

Data Dictionary Codebook

12/03/2024 9:07am

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)								
Instrument: Consent (consent)											
1	[cons_recordid_q1]	Q1) Study ID	text								
2	[cons_visitdate_q2]	2) Visit date	text (date_dmy), Required Field Annotation: @TODAY								
3	[cons_illitpart_impartial_witness_q3]	3) Has the participant been explained the study and had the chance to ask questions <i>Please ensure illiterate participants have everything explained in the presence of an impartial witness</i>	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
4	[cons_obtained_q4]	4) Was consent obtained	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
5	[a_did_the_participant_refu]	4a. Did the participant refuse consent	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
6	[msgstop] Show the field ONLY if: [cons_illitpart_impartial_witness_q3]='0' or [cons_obtained_q4]='0'	This participant is not eligible. Do not proceed with the paper based consenting!	descriptive								
7	[cons_dob_q5]	5) Date of birth	text (date_dmy), Required								
8	[dob]	Age in Months:	calc Calculation: round(datediff([cons_visitdate_q2], [cons_dob_q5],"M","dmy"),1)								
9	[msg_agerange]	The child cannot be enrolled; the age range is 6 to 12 months!	descriptive								
10	[cons_provided_infconsent_q7] Show the field ONLY if: [cons_obtained_q4]='1'	7) Who provided written informed consent?	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Mother</td></tr> <tr><td>2</td><td>Father</td></tr> <tr><td>3</td><td>Guardian</td></tr> </table>	1	Mother	2	Father	3	Guardian		
1	Mother										
2	Father										
3	Guardian										
11	[cons_participant_sign_q8] Show the field ONLY if: [cons_obtained_q4]='1'	8) If consented, has the participant signed / thumb-printed the form (with an impartial witness signature if necessary)?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
12	[cons_partsign_q9]	Q9) Make sure participant signs	descriptive								
13	[cons_lang_cobtained_q10] Show the field ONLY if: [cons_obtained_q4]='1'	Q10) What language was the consent obtained in	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Mandinka</td></tr> <tr><td>2</td><td>Wolof</td></tr> <tr><td>3</td><td>Fula</td></tr> <tr><td>5</td><td>Other</td></tr> </table>	1	Mandinka	2	Wolof	3	Fula	5	Other
1	Mandinka										
2	Wolof										
3	Fula										
5	Other										
14	[cons_agree_infantsamples_q11] Show the field ONLY if: [cons_obtained_q4]='1'	Q11) Did the parent/guardian agree for their infant's samples to be shipped out of the Gambia	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
15	[cons_agree_subject_to_further_genetic_testing_q12] Show the field ONLY if: [cons_obtained_q4]='1'	Q12) Did the parent/guardian agree for their infant's samples to be subject to further genetic testing	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
16	[cons_scompletedid_q13]	Q13) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP								

17	[consent_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Assessment Of Informed Consent Understanding (assessment_of_informed_consent_understanding)									
18	[ass2]	Date of Assessment	text (date_dmy), Required Field Annotation: @TODAY						
19	[q1]	Q1) This study will examine iron supplements	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
20	[m1] Show the field ONLY if: if([q1]=1, [q1], 0)	m1	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
21	[q2]	Q2) This study requires that you come to the clinic for 2 visits	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
22	[m2] Show the field ONLY if: if([q2]=1, [q2], 0)	m2	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
23	[q3]	Q3) Iron will protect your infant from anaemia	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
24	[m3] Show the field ONLY if: if([q3]=1, [q3], 0)	m3	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
25	[q4]	Q4) Your infant participating in this study will receive daily iron or sugar drops	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
26	[m4] Show the field ONLY if: if([q4]=1, [q4], 0)	m4	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
27	[q5]	Q5) We will collect 3 teaspoons of blood from your infant twice in four months	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
28	[m5] Show the field ONLY if: if([q5]=1, [q5], 0)	m5	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
29	[q6]	Q6) A fieldworker will visit your infant at home every day for four months	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
30	[m6] Show the field ONLY if: if([q6]=1, [q6], 0)	m6	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
31	[q7]	Q7) You will not be paid for participating in this study	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
32	[m7] Show the field ONLY if: if([q7]=0, [q7], 1)	m7	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
33	[q8]	8) Study nurses can't tell your friend about your participation in the study	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								
34	[m8] Show the field ONLY if: if([q8]=0,[q8], 1)	m8	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
35	[q9]	9) You are free to withdraw from the study at any time	radio, Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>0</td><td>False</td></tr> </table>	1	True	0	False		
1	True								
0	False								

36	[m9] Show the field ONLY if: if([q9] = 1, 0)	m9	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
37	[q10]	10) During this study you can receive your usual medical care	radio, Required <table border="1"><tr><td>1</td><td>True</td></tr><tr><td>0</td><td>False</td></tr></table>	1	True	0	False		
1	True								
0	False								
38	[m10] Show the field ONLY if: if([q10] = 1, 0)	m10	text (number, Min: 0, Max: 1) Field Annotation: @HIDDEN						
39	[results]	Final scores:	calc Calculation: sum([q1],[q2],[q3],[q4],[q5],[q6],[q7],[q8],[q9],[q10]) Field Annotation: @HIDDEN						
40	[show_score]		radio <table border="1"><tr><td>1</td><td>Show final score</td></tr></table>	1	Show final score				
1	Show final score								
41	[display_results] Show the field ONLY if: [show_score] = '1'	Results of attempt: Volunteer answered : [results] / 10	descriptive						
42	[attempt_2_msg] Show the field ONLY if: [show_score] = '1' and [results]= 8	repeat the inform consent and ensure Parent or Guardian understand the informed consent and repeat the assessment of inform consent understanding on another instance If the participant has less 9/10 second time "DO NOT ENROLLED"	descriptive						
43	[inform_consent_assement_msg_3] Show the field ONLY if: [show_score] = '1' and [results]= 10	Have Pass the Assessment of inform consent understanding you can enrol the participant	descriptive						
44	[inform_consent_assement_msg_4] Show the field ONLY if: [show_score] = '1' and [results]= 9	Review and ensure that the missed or incorrect question properly explain and understood.	descriptive						
45	[assessment_of_informed_consent_understanding_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: SourceDocument (sourcedocument)

46	[sdoc_sourcedocu_q1]	Q1) Upload the source document	file, Required Field Annotation: @SYNC-APP						
47	[sdoc_typesdocument_q2]	Q2) Types of Source documents	radio, Required <table border="1"><tr><td>1</td><td>Infant welfare card</td></tr><tr><td>2</td><td>Hospital/Clinic Record</td></tr></table> Custom alignment: LV	1	Infant welfare card	2	Hospital/Clinic Record		
1	Infant welfare card								
2	Hospital/Clinic Record								
48	[sourcedocument_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Pre-screening (prescreening)

49	[pres_vdate_q1]	1. Date of Visit	text (date_dmy), Required Field Annotation: @TODAY				
50	[a_was_participant_seen]	1a) was participant seen ?	radio <table border="1"><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no
1	yes						
2	no						
51	[q1b_if_no_give_reason] Show the field ONLY if: [a_was_participant_seen] = '2'	Q1b) If no give reason?	dropdown, Required <table border="1"><tr><td>1</td><td>participant could not be located</td></tr><tr><td>2</td><td>participant travel</td></tr></table>	1	participant could not be located	2	participant travel
1	participant could not be located						
2	participant travel						

52	[q1c_was_hb_obtained] Show the field ONLY if: [a_was_participant_seen] = '1'	Q1c Was Hb obtained?	radio, Required <table border="1"><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no		
1	yes								
2	no								
53	[q2a_if_no_give_reason] Show the field ONLY if: [q1c_was_hb_obtained] = '2'	Q2a) if no give reason	dropdown, Required <table border="1"><tr><td>1</td><td>parent/guardian declined</td></tr></table>	1	parent/guardian declined				
1	parent/guardian declined								
54	[pres_hemoglobin_q2]	2.Hemoglobin (g/dL)	text (number_1dp, Min: 7.0, Max: 18.0), Required						
55	[alart_messg] Show the field ONLY if: [pres_hemoglobin_q2]<7.0 or [pres_hemoglobin_q2] > 11	Advise parent/ guardian to seek care in the nearest hospital	descriptive, Required						
56	[prescreening_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Anthrops (anthrops)

57	[anth_datecoll_q1]	Q1) Date collected	text (date_dmy), Required Field Annotation: @TODAY						
58	[a_was_the_birth_weight_ava]	1a) Was the birth weight available in the infant welfare card ?	radio, Required <table border="1"><tr><td>1</td><td>yes</td></tr><tr><td>2</td><td>no</td></tr></table>	1	yes	2	no		
1	yes								
2	no								
59	[anth_birthweight_q2] Show the field ONLY if: [a_was_the_birth_weight_ava] = '1'	Q2) Birth weight (From infant welfare card)	text (number_2dp, Min: 0.00), Required						
60	[anth_weight_q3]	Q3) Weight (kg) <small>2 decimal (eg 4.25)</small>	text (number_2dp, Min: 0.00), Required						
61	[anth_height_q4]	Q4) Height (cm) <small>2 decimal eg 4.10</small>	text (number_2dp, Min: 0.00), Required						
62	[z_score_q5]	5) Z-score <small>2 decimal eg 4.10</small>	text (number_2dp, Min: -4.00, Max: 5.00), Required						
63	[anth_staffid_q6]	Q6) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP						
64	[anthrops_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Demographics (demographics)

65	[demo_date_q1]	Q1) Visit Date	text (date_dmy), Required Field Annotation: @TODAY																
66	[demo_age_q2]	Section Header: Parent/Guardian Q2) Age	text (integer, Min: 0), Required																
67	[demo_gender_q3]	Q3) Gender	radio, Required <table border="1"><tr><td>1</td><td>Male</td></tr><tr><td>2</td><td>Female</td></tr></table> Custom alignment: RH	1	Male	2	Female												
1	Male																		
2	Female																		
68	[demo_ethnicity_q4]	Q4) Ethnicity	dropdown, Required <table border="1"><tr><td>1</td><td>Mandinka</td></tr><tr><td>2</td><td>Fulla</td></tr><tr><td>3</td><td>Wollof</td></tr><tr><td>4</td><td>Jola</td></tr><tr><td>5</td><td>Sere</td></tr><tr><td>6</td><td>Bainunka</td></tr><tr><td>7</td><td>Balanta</td></tr><tr><td>8</td><td>Serahule</td></tr></table> Custom alignment: RH	1	Mandinka	2	Fulla	3	Wollof	4	Jola	5	Sere	6	Bainunka	7	Balanta	8	Serahule
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3	Wollof																		
4	Jola																		
5	Sere																		
6	Bainunka																		
7	Balanta																		
8	Serahule																		

