

Reports of CoHSI2 - version 123.81

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Report 'Screening'

Step Visit physician & inclusion

Number	Question	Answers
1	Has patient signed informed consent? <i>Exclude patient if field's value is equal to no with message: 'This volunteer is not able to participate without informed consent.'</i>	<input type="radio"/> yes <input type="radio"/> no
2	ICF "toestemming om mijn persoonsgegevens langer na dit onderzoek te bewaren en te gebruiken voor toekomstig onderzoek op het gebied van schistosomiasis, zoals in de informatiebrief staat"	<input type="radio"/> yes <input type="radio"/> no
3	ICF "toestemming om mijn lichaamsmateriaal na dit onderzoek te bewaren en om dit later nog voor meer onderzoek op het gebied van schistosomiasis te gebruiken, zoals in de informatiebrief staat"	<input type="radio"/> yes <input type="radio"/> no
4	ICF "toestemming om mijn persoonsgegevens en lichaamsmateriaal te delen met partner onderzoeksinstituten die zich buiten de EU bevinden"	<input type="radio"/> yes <input type="radio"/> no
5	ICF "toestemming om mij na dit onderzoek opnieuw te benaderen voor een vervolgonderzoek"	<input type="radio"/> yes <input type="radio"/> no
6	Date of screening	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
7	Age in years (at week 00) <i>Warning shown if field's value is smaller than 18: 'Too young to participate'</i> <i>Warning shown if field's value is larger than 45: 'Too old to participate'</i>	<input type="text"/>
8	Gender	<input type="radio"/> male <input type="radio"/> female
9	Recruitment by	<input type="checkbox"/> flyer <input type="checkbox"/> poster <input type="checkbox"/> mail vaccinonderzoek <input type="checkbox"/> facebook <input type="checkbox"/> instagram <input type="checkbox"/> other

9.1	If 'Recruitment by' is equal to 'other' answer this question: Please specify "other"	<input type="text"/>
8.1	If 'Gender' is equal to 'female' answer this question: Is volunteer pregnant (self-reported)? <i>Warning shown if field's value is equal to yes: 'This volunteer is not able to participate in this study.'</i>	<input type="radio"/> yes <input type="radio"/> no
Pre-existing conditions		
10	Any pre-existing conditions?	<input type="radio"/> yes <input type="radio"/> no
10.1	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving eyes?	<input type="radio"/> yes <input type="radio"/> no
10.1.1	If 'Condition involving eyes?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>
10.1.2	If 'Condition involving eyes?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>
10.1.3	If 'Condition involving eyes?' is equal to 'yes' answer this question: Remarks	<input type="text"/>
10.2	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving ear-nose-throat?	<input type="radio"/> yes <input type="radio"/> no
10.2.1	If 'Condition involving ear-nose-throat?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>
10.2.2	If 'Condition involving ear-nose-throat?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>
10.2.3	If 'Condition involving ear-nose-throat?' is equal to 'yes' answer this question: Remarks	<input type="text"/>
10.3	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving digestive system?	<input type="radio"/> yes <input type="radio"/> no
10.3.1	If 'Condition involving digestive system?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>

10.3.2	If 'Condition involving digestive system?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>
10.3.3	If 'Condition involving digestive system?' is equal to 'yes' answer this question: Remarks	<input type="text"/>
10.4	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving respiratory system?	<input type="radio"/> yes <input type="radio"/> no
10.4.1	If 'Condition involving respiratory system?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>
10.4.2	If 'Condition involving respiratory system?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>
10.4.3	If 'Condition involving respiratory system?' is equal to 'yes' answer this question: Remarks	<input type="text"/>
10.5	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving cardio-vascular system?	<input type="radio"/> yes <input type="radio"/> no
10.5.1	If 'Condition involving cardio-vascular system?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>
10.5.2	If 'Condition involving cardio-vascular system?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>
10.5.3	If 'Condition involving cardio-vascular system?' is equal to 'yes' answer this question: Remarks	<input type="text"/>
10.6	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving haematology?	<input type="radio"/> yes <input type="radio"/> no
10.6.1	If 'Condition involving haematology?' is equal to 'yes' answer this question: ICD-10 code	<input type="text"/>
10.6.2	If 'Condition involving haematology?' is equal to 'yes' answer this question: ICD-10 description	<input type="text"/>

10.6.3	If 'Condition involving haematology?' is equal to 'yes' answer this question: Remarks	<div></div>
10.7	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving the skin?	<input type="radio"/> yes <input type="radio"/> no
10.7.1	If 'Condition involving the skin?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.7.2	If 'Condition involving the skin?' is equal to 'yes' answer this question: ICD-10 description	<div></div>
10.7.3	If 'Condition involving the skin?' is equal to 'yes' answer this question: Remarks	<div></div>
10.8	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving neurological system?	<input type="radio"/> yes <input type="radio"/> no
10.8.1	If 'Condition involving neurological system?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.8.2	If 'Condition involving neurological system?' is equal to 'yes' answer this question: ICD-10 description	<div></div>
10.8.3	If 'Condition involving neurological system?' is equal to 'yes' answer this question: Remarks	<div></div>
10.9	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving skeleton?	<input type="radio"/> yes <input type="radio"/> no
10.9.1	If 'Condition involving skeleton?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.9.2	If 'Condition involving skeleton?' is equal to 'yes' answer this question: ICD-10 description	<div></div>

10.9.3	If 'Condition involving skeleton?' is equal to 'yes' answer this question: Remarks	<div></div>
10.10	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving genito-urinary system?	<input type="radio"/> yes <input type="radio"/> no
10.10.1	If 'Condition involving genito-urinary system?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.10.2	If 'Condition involving genito-urinary system?' is equal to 'yes' answer this question: ICD-10 description	<div></div>
10.10.3	If 'Condition involving genito-urinary system?' is equal to 'yes' answer this question: Remarks	<div></div>
10.11	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving allergies?	<input type="radio"/> yes <input type="radio"/> no
10.11.1	If 'Condition involving allergies?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.11.2	If 'Condition involving allergies?' is equal to 'yes' answer this question: ICD-10 description	<div></div>
10.11.3	If 'Condition involving allergies?' is equal to 'yes' answer this question: Remarks	<div></div>
10.12	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving endocrine system?	<input type="radio"/> yes <input type="radio"/> no
10.12.1	If 'Condition involving endocrine system?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.12.2	If 'Condition involving endocrine system?' is equal to 'yes' answer this question: ICD-10 description	<div></div>

10.12.3	If 'Condition involving endocrine system?' is equal to 'yes' answer this question: Remarks	<div></div>
10.13	If 'Any pre-existing conditions?' is equal to 'yes' answer this question: Condition involving other system?	<input type="radio"/> yes <input type="radio"/> no
10.13.1	If 'Condition involving other system?' is equal to 'yes' answer this question: ICD-10 code	<div></div>
10.13.2	If 'Condition involving other system?' is equal to 'yes' answer this question: ICD-10 description	<div></div>
10.13.3	If 'Condition involving other system?' is equal to 'yes' answer this question: Remarks	<div></div>
11	Medical history	<div></div>
12	Family history	<div></div>
13	Use of medication	<input type="radio"/> yes <input type="radio"/> no
13.1	If 'Use of medication' is equal to 'yes' answer this question: Specify medication (dose & indication)	<div></div>
14	Any allergies	<input type="radio"/> yes <input type="radio"/> no
14.1	If 'Any allergies' is equal to 'yes' answer this question: Specify allergies	<div></div>

