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Site	Center	Child ID	Day	Month	Year
			DATE		

## Section 1: Physical Findings

### 1. Physical findings:

#### a. Weight

**0-23 months old:** (Weight of caretaker with & without child):  kg **WT\_CHILD**  kg **WT\_CARE**  
Caretaker + child      Caretaker alone

**24-59 months old:** (Weight of child alone)  kg **WT**

b. Height **HT1**  cm 1st **HT2**  cm 2nd **HT3**  cm 3rd

c. MUAC **MUAC1**  cm 1st **MUAC2**  cm 2nd **MUAC3**  cm 3rd

d. Axillary temperature  °C **TEMP**

e. Respiratory rate per minute **RESP1**  1st **RESP2**  2nd

f. Capillary refill time  Normal (<2 sec.)  Slow (2-3 sec.)  Very slow (>3 sec.) **CAPIL**

g. Chest indrawing  No  Yes **CHEST\_INDRAW**

**EYES** h. Eyes  Normal  Sunken [Confirm with the mother that the eyes are more sunken than usual.]

**MOUTH** i. Mouth  Normal  Somewhat dry  Very dry

**SKIN** j. Skin pinch  Normal  Slow return [ $\leq 2$  sec.]  Very slow [ $> 2$  sec.]

**MENTAL** k. Mental status  Normal  Restless, irritable  Lethargic/unconscious

Absent Present

l. Rectal prolapse   **RECTAL**

m. Bipedal edema [Both feet]   **BIPEDAL**

n. Abnormal hair: sparse, loose, straight   **ABN\_HAIR**

o. Undernutrition: wasted/very thin   **UNDER\_NUTR**

p. Skin has 'flaky paint' appearance   **SKIN\_FLAKY**

2. Did either the interviewer or the study staff observe a stool sample from this child?  No  Yes  
[If "Yes", go to Question 3; if "No" go to Question 4.] **OBSERVE\_STOOL**

3. If "Yes", what was the nature of the stool? ["X" only one.] **NATURE\_STOOL**

Loose/liquid stool without blood  Loose/liquid stool with blood  Normal stool

4. Does the child require rehydration? **REQ\_REHYD**

No [Go to Section 3]  Yes, Oral rehydration  Yes, IV rehydration  Yes, both IV and oral rehydration

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5. Did [Child's Name] receive recommended rehydration at this hospital/health center?

☐ Yes [Continue] ☐ No [Skip to b]

RECEIV\_REQ

a. If Yes, select one: REHYD\_REC

☐ Received IV rehydration at this center

☐ Received oral rehydration at this center

☐ Received both oral and IV rehydration at this center

b. If No, state reason: REHYD\_REF

☐ Referred to another center

☐ Parents refused

☐ Prescribed ORS for use at home

~~5x. Is the child a VIDA-plus case? ☐ Yes ☐ No~~

*If child is a VIDA-PLUS case, go to question 17.*

## Section 2: Initial Rehydration

[Complete 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

a. Start Date:          
Day Month Year

b. Start Time:     (24 hour clock)

REHYD\_STOP\_DATE

REHYD\_STOP\_TIME

c. Stop Date:          
Day Month Year

d. Stop Time:     (24 hour clock)

## Outcome 4 Hours After Starting Rehydration

[Obtain the following information 4 hours after starting rehydration therapy (oral or intravenous). If the child leaves the facility before 4 hours have passed, skip this Section and go to Section 3.]

7. Was the child evaluated after 4 hours? ☐ No ☐ Yes CHILD\_EVAL

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 ☐ Yes CHILD\_COMP\_REHYD

8. Findings after 4 hours of rehydration:

a. Weight

0-23 months old: (Weight of caretaker with & without child):

FIND\_WT\_CHILD

FIND\_WT\_CARE



Caretaker + child

Caretaker alone

24-59 months old: (Weight of child alone):

FIND\_WT

REHYD\_WTNA

FIND\_MUAC1

FIND\_MUAC2

FIND\_MUAC3

b. MUAC

1st    cm

2nd    cm

3rd    cm

c. Mouth

☐ Normal

☐ Somewhat dry

☐ Very dry FIND\_MOUTH

Site Center Child ID

d. Skin pinch ☐ Normal ☐ Slow return [ $\leq 2$  sec.] ☐ Very slow [ $> 2$  sec.] **FIND\_SKIN\_PINCH**

