|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **SIGN**  **(NOT ENTERED)** | **VISIT INFORMATION TO BE DATA ENTERED** | | | | | |
|  | 1 | Date of procedure  **(If missed procedure, enter 09/09/99)** | | | |\_\_||\_\_| / |\_\_||\_\_| / |\_\_||\_\_|  *D D M M Y Y* | |
|  | 2 | Visit number | | | 13 = Week 104 | |\_1\_||\_3\_| |
|  | 3 | **Anthropometry** | | | | |
|  |  | 3a. Weight of the child in **Kg** | | | |\_\_\_||\_\_\_|**.**|\_\_\_||\_\_\_| | |
|  | 3b. Length of the child in **Cm** | | | |\_\_\_||\_\_\_||\_\_\_|**.**|\_\_\_| | |
|  | 3c. Is the child’s WAZ or WHZ < -3 SD? | | | 1 = Yes 2 = No | |\_\_\_| |
| **If the answer to 3c is YES, then do not perform the procedure,**  **but complete this form per instructions below (Q4).** | | | | | |
|  | 4 | **Hydrogen Breath Testing**  (Record 999.9 for any unreadable or incomplete measurements or if the answer to 3c is Yes.) | | | | |
|  |  | 4a. Number of hours since last oral intake (other than water) | | | | |\_\_\_|.|\_\_\_| hours |
|  | **Reminder: If the Correction Factor is > 4, then collect another specimen and re-run the test.** | | | | | |
|  | **Time** | | **Hydrogen (H2)**  **ppm** | **Methane (CH4)**  **ppm** | | **Carbon Dioxide (CO2) ppm** |
|  | 4b. Baseline Reading | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| |
|  | 4c. Amount of glucose solution administered in ml (5ml/kg) | | | | | |\_\_\_||\_\_\_|.|\_\_\_||\_\_\_| |
|  | 4d. Start time of testing (time solution administration completed  **(Please enter time in 24 Hr Scale)** | | | | | |\_\_\_||\_\_\_|: |\_\_\_||\_\_\_|  *H H : M M* |
|  | 4e. 20 minutes | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| |
|  | 4f. 40 minutes | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| |
|  | 4g. 60 minutes | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| |

**DATA CAPTURE CONTINUED ON PAGE 2**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SIGN**  **(NOT ENTERED)** | **Time** | | | **Hydrogen (H2)**  **ppm** | | **Methane (CH4)**  **ppm** | | **Carbon Dioxide (CO2) ppm** | | |
|  | 4h. 80 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 4i. 100 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 4j. 120 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 4k. 140 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 4l. 160 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 4m. 180 minutes | | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |\_\_\_||\_\_\_||\_\_\_|.|\_\_\_| | | |
|  | 5 | **Procedure Outcome** | | | | | | | | |
|  | 5a. What was the  outcome of today’s  procedure? | | | | 1 = Procedure complete  2 = Child ineligible due to WAZ or WHZ < -3 SD  3 = Child unable to complete procedure  4 = Mother or caretaker refusal to complete procedure  5 = Procedure incomplete due to equipment failure  6 = Procedure incomplete per PI or staff discretion  7 = Other | | | | |\_\_\_| | |
|  | 5b. If other, please  specify | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
|  | 6 | | **Treatment** | | | | | | | |
|  | 6a | | SIBO present (>12 ppm increase in H2 over baseline value on any subsequent value) | | | | 1 = Yes  2 = No  9 = Not applicable | | | |\_\_\_| |
| 6b | | Treatment provided (only for malnourished children with -3 SD ≤ WAZ < -2 SD) | | | | 1 = Yes  2 = No  9 = Not applicable | | | |\_\_\_| |