

Study # 004	CHILDID	Plate # 031	Visit # 001	F3_DATE
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID	Day	Month
				Year

1. Child's birthdate:       Age:   Months AGE F3\_Version=1

Day Month Year

2. Child's gender:  Boy  Girl GENDER

F3\_AGE\_CAT 1=0-11 Months  
2=12-23 Months  
3=24-59 Months

0 No 1 Yes 9 DK

### Eligibility Checklist

3. Does the child qualify as a DSS resident? . CASE\_AGE\_CAT   CHILD\_DSS
4. Do you believe that this child is not currently enrolled in GEMS as a case?    NOT\_GEMS
5. Is this child 0-59 months of age?    AGE59
6. Did this child pass 3 or more abnormally loose stools during the previous 24 hours?    ABN\_LOOSE
7. Did current diarrhea episode begin within the previous 7 days?    DRH\_7
8. Before this episode began, did the child have at least 7 days without diarrhea?    DRH7DAY
9. Does the child have ANY ONE of the following indicating moderate/severe diarrhea?
- a. Sunken eyes, more than normal    DRH\_SUNKEYES
  - b. Loss of skin turgor    DRH\_TURGOR
  - c. Intravenous rehydration administered or prescribed    DRH\_IV
  - d. Dysentery (diarrhea with visible blood in stool observed or reported)    DRH\_DYS
  - e. Hospitalized with diarrhea or dysentery    DRH\_HOSP
10. Is the child eligible for enrollment?   CHILD\_ELIG

(The child is eligible only if the answers to the Questions 3 through 8, and at least one of the Questions 9a to 9e are "Yes".)

10a. If any response to Questions 3 – 8 or 9a – 9e are DK, check the option that best describes why you were not able to determine eligibility.

- NOT\_ELIG  1 Caretaker not available
- 2 Clinician not available
- 3 Both caretaker & clinician not available
- 4 Other, specify NOT\_ELIG\_SPEC

(If response to Q10 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 child is eligible, continue to Question 11.)

Interviewer's Name  INT\_CODE

Staff code

Quality Control's Name  QC\_CODE      QC\_DATE

Staff code Day Month Year

Study # 004

Site

Plate # 032

Center

Child ID

Visit # 001

0 1  
No Yes

11. Was consent obtained?

☐ ☐ **CONSENT**

12. Was a stool sample collected from the child?

☐ ☐ **STOOL\_SMPL**

13. Was the child enrolled?

☐ ☐ **CHILD\_ENROLL**

14. If eligible but not enrolled, what was the reason? [Check one of the two main reasons.]

**1** **Not invited by health center for one of the following reasons:** **NOT\_ENROLLED****1** After hours presentation**2** Unable to produce adequate stool sample [10 grams with a minimum of 3 grams] within 4 hours of registration**NOT\_INVITED****3** 14 day quota filled**4** Child died before invitation**5** Child too sick**6** Other, specify **NOT\_INVITE\_SPEC****2** **Refused by parent/caretaker for one of the following reasons:****PT\_REFUSED** **1** Parent/caretaker too busy**2** Does not like research**3** Child too sick**4** Other, specify **PT\_REFUSED\_SPEC****Notes or comments** [Initial and date notes.]

Interviewer's Name \_\_\_\_\_

**INT\_CODE2**

Staff code

Quality Control's Name \_\_\_\_\_

**QC\_CODE2**

Staff code

Day

**QC\_DATE2**

Month

Year