69	[demo_marital_q5]	Q5) Marital status	dropdown, Required <table border="1"> <tr><td>1</td><td>Single</td></tr> <tr><td>2</td><td>Married</td></tr> <tr><td>3</td><td>Widowed/Widower</td></tr> </table> Custom alignment: RH	1	Single	2	Married	3	Widowed/Widower								
1	Single																
2	Married																
3	Widowed/Widower																
70	[demo_occu_q6]	Q6) Occupation	dropdown, Required <table border="1"> <tr><td>1</td><td>Informal employment</td></tr> <tr><td>2</td><td>Formal employment</td></tr> <tr><td>3</td><td>Housewife</td></tr> </table> Custom alignment: RH	1	Informal employment	2	Formal employment	3	Housewife								
1	Informal employment																
2	Formal employment																
3	Housewife																
71	[demo_edu_q7]	Q7) Level of education	dropdown, Required <table border="1"> <tr><td>1</td><td>No education</td></tr> <tr><td>2</td><td>Primary education</td></tr> <tr><td>3</td><td>Secondary education</td></tr> <tr><td>4</td><td>Higher education</td></tr> </table> Custom alignment: RH	1	No education	2	Primary education	3	Secondary education	4	Higher education						
1	No education																
2	Primary education																
3	Secondary education																
4	Higher education																
72	[demo_parity_q8]	Q8) How many children did you have	text (integer, Min: 0), Required														
73	[demo_childage_q10]	Section Header: <i>Child</i> Q10) Age	calc, Required Calculation: [v1_arm_1][dob] Custom alignment: RH														
74	[demo_childgender_q11]	Q11) Gender	radio, Required <table border="1"> <tr><td>1</td><td>Male</td></tr> <tr><td>2</td><td>Female</td></tr> </table> Custom alignment: RH	1	Male	2	Female										
1	Male																
2	Female																
75	[demo_childdethinnicity_q12]	Q12) Ethnicity	dropdown, Required <table border="1"> <tr><td>1</td><td>Mandinka</td></tr> <tr><td>2</td><td>Fulla</td></tr> <tr><td>3</td><td>Wollof</td></tr> <tr><td>4</td><td>Jola</td></tr> <tr><td>5</td><td>Sere</td></tr> <tr><td>6</td><td>Bainunka</td></tr> <tr><td>7</td><td>Balanta</td></tr> </table> Custom alignment: RH	1	Mandinka	2	Fulla	3	Wollof	4	Jola	5	Sere	6	Bainunka	7	Balanta
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76	[demo_staff_q13]	Q13) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP														
77	[demographics_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete								
0	Incomplete																
1	Unverified																
2	Complete																
Instrument: VitalSign (vitalsign)																	
78	[vsig_visitdate_q1]	Q1) Visit date	text (date_dmy), Required Field Annotation: @TODAY														
79	[vsig_visittime_q2]	Q2) Visit time	text (time), Required														
80	[vsig_heartrate_q3]	Q3) Heart rate/min <i>Between 100 to 155 inclusive</i>	text (integer, Min: 0), Required														
81	[vsig_rr_q3a]	3a) Respiratory rate/min(RR)	text (integer, Min: 23, Max: 53), Required														
82	[msg_outrange] Show the field ONLY if: [vsig_heartrate_q3]<100 or [vsig_heartrate_q3]>150	Out of this range consult the clinician	descriptive														
83	[vsig_axiltemp_q4]	Q4) Axillary Temperature (°C) <i>between 35.5 to 37.5 inclusive</i>	text (number_1dp, Min: 35.5, Max: 37.5), Required														
84	[vsig_crefilltime_q5]	Q5) Capillary refill time	dropdown, Required <table border="1"> <tr><td>1</td><td>>3secs</td></tr> <tr><td>2</td><td>< 3 secs</td></tr> </table>	1	>3secs	2	< 3 secs										
1	>3secs																
2	< 3 secs																
85	[msg_repeat] Show the field ONLY if: [vsig_crefilltime_q5]='1'	Repeat test if out of the normal range and consult research clinician	descriptive														

			checkbox, Required																																										
86	[vsig_activity_q6]	Q6) Activity	<table border="1"> <tr><td>1</td><td>vsig_activity_q6_1</td><td>Responds normally to social cues</td></tr> <tr><td>2</td><td>vsig_activity_q6_2</td><td>Weak</td></tr> <tr><td>3</td><td>vsig_activity_q6_3</td><td>Content/ smiles,</td></tr> <tr><td>4</td><td>vsig_activity_q6_4</td><td>Stays awake/ awakens quickly</td></tr> <tr><td>5</td><td>vsig_activity_q6_5</td><td>Strong normal cry</td></tr> <tr><td>6</td><td>vsig_activity_q6_6</td><td>Not crying</td></tr> <tr><td>7</td><td>vsig_activity_q6_7</td><td>Not responding normally to social cues</td></tr> <tr><td>8</td><td>vsig_activity_q6_8</td><td>No smile</td></tr> <tr><td>9</td><td>vsig_activity_q6_9</td><td>Wakes only with prolonged stimulation</td></tr> <tr><td>10</td><td>vsig_activity_q6_10</td><td>Decreased activity</td></tr> <tr><td>11</td><td>vsig_activity_q6_11</td><td>No response to social cues</td></tr> <tr><td>12</td><td>vsig_activity_q6_12</td><td>Appears ill to a healthcare professional</td></tr> <tr><td>13</td><td>vsig_activity_q6_13</td><td>Does not wake or if roused does not stay awake</td></tr> <tr><td>14</td><td>vsig_activity_q6_14</td><td>High pitched or continuous cry</td></tr> </table>	1	vsig_activity_q6_1	Responds normally to social cues	2	vsig_activity_q6_2	Weak	3	vsig_activity_q6_3	Content/ smiles,	4	vsig_activity_q6_4	Stays awake/ awakens quickly	5	vsig_activity_q6_5	Strong normal cry	6	vsig_activity_q6_6	Not crying	7	vsig_activity_q6_7	Not responding normally to social cues	8	vsig_activity_q6_8	No smile	9	vsig_activity_q6_9	Wakes only with prolonged stimulation	10	vsig_activity_q6_10	Decreased activity	11	vsig_activity_q6_11	No response to social cues	12	vsig_activity_q6_12	Appears ill to a healthcare professional	13	vsig_activity_q6_13	Does not wake or if roused does not stay awake	14	vsig_activity_q6_14	High pitched or continuous cry
1	vsig_activity_q6_1	Responds normally to social cues																																											
2	vsig_activity_q6_2	Weak																																											
3	vsig_activity_q6_3	Content/ smiles,																																											
4	vsig_activity_q6_4	Stays awake/ awakens quickly																																											
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6	vsig_activity_q6_6	Not crying																																											
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13	vsig_activity_q6_13	Does not wake or if roused does not stay awake																																											
14	vsig_activity_q6_14	High pitched or continuous cry																																											

Field Annotation: @HIDDEN

87	[vsig_compsstaffid_q7]	Q7) Staff completing form(ID)	text Field Annotation: @APPUSERNAME-APP						
88	[vitalsign_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Screening (screening)

89	[scre_date_q1]	1) Date of Screening	text (date_dmy), Required Field Annotation: @TODAY				
90	[scre_studyarea_q2]	Section Header: <i>Inclusion criteria</i> 2) Is the parent/guardian with participant currently residing in the study area and are willing to stay for the entire study duration?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
91	[scre_padhprotocolvisit_q3] Show the field ONLY if: [scre_studyarea_q2]='1'	3) Is the participant willing to comply with all study procedures and adhere to the study protocol?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
92	[scre_agebetween_q4] Show the field ONLY if: [scre_padhprotocolvisit_q3]='1'	4) Is the participant's age between 6-12 Months at the time of enrolment?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
93	[agehint]	Tips: Age in Months at enrolment:	calc Calculation: [dob]				
94	[scre_partanaemic_q5] Show the field ONLY if: [scre_agebetween_q4]='1'	5) Is the participant anaemic with Hb < 11.0 g/dl and >=7.0 g/dl.	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
95	[screenfailmsg_2] Show the field ONLY if: ([scre_studyarea_q2]='0' or [scre_padhprotocolvisit_q3]='0' or [scre_agebetween_q4]='0' or [scre_partanaemic_q5]='0')	This participant has failed the inclusion criteria. Stop here and save the form !	descriptive				
96	[exclusion_caption] Show the field ONLY if: [scre_partanaemic_q5]='1'	Exclusion criteria	descriptive, Required				

97	[scree_acuteillness_q6] Show the field ONLY if: [scree_partanaemic_q5]='1'	6) Was the participant born premature or very low birth weight (< 1500g)?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
98	[scree_partwhz_q7]	7) Is the participant WHZ < -4 SD	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: @HIDDEN	1	Yes	0	No
1	Yes						
0	No						
99	[hint]	Z-score Hint	calc Calculation: [z_score_q5] Field Annotation: @HIDDEN				
100	[scree_childill_q8] Show the field ONLY if: [scree_acuteillness_q6]='0'	8) Is the child currently ill?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No
1	Yes						
0	No						
101	[screenfailmsg_4] Show the field ONLY if: ([scree_childill_q8]='1')	To be further assessed by research clinician or nurses !	descriptive				
102	[scree_partrecentlyhosp_q9] Show the field ONLY if: [scree_childill_q8]='1' or [scree_childill_q8]='0'	9) Is there any history of hospital admission in the past two weeks?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
103	[reason_for_hospitalization] Show the field ONLY if: ([scree_partrecentlyhosp_q9]='1')	reason for hospitalization	notes				
104	[screenfailmsg_6] Show the field ONLY if: ([scree_partrecentlyhosp_q9]='1')	To be further assessed by research clinician or nurses!	descriptive				
105	[scree_hepcinf_q10] Show the field ONLY if: [scree_partrecentlyhosp_q9]='0' or [scree_partrecentlyhosp_q9]='1'	10) Is there any history of HIV, chronic hepatitis B or chronic hepatitis C infection?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
106	[scree_adprotocolpro_q11] Show the field ONLY if: [scree_hepcinf_q10]='0'	11) Is there any condition that in the opinion of the investigator might compromise the safety or well being of the subject or compromise adherence to protocol procedures?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
107	[scree_formula_q12] Show the field ONLY if: [scree_adprotocolpro_q11]='0'	12) Are infants formula fed or their mothers planning to use commercially available infant formula during the study period (12 weeks)	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
108	[scree_30daysprioiniadmin_q13] Show the field ONLY if: [scree_formula_q12]='0'	13) Has infant been given iron supplement in the past 30 days prior to study initiation or plan administration during the study period?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
109	[scree_hmeningitisneudisorders_q14] Show the field ONLY if: [scree_30daysprioiniadmin_q13]='0'	14) Is there any History of meningitis, seizures, Guillain-Barré syndrome, or other neurological disorders?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
110	[screenfailmsg_5] Show the field ONLY if: ([scree_hmeningitisneudisorders_q14]='1')	To be further assessed by research clinician or nurses!	descriptive				

111	[screenfailmsg_3] Show the field ONLY if: ([scre_acuteillness_q6]='1' or [scre_partwhz_q7]='1' or [scre_hep cinf_q10]='1' or [scre_adprotocol pro_q11]='1' or [scre_formula_q12]='1' or [scre_30dayspriorinad min_q13]='1')	This participant has failed the exclusion criteria. Stop here and save the form !	descriptive						
112	[scre_compstaffid_q15]	15) Staff completing form(ID)	text, Required Custom alignment: RH Field Annotation: @APPUSERNAME-APP						
113	[screening_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **BloodsampleCollection** (bloodsamplecollection)

