ALL VARIABLE NAMES PREFACED WITH F11_

VIDA - CRF 11 - STOOL COLLECTION

| | | | | | | | | | | | | | | | | | 2 | 0 | | | **DATE** |

Site   *Center*   *Child ID*   *Day*   *Month*   *Year*

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

   a. Date first whole stool passed/excreted: [ ][ ] [ ][ ] [2][0][ ][ ] **DATESTOOL**

   Day   *Month*   *Year*

   b. Time first whole stool passed/excreted: [ ][ ][ ][ ] *(24 hour clock)* **TIMESTOOL**

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

   1 grade 1 (formed)   **2** grade 2 (soft)   **3** grade 3 (thick liquid)

   4 grade 4 (opaque watery)   **5** grade 5 (rice water-clear watery)

3. Characterization of stool sample (whole stool or rectal swab):

   BLOOD
   Blood **0** *No*   **1** *Yes*   **PUS** **Pus** **0** *No*   **1** *Yes*   **MUCUS** **Mucus** **0** *No*   **1** *Yes*

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 **0** *No*   **1** *Yes*   **9** *DK*

   [If 'Yes', check the appropriate boxes ("X" all that apply). If 'No', go to Question 7.]

   ANT_AMPI ☐ Ampicillin   **ANTI_NALI** ☐ Nalidixic acid

   ANTI_COTR ☐ Cotrimoxazole   **ANTI_CIPR** ☐ Ciprofloxacin/Norfloxacin/other fluoroquinolone

   ANTI_SELE ☐ Selexid/Pivmecillinam   **ANTI_GENT** ☐ Gentamycin

   ANTI_CHLO ☐ Chloramphenicol/Thiamphenicol   ☐ Erythromycin **ANTI_ERYT**

   ANTI_AZIT ☐ Azithromycin   **ANTI_MACR** ☐ Other macrolides

   ANTI_PENI ☐ Penicillin   **ANTI_CEFT** ☐ Ceftriaxone or other 3rd generation cephalosporin

   ANTI_AMOX ☐ Amoxycillin   **ANTI_CEPHLA** ☐ 1st or 2nd generation cephalosporin

   ANTI_METRO ☐ Metronidazole (Flagyl)

   ANTI_OTHER ☐ Other antibiotic, specify_____ **ANTI_SPEC** _____

5. If antibiotic was given:

   a. Date of first antibiotic: [ ][ ] [ ][ ] [2][0][ ][ ] **ANTI_DATE**

   Day   *Month*   *Year*

   b. Time of antibiotic: [ ][ ][ ][ ] *(24 hour clock)* **ANTI_TIME**

    VERSION VIDA v3.0 19JUL2016

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Site	*Center*	*Child ID*

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**

   0 *No*   **1** *Yes* **[If 'Yes', continue. If 'No', go to Question 7.]**

   a. Date rectal swabs obtained: ☐☐ ☐☐ [2][0]☐☐ **SWAB_DATE**
      Day *Month* *Year*

   b. Time rectal swabs obtained: ☐☐☐☐ *(24 hour clock)* **SWAB_TIME**

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

   a. Date whole stool/rectal swab placed in transport media: ☐☐ ☐☐ [2][0]☐☐ **DATESTAFF**
      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: **0** *No* **1** *Yes* **CARYBLAIR**

9. Swab (rectal swab/whole stool) in Buffered Glycerol Saline: **0** *No* **1** *Yes* **GLYCEROL**

10. Is this specimen for VIDA or VIDA-Plus? (*Select one*) ☐ *VIDA* ☐ *VIDA-Plus (Rotavirus ELISA only)*

11. Specimen ID: ☐☐☐☐☐☐☐☐

    Place sticker of Specimen ID here.

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

    a. Date sample received by lab personnel: ☐☐ ☐☐ [2][0]☐☐ **SPECIMEN_LABDATE**
       Day *Month* *Year*

    b. Time sample received by lab personnel: ☐☐☐☐ *(24 hour clock)* **SPECIMEN_LABTIME**

Interviewer's Name ___**INT_NAME**___ ☐☐☐ **INT_CODE**
                                         Staff code

*Quality Control's Name*___**QC_NAME**___ ☐☐☐ ☐☐ ☐☐ [2][0]☐☐
                                          Staff code *Day* *Month* *Year*
                                          QC_CODE   **QC_DATE**