

ALL VARIABLE NAMES PREFACED WITH F9_
VIDA - CRF 09 - MEMORY AID SCORE SHEET

<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text"/> <input type="text"/> <input type="text"/>	DATE
Site	Center	Child ID	Day	Month	Year	

1. Was the Memory Aid completed? *No* *Yes* *Partial*
0 **1** **2** **MEMORY_AID**
[If “No”, “X” and sign the form and hand over to supervisor.]
2. If “Yes” or “Partial”, what was the first and last day of diarrhea according to the Memory Aid?

First day of Diarrhea:

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DRH_FIRST

Last day of Diarrhea:

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DRH_LAST

[Code 1 to 14 from Memory Aid Column 1, enter '00' if the child did not have diarrhea.]

Notes or comments *[Add date and initials or staff code]*

COMMENT

Interviewer's Name **INT_NAME**

Quality Control's Name **QC_NAME**

								2	0		
<i>Staff code</i>			<i>Day</i>		<i>Month</i>			<i>Year</i>			
QC_CODE					QC_DATE						