114	[bld_datecoll_q1]	Q1) Date collected	text (date_dmy), Required Field Annotation: @TODAY						
115	[bld_samplecoll_q3]	Q3) Was a blood sample collected	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
116	[bld_bdtimencoll_q2] Show the field ONLY if: [bld_samplecoll_q3]='1'	Q2) Time blood was collected	text (time), Required						
117	[bld_ifnorea_q4] Show the field ONLY if: [bld_samplecoll_q3]='0'	Q4) If no - what was the reason	dropdown <table border="1"> <tr><td>2</td><td>Parent refusal</td></tr> <tr><td>3</td><td>Unable to obtain sample</td></tr> <tr><td>4</td><td>Travel</td></tr> </table>	2	Parent refusal	3	Unable to obtain sample	4	Travel
2	Parent refusal								
3	Unable to obtain sample								
4	Travel								
118	[msg_ineligible] Show the field ONLY if: [bld_ifnorea_q4] = '2'	The participant should be withdrawn, proceed to the withdrawal CRF	descriptive						
119	[bld_edta_q5] Show the field ONLY if: [bld_samplecoll_q3]='1'	Section Header: <i>Blood</i> Q5) EDTA (mL) 0.5ml	text (number_1dp), Required						
120	[bld_serum_q6] Show the field ONLY if: [bld_samplecoll_q3]='1'	Q6) Serum gel (mL) 3.0 ml	text (number_1dp)						
121	[if_the_actual_amount_of_b1] Show the field ONLY if: [bld_samplecoll_q3]='1'	If the actual amount of blood is not collected give reason	dropdown <table border="1"> <tr><td>1</td><td>difficult to bleed</td></tr> <tr><td>2</td><td>mother refused</td></tr> </table>	1	difficult to bleed	2	mother refused		
1	difficult to bleed								
2	mother refused								
122	[bld_compstaffid_q7]	Q7) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP						
123	[bloodsamplecollection_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **StoolSampleCollection** (stoolsamplecollection)

124	[stol_visitdate_q1]	1. Visit date	text (date_dmy), Required Field Annotation: @TODAY				
125	[stol_visittime_q2]	2. Visit time	text (time), Required				
126	[stol_stlobtained_q3]	3. Was a stool obtained	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
127	[stol_ifnreas_q5] Show the field ONLY if: [stol_stlobtained_q3]='0'	4. If no - what was the reason	notes				
128	[stol_collectedby_q4] Show the field ONLY if: [stol_stlobtained_q3]='1'	5. Collected by	text, Required Field Annotation: @APPUSERNAME-APP				

129	[stool_nostool_q5a] Show the field ONLY if: [stool_stlobtained_q3]='0'	5a) If the participant does not produce stool in the clinic, stool sample should be collected at home.	descriptive												
130	[stoolsamplecollection_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: Randomization (randomization)															
131	[rand_date_q1]	Q1) Randomization date	text (date_dmy), Required Field Annotation: @TODAY												
132	[rand_time_q2]	Q2) Randomization time	text (time), Required												
133	[rand_treatgroup_q3]	Q3) Treatment group	radio, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>5</td></tr> <tr><td>6</td><td>6</td></tr> </table>	1	1	2	2	3	3	4	4	5	5	6	6
1	1														
2	2														
3	3														
4	4														
5	5														
6	6														
134	[randomization_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														
Instrument: IronSupplement (ironsupplement)															
135	[iron_patcontactdate_q1]	Q1) Date of patient contact	text (date_dmy), Required Field Annotation: @TODAY												
136	[iron_visitstatus_q1a]	Q1a) Was the participant seen	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
137	[have_you_checked_that_id_i] Show the field ONLY if: [iron_visitstatus_q1a]='1'	Have you checked that the ID on the infant welfare card matches the ID in the zip lock bag	descriptive												
138	[iron_visitreason_q1b] Show the field ONLY if: [iron_visitstatus_q1a]='0'	Q1b. Reason	dropdown <table border="1"> <tr><td>1</td><td>Participant travel</td></tr> <tr><td>2</td><td>Could not be located</td></tr> <tr><td>3</td><td>Hospitalized and iron withheld</td></tr> </table>	1	Participant travel	2	Could not be located	3	Hospitalized and iron withheld						
1	Participant travel														
2	Could not be located														
3	Hospitalized and iron withheld														
139	[iron_supferrous_q2] Show the field ONLY if: [iron_visitstatus_q1a] = '1'	Q2) Was the oral supplement administered	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No								
1	Yes														
0	No														
140	[iron_suppwithheld_q2a] Show the field ONLY if: [iron_supferrous_q2]='0'	Q2a) Was iron supplement withheld	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														

141	[iron_suppwithheldreason_q2b] Show the field ONLY if: [iron_suppwithheld_q2a] = '1'	Q2b) Give reason	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>iron_suppwithheldreason_q2b__1</td><td>was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination</td></tr> <tr><td>2</td><td>iron_suppwithheldreason_q2b__2</td><td>was it due to visually confirmed bloody diarrhoea</td></tr> <tr><td>3</td><td>iron_suppwithheldreason_q2b__3</td><td>was it due to hospitalisation for somatic illness</td></tr> <tr><td>4</td><td>iron_suppwithheldreason_q2b__4</td><td>Was it due to treatment with antibiotics for any confirmed or suspected somatic infection</td></tr> <tr><td>5</td><td>iron_suppwithheldreason_q2b__5</td><td>was it due to confirmed fever plus dipstick-test confirmed parasitaemia</td></tr> </table>	1	iron_suppwithheldreason_q2b__1	was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination	2	iron_suppwithheldreason_q2b__2	was it due to visually confirmed bloody diarrhoea	3	iron_suppwithheldreason_q2b__3	was it due to hospitalisation for somatic illness	4	iron_suppwithheldreason_q2b__4	Was it due to treatment with antibiotics for any confirmed or suspected somatic infection	5	iron_suppwithheldreason_q2b__5	was it due to confirmed fever plus dipstick-test confirmed parasitaemia
1	iron_suppwithheldreason_q2b__1	was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination																
2	iron_suppwithheldreason_q2b__2	was it due to visually confirmed bloody diarrhoea																
3	iron_suppwithheldreason_q2b__3	was it due to hospitalisation for somatic illness																
4	iron_suppwithheldreason_q2b__4	Was it due to treatment with antibiotics for any confirmed or suspected somatic infection																
5	iron_suppwithheldreason_q2b__5	was it due to confirmed fever plus dipstick-test confirmed parasitaemia																
			Custom alignment: LV															
142	[iron_suppamount_q3] Show the field ONLY if: [iron_supferrousPRI_q2]= '1'	Q3) Amount received (10 mg)	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
			Custom alignment: RH															
143	[iron_suppreceive10mlgreas_q4] Show the field ONLY if: [iron_suppamount_q3]='0'	Q4) If the child did not receive 10 mg- give reason	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Vomit</td></tr> <tr><td>2</td><td>Spit out</td></tr> <tr><td>3</td><td>Refuse</td></tr> </table>	1	Vomit	2	Spit out	3	Refuse									
1	Vomit																	
2	Spit out																	
3	Refuse																	
144	[iron_supptime_q5] Show the field ONLY if: [iron_suppamount_q3]='1'	Q5) Time	text (time), Required															
145	[ip_administer] Show the field ONLY if: [iron_suppamount_q3]='0'	5a) If the child did not receive 10.0mg, was the IP re-administered?	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
146	[iron_suppgreson_q6] Show the field ONLY if: [iron_suppwithheld_q2a]='0'	Q6) Give reason <i>Note: In case of 48-hour history of fever as reported by the mother (or guardian) that is not confirmed axillary temperature ≤37.5°C, ask the mother/guardian to bring the child after 6 hours, and repeat measurement</i>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>iron_suppgreson_q6__1</td><td>Was it due to parent refusal</td></tr> <tr><td>2</td><td>iron_suppgreson_q6__2</td><td>Other</td></tr> </table>	1	iron_suppgreson_q6__1	Was it due to parent refusal	2	iron_suppgreson_q6__2	Other									
1	iron_suppgreson_q6__1	Was it due to parent refusal																
2	iron_suppgreson_q6__2	Other																
			Custom alignment: LV															
147	[iron_suppotherspec_q7] Show the field ONLY if: [iron_suppgreson_q6(2)] = '1'	Q7) Specify	notes															
148	[msg_complete_ae] Show the field ONLY if: [iron_suppwithheldreason_q2b(1)] = '1' or [iron_suppwithheldreason_q2b(2)] = '1' or [iron_suppwithheldreason_q2b(3)] = '1' or [iron_suppwithheldreason_q2b(4)] = '1' or [iron_suppwithheldreason_q2b(5)] = '1'	Complete AE eCRF	descriptive															
149	[iron_suppstaffid_q8]	Q8) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP															

150	[ironsupplement_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												
Instrument: Feedingquestionnaire (feedingquestionnaire)													
151	[feed_vdate_q1]	2) Visit date	text (date_dmy), Required Field Annotation: @TODAY										
152	[feed_participantseen_q2]	2b. Was the participant seen today	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												
153	[feed_participantnoseen_q3] Show the field ONLY if: [feed_participantseen_q2]='0'	2c. Give reason	dropdown <table border="1"> <tr><td>1</td><td>Participant travelled</td></tr> <tr><td>2</td><td>Participant could not be located</td></tr> <tr><td>3</td><td>Participant hospitalised and iron withheld</td></tr> <tr><td>4</td><td>Other</td></tr> </table>	1	Participant travelled	2	Participant could not be located	3	Participant hospitalised and iron withheld	4	Other		
1	Participant travelled												
2	Participant could not be located												
3	Participant hospitalised and iron withheld												
4	Other												
154	[feed_vtime_q4]	3) Visit time	text (time), Required										
155	[feed_past7daysotherfood]	How many times have you given each of the other foods in the past 7 days?	descriptive										
156	[feed_cowmilkfrequency_q4] Show the field ONLY if: [feed_participantseen_q2]='1'	4. How many times have you given cow milk to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
157	[feed_pow_milk_freque_q5] Show the field ONLY if: ([feed_cowmilkfrequency_q4]='0' or [feed_cowmilkfrequency_q4]='1' or [feed_cowmilkfrequency_q4]='2' or [feed_cowmilkfrequency_q4]='3' or [feed_cowmilkfrequency_q4]='4')	5. How many times have you given powdered milk to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
158	[feed_teamilkfrequency_q6] Show the field ONLY if: ([feed_pow_milk_freque_q5]='0' or [feed_pow_milk_freque_q5]='1' or [feed_pow_milk_freque_q5]='2' or [feed_pow_milk_freque_q5]='3' or [feed_pow_milk_freque_q5]='4')	6. How many times have you given tea with milk to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
159	[feed_spcify_other_q7] Show the field ONLY if: ([feed_teamilkfrequency_q6]='0' or [feed_teamilkfrequency_q6]='1' or [feed_teamilkfrequency_q6]='2' or [feed_teamilkfrequency_q6]='3' or [feed_teamilkfrequency_q6]='4')	7. How many times have you given commercial infant formula (lactogen) to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												
160	[feed_commercial_q8] Show the field ONLY if: ([feed_spcify_other_q7]='0' or [feed_spcify_other_q7]='1' or [feed_spcify_other_q7]='2' or [feed_spcify_other_q7]='3' or [feed_spcify_other_q7]='4')	8. How many times have you given nutrilac to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
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3	3												
4	4 or more												
161	[feed_lactogenfrequency_q9] Show the field ONLY if: ([feed_commercial_q8]='0' or [feed_commercial_q8]='1' or [feed_commercial_q8]='2' or [feed_commercial_q8]='3' or [feed_commercial_q8]='4')	9. How many times have you given nutribom to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												

