Site	Center Child ID	Day Month Year			
Section 1: Physical Findings					
	Physical findings:				
a.		WT_CHILD WT_CARE			
a.	<b>0-23 months old:</b> (Weight of caretaker with & without chil	d): kg kg			
		Caretaker + child Caretaker alone			
	24-59 months old: (Weight of child alone)	. kg WT WTNA			
1.	HT1 HT2 HT2	HT3			
D.	Height 1st	cm 3rd cm  2			
c.	. MUAC 1st cm 2nd				
d	. Axillary temperature °C TEMP				
e.	RESP1  Respiratory rate per minute 1st 2 <sup>nd</sup>	2			
f.	Capillary refill time 1 Normal (<2 sec.)	ow (2-3 sec.) <b>3</b> Very slow (>3 sec.) <b>CAPIL</b>			
g.					
EYES h	. Eyes	the mother that the eyes are more sunken than usual.]			
MOUTH i.		2 Very dry			
SKIN j.					
· ·	. Mental status <b>0</b> Normal <b>1</b> Restless, irritable	2 Lethargic/unconscious			
	Absent Present	E Bethargre, and onservas			
1.	Rectal prolapse 0 1 R	ECTAL			
m	<u> </u>	IPEDAL .			
		BN_HAIR			
0.		 NDER_NUTR			
		- KIN_FLAKY			
p. Skin has 'flaky paint' appearance U 1 Skin_FLAKY					
2. Did either the interviewer or the study staff observe a stool sample from this child?    OBSERVE_STOOL  OBSERVE_STOOL					
[If	f "Yes", go to Question 3; if "No" go to Question 4.]	OBOLIVE_0100L			
3. If	"Yes", what was the nature of the stool? ["X" only one.]	NATURE_STOOL			
[1	1 Loose/liquid stool without blood 2 Loose/liqu	aid stool with blood O Normal stool			
4. Does the child require rehydration? <b>REQ_REHYD</b>					
(	No [Go to Section 3] 1 Yes, Oral rehydration 2	Yes, IV rehydration 3 Yes, both IV and			

oral rehydration

ALL VARIABLE NAMES PREFACED WITH F4B\_ VIDA - CRF 04B - ENROLLMENT FOR CASES - MEDICAL

VII	DA - CRF 04B - ENROLLMENT FOR CASES - MEDICAL
Site	e Center Child ID
5.	Did [Child's Name] receive recommended rehydration at this hospital/health center?
	1 Yes [Continue]    No [Skip to b]    RECEIV_REQ
	a. If Yes, select one: REHYD_REC
	1 Received IV rehydration at this center
	2 Received oral rehydration at this center
	3 Received both oral and IV rehydration at this center
	b. If No, state reason: <b>REHYD_REF</b>
	1 Referred to another center 2 Parents refused 3 Prescribed ORS for use at home
5x.	Is the child a VIDA plus case?
	If child is a VIDA-PLUS case, go to question 17.
Se	ction 2: Initial Rehydration
	mplete this Section if the child received rehydration therapy (oral or intravenous) in this health facility.]
6.	Start/Stop Initial Rehydration REHYD START DATE REHYD START TIME
0.	Start/Stop Initial Rehydration REHYD_START_DATE REHYD_START_TIME
	a. Start Date: b. Start Time: (24 hour clock)
	Day Month REHYD_STOP_DATE REHYD_STOP_TIME
	c. Stop Date: d. Stop Time: (24 hour clock)
	Day Month Year
<u> </u>	stoome A Hours After Starting Dehydration
	stancome 4 Hours After Starting Rehydration  that the following information 4 hours after starting rehydration therapy (oral or intravenous). If the child leaves the
	ility before 4 hours have passed, skip this Section and go to Section 3.]
