

# ALL VARIABLES PREFACED WITH F3\_

VIDA - CRF 03 - ELIGIBILITY FOR CASES

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Site	Center	Child ID					

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

DATE

1. Child's birthdate:         Age:   Months

2. Child's gender: ☐ Boy ☐ Girl

## Eligibility Checklist

3. Is this child 0-59 months of age? **AGE59**

No	Yes	DK
<input type="text"/>	<input type="text"/>	<input type="text"/>

4. Does the child qualify as a DSS resident? **CHILD\_DSS**

No	Yes
<input type="text"/>	<input type="text"/>

If "Yes", record DSS number:

5. Check "Yes" if this child is **NOT** currently enrolled in VIDA as a case **NOT\_VIDA**

No	Yes	DK
<input type="text"/>	<input type="text"/>	<input type="text"/>

  
("currently enrolled" means: enrolled and has not completed 60-day followup visit).

6. Did this child pass 3 or more abnormally loose stools during the previous 24 hours? 

No	Yes
<input type="text"/>	<input type="text"/>

**ABN\_LOOSE**

7. Did current diarrhea episode begin within the previous 7 days? **DRH\_7**

No	Yes	DK
<input type="text"/>	<input type="text"/>	<input type="text"/>

8. Before this episode began, did the child have at least 7 days without diarrhea? **DRH7DAY**

No	Yes	DK
<input type="text"/>	<input type="text"/>	<input type="text"/>

9. Does the child have ANY ONE of the following indicating moderate/severe diarrhea? 

No	Yes
<input type="text"/>	<input type="text"/>

a. Sunken eyes, more than normal **DRH\_SUNKEYES**

No	Yes
<input type="text"/>	<input type="text"/>

b. Loss of skin turgor **DRH\_TURGOR**

No	Yes
<input type="text"/>	<input type="text"/>

c. Intravenous rehydration administered or prescribed **DRH\_IV**

No	Yes
<input type="text"/>	<input type="text"/>

d. Dysentery (diarrhea with visible blood in stool observed or reported) **DRH\_DYS**

No	Yes
<input type="text"/>	<input type="text"/>

e. Hospitalized with diarrhea, no dysentery **NOSP\_NONDYS**

No	Yes
<input type="text"/>	<input type="text"/>

f. Hospitalized with dysentery **HOSP\_DYS**

No	Yes
<input type="text"/>	<input type="text"/>

10. Is the child eligible for enrollment : **CHILD\_ELIG**

No	Yes
<input type="text"/>	<input type="text"/>

  
10a. For VIDA study? **VIDA\_ELIG**

No	Yes
<input type="text"/>	<input type="text"/>

[The child is eligible for VIDA study if the answers to Questions 3 through 8, and at least one of the Questions 9a to 9f are "Yes".]

10b. For VIDA-plus study? **VPL\_ELIG**

No	Yes
<input type="text"/>	<input type="text"/>

[The child is eligible for VIDA-plus study if: the child was born on or after November 1, 2013; answers to Questions 4 through 8 and at least one of the Questions 9a to 9f are "Yes"; it is July-February; and 9 cases have been enrolled in this child's age stratum during the current fortnight.]

10c. For Merck study? **MERCK\_ELIG**

No	Yes
<input type="text"/>	<input type="text"/>

[The child is eligible for Merck study if the answers to Questions 3 through 8, and at least one of the Questions 9a to 9c or 9e are "Yes".]

**If response to Question 10 is "No", STOP and end the interview by thanking the caretaker/parent for his/her participation. Write down the name and staff code and submit the form to the DCC. If the child is eligible, continue to Question 11.**

Interviewer's Name **INTVWR**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff code		

**INT\_CODE**

Quality Control's Name **QC**

<input type="text"/>	<input type="text"/>	<input type="text"/>
Staff code		

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year			

**QC\_CODE**

**QC\_DATE**

	<u>No</u>	<u>Yes</u>	<u>N/A</u>
11. Was consent obtained:			
11a. For VIDA study? <b>VIDA_CON</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
11b. For VIDA-plus study? <b>VDP_CON</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
11c. For Merck study? <b>MERCK_CON</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
	<u>No</u>	<u>Yes</u>	<u>N/A</u>
12. If the child is eligible for VIDA, was child given antibiotic before whole stool sample was collected? <b>ANTIBIOTIC</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="9"/>
a. If "No" to Question 12, was a stool sample collected from the child within 12 hours of registration? <b>STOOL_SMPL</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	
b. If "Yes" to Question 12, were rectal swabs taken before antibiotics AND was a whole stool collected within 12 hours of registration? <b>RECTAL_SWAB</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	
13. Was the child enrolled? <b>CHILD_ENROLL</b>	<input type="text" value="0"/>	<input type="text" value="1"/>	
14. If eligible but not enrolled, what was the reason? [Check one of the two main reasons.] <b>NOT_ENROLLED</b>			
<b>1</b> Not invited by health center for one of the following reasons:			
<b>1</b> After hours presentation <b>NI_AFTER</b>			
<b>1</b> Unable to collect a rectal swab before the child received antibiotics (for VIDA) <b>NI_NOSWAB</b>			
<b>1</b> Unable to produce adequate stool sample [10 grams with a minimum of 4 grams for VIDA or Merck, OR minimum of 2 grams for VIDA-plus] within 12 hours of registration <b>NI_INSST_ML</b>			
<b>1</b> 14 day quota filled (as applicable during non-rotavirus season) <b>NI_14DQT</b>			
<b>1</b> Child died before invitation <b>NI_DIED</b>			
<b>1</b> Child's severe condition did not allow time for enrollment process <b>NI_SEVERE</b>			
<b>1</b> Other, specify <b>NI_OTHER</b> _____ <b>NOT_INVITE_SPEC</b>			
<b>2</b> Refused by parent/caretaker for one of the following reasons:			
<b>1</b> Parent/caretaker too busy <b>PTR_BUSY</b>			
<b>1</b> Does not like research <b>PTR_RSH</b>			
<b>1</b> Child too sick <b>PTR_REFSK</b>			
<b>1</b> Other, specify <b>PTR_OTH</b> _____ <b>PT_REFUSED_SPEC</b>			

15. Is this child eligible for saliva collection at the time of enrollment? **ELIG\_SALIVA**  No  Yes  N/A

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

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

<b>COMMENT</b>
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Interviewer's Name <b>INTVWR</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<b>INT_CODE</b>
	Staff code	
Quality Control's Name <b>QC</b>	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	<input type="text" value=""/> <input type="text" value=""/>
	Staff code	Day
	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>	Month
	<input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/>	Year
	<b>QC_CODE</b>	<b>QC_DATE</b>