162	[feed_ceralac_frequency_q10] Show the field ONLY if: ([feed_lactogenfrequency_q9]=‘0’ or [feed_lactogenfrequency_q9]=‘1’ or [feed_lactogenfrequency_q9]=‘2’ or [feed_lactogenfrequency_q9]=‘3’ or [feed_lactogenfrequency_q9]=‘4’)	10. How many times have you given cerelac to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												
163	[feed_potato_frequency_q11] Show the field ONLY if: ([feed_ceralac_frequency_q10]=‘0’ or [feed_ceralac_frequency_q10]=‘1’ or [feed_ceralac_frequency_q10]=‘2’ or [feed_ceralac_frequency_q10]=‘3’ or [feed_ceralac_frequency_q10]=‘4’)	11. How many times have you given powdered potato to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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2	2												
3	3												
4	4 or more												
164	[feed_cook_q12] Show the field ONLY if: ([feed_potato_frequency_q11]=‘0’ or [feed_potato_frequency_q11]=‘1’ or [feed_potato_frequency_q11]=‘2’ or [feed_potato_frequency_q11]=‘3’ or [feed_potato_frequency_q11]=‘4’)	12. How many times have you given cooked green leaves to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												
165	[feed_vege_q13] Show the field ONLY if: ([feed_cook_q12]=‘0’ or [feed_cook_q12]=‘1’ or [feed_cook_q12]=‘2’ or [feed_cook_q12]=‘3’ or [feed_cook_q12]=‘4’)	13. How many times have you given vegetables to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
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2	2												
3	3												
4	4 or more												
166	[feedq_cooked_rice_14] Show the field ONLY if: ([feedq_tiakere_churo_q23]=‘0’ or [feedq_tiakere_churo_q23]=‘1’ or [feedq_tiakere_churo_q23]=‘2’ or [feedq_tiakere_churo_q23]=‘3’ or [feedq_tiakere_churo_q23]=‘4’)	14. How many times have you given cooked rice to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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2	2												
3	3												
4	4 or more												
167	[feed_eggfrequency_q15] Show the field ONLY if: ([feedq_cooked_rice_14]=‘0’ or [feedq_cooked_rice_14]=‘1’ or [feedq_cooked_rice_14]=‘2’ or [feedq_cooked_rice_14]=‘3’ or [feedq_cooked_rice_14]=‘4’)	15. How many times have you given eggs to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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1	1												
2	2												
3	3												
4	4 or more												
168	[feedchickenfrequency_q16] Show the field ONLY if: ([feed_eggfrequency_q15]=‘0’ or [feed_eggfrequency_q15]=‘1’ or [feed_eggfrequency_q15]=‘2’ or [feed_eggfrequency_q15]=‘3’ or [feed_eggfrequency_q15]=‘4’)	16. How many times have you given chicken to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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169	[feedmeat_gaofreq_q17] Show the field ONLY if: ([feedchickenfrequency_q16]=‘0’ or [feedchickenfrequency_q16]=‘1’ or [feedchickenfrequency_q16]=‘2’ or [feedchickenfrequency_q16]=‘3’ or [feedchickenfrequency_q16]=‘4’)	17. How many times have you given meat to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												
170	[feed_fishfrequency_q18] Show the field ONLY if: ([feedmeat_gaofreq_q17]=‘0’ or [feedmeat_gaofreq_q17]=‘1’ or [feedmeat_gaofreq_q17]=‘2’ or [feedmeat_gaofreq_q17]=‘3’ or [feedmeat_gaofreq_q17]=‘4’)	18. How many times have you given fish to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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171	[feed_shrimps_frequency_q19] Show the field ONLY if: ([feed_fishfrequency_q18]='0' or [feed_fishfrequency_q18]='1' or [feed_fishfrequency_q18]='2' or [feed_fishfrequency_q18]='3' or [feed_fishfrequency_q18]='4')	19. How many times have you given shrimps to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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2	2												
3	3												
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172	[feed_oyster_frequency_q20] Show the field ONLY if: ([feed_shrimps_frequency_q19]='0' or [feed_shrimps_frequency_q19]='1' or [feed_shrimps_frequency_q19]='2' or [feed_shrimps_frequency_q19]='3' or [feed_shrimps_frequency_q19]='4')	20. How many times have you given Oyster to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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3	3												
4	4 or more												
173	[feedq_mono_q21] Show the field ONLY if: ([feed_oyster_frequency_q20]='0' or [feed_oyster_frequency_q20]='1' or [feed_oyster_frequency_q20]='2' or [feed_oyster_frequency_q20]='3' or [feed_oyster_frequency_q20]='4')	21. How many times have you given mono/jidiyo to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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3	3												
4	4 or more												
174	[feedq_sanyoa_q22] Show the field ONLY if: ([feedq_mono_q21]='0' or [feedq_mono_q21]='1' or [feedq_mono_q21]='2' or [feedq_mono_q21]='3' or [feedq_mono_q21]='4')	22. How many times have you given sanyoa/mani/tubanyo/dukala to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												
175	[feedq_tiakere_churo_q23] Show the field ONLY if: ([feedq_sanyoa_q22]='0' or [feedq_sanyoa_q22]='1' or [feedq_sanyoa_q22]='2' or [feedq_sanyoa_q22]='3' or [feedq_sanyoa_q22]='4')	23. How many times have you given tiakere churo to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												
176	[feed_manago_frequency_q24] Show the field ONLY if: ([feedq_tiakere_churo_q23]='0' or [feedq_tiakere_churo_q23]='1' or [feedq_tiakere_churo_q23]='2' or [feedq_tiakere_churo_q23]='3' or [feedq_tiakere_churo_q23]='4')	24. How many times have you given mangoes to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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177	[feed_orange_frequency_q25] Show the field ONLY if: ([feed_manago_frequency_q24]='0' or [feed_manago_frequency_q24]='1' or [feed_manago_frequency_q24]='2' or [feed_manago_frequency_q24]='3' or [feed_manago_frequency_q24]='4')	25. How many times have you given oranges to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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178	[feed_watermelon_frequency_q26] Show the field ONLY if: ([feed_orange_frequency_q25]='0' or [feed_orange_frequency_q25]='1' or [feed_orange_frequency_q25]='2' or [feed_orange_frequency_q25]='3' or [feed_orange_frequency_q25]='4')	26. How many times have you given watermelon to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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179	[feed_pawpaw_frequency_q27] Show the field ONLY if: ([feed_watermelon_frequency_q26]='0' or [feed_watermelon_frequency_q26]='1' or [feed_watermelon_frequency_q26]='2' or [feed_watermelon_frequency_q26]='3' or [feed_watermelon_frequency_q26]='4')	27. How many times have you given pawpaw to your child in the past 7 days?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
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4	4 or more												

180	[feed_banana_frequency_q28] Show the field ONLY if: ([feed_pawpaw_frequency_q27]=‘0’ or [feed_pawpaw_frequency_q27]=‘1’ or [feed_pawpaw_frequency_q27]=‘2’ or [feed_pawpaw_frequency_q27]=‘3’ or [feed_pawpaw_frequency_q27]=‘4’)	28. How many times have you given banana to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
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4	4 or more												
181	[feed_apple_frequency_q29] Show the field ONLY if: ([feed_banana_frequency_q28]=‘0’ or [feed_banana_frequency_q28]=‘1’ or [feed_banana_frequency_q28]=‘2’ or [feed_banana_frequency_q28]=‘3’ or [feed_banana_frequency_q28]=‘4’)	29. How many times have you given apple to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
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3	3												
4	4 or more												
182	[feed_juice_frequency_q30] Show the field ONLY if: ([feed_apple_frequency_q29]=‘0’ or [feed_apple_frequency_q29]=‘1’ or [feed_apple_frequency_q29]=‘2’ or [feed_apple_frequency_q29]=‘3’ or [feed_apple_frequency_q29]=‘4’)	30. How many times have you given local juice(e.g baobab, wonjo, dittah) to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
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183	[feed_juice_frequency_q31] Show the field ONLY if: ([feed_juice_frequency_q30]=‘0’ or [feed_juice_frequency_q30]=‘1’ or [feed_juice_frequency_q30]=‘2’ or [feed_juice_frequency_q30]=‘3’ or [feed_juice_frequency_q30]=‘4’)	31. How many times have you given commercial fruit juice (liquid or powdered juice) to your child in the past 7 days?	dropdown, Required <table border="1"> <tr><td>0</td><td>0</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	0	0	1	1	2	2	3	3	4	4 or more
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184	[feed_staff_q32]	32) Staff completing form(ID)	text Field Annotation: @APPUSERNAME-APP										
185	[feedingquestionaire_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete				
0	Incomplete												
1	Unverified												
2	Complete												

Instrument: Appetite (appetite)

186	[appt_multivitamin_q1]	Q1) Was your child taking multivitamin over the last two weeks? (Yes/No)	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
187	[appt_appetite_last2week_q2]	Q2) How would you describe the appetite of your child over the last 2 weeks	checkbox, Required <table border="1"> <tr><td>1</td><td>appt_appetite_last2week_q2__1</td><td>Eats well</td></tr> <tr><td>2</td><td>appt_appetite_last2week_q2__2</td><td>Accepts</td></tr> <tr><td>3</td><td>appt_appetite_last2week_q2__3</td><td>Difficult to get to eat.</td></tr> <tr><td>4</td><td>appt_appetite_last2week_q2__4</td><td>Refuses</td></tr> <tr><td>5</td><td>appt_appetite_last2week_q2__5</td><td>Other</td></tr> </table>	1	appt_appetite_last2week_q2__1	Eats well	2	appt_appetite_last2week_q2__2	Accepts	3	appt_appetite_last2week_q2__3	Difficult to get to eat.	4	appt_appetite_last2week_q2__4	Refuses	5	appt_appetite_last2week_q2__5	Other
1	appt_appetite_last2week_q2__1	Eats well																
2	appt_appetite_last2week_q2__2	Accepts																
3	appt_appetite_last2week_q2__3	Difficult to get to eat.																
4	appt_appetite_last2week_q2__4	Refuses																
5	appt_appetite_last2week_q2__5	Other																
188	[appt_specifyother_q2a] Show the field ONLY if: [appt_appetite_last2week_q2(5)] = ‘1’	2a.Specify other	notes															
189	[appt_childsick_q3]	Q3) Was your child sick during this period?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
190	[appt_callnurse_q4] Show the field ONLY if: [appt_childsick_q3]=‘1’	Please contact the study Nurse	descriptive															
191	[appetite_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete									
0	Incomplete																	
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2	Complete																	