7	Was the child evaluated after 4 hours?    O No   1 Yes CHILD_EVAL
1.	was the child evaluated after 4 hours:
	a. If "No", what was the reason? CHILD_EVAL_SPEC
	[If you were not able to do the evaluation after 4 hours, complete the reason and proceed to Section 3 below.]
	b. Was the child completely rehydrated?   No Tyes CHILD_COMP_REHYD
8.	Findings after 4 hours of rehydration: FIND_WT_CHILD FIND_WT_CARE
	a. Weight
	0-23 months old: (Weight of caretaker with & without child): kg kg kg
	Caretaker + child Caretaker alone
	24-59 months old: (Weight of child alone): kg FIND_WT REHYD_WTNA
	FIND_MUAC1 FIND_MUAC2 FIND_MUAC3
	b. MUAC 1st cm 2nd cm 3rd cm
	c. Mouth

ALL VARIABLE NAMES PREFACED WITH F4B\_

VIDA - CRF 04B - ENROLLMENT FOR CASES - MEDICAL
Site Center Child ID
d. Skin pinch
9. Does the child continue to purge large volumes of watery stool?    O No   Yes CHILD_PURGE
10. Was the total stool output within the last four hours measured?    O No  Yes CHILD_OUTPUT
a. If "Yes", what was the volume?
11. Does the child require additional oral/IV fluid for rehydration? <b>CHILD_IV</b> O No [Go to section 3] 1 Yes
•
Outcome if additional rehydration needed after first 4 hours
a. Was the child completely rehydrated in the hospital?   O No [Go to section 3]   1 Yes REHYD_HOSE
b. Date of completed rehydration:    Day   Month   Year   REHYD_DATE
c. Time of completed rehydration: (24 hour clock) <b>REHYD_TIME</b>
d. Weight If "Yes" to Q11a, weigh the child again after the child is completely rehydrated REHYD_WT_CARE
<b>REHYD_WT_CHILD 0-23 months old:</b> (Weight of caretaker with & without child):  Caretaker + child  Caretaker alone
24-59 months old: (Weight of child alone): kg REHYD_WT MREHYD_WTNA
e. MUAC 1 <sup>st</sup> cm 2nd cm 3rd cm
REHYD_MUAC1 REHYD_MUAC2 REHYD_MUAC3
Section 3: Outcome when leaving the hospital/health center
[This Section should be completed when the child leaves the health center, either after an outpatient visit or hospital admission.]
12. Physical Findings: [Measure only if child received rehydration therapy in the hospital and more than 4 hours have passed since last measurements.]
a. Weight 0-23 months old: (Weight of caretaker with and without child):  OUT_WT_CHILD OUT_WT_CARE  kg
Caretaker + child Caretaker alone  N/A A23_WTNA  OUT_WT
24-59 months old: (Weight of child alone): kg kg N/A OUT_WTNA
b. MUAC 1 <sup>st</sup> cm 2nd cm 3rd cm N/A OUT_MUAC1 OUT_MUAC2 OUT_MUAC3 OUT_MUAC_NA

ALL VARIABLE NAMES PREFACED WITH F4B\_

TRT_PRES_GENT TRT_PRES_CHLOR TRT_GIVE_GENT TRT_GIVE_GENT TRT_GIVE_GENT TRT_BRES_FLAG Gentamycin TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_BRES_OTHR TRT_GIVE_OTHR TRT_GIVE_ERY TRT_BRES_HOME TRT_GIVE_HOME TRT_GIVE_AZI TRT_PRES_HOME TRT_GIVE_AZI TRT_BRES_ANTI TRT_GIVE_AZI TRT_PRES_ANTI TRT_GIVE_AZI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_AZI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_GIVE_SPEC1 TRT_BRES_OTHR1 TRT_GIVE_OTHR2 TRT_GIVE_SPEC2 TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_GIVE_SPEC3 TRT_PRES_CEF Ceftriaxone (or other 3rd generation cephalosporin) TRT_GIVE_CIP  1st or 2nd generation cephalosporin  None prescribed/taken	ALL VARIABLE NAMES PREFACED WITH F4B_ VIDA - CRF 04B - ENROLLMENT FOR CASES - MEDICAL	
