ALL VARIABLE NAMES PREFACED WITH F6_

VIDA- CRF 06 - ELIGIBILITY FOR CONTROLS

□ □□ □□□□□□ □□ □□□ 2 0 □□
Site   Center   Child ID   Day   Month   Year

Complete for each Control Child you attempted to contact:

Index Case's Information

1. Child ID Number of Index Case for this control: □ □□ □□□□□□   **CASE_ID**
   Site   Center   Child ID

2. Birthdate of index case: □□ □□□ □□□□   Age of case at enrollment: □□
   Day   Month   Year   in months

3. Gender of index case: □ *Boy*   □ *Girl*

4. Date of enrollment of index case: □□ □□□ □□□□
   Day   Month   Year

Control's Information

5. *DSS Number:* □□□□□□□□□□□□□□□□□□□□

6. Child's birthdate: □□ □□□ □□□□   Age: □□ *in months*
   Day   Month   Year

7. Child's gender: □ *Boy*   □ *Girl*

                                    No   *Yes*   *Died*
8. Have you been able to identify the child?   □   □   □

[If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]

Interviewer's Name _____ □□□
                                              Staff code

Quality Control's Name _____ □□□ □□ □□□ 2 0 □□
                                                  Staff code   *Day*   *Month*   *Year*

☐	☐ ☐	☐ ☐ ☐ ☐ ☐ ☐					
Site	*Center*	*Child ID*					

Eligibility Checklist

		No	*Yes*	*DK*
9. Is this child appropriately age-matched to the index case?		0	1	9 **AGE_MATCH**
10. Is this child the same gender as the index case?		0	1 **SAME_GEN**	
11. Does this child live in the same or nearby village or community as case?		0	1 **SAME_VILLA**	
12. Was the index case enrolled within the past 14 days?		0	1 **ENROLL_7**	
13. Has this child been free of diarrhea for the past 7 days?		0	1	9 **DRH_FREE7**
14. Is the child eligible for enrollment?		0	1 **ELIG_ENROLL**	

(The child is eligible only if the answers to Questions 9 through 13 are "Yes".)

a. If either Questions 9 or 13 are "DK", check the option that best describes why you were not able to determine eligibility. **NOT_ELIG**

1 Caretaker not available.   2 Other, specify____**NOT_ELIG_SPEC**____

(If not eligible, STOP, end the interview by thanking the caretaker/parent for their participation. Write down name and staff code, date the form and submit to DCC. If the child is eligible, continue to Question 14.)

Interviewer's Name _____   ☐ ☐ ☐
                                                        Staff code

Quality Control's Name _____   ☐ ☐ ☐   ☐ ☐   ☐ ☐ ☐   2 0 ☐ ☐
                                                     Staff code   *Day*   *Month*   *Year*

☐ *Site* ☐☐ *Center* ☐☐☐☐☐☐ *Child ID*

.

	No	*Yes*	
15. Was consent obtained?	0	1	**CONSENT**

16. Was an adequate stool sample collected from the child? 0 1 **STOOL_SMPL**

17. Was the child enrolled? 0 1 **ENROLLED**

18. If eligible but not enrolled, what was the reason? *["X" one of the two main reasons.]* **NOT_ENROLL**

 1 **Not invited for one of the following reasons:**

NI_STOOL 1 Unable to produce adequate stool sample *[10 grams with a minimum of 4 grams for VIDA controls]*
NI_QUOTA 1 Quota of necessary controls was filled
NI_OTHER 1 Other, specify **NO_INVITE_SPEC** _____

 2 **Refused by parent/caretaker for one of the following reasons:**

PTR_BUSY 1 Parent/caretaker too busy
PTR_RUSH 1 Does not like research
PTR_OTHER 1 Other, specify **REFUSED_SPEC** _____

19. If child is enrolled into the study, enter the date of enrollment: ☐☐ ☐☐☐☐ ☐☐☐☐
    DATE_ENROLL   *Day   Month   Year*

20. Is this child eligible for saliva collection at the time of enrollment? 0 No 1 Yes ☐ N/A **ELIG_SALIVA**

Note: A case is eligible for saliva collection if s/he is 3-23 months of age and is enrolled in the VIDA or VIDA Plus study. The matched control of each eligible case is eligible if s/he is 3-23 months of age. If eligible, complete CRF12A. Complete CRF12B if saliva must be collected at a follow-up visit (60 day follow-up for VIDA cases and controls, convenient time for VIDA-plus cases and controls).

[If this child is enrolled, ensure that DSS ID is recorded on DSS Link file beside the index case.].

Notes or comments *[Initial and date notes.]*

COMMENT

Interviewer's Name ____**INTVWR**____ ☐☐☐ **INT_CODE**
                                        Staff code

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