

ALL VARIABLE NAMES PREFACED WITH F2_

VIDA - CRF 02 - REGISTRATION LOG FOR CASES

Site

Center

Date

DATE

Directions: *Complete the following information for each child younger than 5 years old from your DSS population who is seeking medical care at the health facility.*

Number	Time	Cluster Number	AGE	GENDER	HOSP
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 hour clock	CLUSTER	In Months	Boy Girl	No Yes
Three or more abnormally loose or watery stools within the last 24 hour period?					<input type="text"/>
					LOOSE_STOOL No Yes

Number	Time	Cluster Number	Age	Gender	Hospitalized?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 hour clock		In Months	Boy Girl	No Yes
Three or more abnormally loose or watery stools within the last 24 hour period?					<input type="text"/>
					No Yes

Number	Time	Cluster Number	Age	Gender	Hospitalized?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 hour clock		In Months	Boy Girl	No Yes
Three or more abnormally loose or watery stools within the last 24 hour period?					<input type="text"/>
					No Yes

Number	Time	Cluster Number	Age	Gender	Hospitalized?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 hour clock		In Months	Boy Girl	No Yes
Three or more abnormally loose or watery stools within the last 24 hour period?					<input type="text"/>
					No Yes

Number	Time	Cluster Number	Age	Gender	Hospitalized?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	24 hour clock		In Months	Boy Girl	No Yes
Three or more abnormally loose or watery stools within the last 24 hour period?					<input type="text"/>
					No Yes

Interviewer's Code:

Quality Control's Code:

Date:

Day

Month

Year