13. Was the child admitted to a hospital?		
13x. If "No", was it advised that the child be admitted to a hospital? ADM_ADV   No	Site Center Child ID	
No   ADM_ADVSP   1 Yes   1f Yes, specify   1 Yes, but parent refused   2 Yes, referred to another hospital   2 Yes, but child died before admission   19 Yes   15 Yes, but child died before admission   15 Yes, but child died before admissi	13. Was the child admitted to a hospital?    O No   Yes ADMIT	
TYes - If Yes, specify: 1 Yes, but parent refused  2 Yes, referred to another hospital  3 Yes, but child died before admission  ### ### ### ### ### ### ### ### ### #	· — · · · · · · · · · · · · · · · · · ·	
2 Yes, referred to another hospital   3 Yes, but child died before admission   11	ADM_ADVSP	
3 Yes, but child died before admission		
14. If admitted to the hospital, for how many days?   OUTCOME_DAYS	_	
14. If admitted to the hospital, for how many days?  14a. Is the child still in hospital > 60 days?  15. Child's diagnosis upon leaving the hospital/health center. ["X" all that apply.]  Diarrhea OUTCOME_DRH	*	; <i>1</i>
14. Is the child still in hospital > 60 days?		•1
15. Child's diagnosis upon leaving the hospital/health center.   "X" all that apply.	14. If admitted to the hospital, for now many days?	
Diarrhea OUTCOME_DRH  Diarrhea OUTCOME_DYS  Malaria OUTCOME_MALA  Dysentery OUTCOME_PNEU  Meningitis OUTCOME_NEU  OUTCOME_NEU  OUTCOME_NEU  OUTCOME_NEU  OUTCOME_OTHR  16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment given in health for treat	14a. Is the child still in hospital > 60 days?    No    Yes HOSP	
Dysentery OUTCOME_DYS  Pneumonia/lower respiratory infection OUTCOME_NEU  Meningitis OUTCOME_NEU  OUTCOME_NEU  OUTCOME_OTHR  16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment given in health for treatment given i	15. Child's diagnosis upon leaving the hospital/health center. ["X" all that apply.]	
Pneumonia/lower respiratory infection  Meningitis  OUTCOME_NEU  Other, specify OUTCOME_SPEC  OUTCOME_OTHR  16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment given in health given in hea		
Meningitis OUTCOME_MNGTS  OUTCOME_OTHR  16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  First prescription for treatment	Dysellery OUTCOME_DYS Maiaria OUTCOME_MALA	OTCOME_ITPHOID
Meningitis OUTCOME_MNGTS OUTCOME_OTHR  16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Treatment prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  TRT press JMD Intractions, cross ["X"] the appropriate boxes. ["X" all that apply.]  TRT press SINC Treatment for treatment at home. For each of the appropriate boxes. ["X" all that apply.]  TRT press SINC Treatment for treatment for treatment entered in health states and the appropriate boxes. ["X" all that apply.]  TRT press SINC Treatment for treatment for treatment entered in health states and the appropriate boxes. ["X" all that apply.]  TRT press SINC Traticular Apply.]  TRT press SINC Traticular Apply.]  TRT press SINC	OUTCOME PNEU	
16. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment given in health for treatment given in health for treatment at home.  TRT_PRES_ORS TRT_GIVE_ORS	Meningitis Other, specify OUTCOME_SPEC	