Intoxications		
15	Smoking current	<input type="radio"/> no <input type="radio"/> occasionally <input type="radio"/> daily
15.1	If 'Smoking current' is equal to 'daily' answer this question: Number of daily cigarettes (on average)	<input type="radio"/> ≤ 10 daily <input type="radio"/> 11 - 20 daily <input type="radio"/> 21 - 40 daily <input type="radio"/> > 40 daily
15.2	If 'Smoking current' is not equal to 'no' answer this question: Year started smoking	<input type="text"/> (yyyy)
15.3	If 'Smoking current' is equal to 'no' answer this question: Smoking in the past	<input type="radio"/> no <input type="radio"/> occasionally <input type="radio"/> daily
15.3.1	If 'Smoking in the past' is not equal to 'no' answer this question: Year start smoking	<input type="text"/> (yyyy)
15.3.2	If 'Smoking in the past' is not equal to 'no' answer this question: Year quit smoking	<input type="text"/> (yyyy)
15.3.3	If 'Smoking in the past' is equal to 'daily' answer this question: Number of daily cigarettes in past (on average)	<input type="radio"/> ≤ 10 daily <input type="radio"/> 11 - 20 daily <input type="radio"/> 21 - 40 daily <input type="radio"/> > 40 daily
16	Alcohol	<input type="radio"/> no <input type="radio"/> occasionally <input type="radio"/> daily
16.1	If 'Alcohol' is not equal to 'no' answer this question: Alcohol: average units/week	<input type="text"/>
17	Drug use	<input type="radio"/> yes <input type="radio"/> no
17.1	If 'Drug use' is equal to 'yes' answer this question: Which drugs?	<input type="checkbox"/> amphetamins / XTC <input type="checkbox"/> cocaine <input type="checkbox"/> marijuana <input type="checkbox"/> other
17.1.1	If 'Which drugs?' is equal to 'other' answer this question: Which other drugs?	<input type="text"/>

17.2	If 'Drug use' is equal to 'yes' answer this question: Frequency of drug use?	<input type="text"/> per month
Tropical visits		
18	Tropical visits	<input type="text"/>
19	History of schistosomiasis <i>Warning shown if field's value is equal to yes: 'This person is not able to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
20	Previous treatment for schistosomiasis <i>Warning shown if field's value is equal to yes: 'This person is not able to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
Social		
21	Social	<input type="text"/>
Miscellaneous		
22	Diet <i>Notice shown if field's value is equal to vegan: 'Please explain in remarks field below'</i>	<input type="radio"/> none <input type="radio"/> no meat and fish <input type="radio"/> meat, but no fish <input type="radio"/> fish, but no meat <input type="radio"/> vegan <input type="radio"/> other
23	Remarks on diet	<input type="text"/>
24	Use of antibiotic use 3 months before start of the study	<input type="radio"/> yes <input type="radio"/> no
24.1	If 'Use of antibiotic use 3 months before start of the study' is equal to 'yes' answer this question: Please elaborate on AB-use	<input type="text"/>

25	Use of probiotics	<input type="radio"/> yes <input type="radio"/> no
25.1	If 'Use of probiotics' is equal to 'yes' answer this question: Please explain which probiotics and how often	<div style="border: 1px dashed black; height: 80px; width: 100%;"></div>
Physical examination		
26	Height <i>Warning shown if field's value is larger than 280: 'This cant be right'</i> <i>Notice shown if field's value is larger than 200: 'Please remeasure the patient'</i> <i>Warning shown if field's value is larger than 250: 'This person is really tall, are you sure?'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> cm
27	Weight <i>Notice shown if field's value is larger than 150: 'Please verify this patient's weight'</i> <i>Warning shown if field's value is smaller than 50: 'This person is not allowed to participate in this study, weight is too low.'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> kg
28	BMI <i>Warning shown if field's value is smaller than 18: 'This person is not allowed to participate in this study, BMI too low.'</i> <i>Warning shown if field's value is larger than 35: 'This person is not allowed to participate in this study, BMI too high.'</i>	
29	Temperature <i>Warning shown if field's value is smaller than 34: 'This temperature is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 40: 'This temperature is too high. Please check if this is correct.'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> °C
30	Pulse rate <i>Warning shown if field's value is smaller than 30: 'Pulse is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 140: 'Pulse is too high. Please check if this is correct.'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> bpm
31	Systolic blood pressure <i>Warning shown if field's value is smaller than 90: 'Blood pressure is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 160: 'Blood pressure is too high. Please check if this is correct.'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> mmHg
32	Diastolic blood pressure <i>Warning shown if field's value is smaller than 50: 'Blood pressure is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 100: 'Blood pressure is too high. Please check if this is correct.'</i>	<div style="border: 1px dashed black; width: 150px; height: 20px;"></div> mmHg
33	Description physical examination	<div style="border: 1px dashed black; height: 80px; width: 100%;"></div>

34	Any signs during physical examination?	<input type="radio"/> yes <input type="radio"/> no
34.1	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving digestive system?	<input type="radio"/> yes <input type="radio"/> no
34.1.1	If 'Signs involving digestive system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.1.2	If 'Signs involving digestive system?' is equal to 'yes' answer this question: Clinical significance? <i>Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
34.2	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving respiratory system?	<input type="radio"/> yes <input type="radio"/> no
34.2.1	If 'Signs involving respiratory system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.2.2	If 'Signs involving respiratory system?' is equal to 'yes' answer this question: Clinical significance? <i>Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
34.3	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving cardio-vascular system?	<input type="radio"/> yes <input type="radio"/> no
34.3.1	If 'Signs involving cardio-vascular system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.3.2	If 'Signs involving cardio-vascular system?' is equal to 'yes' answer this question: Clinical significance? <i>Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
34.4	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving lymphatic system?	<input type="radio"/> yes <input type="radio"/> no
34.4.1	If 'Signs involving lymphatic system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.4.2	If 'Signs involving lymphatic system?' is equal to 'yes' answer this question: Clinical significance? <i>Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'</i>	<input type="radio"/> yes <input type="radio"/> no
34.5	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving skin?	<input type="radio"/> yes <input type="radio"/> no

34.5.1	If 'Signs involving skin?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.5.2	If 'Signs involving skin?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
34.6	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving neurological system?	<input type="radio"/> yes <input type="radio"/> no
34.6.1	If 'Signs involving neurological system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.6.2	If 'Signs involving neurological system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
34.7	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving skeleton?	<input type="radio"/> yes <input type="radio"/> no
34.7.1	If 'Signs involving skeleton?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.7.2	If 'Signs involving skeleton?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
34.8	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving genito-urinary system?	<input type="radio"/> yes <input type="radio"/> no
34.8.1	If 'Signs involving genito-urinary system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
34.8.2	If 'Signs involving genito-urinary system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
34.9	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving other system?	<input type="radio"/> yes <input type="radio"/> no
34.9.1	If 'Signs involving other system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>

- 34.9.2 **If 'Signs involving other system?' is equal to 'yes' answer this question:** ☐ yes
 Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.' ☐ no

Last things

- 35 Missing timepoints due to holidays? ☐ yes
☐ no

- 35.1 **If 'Missing timepoints due to holidays?' is equal to 'yes' answer this question:**
 Which timepoints? Please note date and weeks.