Instrument: AE (ae)

192	[adve_q1]	1. Please select the Adverse Event symptom/signs-(drop down box)	<p>checkbox, Required</p> <table border="1"> <tr><td>17</td><td>adve_q1_17</td><td>Fever</td></tr> <tr><td>18</td><td>adve_q1_18</td><td>Vomiting</td></tr> <tr><td>19</td><td>adve_q1_19</td><td>diarrhoea</td></tr> <tr><td>20</td><td>adve_q1_20</td><td>jaundice</td></tr> <tr><td>67</td><td>adve_q1_67</td><td>Anorexia,</td></tr> <tr><td>21</td><td>adve_q1_21</td><td>Abdominal pain</td></tr> <tr><td>22</td><td>adve_q1_22</td><td>Abdominal distension</td></tr> <tr><td>23</td><td>adve_q1_23</td><td>Cough</td></tr> <tr><td>24</td><td>adve_q1_24</td><td>Difficulty in breathing</td></tr> <tr><td>25</td><td>adve_q1_25</td><td>wheezing</td></tr> <tr><td>26</td><td>adve_q1_26</td><td>Nasal flaring</td></tr> <tr><td>27</td><td>adve_q1_27</td><td>stridor</td></tr> <tr><td>28</td><td>adve_q1_28</td><td>lower chest indrawing</td></tr> <tr><td>29</td><td>adve_q1_29</td><td>Cyanosis</td></tr> <tr><td>30</td><td>adve_q1_30</td><td>bloating</td></tr> <tr><td>31</td><td>adve_q1_31</td><td>bulging fontanelle</td></tr> <tr><td>32</td><td>adve_q1_32</td><td>lethargy</td></tr> <tr><td>33</td><td>adve_q1_33</td><td>restlessness</td></tr> <tr><td>34</td><td>adve_q1_34</td><td>irritability</td></tr> <tr><td>35</td><td>adve_q1_35</td><td>coma</td></tr> <tr><td>36</td><td>adve_q1_36</td><td>Seizure</td></tr> <tr><td>37</td><td>adve_q1_37</td><td>joint pain</td></tr> <tr><td>38</td><td>adve_q1_38</td><td>boil</td></tr> <tr><td>39</td><td>adve_q1_39</td><td>insect bite</td></tr> <tr><td>40</td><td>adve_q1_40</td><td>palor</td></tr> <tr><td>41</td><td>adve_q1_41</td><td>Pedal edema</td></tr> <tr><td>42</td><td>adve_q1_42</td><td>musculoskeletal swelling</td></tr> <tr><td>43</td><td>adve_q1_43</td><td>Musculoskeletal tenderness</td></tr> <tr><td>44</td><td>adve_q1_44</td><td>sore throat</td></tr> <tr><td>45</td><td>adve_q1_45</td><td>Ear pain</td></tr> <tr><td>46</td><td>adve_q1_46</td><td>pus in the ear</td></tr> <tr><td>47</td><td>adve_q1_47</td><td>Redness of the eye/s</td></tr> <tr><td>48</td><td>adve_q1_48</td><td>Eczema</td></tr> <tr><td>49</td><td>adve_q1_49</td><td>Ringworm</td></tr> <tr><td>50</td><td>adve_q1_50</td><td>scabies</td></tr> <tr><td>51</td><td>adve_q1_51</td><td>cellulitis</td></tr> <tr><td>52</td><td>adve_q1_52</td><td>petechiae</td></tr> <tr><td>53</td><td>adve_q1_53</td><td>itching of throat</td></tr> <tr><td>54</td><td>adve_q1_54</td><td>allergic skin reaction</td></tr> <tr><td>55</td><td>adve_q1_55</td><td>hand swelling</td></tr> <tr><td>56</td><td>adve_q1_56</td><td>foot swelling</td></tr> <tr><td>57</td><td>adve_q1_57</td><td>Abscess</td></tr> <tr><td>58</td><td>adve_q1_58</td><td>skin-flaky paint appearance</td></tr> <tr><td>59</td><td>adve_q1_59</td><td>jaw swelling</td></tr> <tr><td>69</td><td>adve_q1_69</td><td>lymphadenopathy</td></tr> <tr><td>60</td><td>adve_q1_60</td><td>Nasal discharge</td></tr> <tr><td>61</td><td>adve_q1_61</td><td>running nose</td></tr> <tr><td>62</td><td>adve_q1_62</td><td>persistent diarrhoea</td></tr> <tr><td>63</td><td>adve_q1_63</td><td>wasting</td></tr> <tr><td>64</td><td>adve_q1_64</td><td>urinary frequency</td></tr> <tr><td>65</td><td>adve_q1_65</td><td>shock</td></tr> <tr><td>66</td><td>adve_q1_66</td><td>Abnormal hair,</td></tr> <tr><td>68</td><td>adve_q1_68</td><td>Others</td></tr> </table>	17	adve_q1_17	Fever	18	adve_q1_18	Vomiting	19	adve_q1_19	diarrhoea	20	adve_q1_20	jaundice	67	adve_q1_67	Anorexia,	21	adve_q1_21	Abdominal pain	22	adve_q1_22	Abdominal distension	23	adve_q1_23	Cough	24	adve_q1_24	Difficulty in breathing	25	adve_q1_25	wheezing	26	adve_q1_26	Nasal flaring	27	adve_q1_27	stridor	28	adve_q1_28	lower chest indrawing	29	adve_q1_29	Cyanosis	30	adve_q1_30	bloating	31	adve_q1_31	bulging fontanelle	32	adve_q1_32	lethargy	33	adve_q1_33	restlessness	34	adve_q1_34	irritability	35	adve_q1_35	coma	36	adve_q1_36	Seizure	37	adve_q1_37	joint pain	38	adve_q1_38	boil	39	adve_q1_39	insect bite	40	adve_q1_40	palor	41	adve_q1_41	Pedal edema	42	adve_q1_42	musculoskeletal swelling	43	adve_q1_43	Musculoskeletal tenderness	44	adve_q1_44	sore throat	45	adve_q1_45	Ear pain	46	adve_q1_46	pus in the ear	47	adve_q1_47	Redness of the eye/s	48	adve_q1_48	Eczema	49	adve_q1_49	Ringworm	50	adve_q1_50	scabies	51	adve_q1_51	cellulitis	52	adve_q1_52	petechiae	53	adve_q1_53	itching of throat	54	adve_q1_54	allergic skin reaction	55	adve_q1_55	hand swelling	56	adve_q1_56	foot swelling	57	adve_q1_57	Abscess	58	adve_q1_58	skin-flaky paint appearance	59	adve_q1_59	jaw swelling	69	adve_q1_69	lymphadenopathy	60	adve_q1_60	Nasal discharge	61	adve_q1_61	running nose	62	adve_q1_62	persistent diarrhoea	63	adve_q1_63	wasting	64	adve_q1_64	urinary frequency	65	adve_q1_65	shock	66	adve_q1_66	Abnormal hair,	68	adve_q1_68	Others
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193	[adve_otherdisgn_q1b] Show the field ONLY if: [adve_q1(68)] = '1'	1b.Other	notes																																																																																																																																																															

194	[adve_dignosis_q1c]	1c. Adverse Event Diagnosis	radio, Required <table border="1"> <tr><td>1</td><td>Malaria</td></tr> <tr><td>2</td><td>Acute watery diarrhoea</td></tr> <tr><td>3</td><td>Abscess</td></tr> <tr><td>4</td><td>Bronchiolitis</td></tr> <tr><td>5</td><td>Severe Anemia</td></tr> <tr><td>6</td><td>Gastroenteritis</td></tr> <tr><td>7</td><td>Persistent diarrhoea</td></tr> <tr><td>8</td><td>Tinea pedis</td></tr> <tr><td>9</td><td>Tinea corporis</td></tr> <tr><td>10</td><td>Tinea capitis</td></tr> <tr><td>11</td><td>Pneumonia</td></tr> <tr><td>12</td><td>Acute upper respiratory tract infection</td></tr> <tr><td>13</td><td>Tonsilitis</td></tr> <tr><td>14</td><td>Mumps</td></tr> <tr><td>15</td><td>Malnutrition</td></tr> <tr><td>16</td><td>mastoiditis</td></tr> <tr><td>17</td><td>sinusitis</td></tr> <tr><td>18</td><td>Otitis media</td></tr> <tr><td>19</td><td>otitis externa</td></tr> <tr><td>20</td><td>sickle cell anemia</td></tr> <tr><td>21</td><td>common cold</td></tr> <tr><td>22</td><td>Bacillary dysentery</td></tr> <tr><td>23</td><td>Anemic Heart failure</td></tr> <tr><td>24</td><td>Foreign body ingestion</td></tr> <tr><td>25</td><td>conjunctivitis</td></tr> <tr><td>26</td><td>allergy</td></tr> <tr><td>27</td><td>hypersensitivity reaction</td></tr> <tr><td>28</td><td>osteomyelitis</td></tr> <tr><td>29</td><td>scabies</td></tr> <tr><td>30</td><td>urticaria</td></tr> <tr><td>31</td><td>arthralgia</td></tr> <tr><td>32</td><td>cellulitis</td></tr> <tr><td>33</td><td>lower respiratory tract infection</td></tr> <tr><td>34</td><td>febrile convulsion</td></tr> <tr><td>35</td><td>non febrile seizure</td></tr> <tr><td>36</td><td>measles</td></tr> <tr><td>37</td><td>sepsis</td></tr> <tr><td>38</td><td>meningitis</td></tr> <tr><td>39</td><td>Anaphylaxis</td></tr> <tr><td>40</td><td>viral exanthem</td></tr> <tr><td>41</td><td>hypovolemic shock</td></tr> <tr><td>42</td><td>skin infection</td></tr> <tr><td>43</td><td>intestinal obstruction</td></tr> <tr><td>44</td><td>other</td></tr> </table>	1	Malaria	2	Acute watery diarrhoea	3	Abscess	4	Bronchiolitis	5	Severe Anemia	6	Gastroenteritis	7	Persistent diarrhoea	8	Tinea pedis	9	Tinea corporis	10	Tinea capitis	11	Pneumonia	12	Acute upper respiratory tract infection	13	Tonsilitis	14	Mumps	15	Malnutrition	16	mastoiditis	17	sinusitis	18	Otitis media	19	otitis externa	20	sickle cell anemia	21	common cold	22	Bacillary dysentery	23	Anemic Heart failure	24	Foreign body ingestion	25	conjunctivitis	26	allergy	27	hypersensitivity reaction	28	osteomyelitis	29	scabies	30	urticaria	31	arthralgia	32	cellulitis	33	lower respiratory tract infection	34	febrile convulsion	35	non febrile seizure	36	measles	37	sepsis	38	meningitis	39	Anaphylaxis	40	viral exanthem	41	hypovolemic shock	42	skin infection	43	intestinal obstruction	44	other
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195	[adve_specother_q1d] Show the field ONLY if: [adve_dignosis_q1c] = '44'	1d.Specify other	notes																																																																																								
196	[adve_startdate_q2]	2. Start Date	text (datetime_dmy). Required																																																																																								
197	[adve_aenumber_q2a]	2a.AE Number	calc, Required Calculation: concat(left([adve_startdate_q2],2),right([adve_startdate_q2],2)) Field Annotation: @HIDDEN																																																																																								
198	[adve_ongoing]	3. Ongoing	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																																				
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199	[adve_stopdate_q4] Show the field ONLY if: [adve_ongoing]='0'	4. Stop Date	text (date_dmy)																																																																																								