each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]  Given prescription for treatment given in health  TRT_PRES_ORS  TRT_GIVE_ORS  TRT_PRES_V  TRT_GIVE_ORS  TRT_PRES_AMPI TRT_GIVE_AMPI  Ampicillin  TRT_PRES_CINC  TRT_GIVE_ZINC  TRT_GIVE_ZINC  TRT_GIVE_CXL  TRT_GIVE_CXL  TRT_GIVE_CXL  TRT_GIVE_CXL  TRT_RES_SLPY TRT_GIVE_FLAG  Gentamycin  TRT_PRES_CHLOR  TRT_GIVE_GENT  TRT_RES_FLAG TRT_GIVE_FLAG  Gentamycin  TRT_PRES_ORS  TRT_PRES_ORS  TRT_GIVE_GENT  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_GENT  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_CHLOR  TRT_GIVE_CYL  TRT_RES_ANIT  TRT_GIVE_ANIT  Azithromycin  TRT_RES_ANIT  TRT_GIVE_OTHR1  TRT_GIVE_SPEC1  TRT_RES_OTHR2  TRT_GIVE_OTHR2  TRT_GIVE_SPEC1  TRT_RES_SPEC2  TRT_PRES_OTHR2  TRT_GIVE_OTHR2  TRT_GIVE_SPEC3  TRT_PRES_CIP  TRT_GIVE_CEF  Ceftriaxone (or other 3rd generation cephalosporin)  TRT_GIVE_SPEC3  TRT_GIVE_CIP  None prescribed/taken		t home. For
prescription for treatment given in health center  TRT_PRES_ORS  TRT_GIVE_ORS  TRT_PRES_V  TRT_GIVE_IV  Intravenous fluids  TRT_PRES_ZINC  TRT_GIVE_ZINC  TRT_PRES_CINC  TRT_GIVE_ZINC  TRT_PRES_CINC  TRT_GIVE_CXL  TRT_GIVE_CXL  TRT_GIVE_GENT  TRT_GIVE_GENT  TRT_GIVE_GENT  TRT_GIVE_GENT  TRT_GIVE_GENT  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_GENT  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_GENT  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_GIVE_CXL  TRT_PRES_CHLOR  TRT_GIVE_CAND  TRT_GIVE_CAND  TRT_GIVE_CHLOR  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_RES_CHLOR  TRT_GIVE_CHLOR  TRT_RES_CHLOR  TRT_GIVE_CHLOR  TR		
TRT_PRES_ORS TRT_GIVE_ORS TRT_PRES_AMPI TRT_GIVE_AMPI Ampicillin TRT_PRES_ZINC TRT_GIVE_IV Intravenous fluids TRT_PRES_ZINC TRT_GIVE_ZINC TRT_GIVE_ZINC TRT_PRES_CRNR TRT_GIVE_CPNR TRT_GIVE_CLL TRT_GIVE_CXL TRT_GIVE_CXL TRT_PRES_SLPY TRT_GIVE_SLPY TRT_GIVE_SLPY TRT_GIVE_GENT TRT_GIVE_GENT TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_ERY TRT_GIVE_ERY TRT_GIVE_ERY TRT_PRES_ANTI TRT_GIVE_AZI TRT_PRES_ANTI TRT_GIVE_ANTI Azithromycin TRT_PRES_ANTI TRT_GIVE_ANTI TRT_GIVE_MACR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT		
TRT_PRES_ZINC TRT_PRES_ZINC TRT_PRES_ZINC TRT_PRES_CAL TRT_GIVE_CXL TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_CHLOR TRT_GIVE_OTHR TRT_GIVE_SPEC1 TRT_PRES_CHLOR TRT_GIVE_MACR TRT_PRES_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC3 TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC3 TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC3 TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC3 TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_OTHR1 TRT_GIVE_SPEC3 TRT_PRES_CHLOR TRT_GIVE_CHLOR	for treatment given in health for treatment given in health	