- 36 Remain in Europe (excluding Corsica) during the study period ☐ yes
 Warning shown if field's value is equal to no: 'Not able to participate' ☐ no

- 37 Reachable by mobile telephone from week 3 to week 8 of the study period ☐ yes
 Warning shown if field's value is equal to no: 'Not able to participate' ☐ no

- 38 Blood donor (Sanquin or other) ☐ yes
☐ no

- 38.1 **If 'Blood donor (Sanquin or other)' is equal to 'yes' answer this question:** ☐ yes
 Agrees to refrain from blood donation Warning shown if field's value is equal to no: 'Not able to participate' ☐ no

- 8.2 **If 'Gender' is equal to 'female' answer this question:** ☐ yes
 Use adequate contraception for the duration of the study ☐ no
 Warning shown if field's value is equal to no: 'Not able to participate'

- 8.3 **If 'Gender' is equal to 'female' answer this question:** ☐ yes
 No breastfeeding for the duration of the study Warning shown if field's value is equal to no: 'Not able to participate' ☐ no

- 39 Employee or student of the department of PARA or INZI of the LUMC ☐ yes
 Warning shown if field's value is equal to yes: 'Not able to participate' ☐ no

- 40 Discussed that more people might be screened and screening not necessarily means inclusion ☐ yes
 Notice shown if field's value is equal to no: 'Please contact volunteer to make sure that he/she is aware of this point' ☐ no

- 41 Remarks

Step Measurements

Number	Question	Answers
1	<p>If 'Gender' is equal to 'female' answer this question:</p> <p>Pregnancy test Warning shown if field's value is equal to pregnant: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> not pregnant <input type="radio"/> pregnant
	KCL Algemene hematologie	
2	<p>If 'Gender' is equal to 'female' answer this question:</p> <p>ESR (f) Warning shown if field's value is larger than 20: 'Abnormality'</p>	<input type="text"/> mm
3	<p>If 'Gender' is equal to 'male' answer this question:</p> <p>ESR (m) Warning shown if field's value is larger than 15: 'Abnormality'</p>	<input type="text"/> mm
4	ESR	
5	<p>If 'Gender' is equal to 'male' answer this question:</p> <p>Hemoglobin (m) Warning shown if field's value is smaller than 8.5: 'Abnormality'</p> <p>Warning shown if field's value is larger than 11: 'Abnormality'</p>	<input type="text"/> mmol/L
6	<p>If 'Gender' is equal to 'female' answer this question:</p> <p>Hemoglobin (f) Warning shown if field's value is smaller than 7.5: 'Abnormality'</p> <p>Warning shown if field's value is larger than 10: 'Abnormality'</p>	<input type="text"/> mmol/L
7	Hemoglobin	
8	<p>If 'Gender' is equal to 'male' answer this question:</p> <p>Hematocrit (m) Warning shown if field's value is smaller than 0.4: 'Abnormality'</p> <p>Warning shown if field's value is larger than 0.5: 'Abnormality'</p>	<input type="text"/> L/L
9	<p>If 'Gender' is equal to 'female' answer this question:</p> <p>Hematocrit (f) Warning shown if field's value is smaller than 0.35: 'Abnormality'</p> <p>Warning shown if field's value is larger than 0.45: 'Abnormality'</p>	<input type="text"/> L/L
10	Hematocrit	

11	<p>If 'Gender' is equal to 'male' answer this question:</p> <p>Erythrocytes (m) Warning shown if field's value is smaller than 4.5: 'Abnormality'</p> <p>Warning shown if field's value is larger than 5.5: 'Abnormality'</p>	<input type="text"/>	x10 ¹² /L
12	<p>If 'Gender' is equal to 'female' answer this question:</p> <p>Erythrocytes (f) Warning shown if field's value is smaller than 4: 'Abnormality'</p> <p>Warning shown if field's value is larger than 5: 'Abnormality'</p>	<input type="text"/>	x10 ¹² /L
13	Erythrocytes		
14	<p>MCV Warning shown if field's value is smaller than 80: 'Abnormality'</p> <p>Warning shown if field's value is larger than 100: 'Abnormality'</p>	<input type="text"/>	fL
15	<p>MCH Warning shown if field's value is smaller than 1.7: 'Abnormality'</p> <p>Warning shown if field's value is larger than 2.1: 'Abnormality'</p>	<input type="text"/>	fmol
16	<p>MCHC Warning shown if field's value is smaller than 19: 'Abnormality'</p> <p>Warning shown if field's value is larger than 22.5: 'Abnormality'</p>	<input type="text"/>	mmol/L
17	<p>Trombocytes Warning shown if field's value is smaller than 150: 'Abnormality'</p> <p>Warning shown if field's value is larger than 400: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L
18	<p>Leukocytes Warning shown if field's value is smaller than 4: 'Abnormality'</p> <p>Warning shown if field's value is larger than 10: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L
19	<p>Eosinophils Warning shown if field's value is larger than 0.5: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L
20	<p>Basophils Warning shown if field's value is larger than 0.2: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L
21	<p>Neutrophils Warning shown if field's value is smaller than 1.5: 'Abnormality'</p> <p>Warning shown if field's value is larger than 7.5: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L
22	<p>Lymphocytes Warning shown if field's value is smaller than 1: 'Abnormality'</p> <p>Warning shown if field's value is larger than 3.5: 'Abnormality'</p>	<input type="text"/>	x10 ⁹ /L

23	Monocytes <i>Warning shown if field's value is smaller than 0.1: 'Abnormality'</i> <i>Warning shown if field's value is larger than 1: 'Abnormality'</i>	<input type="text"/>	x10 ⁹ /L
KCL Algemene chemie			
24	Sodium <i>Warning shown if field's value is smaller than 136: 'Abnormality'</i> <i>Warning shown if field's value is larger than 145: 'Abnormality'</i>	<input type="text"/>	mmol/L
25	Potassium <i>Warning shown if field's value is smaller than 3.5: 'Abnormality'</i> <i>Warning shown if field's value is larger than 5.1: 'Abnormality'</i>	<input type="text"/>	mmol/L
26	If 'Gender' is equal to 'male' answer this question: Creatinine (m) <i>Warning shown if field's value is smaller than 64: 'Abnormality'</i> <i>Warning shown if field's value is larger than 104: 'Abnormality'</i>	<input type="text"/>	umol/L
27	If 'Gender' is equal to 'female' answer this question: Creatinine (f) <i>Warning shown if field's value is smaller than 49: 'Abnormality'</i> <i>Warning shown if field's value is larger than 90: 'Abnormality'</i>	<input type="text"/>	umol/L
28	Creatinine		
29	BUN <i>Warning shown if field's value is smaller than 2.5: 'Abnormality'</i> <i>Warning shown if field's value is larger than 7.5: 'Abnormality'</i>	<input type="text"/>	mmol/L
30	If 'Gender' is equal to 'male' answer this question: ASAT (m) <i>Warning shown if field's value is larger than 35: 'Abnormality'</i>	<input type="text"/>	U/L
31	If 'Gender' is equal to 'female' answer this question: ASAT (f) <i>Warning shown if field's value is larger than 31: 'Abnormality'</i>	<input type="text"/>	U/L
32	ASAT		
33	If 'Gender' is equal to 'male' answer this question: ALAT (m) <i>Warning shown if field's value is larger than 45: 'Abnormality'</i>	<input type="text"/>	U/L
34	If 'Gender' is equal to 'female' answer this question: ALAT (f) <i>Warning shown if field's value is larger than 43: 'Abnormality'</i>	<input type="text"/>	U/L