200	[day_bt_ae]	How long is the AE	calc Calculation: round((datediff([adve_startdate_q2],"now","d")),1) Field Annotation: @HIDDEN												
201	[adve_intensity_q6d]	4a. Intensity	radio, Required <table border="1"> <tr><td>1</td><td>Mild (Grade 1)</td></tr> <tr><td>2</td><td>Moderate (Grade 2)</td></tr> <tr><td>3</td><td>Severe (Grade 3)</td></tr> </table>	1	Mild (Grade 1)	2	Moderate (Grade 2)	3	Severe (Grade 3)						
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202	[adve_outcome_q5] Show the field ONLY if: [adve_ongoing]='1'	5. Outcome	dropdown, Required <table border="1"> <tr><td>1</td><td>Recovered/Resolved</td></tr> <tr><td>2</td><td>Recovering/Resolving</td></tr> <tr><td>3</td><td>Not Recovered/Not recovering</td></tr> <tr><td>4</td><td>Resolved with sequelae</td></tr> <tr><td>5</td><td>Death</td></tr> <tr><td>6</td><td>Not recovered within follow-up period</td></tr> </table>	1	Recovered/Resolved	2	Recovering/Resolving	3	Not Recovered/Not recovering	4	Resolved with sequelae	5	Death	6	Not recovered within follow-up period
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203	[ae_ongong_msg] Show the field ONLY if: [adve_ongoing] = '1' and [adve_outcome_q5] = '1'	The outcome cannot be RECOVERED/ RESOLVED because the AE is ongoing	descriptive												
204	[ae_ongong_msg_2] Show the field ONLY if: [adve_ongoing] = '1' and [adve_outcome_q5] = '4'	The outcome cannot be Resolved with sequelae because the AE is ongoing	descriptive												
205	[ae_ongong_msg_3] Show the field ONLY if: [adve_ongoing] = '1' and [adve_outcome_q5] = '5'	The outcome cannot be death because the AE is ongoing	descriptive												
206	[a_outcome] Show the field ONLY if: [adve_ongoing]='0'	5a. Outcome	dropdown, Required <table border="1"> <tr><td>1</td><td>Recovered/Resolved</td></tr> <tr><td>2</td><td>Recovering/Resolving</td></tr> <tr><td>3</td><td>Not Recovered/Not recovering</td></tr> <tr><td>4</td><td>Resolved with sequelae</td></tr> <tr><td>5</td><td>Death</td></tr> <tr><td>6</td><td>Not recovered within follow-up period</td></tr> </table>	1	Recovered/Resolved	2	Recovering/Resolving	3	Not Recovered/Not recovering	4	Resolved with sequelae	5	Death	6	Not recovered within follow-up period
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207	[ae_ongong_msg_5] Show the field ONLY if: [adve_ongoing] = '0' and [a_outcome] = '3'	The outcome cannot be not RECOVERED/ not Recovering because the AE is not ongoing	descriptive												
208	[ae_ongong_msg_8] Show the field ONLY if: [adve_ongoing] = '0' and [a_outcome] = '2'	The outcome cannot be Recovering/ Resolving because the AE is not ongoing	descriptive												
209	[ae_ongong_msg_6] Show the field ONLY if: [adve_ongoing] = '0' and [a_outcome] = '6'	The outcome cannot be not recovered within the fellow-up period because the AE is not ongoing	descriptive												
210	[ae_ongong_msg_7] Show the field ONLY if: [adve_ongoing] = '0' and [a_outcome] = '5'	Notify PI and sponsors within 24 hour and fill the SAE form	descriptive												
211	[adve_serious_q6]	6. Is the event serious?	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No								
1	Yes														
0	No														
212	[adve_sae_date_q6a] Show the field ONLY if: [adve_serious_q6]='1'	6a. SAE start date	text (date_dmy), Required												

213	[adve_sae_q6b] Show the field ONLY if: [adve_serious_q6]='1'	6b..Select all that apply	checkbox, Required <table border="1"> <tr><td>1</td><td>adve_sae_q6b__1</td><td>Death</td></tr> <tr><td>2</td><td>adve_sae_q6b__2</td><td>Life-threatening</td></tr> <tr><td>3</td><td>adve_sae_q6b__3</td><td>Persistent/Significant Disability/Incapacity</td></tr> <tr><td>4</td><td>adve_sae_q6b__4</td><td>Result in Congenital Anomaly/Birth Defect</td></tr> <tr><td>5</td><td>adve_sae_q6b__5</td><td>Hospitalisation</td></tr> <tr><td>6</td><td>adve_sae_q6b__6</td><td>Prolongation of Hospitalisation</td></tr> <tr><td>7</td><td>adve_sae_q6b__7</td><td>Other (please specify)</td></tr> </table>	1	adve_sae_q6b__1	Death	2	adve_sae_q6b__2	Life-threatening	3	adve_sae_q6b__3	Persistent/Significant Disability/Incapacity	4	adve_sae_q6b__4	Result in Congenital Anomaly/Birth Defect	5	adve_sae_q6b__5	Hospitalisation	6	adve_sae_q6b__6	Prolongation of Hospitalisation	7	adve_sae_q6b__7	Other (please specify)
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7	adve_sae_q6b__7	Other (please specify)																						
214	[adve_specother_q6c] Show the field ONLY if: [adve_sae_q6b(7)] = '1'	6c.Specify other	notes																					
215	[adve_deathdate_6b1] Show the field ONLY if: [adve_sae_q6b(1)] = '1'	6b1.Date of death	text (date_dmy)																					
216	[adve_hospitalizedate_q6b2] Show the field ONLY if: [adve_sae_q6b(5)] = '1'	6b2.Date of hospitalization	text (date_dmy)																					
217	[adve_prolongstartdate_q6b3] Show the field ONLY if: [adve_sae_q6b(6)] = '1'	6b3.Start date of prolongation	text (date_dmy)																					
218	[adve_outcome_q6e] Show the field ONLY if: [adve_serious_q6]= '1'	6e.Outcome of Event	radio <table border="1"> <tr><td>1</td><td>Ongoing</td></tr> <tr><td>2</td><td>Fully recovered</td></tr> <tr><td>3</td><td>Recovered with sequelae</td></tr> <tr><td>4</td><td>Death</td></tr> <tr><td>5</td><td>Unknown</td></tr> </table>	1	Ongoing	2	Fully recovered	3	Recovered with sequelae	4	Death	5	Unknown											
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219	[adve_dischargedate_6e1] Show the field ONLY if: [adve_outcome_q6e(2)] = '1'	6e1.When hospitalised, date of discharge	text (date_dmy)																					
220	[adve_investiaction_q6f] Show the field ONLY if: [adve_serious_q6]='1'	6f. Action taken by investigator	checkbox <table border="1"> <tr><td>1</td><td>adve_investiaction_q6f__1</td><td>None</td></tr> <tr><td>2</td><td>adve_investiaction_q6f__2</td><td>Investigational product discontinuation</td></tr> <tr><td>3</td><td>adve_investiaction_q6f__3</td><td>Medication</td></tr> <tr><td>4</td><td>adve_investiaction_q6f__4</td><td>Hospitalisation</td></tr> <tr><td>5</td><td>adve_investiaction_q6f__5</td><td>Participant withdrawn</td></tr> <tr><td>Other</td><td>adve_investiaction_q6f__other</td><td>Specify</td></tr> </table>	1	adve_investiaction_q6f__1	None	2	adve_investiaction_q6f__2	Investigational product discontinuation	3	adve_investiaction_q6f__3	Medication	4	adve_investiaction_q6f__4	Hospitalisation	5	adve_investiaction_q6f__5	Participant withdrawn	Other	adve_investiaction_q6f__other	Specify			
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Other	adve_investiaction_q6f__other	Specify																						
221	[adve_specactionpi_q6g] Show the field ONLY if: [adve_investiaction_q6f(Other)] = '1'	6g.Specify action taken	notes																					
222	[adve_ipinformatin_q6h] Show the field ONLY if: [adve_serious_q6]='1'	6h.Investigational Product (IP) Information	checkbox, Required <table border="1"> <tr><td>1</td><td>adve_ipinformatin_q6h__1</td><td>Blinded</td></tr> <tr><td>2</td><td>adve_ipinformatin_q6h__2</td><td>IP name</td></tr> <tr><td>3</td><td>adve_ipinformatin_q6h__3</td><td>Route</td></tr> <tr><td>4</td><td>adve_ipinformatin_q6h__4</td><td>Daily IP Dose/Unit</td></tr> <tr><td>5</td><td>adve_ipinformatin_q6h__5</td><td>Start date</td></tr> <tr><td>6</td><td>adve_ipinformatin_q6h__6</td><td>Stop date</td></tr> </table> <p>Field Annotation: @HIDDEN</p>	1	adve_ipinformatin_q6h__1	Blinded	2	adve_ipinformatin_q6h__2	IP name	3	adve_ipinformatin_q6h__3	Route	4	adve_ipinformatin_q6h__4	Daily IP Dose/Unit	5	adve_ipinformatin_q6h__5	Start date	6	adve_ipinformatin_q6h__6	Stop date			
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223	[adve_saerelate_ip_q6i] Show the field ONLY if: [adve_serious_q6]='1'	6i. Is SAE Related to IP	radio, Required <table border="1"> <tr><td>1</td><td>Definite</td></tr> <tr><td>2</td><td>Probable</td></tr> <tr><td>3</td><td>Possible</td></tr> <tr><td>4</td><td>Unrelated</td></tr> </table>	1	Definite	2	Probable	3	Possible	4	Unrelated													
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224	[adve_relate_trialproc_q6j] Show the field ONLY if: [adve_serious_q6]='1'	6j. Is SAE Related to trial procedure	yes/no, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																																																																																											
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225	[adve_trial_procedure_q6k] Show the field ONLY if: [adve_relate_trialproc_q6j]='1'	6k. Specify	notes																																																																																																															
226	[adve_finalsae_q6l] Show the field ONLY if: [adve_serious_q6]='1'	6l.Final SAE Diagnosis	checkbox <table border="1"> <tr><td>14</td><td>adve_finalsae_q6l__14</td><td>Abscess</td></tr> <tr><td>15</td><td>adve_finalsae_q6l__15</td><td>Bronchiolitis</td></tr> <tr><td>16</td><td>adve_finalsae_q6l__16</td><td>Anemic Heart Failure</td></tr> <tr><td>17</td><td>adve_finalsae_q6l__17</td><td>Rheumatic Heart Disease</td></tr> <tr><td>18</td><td>adve_finalsae_q6l__18</td><td>Sickle cell crisis</td></tr> <tr><td>19</td><td>adve_finalsae_q6l__19</td><td>severe malaria</td></tr> <tr><td>20</td><td>adve_finalsae_q6l__20</td><td>Pneumonia</td></tr> <tr><td>21</td><td>adve_finalsae_q6l__21</td><td>persistent diarrhea</td></tr> <tr><td>22</td><td>adve_finalsae_q6l__22</td><td>Gastroenteritis</td></tr> <tr><td>23</td><td>adve_finalsae_q6l__23</td><td>Tonsilitis</td></tr> <tr><td>24</td><td>adve_finalsae_q6l__24</td><td>Otitis media(L)</td></tr> <tr><td>25</td><td>adve_finalsae_q6l__25</td><td>Otitis media(R)</td></tr> <tr><td>26</td><td>adve_finalsae_q6l__26</td><td>Otitis media(R,L)</td></tr> <tr><td>27</td><td>adve_finalsae_q6l__27</td><td>Severe diarrhea</td></tr> <tr><td>28</td><td>adve_finalsae_q6l__28</td><td>Severe Anemia</td></tr> <tr><td>29</td><td>adve_finalsae_q6l__29</td><td>Bacillary dysentary</td></tr> <tr><td>30</td><td>adve_finalsae_q6l__30</td><td>Urinary Tract infection</td></tr> <tr><td>31</td><td>adve_finalsae_q6l__31</td><td>Intestinal Obstruction</td></tr> <tr><td>32</td><td>adve_finalsae_q6l__32</td><td>Sepsis Meningitis</td></tr> <tr><td>33</td><td>adve_finalsae_q6l__33</td><td>Foreign body ingestion</td></tr> <tr><td>34</td><td>adve_finalsae_q6l__34</td><td>Hypersensitivity reactions</td></tr> <tr><td>35</td><td>adve_finalsae_q6l__35</td><td>Acute abdomen</td></tr> <tr><td>36</td><td>adve_finalsae_q6l__36</td><td>Chronic osteomyelitis</td></tr> <tr><td>37</td><td>adve_finalsae_q6l__37</td><td>Lower respiratory tract infection</td></tr> <tr><td>38</td><td>adve_finalsae_q6l__38</td><td>Acute upper respiratory tract infection</td></tr> <tr><td>39</td><td>adve_finalsae_q6l__39</td><td>severe malnutrition</td></tr> <tr><td>40</td><td>adve_finalsae_q6l__40</td><td>Febrile seizure</td></tr> <tr><td>41</td><td>adve_finalsae_q6l__41</td><td>Viral encephalopathy</td></tr> <tr><td>42</td><td>adve_finalsae_q6l__42</td><td>Nephrotic syndrome</td></tr> <tr><td>43</td><td>adve_finalsae_q6l__43</td><td>Acute glomerulonephritis</td></tr> <tr><td>44</td><td>adve_finalsae_q6l__44</td><td>Renal failure</td></tr> <tr><td>45</td><td>adve_finalsae_q6l__45</td><td>Non febrile seizure</td></tr> <tr><td>46</td><td>adve_finalsae_q6l__46</td><td>Anaphylactic reaction</td></tr> <tr><td>47</td><td>adve_finalsae_q6l__47</td><td>Hypovolemic shock</td></tr> <tr><td>48</td><td>adve_finalsae_q6l__48</td><td>viral exanthem</td></tr> <tr><td>49</td><td>adve_finalsae_q6l__49</td><td>Measles infection</td></tr> <tr><td>50</td><td>adve_finalsae_q6l__50</td><td>Others</td></tr> </table>	14	adve_finalsae_q6l__14	Abscess	15	adve_finalsae_q6l__15	Bronchiolitis	16	adve_finalsae_q6l__16	Anemic Heart Failure	17	adve_finalsae_q6l__17	Rheumatic Heart Disease	18	adve_finalsae_q6l__18	Sickle cell crisis	19	adve_finalsae_q6l__19	severe malaria	20	adve_finalsae_q6l__20	Pneumonia	21	adve_finalsae_q6l__21	persistent diarrhea	22	adve_finalsae_q6l__22	Gastroenteritis	23	adve_finalsae_q6l__23	Tonsilitis	24	adve_finalsae_q6l__24	Otitis media(L)	25	adve_finalsae_q6l__25	Otitis media(R)	26	adve_finalsae_q6l__26	Otitis media(R,L)	27	adve_finalsae_q6l__27	Severe diarrhea	28	adve_finalsae_q6l__28	Severe Anemia	29	adve_finalsae_q6l__29	Bacillary dysentary	30	adve_finalsae_q6l__30	Urinary Tract infection	31	adve_finalsae_q6l__31	Intestinal Obstruction	32	adve_finalsae_q6l__32	Sepsis Meningitis	33	adve_finalsae_q6l__33	Foreign body ingestion	34	adve_finalsae_q6l__34	Hypersensitivity reactions	35	adve_finalsae_q6l__35	Acute abdomen	36	adve_finalsae_q6l__36	Chronic osteomyelitis	37	adve_finalsae_q6l__37	Lower respiratory tract infection	38	adve_finalsae_q6l__38	Acute upper respiratory tract infection	39	adve_finalsae_q6l__39	severe malnutrition	40	adve_finalsae_q6l__40	Febrile seizure	41	adve_finalsae_q6l__41	Viral encephalopathy	42	adve_finalsae_q6l__42	Nephrotic syndrome	43	adve_finalsae_q6l__43	Acute glomerulonephritis	44	adve_finalsae_q6l__44	Renal failure	45	adve_finalsae_q6l__45	Non febrile seizure	46	adve_finalsae_q6l__46	Anaphylactic reaction	47	adve_finalsae_q6l__47	Hypovolemic shock	48	adve_finalsae_q6l__48	viral exanthem	49	adve_finalsae_q6l__49	Measles infection	50	adve_finalsae_q6l__50	Others
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227	[adve_dignosisother_q6l1]	6l1)Specify other	notes																																																																																																															
228	[adve_saestopdate_q6m] Show the field ONLY if: [adve_serious_q6]='1'	6m. SAE Stop date	text (date_dmy)																																																																																																															