TRT_PRES_ZINC TRT_PRES_ZINC TRT_PRES_CXL TRT_GIVE_ZINC TRT_PRES_CXL TRT_GIVE_CXL TRT_PRES_CXL TRT_GIVE_CXL TRT_PRES_SLPY TRT_GIVE_SLPY Selevid/Pivmecillinam TRT_GIVE_GENT TRT_GIVE_GENT TRT_GIVE_CHLOR TRT_PRES_OTHR TRT_GIVE_OTHR TRT_PRES_AZI TRT_PRES_AZI TRT_PRES_AZI TRT_PRES_AZI TRT_PRES_AZI TRT_PRES_MACR TRT_PRES_MACR TRT_PRES_MACR TRT_PRES_DEN TRT_GIVE_MACR TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_MACR TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_PRES_SPEC2 TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_PRES_SPEC3 TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_PRES_SPEC3 TRT_PRES_CEF TRT_GIVE_CEF		
TRT_PRES_CXL TRT_GIVE_CXL TRT_PRES_GENT TRT_GIVE_CXL TRT_PRES_GENT TRT_GIVE_GENT TRT_GIVE_GENT TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_GIVE_CHLOR TRT_PRES_FLAG TRT_GIVE_OTHR TRT_GIVE_OTHR TRT_GIVE_SPEC TRT_PRES_FLAG TRT_GIVE_OTHR TRT_GIVE_OTHR TRT_GIVE_SPEC TRT_PRES_FLAG TRT_GIVE_OTHR TRT_GIVE_OTHR TRT_GIVE_SPEC TRT_PRES_OTHR TRT_GIVE_HOME Evythromycin TRT_GIVE_AZI Azithromycin TRT_GIVE_AZI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_PRES_SPEC1 TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_GIVE_SPEC2 TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_PRES_SPEC3 TRT_PRES_CEF TRT_GIVE_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_CIP  1st or 2 <sup>rd</sup> generation cephalosporin None prescribed/taken	TRT_PRES_IV TRT GIVE IV TRT_PRES_NALID TRT_GIVE_NALID	
TRT_PRES_GENT TRT_GIVE_GENT TRT_PRES_CHLOR TRT_PRES_CHLOR TRT_GIVE_CHLOR TRT_PRES_OTHR TRT_GIVE_DATE TRT_PRES_CHLOR TRT_PRES_OTHR TRT_GIVE_OTHR TRT_GIVE_SPEC TRT_PRES_HOME TRT_GIVE_HOME Erythromycin TRT_GIVE_AXI TRT_PRES_AXI TRT_GIVE_AXI TRT_PRES_ANTI TRT_GIVE_OTHR1 TRT_GIVE_AXI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_ANTI TRT_GIVE_AXI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_GIVE_PEN TRT_GIVE_PEN TRT_PRES_OTHR2 TRT_GIVE_OTHR3 TRT_GIVE_AMOX TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_GIVE_SPEC2 TRT_PRES_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_CIP  1st or 2 <sup>nd</sup> generation cephalosporin None prescribed/taken	TRI_PRES_ZINC TRT GIVE ZINC TRT_PRES_CPNR TRT_GIVE_CPNR	. 1
TRT_PRES_GENT Gentamycin TRT_GIVE_CHLOR TRT_PRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ERY TRT_BRES_ANTI TRT_GIVE_HOME Erythromycin TRT_GIVE_AZI TRT_PRES_ANTI TRT_GIVE_OTHR1 TRT_GIVE_AZI TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_SPEC1 TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_BRES_OTHR2 TRT_GIVE_OTHR2 TRT_BRES_OTHR3 TRT_GIVE_OTHR3 TRT_BRES_OTHR3 TRT_GIVE_OTHR3 TRT_BRES_OTHR3 TRT_GIVE_OTHR3 TRT_BRES_SPEC2 TRT_PRES_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_CIP  1st or 2 <sup>nd</sup> generation cephalosporin None prescribed/taken	TRT_PRES_CXL TRT_GIVE_CXL TRT_PRES_SLPY TRT_GIVE_SLPY	oroquinoione
TRT_PRES_ERY TRT_GIVE_CHLOR TRT_PRES_ERY TRT_GIVE_ERY TRT_PRES_HOME TRT_GIVE_HOME Erythromycin TRT_PRES_AZI TRT_GIVE_AZI TRT_PRES_ANTI TRT_GIVE_ANTI Azithromycin TRT_GIVE_MACR TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_PRES_PEN TRT_GIVE_PEN TRT_GIVE_PEN TRT_GIVE_PEN TRT_GIVE_AMOX TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_GIVE_SPEC1 TRT_PRES_AMOX TRT_FRES_OTHR3 TRT_GIVE_OTHR3 TRT_GIVE_SPEC2 TRT_GIVE_AMOX TRT_PRES_CEF TRT_GIVE_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_CIP  1 st or 2 <sup>nd</sup> generation cephalosporin None prescribed/taken	TRT_PRES_GENT TRT_GIVE_FLAG  TRT_PRES_FLAG TRT_GIVE_FLAG	