35	ALAT																									
36	If 'Gender' is equal to 'male' answer this question: Alkaline phosphatase (m) <i>Warning shown if field's value is larger than 115:</i> 'Abnormality'	<input type="text"/> U/L																								
37	If 'Gender' is equal to 'female' answer this question: Alkaline phosphatase (f) <i>Warning shown if field's value is larger than 98:</i> 'Abnormality'	<input type="text"/> U/L																								
38	Alkaline phosphatase																									
39	If 'Gender' is equal to 'male' answer this question: gGT (m) <i>Warning shown if field's value is larger than 55:</i> 'Abnormality'	<input type="text"/> U/L																								
40	If 'Gender' is equal to 'female' answer this question: gGT (f) <i>Warning shown if field's value is larger than 38:</i> 'Abnormality'	<input type="text"/> U/L																								
41	gGT																									
42	Bilirubin total <i>Warning shown if field's value is larger than 17:</i> 'Abnormality'	<input type="text"/> umol/L																								
43	Glucose (serum, non fasting) <i>Warning shown if field's value is smaller than 3.9:</i> 'Abnormality' <i>Warning shown if field's value is larger than 7.7:</i> 'Abnormality'	<input type="text"/> mmol/L																								
44	Is there any abnormality of above mentioned lab measurements?	<input type="radio"/> yes <input type="radio"/> no																								
44.1	If 'Is there any abnormality of above mentioned lab measurements?' is equal to 'yes' answer this question: Which lab measurement is abnormal?	<table border="1"> <thead> <tr> <th></th> <th>Which measurement?</th> <th>Clinically relevant</th> <th>Comments</th> </tr> </thead> <tbody> <tr> <td>Abnormality 1</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>Abnormality 2</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>Abnormality 3</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>Abnormality 4</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> <tr> <td>Abnormality 5</td> <td><input type="text"/></td> <td><input type="checkbox"/></td> <td><input type="text"/></td> </tr> </tbody> </table>		Which measurement?	Clinically relevant	Comments	Abnormality 1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Abnormality 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Abnormality 3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Abnormality 4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>	Abnormality 5	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>
	Which measurement?	Clinically relevant	Comments																							
Abnormality 1	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																							
Abnormality 2	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																							
Abnormality 3	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																							
Abnormality 4	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																							
Abnormality 5	<input type="text"/>	<input type="checkbox"/>	<input type="text"/>																							

44.2	<p>If 'Is there any abnormality of above mentioned lab measurements?' is equal to 'yes' answer this question:</p> <p>Any clinically relevant abnormalities?</p> <p>Warning shown if field's value is equal to yes: 'This person is not able to participate.'</p>	<input type="radio"/> yes <input type="radio"/> no
Virus serology		
45	<p>HIV Warning shown if field's value is equal to positive: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> positive <input type="radio"/> negative
46	<p>Hepatitis B Warning shown if field's value is equal to positive: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> positive <input type="radio"/> negative
47	<p>Hepatitis C Warning shown if field's value is equal to positive: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> positive <input type="radio"/> negative
Urine toxicology		
48	<p>Urine cocaine Warning shown if field's value is equal to positive: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> positive <input type="radio"/> negative
49	<p>Urine amphetamins Warning shown if field's value is equal to positive: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> positive <input type="radio"/> negative
Schistosomiasis serology		
50	<p>ELISA egg Warning shown if field's value is not equal to <1:32: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> <1:32 <input type="radio"/> 1:32 <input type="radio"/> 1:64 <input type="radio"/> 1:128 <input type="radio"/> 1:256 <input type="radio"/> 1:512 <input type="radio"/> 1:1024 <input type="radio"/> >1024
51	<p>IFA worm Warning shown if field's value is not equal to <1:16: 'This volunteer is not able to participate in this study.'</p>	<input type="radio"/> <1:16 <input type="radio"/> 1:16 <input type="radio"/> 1:32 <input type="radio"/> 1:64 <input type="radio"/> 1:128 <input type="radio"/> 1:256 <input type="radio"/> 1:512 <input type="radio"/> 1:1024 <input type="radio"/> >1:1024

CAA serum (SCAA500)		
52	SCAA500 measurement date	<div><div></div><div></div><div></div></div> (dd-mm-yyyy)
53	SCAA500 measured by (initials)	<div></div>
54	SCAA500 value (pg/ml)	<div></div> pg/ml
55	SCAA500 neg/pos (neg if <0.5 pg/ml) <i>Warning shown if field's value is not equal to negative: 'This volunteer is not able to participate in this study.'</i>	
56	Remarks regarding measurements	<div></div>

Step Sampling

Number	Question	Answers
COLLECTION		
1	Urine collection date	<div></div> <div></div> <div></div> (dd-mm-yyyy)
2	Urine collection time	<div></div> <div></div> (hh:mm)
3	Serum collection date	<div></div> <div></div> <div></div> (dd-mm-yyyy)
4	Serum collection time	<div></div> <div></div> (hh:mm)
FREEZER		
5	Urine freezer time	<div></div> <div></div> (hh:mm)
6	Serum freezer time	<div></div> <div></div> (hh:mm)

Step In- & exclusion criteria

Number	Question	Answers
Inclusion criteria:		
1	Subject is aged ≥ 18 and ≤ 45 years and in good health <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
2	Subject has adequate understanding of the procedures of the study and agrees to abide strictly thereby <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
3	Subject is able to communicate well with the investigator and is available to attend all study visits <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
4	Subject will remain in Europe (excluding Corsica) during the study period and is reachable by mobile telephone from week 3 to week 8 of the study period <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	
5	Subject agrees to refrain from blood donation to Sanquin or for other purposes throughout the study period <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	
6	If 'Gender' is equal to 'female' answer this question: Subject agrees to use adequate contraception and not to breastfeed for the duration of the study <i>Warning shown if field's value is equal to no: 'Not able to participate'</i>	
7	If 'Gender' is equal to 'female' answer this question: Inclusion criteria OK	
8	If 'Gender' is equal to 'male' answer this question: Inclusion criteria OK	
Exclusion criteria:		
9	Any history, or evidence at screening, of clinically significant symptoms, physical signs or abnormal laboratory values suggestive of systemic conditions, such as cardiovascular, pulmonary, renal, hepatic, neurological, dermatological, endocrine, malignant, haematological, infectious, immune-deficient, psychiatric and other disorders, which could compromise the health of the volunteer during the study or interfere with the interpretation of the study results <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
10	Chronic use of any drug known to interact with praziquantel, artesunate or lumefantrine metabolism <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
11	If 'Gender' is equal to 'female' answer this question: Positive urine pregnancy test at screening <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	

12	Any history of schistosomiasis or treatment for schistosomiasis <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	
13	Positive serology for schistosomiasis or elevated serum CAA at baseline <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	
14	Known hypersensitivity to or contra-indications (including co-medication) for use of praziquantel, artesunate or lumefantrine <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	<input type="radio"/> yes <input type="radio"/> no
15	Being an employee or student of the department of parasitology or infectious diseases of the LUMC <i>Warning shown if field's value is equal to yes: 'Not able to participate'</i>	
16	If 'Gender' is equal to 'female' answer this question: Exclusion criteria OK	
17	If 'Gender' is equal to 'male' answer this question: Exclusion criteria OK	
18	If 'Gender' is equal to 'female' answer this question: Possible to include in study? <i>Warning shown if field's value is equal to No: 'This volunteer is not able to participate in this study.'</i>	
19	If 'Gender' is equal to 'male' answer this question: Possible to include in study? <i>Warning shown if field's value is equal to No: 'This volunteer is not able to participate in this study.'</i>	
20	Selection for CoHSI <i>Exclude patient if field's value is equal to with message: 'Further data entry is not possible.'</i>	<input type="radio"/> not selected / excluded <input type="radio"/> selected <input type="radio"/> backup
21	.	<div style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-weight: bold;">End of data entry for this visit</div>

Report 'Treatment'