9. Does the child continue to purge large volumes of watery stool? ☐ No ☐ Yes **CHILD\_PURGE**

10. Was the total stool output within the last four hours measured? ☐ No ☐ Yes **CHILD\_OUTPUT**

a. If "Yes", what was the volume?     ml **VOLUME**

11. Does the child require additional oral/IV fluid for rehydration? **CHILD\_IV**

☐ No [Go to section 3] ☐ Yes

**Outcome if additional rehydration needed after first 4 hours**

a. Was the child completely rehydrated in the hospital? ☐ No [Go to section 3] ☐ Yes **REHYD\_HOSP**

b. Date of completed rehydration:           **REHYD\_DATE**  
 Day Month Year

c. Time of completed rehydration:     (24 hour clock) **REHYD\_TIME**

d. **Weight** If "Yes" to Q11a, weigh the child again after the child is completely rehydrated **REHYD\_WT\_CARE**

**0-23 months old:** (Weight of caretaker with & without child): **REHYD\_WT\_CHILD**     kg     kg **REHYD\_WT** **MREHYD\_WTNA**  
 Caretaker + child Caretaker alone

**24-59 months old:** (Weight of child alone):     kg **REHYD\_WT** **MREHYD\_WTNA**

e. **MUAC** 1<sup>st</sup>    cm **REHYD\_MUAC1** 2<sup>nd</sup>    cm **REHYD\_MUAC2** 3<sup>rd</sup>    cm **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** **OUT\_WT\_CHILD**     kg **OUT\_WT\_CARE**     kg  
**0-23 months old:** (Weight of caretaker with and without child): **OUT\_WT**  
 Caretaker + child Caretaker alone

☐ N/A **A23\_WTNA**

**24-59 months old:** (Weight of child alone):     kg ☐ N/A **OUT\_WTNA**

b. **MUAC** 1<sup>st</sup>    cm **OUT\_MUAC1** 2<sup>nd</sup>    cm **OUT\_MUAC2** 3<sup>rd</sup>    cm **OUT\_MUAC3** ☐ N/A **OUT\_MUAC\_NA**

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

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13. Was the child admitted to a hospital? ☐ No ☐ Yes **ADMIT**

13x. If "No", was it advised that the child be admitted to a hospital? **ADM\_ADV**

☐ No

**ADM\_ADVSP**

☐ Yes - If Yes, specify: ☐ Yes, but parent refused

☐ Yes, referred to another hospital

☐ Yes, but child died before admission

*[If the child was admitted to a hospital, go to question 14. If not admitted, go to question 15.]*

