code	QC_[DATE2		
Quality Control's Name	QC_CODE2 Staff code	Day Mo	nth	2 0 Ye	ear

Study # 027 Site Center	Plate # 063 Child ID (Control)	0 N-	Visit # 002					
14. Was consent obtained?		No	Yes CONSENT					
15. Was a stool sample collected	ed from the child?		STOOL_SMPL					
16. Was the child enrolled?			ENROLLED					
17. If eligible but not enrolled, NOT_ENROLL 1 Not invited for one of NOT_INVITE 1 Unable to produce a 2 Other, specify	the following reasons: adequate stool sample [10 gra							
Refused by parent/caretaker for one of the following reasons: 1 Parent/caretaker too busy 2 Does not like research 3 Other, specify DATE_ENROLL 18. If child is enrolled into the study, enter the date of enrollment: Day Month Year [If this child is enrolled, ensure that DSS ID is recorded on DSS Link file beside the index case.]. Notes or comments [Initial and date notes.]								
Interviewer's Name	INT_CODE3 Staff cod	le	QC_DATE3					
Quality Control's Name	QC_CODE3 Staff cod	 le	Day Month Year					