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229	[adve_drugclass_q7]	7. Please select the drug class	<table border="1"> <tr><td>1</td><td>adve_drugclass_q7__1</td><td>Antipyretics</td></tr> <tr><td>2</td><td>adve_drugclass_q7__2</td><td>Anti-histamin(oral)</td></tr> <tr><td>3</td><td>adve_drugclass_q7__3</td><td>oral rehydration therapy</td></tr> <tr><td>4</td><td>adve_drugclass_q7__4</td><td>intravenous fluid</td></tr> <tr><td>5</td><td>adve_drugclass_q7__5</td><td>Topical eyes,</td></tr> <tr><td>6</td><td>adve_drugclass_q7__6</td><td>steroids</td></tr> <tr><td>7</td><td>adve_drugclass_q7__7</td><td>Analgesics</td></tr> <tr><td>8</td><td>adve_drugclass_q7__8</td><td>Antibiotics</td></tr> <tr><td>9</td><td>adve_drugclass_q7__9</td><td>Antimalarial</td></tr> <tr><td>10</td><td>adve_drugclass_q7__10</td><td>Antifungal</td></tr> <tr><td>11</td><td>adve_drugclass_q7__11</td><td>antihelminthic(oral)</td></tr> <tr><td>12</td><td>adve_drugclass_q7__12</td><td>Anticonvulsants</td></tr> <tr><td>13</td><td>adve_drugclass_q7__13</td><td>supplements</td></tr> <tr><td>14</td><td>adve_drugclass_q7__14</td><td>topical-skin</td></tr> <tr><td>15</td><td>adve_drugclass_q7__15</td><td>others</td></tr> </table>	1	adve_drugclass_q7__1	Antipyretics	2	adve_drugclass_q7__2	Anti-histamin(oral)	3	adve_drugclass_q7__3	oral rehydration therapy	4	adve_drugclass_q7__4	intravenous fluid	5	adve_drugclass_q7__5	Topical eyes,	6	adve_drugclass_q7__6	steroids	7	adve_drugclass_q7__7	Analgesics	8	adve_drugclass_q7__8	Antibiotics	9	adve_drugclass_q7__9	Antimalarial	10	adve_drugclass_q7__10	Antifungal	11	adve_drugclass_q7__11	antihelminthic(oral)	12	adve_drugclass_q7__12	Anticonvulsants	13	adve_drugclass_q7__13	supplements	14	adve_drugclass_q7__14	topical-skin	15	adve_drugclass_q7__15	others
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230	[other_spacify] Show the field ONLY if: [adve_drugclass_q7]='15'	other spacify	notes																																													

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231	[adve_genericdrugname_q7a]		<table border="1"> <tr><td>16</td><td>adve_genericdrugname_q7a_16</td><td>ibruprofen</td></tr> <tr><td>17</td><td>adve_genericdrugname_q7a_17</td><td>paracetamol</td></tr> <tr><td>18</td><td>adve_genericdrugname_q7a_18</td><td>amoxicillin</td></tr> <tr><td>19</td><td>adve_genericdrugname_q7a_19</td><td>ampicillin</td></tr> <tr><td>81</td><td>adve_genericdrugname_q7a_81</td><td>Gentamicin</td></tr> <tr><td>20</td><td>adve_genericdrugname_q7a_20</td><td>azithromycin</td></tr> <tr><td>21</td><td>adve_genericdrugname_q7a_21</td><td>cloxacillin</td></tr> <tr><td>22</td><td>adve_genericdrugname_q7a_22</td><td>Co-Amoxiclav</td></tr> <tr><td>23</td><td>adve_genericdrugname_q7a_23</td><td>chloramphenicol</td></tr> <tr><td>24</td><td>adve_genericdrugname_q7a_24</td><td>cefixime</td></tr> <tr><td>25</td><td>adve_genericdrugname_q7a_25</td><td>cefuroxime</td></tr> <tr><td>26</td><td>adve_genericdrugname_q7a_26</td><td>cefalexin</td></tr> 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238	[adve_route_q8e]	8e. Route	dropdown, Required <table border="1"> <tr><td>1</td><td>po</td></tr> <tr><td>2</td><td>ear</td></tr> <tr><td>3</td><td>eye</td></tr> <tr><td>4</td><td>ia</td></tr> <tr><td>5</td><td>id</td></tr> <tr><td>6</td><td>im</td></tr> <tr><td>7</td><td>inh</td></tr> <tr><td>8</td><td>ip</td></tr> <tr><td>9</td><td>iv</td></tr> <tr><td>10</td><td>nas</td></tr> <tr><td>11</td><td>neb</td></tr> <tr><td>12</td><td>perc</td></tr> <tr><td>13</td><td>pr</td></tr> <tr><td>14</td><td>pv</td></tr> <tr><td>15</td><td>sc</td></tr> <tr><td>16</td><td>sl</td></tr> <tr><td>17</td><td>top</td></tr> </table>	1	po	2	ear	3	eye	4	ia	5	id	6	im	7	inh	8	ip	9	iv	10	nas	11	neb	12	perc	13	pr	14	pv	15	sc	16	sl	17	top
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241	[adve_conmed_startdate_q9] Show the field ONLY if: [another_prescription]='1'	8. Start dates	text (date_dmy), Required																																		
242	[adve_continuing_q8a_2] Show the field ONLY if: [another_prescription]='1'	8a. Continuing	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																														
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243	[adve_conmed_enddate_q8b_2] Show the field ONLY if: [adve_continuing_q8a]='0' and [another_prescription]='1'	8b. End dates	text (date_dmy)																																		
244	[adve_conmed_dose_q8c_2] Show the field ONLY if: [another_prescription]='1'	8c. Dose	text																																		