Step PZQ/AL

Number	Question	Answers
1	Treatment visit	<input type="radio"/> week 00 <input type="radio"/> week 01 <input type="radio"/> week 02 <input type="radio"/> week 03 <input type="radio"/> week 04 <input type="radio"/> week 05 <input type="radio"/> week 06 <input type="radio"/> week 07 <input type="radio"/> week 08 <input type="radio"/> week 09 <input type="radio"/> week 10 <input type="radio"/> week 11 <input type="radio"/> week 12 <input type="radio"/> week 13 <input type="radio"/> week 14 <input type="radio"/> week 15 <input type="radio"/> week 16 <input type="radio"/> week 18 <input type="radio"/> week 20 <input type="radio"/> week 52 <input type="radio"/> other
2	Date of treatment	<div> <input type="text"/> <input type="text"/> <input type="text"/> </div> (dd-mm-yyyy)
3	<p>Treatment with: Notice shown if field's value is equal to Artemether/lumefantrine: 'Protocol section 5.3: Escape medication to abrogate the study for individual volunteers before week 8 of the study will be artemether/lumefantrine in a standard 6-dose treatment regimen over 3 days.'</p> <p>Notice shown if field's value is equal to Praziquantel: 'Protocol section 7: The dose administered will be 60 mg/kg praziquantel, split into two doses during one day. Volunteers are instructed to take praziquantel after a meal preferably containing high-fat, and high carbohydrate content.'</p>	<input type="radio"/> Praziquantel <input type="radio"/> Artemether/lumefantrine
3.1	<p>If 'Treatment with:' is equal to 'Artemether/lumefantrine' answer this question:</p> <p>Remarks on AL</p>	<div> <input type="text"/> </div>

3.2 **If 'Treatment with:' is equal to 'Praziquantel' answer this question:** kg
Weight volunteer

3.3 **If 'Treatment with:' is equal to 'Praziquantel' answer this question:**
Tablets based on weight (600 mg each)

☐ 48-52 kg = 5 tablets
☐ 53-57 kg = 5,5 tablets
☐ 58-62 kg = 6 tablets
☐ 63-67 kg = 6,5 tablets
☐ 68-72 kg = 7 tablets
☐ 73-77 kg = 7,5 tablets
☐ 78-82 kg = 8 tablets
☐ 83-87 kg = 8,5 tablets
☐ 88-92 kg = 9 tablets
☐ 93-97 kg = 9,5 tablets
☐ 98-102 kg = 10 tablets

4 Filled in drug accountability form (iProva)? *Warning shown if field's value is equal to no: 'Please fill in DAF!'* ☐ yes
☐ no

5 Remarks treatment

Report 'Physical examination'

Step Examination

Number	Question	Answers
1	Date of examination	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
2	Temperature <i>Warning shown if field's value is smaller than 34: 'This temperature is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 40: 'This temperature is too high. Please check if this is correct.'</i>	<input type="text"/> °C
3	Pulse rate <i>Warning shown if field's value is smaller than 30: 'Pulse is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 140: 'Pulse is too high. Please check if this is correct.'</i>	<input type="text"/> bpm
4	Systolic blood pressure <i>Warning shown if field's value is smaller than 90: 'Blood pressure is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 160: 'Blood pressure is too high. Please check if this is correct.'</i>	<input type="text"/> mmHg
5	Diastolic blood pressure <i>Warning shown if field's value is smaller than 50: 'Blood pressure is too low. Please check if this is correct.'</i> <i>Warning shown if field's value is larger than 100: 'Blood pressure is too high. Please check if this is correct.'</i>	<input type="text"/> mmHg
6	Physical examination	<input type="radio"/> yes <input type="radio"/> no
6.1	If 'Physical examination' is equal to 'yes' answer this question: Description physical examination	<input type="text"/>
6.2	If 'Physical examination' is equal to 'yes' answer this question: Any signs during physical examination?	<input type="radio"/> yes <input type="radio"/> no
6.2.1	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving digestive system?	<input type="radio"/> yes <input type="radio"/> no
6.2.1.1	If 'Signs involving digestive system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>

6.2.1.2	If 'Signs involving digestive system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.2	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving respiratory system?	<input type="radio"/> yes <input type="radio"/> no
6.2.2.1	If 'Signs involving respiratory system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.2.2	If 'Signs involving respiratory system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.3	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving cardio-vascular system?	<input type="radio"/> yes <input type="radio"/> no
6.2.3.1	If 'Signs involving cardio-vascular system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.3.2	If 'Signs involving cardio-vascular system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.4	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving lymphatic system?	<input type="radio"/> yes <input type="radio"/> no
6.2.4.1	If 'Signs involving lymphatic system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.4.2	If 'Signs involving lymphatic system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.5	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving skin?	<input type="radio"/> yes <input type="radio"/> no
6.2.5.1	If 'Signs involving skin?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.5.2	If 'Signs involving skin?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no

6.2.6	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving neurological system?	<input type="radio"/> yes <input type="radio"/> no
6.2.6.1	If 'Signs involving neurological system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.6.2	If 'Signs involving neurological system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.7	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving skeleton?	<input type="radio"/> yes <input type="radio"/> no
6.2.7.1	If 'Signs involving skeleton?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.7.2	If 'Signs involving skeleton?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.8	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving genito-urinary system?	<input type="radio"/> yes <input type="radio"/> no
6.2.8.1	If 'Signs involving genito-urinary system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.8.2	If 'Signs involving genito-urinary system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no
6.2.9	If 'Any signs during physical examination?' is equal to 'yes' answer this question: Signs involving other system?	<input type="radio"/> yes <input type="radio"/> no
6.2.9.1	If 'Signs involving other system?' is equal to 'yes' answer this question: Specify signs	<input type="text"/>
6.2.9.2	If 'Signs involving other system?' is equal to 'yes' answer this question: Clinical significance? Warning shown if field's value is equal to yes: 'This person is not eligible to participate.'	<input type="radio"/> yes <input type="radio"/> no

Report 'week X'

Step Visit physician

Number	Question	Answers
1	Visit Notice shown if field's value is equal to other: 'Make sure to add report for Other visit in step "Other visits" and not "Week 00-52"'	<input type="radio"/> week 00 <input type="radio"/> week 01 <input type="radio"/> week 02 <input type="radio"/> week 03 <input type="radio"/> week 04 <input type="radio"/> week 05 <input type="radio"/> week 06 <input type="radio"/> week 07 <input type="radio"/> week 08 <input type="radio"/> week 09 <input type="radio"/> week 10 <input type="radio"/> week 11 <input type="radio"/> week 12 <input type="radio"/> week 13 <input type="radio"/> week 14 <input type="radio"/> week 15 <input type="radio"/> week 16 <input type="radio"/> week 18 <input type="radio"/> week 20 <input type="radio"/> week 52 <input type="radio"/> other
2	CALC Treatment (week 08,12,other)	
3	CALC Physical examination (week 00)	
4	Date of visit	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
5	Temperature	<input type="text"/> °C
1.1	If 'Visit' is equal to 'other' answer this question: Date of challenge	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
1.2	If 'Visit' is equal to 'other' answer this question: Calulation week	
1.3	If 'Visit' is equal to 'other' answer this question: Reason visit other	<input type="text"/>

- 1.4 **If 'Visit' is equal to 'other' answer this question:** ☐ yes
 Safety labs taken? Notice shown if field's value is equal to
 yes: 'Copy lab results in the Remarks field in step
 measurements' ☐ no

Pre-existing conditions

- 1.6 **If 'Visit' is equal to 'week 00' answer this question:** ☐ yes
 Any pre-existing conditions at week 0 (different than
 screening)? Notice shown if field's value is equal to yes:
 'Please add condition to the screenings report' ☐ no

- 3.1 **If 'CALC Physical examination (week 00)' is equal to '1'**
answer this question:
 Add report: physical examination

CoHSI

- 1.8 **If 'Visit' is equal to 'week 00' answer this question:** ☐ yes
 CoHSI performed ☐ no

- 1.8.1 **If 'CoHSI performed' is equal to 'no' answer this**
question:
 Why is CoHSI not performed?

