				$ \ \ $			
Study # 004 CHILDID	Plate # 031		Visit # 001	F3_DA	TE		
					2 0		
Site Center	Child ID		Day M	onth -	Ye	ar	
	CHILDBRTH		Δ	\GE \	Version#	_# 2	
1. Child's birthdate: Day	Month	Year Aş		Months	F3_Ver		
2. Child's gender: 0 Be	oy 1 Girl GENDER	F3_AGECAT 1	=0-11 Months				
Eligibility Checklist		2	=12-23 Months =24-59 Months		0 <i>No</i>	1 9 Yes D	V
3. Does the child qualify as	a DSS resident?	CASE_AGE_C			<i>No</i> □		.D_DSS
4. Do you believe that this of		nrolled in GF	MS as a case	9			_ NOT_GEMS
5. Is this child 0-59 months	-	moned in GE	wis as a case	•			AGE59
6. Did this child pass 3 or n	<u> </u>	etoole during	the previous	24 hours?			JABN_LOOSE
7. Did current diarrhea epis	ř	Č	1	24 Hours:			」
•		•		haa?			DRH7DAY
8. Before this episode began		•			.0		_
9. Does the child have ANY		g maicating ii	ioderate/seve	ere diarrne	a :	DRH_S	SUNKEYES
a. Sunken eyes, mor						DRH	TURGOR
b. Loss of skin turgo		'1 1					」 □ DRH_IV
•	ration administered or	-		1			DRH_DYS
•	ea with visible blood in	n stool observ	ed or reporte	ed)			DRH_HOSP
•	diarrhea or dysentery						
10. Is the child eligible for e		2 . 1 1 0	. 1 1	-641 0			CHILD_ELIG
(The child is eligible only if t	ne answers to the Question	is 5 inrougn 8, ai	ia at ieast one (oj ine Questi	ons 9a t	o 9e are	res .)
10a. If any response to Queswere not able to determ		are DK, check	the option t	hat best de	escribes	s why yo	ou
1	Caretaker not availa	ble					
2	Clinician not availab	ole					
3	Both caretaker & cli	inician not ava	ilable				
4	Other, specify NOT_E	ELIG_SPEC					
(If response to Q10 is "No", STo down the name and staff code an	nd submit the form to the I					ipation. V	Vrite
Interviewer's Name	INT_CODE						
Quality Control's Name	QC_CODE	Staff code	Q	C_DATE	2 ()	
VRG Undated 22Aug2011		Staff code	Day	Month)	Year	

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- 11									
Study (# 004		Plate # 033		Visit # 001				
	Site	Center	Child IE)		0	1		
						No	Yes		
11. Was c	onser	nt obtained?						CONSENT	
12. Was c	hild g	given antibiotic be	fore whole stool	sample could	be collected?	? 🗌		ANTIBIOTIC	(new on version 2)
		Question 12, was a ours of registration	-	llected from the	e child			STOOL_SM	PL
		Question 12, were e stool collected w			piotics AND			RECT_SWA	B (new on version 2
15. Was th	he chi	ild enrolled?						CHILD_ENF	ROLL
16. If eligi	ible b	out not enrolled, w	hat was the reaso	on? [Check one	of the two ma	in reaso	ns.]		
1 No	ot inv	ited by health ce	nter for one of t	he following r	easons:			NOT_ENRO	LLED
	1	After hours preser	ntation						
	7	Unable to collect a	a rectal swab bef	ore the child re	eceived antib	oiotics (r	new on	version 2)	
NOT_INVITED		Unable to produce of registration	e adequate stool s	sample [10 gran	is with a minim	um of 3 g	grams]	within 121	nours
	3	14 day quota filled	d						
	4	Child died before	invitation						
	5	Child too sick NOT	_INVITE_SPEC						
	6	Other, specify							
2 Re	efuseo	d by parent/caret	aker for one of	the following	reasons:				
PT_REFUSED	1	Parent/caretaker to	oo busy						
	2	Does not like rese	arch						
		Child too sick							
	4	Other, specify	REFUSED_SPEC						
Notes or o	comn	nents [Initial and da	te notes.]						
Interviewer'	's Nam	ne	INT_CODE2	Staff code	000	· DATES			
			QC_CODE2	siajj coae		DATE2			\neg
Quality Con	itrol's	Name		Staff code	Day	Month		2 0	

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