



Study # 027

CHILDID

Plate # 113

Visit # 003 F11_DATE

Site

Center

Child ID

Day

Month

Year

Version #

Version

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

a. Date first whole stool passed/excreted:

DATESTOOL

Day

Month

Year

b. Time first whole stool passed/excreted:

TIMESTOOL

(24 hour clock)

2. Consistency of whole stool sample: (select one) CONSISTENCY

 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

Blood

 No Yes

PUS

Pus

 No Yes

MUCUS

Mucus

 No Yes*[If enrolled in the LSD study and response is "Bloody", go back to CRF 03 and ensure child was properly enrolled.]*

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? If the child is a control, did s/he receive antibiotic during the 4 hours prior to stool collection?

ANTIBIOTIC

 No Yes DK*[If 'Yes', check the appropriate boxes ("X" all that apply). If 'No', go to Question 7.]*ANTI_AMPI AmpicillinANTI_NALI Nalidixic acidANTI_COTR CotrimoxazoleANTI_CIPR Ciprofloxacin/Norfloxacin/other fluoroquinoloneANTI_SELE Selexid/PivmecillinamANTI_GENT GentamycinANTI_CHLO Chloramphenicol/ThiamphenicolANTI_ERYT ErythromycinANTI_AZIT AzithromycinANTI_MACR Other macrolidesANTI_PENI PenicillinANTI_OTHER Other antibiotic, specify ANTI_SPECANTI_AMOX Amoxicillin

5. If antibiotic was given:

a. Date of first antibiotic:

ANTI_DATE

Day

Month

Year

b. Time of antibiotic:

(24 hour clock)

ANTI_TIME



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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?

RECTAL_SWAB ☐ No ☒ Yes [If 'Yes', continue. If 'No', go to Question 7.]

- a. Date rectal swabs obtained:

Day

Month

Year

SWAB_DATE

- b. Time rectal swabs obtained:

(24 hour clock)

SWAB_TIME

7. Time and date when whole stool/rectal swab placed in transport media:

DATESTAFF

- a. Date whole stool/rectal swab placed in transport media:

Day

Month

Year

- b. Time whole stool/rectal swab placed in transport media:

(24 hour clock)

TIMESTAFF

8. Swab (rectal swab/whole stool) in Cary Blair:

☐ No☒ Yes

CARYBLAIR

9. Swab (rectal swab/whole stool) in Buffered Glycerol Saline:

☐ No☒ Yes

GLYCEROL

10. Specimen ID:

SPECIMEN_ID

Place sticker of Specimen ID here.

11. Time and date when sample received by lab personnel:

SPECIMEN_LABDATE

- a. Date sample received by lab personnel:

Day

Month

Year

- b. Time sample received by lab personnel:

(24 hour clock)

SPECIMEN_LABTIME

Interviewer's Name _____

INT_CODE

Staff code

Quality Control's Name _____

QC_CODE

Staff code

QC_DATE

Day

Month

Year