- 1.8.2 **If 'CoHSI performed' is equal to 'yes' answer this**
question:
 Add report: CoHSI

Adverse events

Adverse events for week 00: within 30 minutes after CoHSI

- 6 Solicited adverse events Notice shown if field's value is equal
 to yes: 'Please fill in the form for Adverse Events.' ☐ yes
☐ no

- 6.1 **If 'Solicited adverse events' is equal to 'yes' answer this question:**
Solicited adverse events
- ☐ itching
 - ☐ fever (by examination)
 - ☐ rash
 - ☐ urticaria
 - ☐ headache
 - ☐ fatigue
 - ☐ malaise
 - ☐ coughing
 - ☐ myalgia
 - ☐ arthralgia
 - ☐ night sweats
 - ☐ back pain
 - ☐ anorexia
 - ☐ nausea
 - ☐ vomiting
 - ☐ abdominal pain
 - ☐ diarrhea

- 7 Unsolicited adverse events *Notice shown if field's value is equal to yes: 'Please fill in the form for Adverse Events.'*
- ☐ yes
☐ no

- 8 Serious adverse event *Warning shown if field's value is equal to yes: 'Please fill in the form for Adverse Events.'*
- ☐ yes
☐ no

- 9 Add report: AE

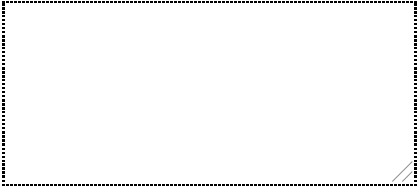












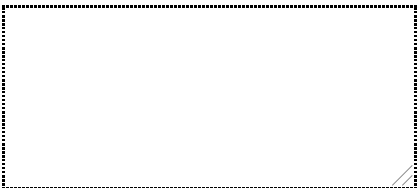
- 2.1 **If 'CALC Treatment (week 08,12,other)' is equal to '1' answer this question:**
Add report: Treatment

- 10 Remarks visit physician



Step Sampling

Number	Question	Answers
1	Date visit	
2	CALC Feces sampling (wk 0,4,8,12,(16),20,52)	
3	CALC PBMC (week 0,4,8,12,16,20,24,52)	
4	CALC Nasosorption (week 0-8)	
	COLLECTION	
5	Serum collection date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6	Serum collection time	<input type="text"/> <input type="text"/> (hh:mm)
7	Urine collection date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
8	Urine collection time	<input type="text"/> <input type="text"/> (hh:mm)
4.1	If 'CALC Nasosorption (week 0-8)' is equal to '1' answer this question: Nasosorption collection date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
4.2	If 'CALC Nasosorption (week 0-8)' is equal to '1' answer this question: Nasosorption collection time	<input type="text"/> <input type="text"/> (hh:mm)
4.3	If 'CALC Nasosorption (week 0-8)' is equal to '1' answer this question: Nasosorption - which nose	<input type="radio"/> Left <input type="radio"/> Right
3.1	If 'CALC PBMC (week 0,4,8,12,16,20,24,52)' is equal to '1' answer this question: PBMC collection date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
2.1	If 'CALC Feces sampling (wk 0,4,8,12,(16),20,52)' is equal to '1' answer this question: Feces collection date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
2.2	If 'CALC Feces sampling (wk 0,4,8,12,(16),20,52)' is equal to '1' answer this question: Feces collection time	<input type="text"/> <input type="text"/> (hh:mm)
2.3	If 'CALC Feces sampling (wk 0,4,8,12,(16),20,52)' is equal to '1' answer this question: Bristol Stool Scale	<input type="text"/>
2.4	If 'CALC Feces sampling (wk 0,4,8,12,(16),20,52)' is equal to '1' answer this question: Use of probiotics?	<input type="radio"/> yes <input type="radio"/> no

2.4.1	<p>If 'Use of probiotics?' is equal to 'yes' answer this question:</p> <p>Please explain which probiotics</p>		
2.5	<p>If 'CALC Feces sampling (wk 0,4,8,12,(16),20,52)' is equal to '1' answer this question:</p> <p>Stored in fridge between collection and delivery LUMC?</p>	<input type="radio"/> yes <input type="radio"/> no	
	FREEZER		
9	Serum freezer time		 (hh:mm)
10	Urine freezer time		 (hh:mm)
4.4	<p>If 'CALC Nasosorption (week 0-8)' is equal to '1' answer this question:</p> <p>Nasosorption freezer time</p>		 (hh:mm)
3.2	<p>If 'CALC PBMC (week 0,4,8,12,16,20,24,52)' is equal to '1' answer this question:</p> <p>Plasma freezer time</p>		 (hh:mm)
3.3	<p>If 'CALC PBMC (week 0,4,8,12,16,20,24,52)' is equal to '1' answer this question:</p> <p>PAXgene freezer date/time</p>	 	 (dd-mm-yyyy)  (hh:mm)
11	Remarks sampling		

Step Measurements

Number	Question	Answers
1	Date visit	
2	CALC Measurements (NOT week 01,03,09,11,13,15)	
3	CALC Pregnancy test (week 00)	
4	CALC eos (week 00,02,04,05,06,07,08,10,12,14,16,18,20,52)	
5	CALC CBC (week 00,08)	
6	CALC CBC male (week 00,08)	
7	CALC CBC female (week 00,08)	
8	CALC KCL (week 00,08)	
9	CALC KCL male (week 00,08)	
10	CALC KCL female (week 00,08)	
2.1	If 'CALC Measurements (NOT week 01,03,09,11,13,15)' is equal to '0' answer this question: .	No lab measurements done on this timepoint
3.1	If 'CALC Pregnancy test (week 00)' is equal to '1' answer this question: Pregnancy test Warning shown if field's value is equal to pregnant: 'Please contact study physician for further steps!'	<input type="radio"/> not pregnant <input type="radio"/> pregnant
KCL Algemene hematologie		
6.1	If 'CALC CBC male (week 00,08)' is equal to '1' answer this question: ESR (m) Warning shown if field's value is larger than 15: 'Abnormality high (>15)'	<input type="text"/> mm
7.1	If 'CALC CBC female (week 00,08)' is equal to '1' answer this question: ESR (f) Warning shown if field's value is larger than 20: 'Abnormality high (>20)'	<input type="text"/> mm
5.1	If 'CALC CBC (week 00,08)' is equal to '1' answer this question: ESR	

6.2	<p>If 'CALC CBC male (week 00,08)' is equal to '1' answer this question:</p> <p>Hemoglobin (m) Warning shown if field's value is smaller than 8.5: 'Abnormality low (<8.5)'</p> <p>Warning shown if field's value is larger than 11: 'Abnormality high (>11)'</p>	<input type="text"/>	mmol/L
7.2	<p>If 'CALC CBC female (week 00,08)' is equal to '1' answer this question:</p> <p>Hemoglobin (f) Warning shown if field's value is smaller than 7.5: 'Abnormality low (<7.5)'</p> <p>Warning shown if field's value is larger than 10: 'Abnormality high (>10)'</p>	<input type="text"/>	mmol/L
5.2	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Hemoglobin</p>		
6.3	<p>If 'CALC CBC male (week 00,08)' is equal to '1' answer this question:</p> <p>Hematocrit (m) Warning shown if field's value is smaller than 0.4: 'Abnormality low (<0.4)'</p> <p>Warning shown if field's value is larger than 0.5: 'Abnormality high (>0.5)'</p>	<input type="text"/>	L/L
7.3	<p>If 'CALC CBC female (week 00,08)' is equal to '1' answer this question:</p> <p>Hematocrit (f) Warning shown if field's value is smaller than 0.35: 'Abnormality low (<0.35)'</p> <p>Warning shown if field's value is larger than 0.45: 'Abnormality high (>0.45)'</p>	<input type="text"/>	L/L
5.3	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Hematocrit</p>		
5.4	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>MCV Warning shown if field's value is smaller than 80: 'Abnormality low (<80)'</p> <p>Warning shown if field's value is larger than 100: 'Abnormality high (>100)'</p>	<input type="text"/>	fL
5.5	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Trombocytes Warning shown if field's value is smaller than 150: 'Abnormality low (<150)'</p> <p>Warning shown if field's value is larger than 400: 'Abnormality high (>400)'</p>	<input type="text"/>	x10 ⁹ /L