TRT_PRES_ERY	TRT_PRES_CHLOR TRT GIVE CHLOR TRT_PRES_OTHR TRT GIVE OTHR	PRES_SPEC
TRT_PRES_AZI TRT_GIVE_AZI TRT_PRES_ANTI TRT_GIVE_ANTI Azithromycin TRT_PRES_MACR TRT_GIVE_MACR TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT_GIVE_PEN Penicillin TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT_GIVE_PEN Penicillin TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_GIVE_SPEC2 TRT_PRES_CEF TRT_GIVE_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_PRES_CIP  TRT_GIVE_CIP  1st or 2 <sup>nd</sup> generation cephalosporin  None prescribed/taken	TRT_DREG_ENV L Chloramphenicol/Thiamphenicol L L Other antibiotic, specify TRT_0	GIVE_SPEC_
TRT_PRES_MACR  Other macrolides  TRT_GIVE_MACR  Other macrolides  TRT_PRES_OTHR1 TRT_GIVE_OTHR1  TRT_GIVE_SPEC1  TRT_PRES_OTHR2 TRT_GIVE_OTHR2  TRT_PRES_SPEC2  TRT_PRES_OTHR3 TRT_GIVE_OTHR3  TRT_PRES_SPEC2  TRT_PRES_OTHR3 TRT_GIVE_OTHR3  TRT_PRES_SPEC3  TRT_PRES_SPEC3  TRT_PRES_SPEC3  TRT_PRES_SPEC3  TRT_PRES_CEF  Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin)  TRT_GIVE_CIP  1st or 2 <sup>nd</sup> generation cephalosporin  None prescribed/taken	TRT_PRES_AZI	emade fluid
TRT_PRES_PEN	TRT_PRES_MACK TRT_GIVE_MACR TRT_PRES_OTHR1 TRT_GIVE_OTHR1 TRT	
TRT_PRES_AMOX TRT_GIVE_AMOX TRT_PRES_OTHR3 TRT_GIVE_OTHR3 TRT_GIVE_SPEC2 TRT_PRES_CEF TRT_PRES_CEF TRT_GIVE_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_SPEC3 TRT_PRES_CIP TRT_GIVE_CIP  TRT_GIVE_SPEC3 TRT_GIVE_SPEC3 TRT_GIVE_SPEC3 TRT_GIVE_SPEC3 TRT_PRES_CIP TRT_GIVE_CIP  Some prescribed/taken	TRT_PRES_PEN TRT_GIVE_PEN TRT_PRES_OTHR2 TRT_GIVE_OTHR2 TRT	
TRT_PRES_CEF TRT_GIVE_CEF Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin) TRT_GIVE_CIP  1 <sup>st</sup> or 2 <sup>nd</sup> generation cephalosporin None prescribed/taken	Penicillin U Other medicine, specify	
TRT_PRES_CIP  Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin)  TRT_GIVE_SPEC3  TRT_GIVE_SPEC3  None prescribed/taken	TRI DES CEE TRI CIVE CEE	
□ 1 <sup>st</sup> or 2 <sup>nd</sup> generation cephalosporin □ <b>None prescribed/taken</b>	☐ ☐ Ceftriaxone (or other 3 <sup>rd</sup> generation cephalosporin)	T_GIVE_SPEC3

ALL VARIABLE NAMES PREFACED WITH F4B_ VIDA - CRF 04B - ENROLLMENT FOR CASES - MEI	DICAL				
Site Center Child ID					
17. Outcome when leaving hospital/health center.	["X" only one response.] <b>OUTCOME</b>				
1 Resolved or healthy	2 Improved				
3 No better	4 Worse				
5 Died in hospital/health center [skip to Q19]	6 Unknown/lost to follow up				
18. Date of discharge:  DISCHARGE_DATE  Day  Month	Time of discharge:  DISCHARGE_TIME (24 hour clock)				
19. If the child died, what was the date of death:  DATE_DEATH  Day  Month  Year					
[If the child died, make sure a verbal autopsy will be cusing CRF 10.]	completed according to local guidelines. Collect medical information				
Notes or comments [Initial and date notes]					
COMMENT					
Interviewer's Name	INT_CODE  Staff code				
Quality Control's NameQC	Staff code Day Month Year QC_CODE QC_DATE				