**Infant Enrollment**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Instructions** | | **Complete this form after confirming eligibility and obtaining signed consent** | | |
| 1 | Date of birth | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | |
| 2 | Date of enrollment | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | |
| 3 | Place of enrollment | | 1 = Home 2 = Health facility | |\_\_\_| |
| 4 | Sex | | 1 = Male 2 = Female | |\_\_\_| |
| 5 | Place of birth | | 1 = Home 2 = Health facility | |\_\_\_| |
| 6 | Food since birth | | 1 = Breast Milk(BM) 2 = Top Milk (TM)**\***  3 = BM+TM 4 = Water/Sugar or Water/Honey | |\_\_\_| |
| 7 | Weight of the baby in kg | | |\_\_\_|\_\_\_| **.** |\_\_\_||\_\_\_| | |
| 8 | Length of the baby in cm | | |\_\_\_|\_\_\_|\_\_\_| **.** |\_\_\_| | |
| 9 | BCG given at birth? | | 1 = Yes 2 = No | |\_\_\_| |
| 10 | **Specimen collected for this visit** | | | |
|  | 10a. Enrollment Stool  (BVC-SID-10-01) | | 1 = Yes 2 = No | |\_\_\_| |
|  | 10b. Date of stool collection  (if not collected enter 09/09/99) | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | |

**NOT DATA ENTERED**

|  |  |  |  |
| --- | --- | --- | --- |
|  | Interviewer Name and Code | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |\_\_\_||\_\_\_||\_\_\_| |

\*Top Milk = Cow’s milk or Powdered milk