5.6	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Leukocytes Warning shown if field's value is smaller than 4: 'Abnormality low (<4)'</p> <p>Warning shown if field's value is larger than 10: 'Abnormality high (>10)'</p>	<input type="text"/>	x10 ⁹ /L
5.7	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Neutrophils Warning shown if field's value is smaller than 1.5: 'Abnormality low (<1.5)'</p> <p>Warning shown if field's value is larger than 7.5: 'Abnormality high (>7.5)'</p>	<input type="text"/>	x10 ⁹ /L
4.2	<p>If 'CALC eos (week 00,02,04,05,06,07,08,10,12,14,16,18,20,52)' is equal to '1' answer this question:</p> <p>Eosinophils</p>	<input type="text"/>	x10 ⁹ /L
4.2.1	<p>If 'Eosinophils' is bigger than '0.5' answer this question:</p> <p>Protocol section 8.3 p25</p>		
5.8	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Basophils Warning shown if field's value is larger than 0.2: 'Abnormality high (>0.2)'</p>	<input type="text"/>	x10 ⁹ /L
5.9	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Lymphocytes Warning shown if field's value is smaller than 1: 'Abnormality low (<1)'</p> <p>Warning shown if field's value is larger than 3.5: 'Abnormality high (>3.5)'</p>	<input type="text"/>	x10 ⁹ /L
5.10	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Monocytes Warning shown if field's value is smaller than 0.1: 'Abnormality low (<0.1)'</p> <p>Warning shown if field's value is larger than 1: 'Abnormality high (>1)'</p>	<input type="text"/>	x10 ⁹ /L
	KCL Algemene chemie		
8.2	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Sodium Warning shown if field's value is smaller than 136: 'Abnormality low (<136)'</p> <p>Warning shown if field's value is larger than 145: 'Abnormality high (>145)'</p>	<input type="text"/>	mmol/L
8.3	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Potassium Warning shown if field's value is smaller than 3.5: 'Abnormality low (<3.5)'</p> <p>Warning shown if field's value is larger than 5.1: 'Abnormality high (>5.1)'</p>	<input type="text"/>	mmol/L

9.1	<p>If 'CALC KCL male (week 00,08)' is equal to '1' answer this question:</p> <p>Creatinine (m) Warning shown if field's value is smaller than 64: 'Abnormality low (<64)'</p> <p>Warning shown if field's value is larger than 104: 'Abnormality high (>104)'</p>	<input type="text"/>	umol/L
10.1	<p>If 'CALC KCL female (week 00,08)' is equal to '1' answer this question:</p> <p>Creatinine (f) Warning shown if field's value is smaller than 49: 'Abnormality low (<49)'</p> <p>Warning shown if field's value is larger than 90: 'Abnormality high (>90)'</p>	<input type="text"/>	umol/L
8.4	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Creatinine</p>		
8.5	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>BUN Warning shown if field's value is smaller than 2.5: 'Abnormality low (<2.5)'</p> <p>Warning shown if field's value is larger than 7.5: 'Abnormality high (>7.5)'</p>	<input type="text"/>	mmol/L
9.2	<p>If 'CALC KCL male (week 00,08)' is equal to '1' answer this question:</p> <p>ASAT (m) Warning shown if field's value is larger than 35: 'Abnormality high (>35)'</p>	<input type="text"/>	U/L
10.2	<p>If 'CALC KCL female (week 00,08)' is equal to '1' answer this question:</p> <p>ASAT (f) Warning shown if field's value is larger than 31: 'Abnormality high (>31)'</p>	<input type="text"/>	U/L
8.6	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>ASAT</p>		
9.3	<p>If 'CALC KCL male (week 00,08)' is equal to '1' answer this question:</p> <p>ALAT (m) Warning shown if field's value is larger than 45: 'Abnormality high (>45)'</p>	<input type="text"/>	U/L
10.3	<p>If 'CALC KCL female (week 00,08)' is equal to '1' answer this question:</p> <p>ALAT (f) Warning shown if field's value is larger than 43: 'Abnormality high (>43)'</p>	<input type="text"/>	U/L
8.7	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>ALAT</p>		
9.4	<p>If 'CALC KCL male (week 00,08)' is equal to '1' answer this question:</p> <p>Alkaline phosphatase (m) Warning shown if field's value is larger than 115: 'Abnormality high (>115)'</p>	<input type="text"/>	U/L

10.4	<p>If 'CALC KCL female (week 00,08)' is equal to '1' answer this question:</p> <p>Alkaline phosphatase (f) <i>Warning shown if field's value is larger than 98: 'Abnormality high (>98)'</i></p>	<input type="text"/>	U/L
8.8	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Alkaline phosphatase</p>		
9.5	<p>If 'CALC KCL male (week 00,08)' is equal to '1' answer this question:</p> <p>Gamma GT (m) <i>Warning shown if field's value is larger than 55: 'Abnormality high (>55)'</i></p>	<input type="text"/>	U/L
10.5	<p>If 'CALC KCL female (week 00,08)' is equal to '1' answer this question:</p> <p>Gamma GT (f) <i>Warning shown if field's value is larger than 38: 'Abnormality high (>38)'</i></p>	<input type="text"/>	U/L
8.9	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Gamma GT</p>		
8.10	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Bilirubin total <i>Warning shown if field's value is larger than 17: 'Abnormality high (>17)'</i></p>	<input type="text"/>	umol/L
8.11	<p>If 'CALC KCL (week 00,08)' is equal to '1' answer this question:</p> <p>Glucose (serum) <i>Warning shown if field's value is smaller than 3.9: 'Abnormality low (<3.9)'</i></p> <p><i>Warning shown if field's value is larger than 7.7: 'Abnormality high (>7.7)'</i></p>	<input type="text"/>	mmol/L
5.11	<p>If 'CALC CBC (week 00,08)' is equal to '1' answer this question:</p> <p>Is there any abnormality (other than eosinophils) of above mentioned lab measurements?</p>	<input type="radio"/> yes <input type="radio"/> no	
5.11.1	<p>If 'Is there any abnormality (other than eosinophils) of above mentioned lab measurements?' is equal to 'yes' answer this question:</p> <p>*</p>		

5.11.2	If 'Is there any abnormality (other than eosinophils) of above mentioned lab measurements?' is equal to 'yes' answer this question:	Which measurement?	* Clinically relevant?	* Comments			
	Which lab measurement is abnormal?	Abnormality 1	---	▼	---	▼	
		Abnormality 2	---	▼	---	▼	
		Abnormality 3	---	▼	---	▼	
		Abnormality 4	---	▼	---	▼	
		Abnormality 5	---	▼	---	▼	

5.11.3 **If 'Is there any abnormality (other than eosinophils) of above mentioned lab measurements?' is equal to 'yes' answer this question:**

Any clinically relevant abnormalities?