14. If admitted to the hospital, for how many days?  **OUTCOME\_DAYS**

14a. Is the child still in hospital > 60 days? ☐ No ☐ Yes **HOSP**

15. Child's diagnosis upon leaving the hospital/health center. [*"X" all that apply.*]

☐ Diarrhea **OUTCOME\_DRH**

☐ Other invasive bacterial infection **OUTCOME\_BACT**

☐ Typhoid

☐ Dysentery **OUTCOME\_DYS**

☐ Malaria **OUTCOME\_MALA**

**OUTCOME\_TYPHOID**

☐ Pneumonia/lower respiratory infection

☐ Malnutrition **OUTCOME\_MLNT**

☐ Meningitis

**OUTCOME\_PNEU**

☐ Other, specify **OUTCOME\_SPEC**

**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

Treatment  
given in health  
center

**TRT\_PRES\_OR**

**TRT\_GIVE\_OR**

☐

☐ ORS

**TRT\_PRES\_IV**

**TRT\_GIVE\_IV**

☐

☐ Intravenous fluids

**TRT\_PRES\_ZINC**

**TRT\_GIVE\_ZINC**

☐

☐ Zinc

**TRT\_PRES\_CXL**

**TRT\_GIVE\_CXL**

☐

☐ Cotrimoxazole

**TRT\_PRES\_GENT**

**TRT\_GIVE\_GENT**

☐

☐ Gentamycin

**TRT\_PRES\_CHLOR**

**TRT\_GIVE\_CHLOR**

☐

☐ Chloramphenicol/Thiamphenicol

**TRT\_PRES\_ERY**

**TRT\_GIVE\_ERY**

☐

☐ Erythromycin

**TRT\_PRES\_AZI**

**TRT\_GIVE\_AZI**

☐

☐ Azithromycin

**TRT\_PRES\_MACR**

**TRT\_GIVE\_MACR**

☐

☐ Other macrolides

**TRT\_PRES\_PEN**

**TRT\_GIVE\_PEN**

☐

☐ Penicillin

**TRT\_PRES\_AMOX**

**TRT\_GIVE\_AMOX**

☐

☐ Amoxycillin

**TRT\_PRES\_CEF**

**TRT\_GIVE\_CEF**

☐

☐ Ceftriaxone (or other 3<sup>rd</sup> generation cephalosporin)

**TRT\_PRES\_CIP**

**TRT\_GIVE\_CIP**

☐

☐ 1<sup>st</sup> or 2<sup>nd</sup> generation cephalosporin

Given  
prescription  
for treatment  
at home

Treatment  
given in health  
center

**TRT\_PRES\_AMPI**

**TRT\_GIVE\_AMPI**

☐

☐ Ampicillin

**TRT\_PRES\_NALID**

**TRT\_GIVE\_NALID**

☐

☐ Nalidixic acid

**TRT\_PRES\_CPNR**

**TRT\_GIVE\_CPNR**

☐

☐ Ciprofloxacin/Norfloxacin/other fluoroquinolone

**TRT\_PRES\_SLPY**

**TRT\_GIVE\_SLPY**

☐

☐ Selexid/Pivmecillinam

**TRT\_PRES\_FLAG**

**TRT\_GIVE\_FLAG**

☐

☐ Metronidazole (Flagyl)

**TRT\_PRES\_OTHR**

**TRT\_GIVE\_OTHR**

☐

☐ Other antibiotic, specify

**TRT\_PRES\_SPEC**

**TRT\_GIVE\_SPEC**

**TRT\_PRES\_HOME**

**TRT\_GIVE\_HOME**

☐

☐ A (government recommended) homemade fluid

**TRT\_PRES\_ANTI**

**TRT\_GIVE\_ANTI**

☐

☐ An antimalarial drug

**TRT\_PRES\_OTHR1**

**TRT\_GIVE\_OTHR1**

☐

☐ Other medicine, specify

**TRT\_PRES\_SPEC1**

**TRT\_GIVE\_SPEC1**

**TRT\_PRES\_OTHR2**

**TRT\_GIVE\_OTHR2**

☐

☐ Other medicine, specify

**TRT\_PRES\_SPEC2**

**TRT\_GIVE\_SPEC2**

**TRT\_PRES\_OTHR3**

**TRT\_GIVE\_OTHR3**

☐

☐ Other medicine, specify

**TRT\_PRES\_SPEC3**

**TRT\_GIVE\_SPEC3**

☐ None prescribed/taken

**TRT\_NONE**

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

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17. Outcome when leaving hospital/health center. [*"X" only one response.*] **OUTCOME**

- |  |  |
|--|--|
| <input type="checkbox"/> 1 Resolved or healthy                                   | <input type="checkbox"/> 2 Improved                  |
| <input type="checkbox"/> 3 No better   | <input type="checkbox"/> 4 Worse                     |
| <input type="checkbox"/> 5 Died in hospital/health center [ <i>skip to Q19</i> ] | <input type="checkbox"/> 6 Unknown/lost to follow up |

18. Date of discharge:    Time of discharge:   
**DISCHARGE\_DATE** Day Month Year **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 completed according to local guidelines. Collect medical information using CRF 10.]*

Notes or comments [*Initial and date notes*]

**COMMENT**

Interviewer's Name **INTVWR**  **INT\_CODE**  
 Staff code

Quality Control's Name **QC**     
 Staff code Day Month Year  
**QC\_CODE** **QC\_DATE**