Warning shown if field's value is equal to yes: 'Please add report for AE'

☐ yes

☐ no

5.11.3.1 **If 'Any clinically relevant abnormalities?' is equal to 'yes' answer this question:**

Add report: AE

2.2 **If 'CALC Measurements (NOT week 01,03,09,11,13,15)' is equal to '1' answer this question:**

Remarks measurements

Step Meas. schisto

Number	Question	Answers
1	Date visit	
2	CALC Schisto ELISA (wk 04, 08, 12, 16, 20, 52)	
3	CALC Schisto IFA (wk 04-08, 12, 16, 20, 52)	
Schistosomiasis KML		
2.1	<p>If 'CALC Schisto ELISA (wk 04, 08, 12, 16, 20, 52)' is equal to '1' answer this question:</p> <p>Schisto: ELISA egg</p>	<input type="radio"/> <1:32 <input type="radio"/> 1:32 <input type="radio"/> 1:64 <input type="radio"/> 1:128 <input type="radio"/> 1:256 <input type="radio"/> 1:512 <input type="radio"/> 1:1024 <input type="radio"/> >1024
3.2	<p>If 'CALC Schisto IFA (wk 04-08, 12, 16, 20, 52)' is equal to '1' answer this question:</p> <p>Schisto: IFA worm</p>	<input type="radio"/> <1:16 <input type="radio"/> 1:16 <input type="radio"/> 1:32 <input type="radio"/> 1:64 <input type="radio"/> 1:128 <input type="radio"/> 1:256 <input type="radio"/> 1:512 <input type="radio"/> 1:1024 <input type="radio"/> >1:1024
4	<p>If 'Visit' is equal to 'week 08' answer this question:</p> <p>Schisto: PCR on feces</p>	<input type="radio"/> positive <input type="radio"/> negative
Serum CAA (500 ul)		
5	SCAA measurement date	<div style="border: 1px dashed black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px dashed black; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px dashed black; display: inline-block; width: 40px; height: 20px;"></div> (dd-mm-yyyy)
6	SCAA measured by (initials)	<div style="border: 1px dashed black; display: inline-block; width: 150px; height: 20px;"></div>
7	SCAA value (pg/ml)	<div style="border: 1px dashed black; display: inline-block; width: 150px; height: 20px;"></div> pg/ml
8	SCAA pos/neg	<input type="radio"/> positive <input type="radio"/> negative
9	SCAA pos/neg calculation	
Urine CAA (4 ml)		

10	UCAA measurement date	<div><div></div><div></div><div></div></div> <div>(dd-mm-yyyy)</div>
11	UCAA measured by (initials)	<div></div>
12	UCAA value (pg/ml)	<div></div> pg/ml
13	UCAA pos/neg	<div><div></div>positive</div> <div><div></div>negative</div>
14	UCAA pos/neg calculation	
15	.	<div>End of data entry for this visit</div>

Report 'AE'

Step AE

Number	Question	Answers
1	AE recovered (! leave empty if not recovered !) <i>Warning shown if field's value is equal to : 'This is a SAE, please report to authorities!'</i>	<input type="radio"/> yes <input type="radio"/> no
2	Registration visit	<input type="radio"/> week 00 <input type="radio"/> week 01 <input type="radio"/> week 02 <input type="radio"/> week 03 <input type="radio"/> week 04 <input type="radio"/> week 05 <input type="radio"/> week 06 <input type="radio"/> week 07 <input type="radio"/> week 08 <input type="radio"/> week 09 <input type="radio"/> week 10 <input type="radio"/> week 11 <input type="radio"/> week 12 <input type="radio"/> week 13 <input type="radio"/> week 14 <input type="radio"/> week 15 <input type="radio"/> week 16 <input type="radio"/> week 18 <input type="radio"/> week 20 <input type="radio"/> week 52 <input type="radio"/> other
3	Description of event	<input type="text"/>
4	ICD-10 code	<input type="text"/>
5	Onset of event date	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
6	Onset of event time	<input type="text"/> <input type="text"/> (hh:mm)
7	End of event date <i>Notice shown if field's value is larger than 2020-07-01: 'Make sure to put "AE recovered" on yes'</i>	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
8	End of event time	<input type="text"/> <input type="text"/> (hh:mm)
9	End date after onset date?	

9.1	If 'End date after onset date?' is equal to '0' answer this question: WRONG DATA ENTRY	
10	Severity of event	<input type="radio"/> mild <input type="radio"/> moderate <input type="radio"/> severe
11	Relationship to CoHSI	<input type="radio"/> not related <input type="radio"/> unlikely <input type="radio"/> possible <input type="radio"/> probable <input type="radio"/> definitely
12	Serious Adverse Event <i>Warning shown if field's value is equal to yes: 'Please report to authorities and fill in SAE form (on iProva)'</i>	<input type="radio"/> yes <input type="radio"/> no
13	Treatment required <i>Notice shown if field's value is equal to drug treatment: 'Fill in 'Concomitant Medication' form'</i>	<input type="radio"/> none <input type="radio"/> drug treatment <input type="radio"/> other
13.1	If 'Treatment required' is equal to 'other' answer this question: Specify other treatment	<input type="text"/>
14	Remarks	<input type="text"/>
15	Concomitant Medication	

Report 'CoHSI'

Step CoHSI info

Number	Question	Answers
1	Date CoHSI	<div><div></div><div></div><div></div></div> (dd-mm-yyyy)
2	Time start CoHSI	<div><div></div><div></div></div> (hh:mm)
3	Group	<div><div><input type="radio"/> A10</div><div><input type="radio"/> A20</div><div><input type="radio"/> B20</div></div>
4	Number of cercariae	<div><div><input type="radio"/> 10</div><div><input type="radio"/> 20</div><div><input type="radio"/> 30</div><div><input type="radio"/> 45</div><div><input type="radio"/> 60</div></div>
5	Snail ID	<div><div></div></div>
6	Upload CoHSI form (name: "CoHSI form CS2-xxx")	
	After CoHSI	
7	Inoculation site: 00 min	
8	Inoculation site: 30 min	
9	Remarks on CoHSI	<div><div></div></div>

Step Microscopy

Number	Question	Answers
Microscopy: original well with cercariae		
1	# heads	<input type="text"/>
2	# tails	<input type="text"/>
3	# whole cercariae	<input type="text"/>
Microscopy: water from tube		
4	# heads	<input type="text"/>
5	# tails	<input type="text"/>
6	# whole cercariae	<input type="text"/>
Microscopy: rinsing water		
7	# heads	<input type="text"/>
8	# tails	<input type="text"/>
9	# whole cercariae	<input type="text"/>
Microscopy: totals		
10	# heads total	
11	# tails total	
12	# whole cercaria total	

Report 'CM'

Step CM

Number	Question	Answers
1	Registration visit <i>Notice shown if field's value is equal to other: 'Please explain "other visit" in Remarks field'</i>	<input type="radio"/> week 00 <input type="radio"/> week 01 <input type="radio"/> week 02 <input type="radio"/> week 03 <input type="radio"/> week 04 <input type="radio"/> week 05 <input type="radio"/> week 06 <input type="radio"/> week 07 <input type="radio"/> week 08 <input type="radio"/> week 09 <input type="radio"/> week 10 <input type="radio"/> week 11 <input type="radio"/> week 12 <input type="radio"/> week 13 <input type="radio"/> week 14 <input type="radio"/> week 15 <input type="radio"/> week 16 <input type="radio"/> week 18 <input type="radio"/> week 20 <input type="radio"/> week 52 <input type="radio"/> other
2	Medication	<input type="text"/>
3	Route	<input type="radio"/> oral <input type="radio"/> parenteral <input type="radio"/> rectal <input type="radio"/> other
3.1	<i>If 'Route' is equal to 'other' answer this question:</i> Specify other route	<input type="text"/>
4	Frequency	<input type="radio"/> once <input type="radio"/> more than once
4.1	<i>If 'Frequency' is equal to 'more than once' answer this question:</i> Frequency, explain more than once	<input type="text"/>
5	Dose & units	<input type="text"/>

6	Indication	<div></div>
7	Date started	<div></div> <div></div> <div></div> (dd-mm-yyyy)
8	Time started	<div></div> <div></div> (hh:mm)
4.2	If 'Frequency' is equal to 'more than once' answer this question: Date ended	<div></div> <div></div> <div></div> (dd-mm-yyyy)
4.3	If 'Frequency' is equal to 'more than once' answer this question: Time ended	<div></div> <div></div> (hh:mm)
9	Remarks	<div></div>