245	[adve_conmed_unit_q8d_2] Show the field ONLY if: [another_prescription]=1'	8d.Unit	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>mL</td></tr> <tr><td>2</td><td>appl</td></tr> <tr><td>3</td><td>caps</td></tr> <tr><td>4</td><td>gtts</td></tr> <tr><td>5</td><td>I/U</td></tr> <tr><td>6</td><td>inj</td></tr> <tr><td>7</td><td>meq</td></tr> <tr><td>8</td><td>mg</td></tr> <tr><td>9</td><td>mg/kg</td></tr> <tr><td>10</td><td>ng</td></tr> <tr><td>11</td><td>puff</td></tr> <tr><td>12</td><td>ounce</td></tr> <tr><td>13</td><td>tabs</td></tr> <tr><td>14</td><td>units</td></tr> <tr><td>15</td><td>spray</td></tr> <tr><td>16</td><td>mmol/L</td></tr> <tr><td>17</td><td>µg</td></tr> <tr><td>18</td><td>gy</td></tr> <tr><td>19</td><td>grams</td></tr> <tr><td>20</td><td>ng</td></tr> <tr><td>21</td><td>drops</td></tr> </table>	1	mL	2	appl	3	caps	4	gtts	5	I/U	6	inj	7	meq	8	mg	9	mg/kg	10	ng	11	puff	12	ounce	13	tabs	14	units	15	spray	16	mmol/L	17	µg	18	gy	19	grams	20	ng	21	drops
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249	[adve_conmed_startdate_q10] Show the field ONLY if: [another_prescription_2]=1'	8.Start dates	text (date_dmy), Required																																										
250	[adve_continuing_q8a_3] Show the field ONLY if: [another_prescription_2]=1'	8a. Continuing	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																						
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251	[adve_conmed_enddate_q8b_3] Show the field ONLY if: [adve_continuing_q8a_3]='0' and [another_prescription_2]='1'	8b. End dates	text (date_dmy)																																										
252	[adve_conmed_dose_q8c_3] Show the field ONLY if: [another_prescription_2]='1'	8c. Dose	text																																										
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257	[adve_conmed_startdate_q11] Show the field ONLY if: [another_prescription_3]='1'	8.Start dates	text (date_dmy), Required																																										
258	[adve_continuing_q8a_4] Show the field ONLY if: [another_prescription_3]='1'	8a. Continuing	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																																						
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260	[adve_conmed_dose_q8c_4] Show the field ONLY if: [another_prescription_3]='1'	8c. Dose	text																																										
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266	[adve_continuing_q8a_5] Show the field ONLY if: [another_prescription_4]='1'	8a. Continuing	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No																																						
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273	<p>[adve_conmed_startdate_q13]</p> <p>Show the field ONLY if: [another_prescription_5]='1'</p>	8. Start dates	text (date_dmy), Required																																		
274	<p>[adve_continuing_q8a_6]</p> <p>Show the field ONLY if: [another_prescription_5]='1'</p>	8a. Continuing	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																														
1	Yes																																				
0	No																																				
275	<p>[adve_conmed_enddate_q8b_6]</p> <p>Show the field ONLY if: [adve_continuing_q8a_6]='0' and [another_prescription_5]='1'</p>	8b. End dates	text (date_dmy)																																		
276	<p>[adve_conmed_dose_q8c_6]</p> <p>Show the field ONLY if: [another_prescription_5]='1'</p>	8c. Dose	text																																		

277	[adve_conmed_unit_q8d_6] Show the field ONLY if: [another_prescription_5]='1'	8d.Unit	dropdown <table border="1"> <tr><td>1</td><td>mL</td></tr> <tr><td>2</td><td>appl</td></tr> <tr><td>3</td><td>caps</td></tr> <tr><td>4</td><td>gtts</td></tr> <tr><td>5</td><td>I/U</td></tr> <tr><td>6</td><td>inj</td></tr> <tr><td>7</td><td>meq</td></tr> <tr><td>8</td><td>mg</td></tr> <tr><td>9</td><td>mg/kg</td></tr> <tr><td>10</td><td>ng</td></tr> <tr><td>11</td><td>puff</td></tr> <tr><td>12</td><td>ounce</td></tr> <tr><td>13</td><td>tabs</td></tr> <tr><td>14</td><td>units</td></tr> <tr><td>15</td><td>spray</td></tr> <tr><td>16</td><td>mmol/L</td></tr> <tr><td>17</td><td>µg</td></tr> <tr><td>18</td><td>gy</td></tr> <tr><td>19</td><td>grams</td></tr> <tr><td>20</td><td>ng</td></tr> <tr><td>21</td><td>drops</td></tr> </table>	1	mL	2	appl	3	caps	4	gtts	5	I/U	6	inj	7	meq	8	mg	9	mg/kg	10	ng	11	puff	12	ounce	13	tabs	14	units	15	spray	16	mmol/L	17	µg	18	gy	19	grams	20	ng	21	drops
1	mL																																												
2	appl																																												
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7	meq																																												
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9	mg/kg																																												
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11	puff																																												
12	ounce																																												
13	tabs																																												
14	units																																												
15	spray																																												
16	mmol/L																																												
17	µg																																												
18	gy																																												
19	grams																																												
20	ng																																												
21	drops																																												
278	[adve_route_q8e_6] Show the field ONLY if: [another_prescription_5]='1'	8e.Route	dropdown, Required <table border="1"> <tr><td>1</td><td>po</td></tr> <tr><td>2</td><td>ear</td></tr> <tr><td>3</td><td>eye</td></tr> <tr><td>4</td><td>ia</td></tr> <tr><td>5</td><td>id</td></tr> <tr><td>6</td><td>im</td></tr> <tr><td>7</td><td>inh</td></tr> <tr><td>8</td><td>ip</td></tr> <tr><td>9</td><td>iv</td></tr> <tr><td>10</td><td>nas</td></tr> <tr><td>11</td><td>neb</td></tr> <tr><td>12</td><td>perc</td></tr> <tr><td>13</td><td>pr</td></tr> <tr><td>14</td><td>pv</td></tr> <tr><td>15</td><td>sc</td></tr> <tr><td>16</td><td>sl</td></tr> <tr><td>17</td><td>top</td></tr> </table>	1	po	2	ear	3	eye	4	ia	5	id	6	im	7	inh	8	ip	9	iv	10	nas	11	neb	12	perc	13	pr	14	pv	15	sc	16	sl	17	top								
1	po																																												
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9	iv																																												
10	nas																																												
11	neb																																												
12	perc																																												
13	pr																																												
14	pv																																												
15	sc																																												
16	sl																																												
17	top																																												
279	[adve_regimen_q8f_6] Show the field ONLY if: [another_prescription_5]='1'	8f.Regimen	dropdown, Required <table border="1"> <tr><td>1</td><td>BID</td></tr> <tr><td>2</td><td>PRN</td></tr> <tr><td>3</td><td>QID</td></tr> <tr><td>4</td><td>QD</td></tr> <tr><td>5</td><td>STAT</td></tr> <tr><td>6</td><td>TID</td></tr> </table>	1	BID	2	PRN	3	QID	4	QD	5	STAT	6	TID																														
1	BID																																												
2	PRN																																												
3	QID																																												
4	QD																																												
5	STAT																																												
6	TID																																												
280	[adve_completeby_q9]	9.Form completed by	text Field Annotation: @APPUSERNAME-APP																																										
281	[ae_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																																				
0	Incomplete																																												
1	Unverified																																												
2	Complete																																												

Instrument: NONCOMPLIANCE FORM (noncompliance_form)

282	[prot_abbrtitle_q1]	1.Abbreviated title or Acronym	text, Required
283	[prot_number_q2]	2. Protocol number	dropdown, Required
284	[prot_investigator_q3]	3.Principal Investigator	text, Required

285	[prot_compl_date_q4]	4. Date form completed	text (date_dmy), Required																					
286	[prot_datetoncompl_q5]	5. Date of noncompliance	text (date_dmy), Required																					
287	[prot_devpartainsto_q6]	6. Deviation pertains to participant(s):	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
288	[prot_oncrf_q7]	7. Is the deviation indicated on the CRF(s) or equivalent	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
289	[prot_devresult_adverse_q8]	8. Did the deviation result in an adverse event	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
290	[prot_majornoncompl_q9]	9. Was this a major noncompliance	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
291	[prot_reportethics_q9a] Show the field ONLY if: [prot_majornoncompl_q9]='1'	9a. Was it / will it be reported to Ethics Committee	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No																	
1	Yes																							
0	No																							
292	[prot_noncompl_partians_q10]	10. Noncompliance pertains to	checkbox, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>prot_noncompl_partians_q10_1</td><td>Protocol</td></tr> <tr><td>2</td><td>prot_noncompl_partians_q10_2</td><td>GCP</td></tr> <tr><td>3</td><td>prot_noncompl_partians_q10_3</td><td>Unit policy</td></tr> <tr><td>4</td><td>prot_noncompl_partians_q10_4</td><td>Process</td></tr> <tr><td>5</td><td>prot_noncompl_partians_q10_5</td><td>SOP</td></tr> <tr><td>6</td><td>prot_noncompl_partians_q10_6</td><td>Regulatory requirements</td></tr> <tr><td>7</td><td>prot_noncompl_partians_q10_7</td><td>Other</td></tr> </table>	1	prot_noncompl_partians_q10_1	Protocol	2	prot_noncompl_partians_q10_2	GCP	3	prot_noncompl_partians_q10_3	Unit policy	4	prot_noncompl_partians_q10_4	Process	5	prot_noncompl_partians_q10_5	SOP	6	prot_noncompl_partians_q10_6	Regulatory requirements	7	prot_noncompl_partians_q10_7	Other
1	prot_noncompl_partians_q10_1	Protocol																						
2	prot_noncompl_partians_q10_2	GCP																						
3	prot_noncompl_partians_q10_3	Unit policy																						
4	prot_noncompl_partians_q10_4	Process																						
5	prot_noncompl_partians_q10_5	SOP																						
6	prot_noncompl_partians_q10_6	Regulatory requirements																						
7	prot_noncompl_partians_q10_7	Other																						
293	[prot_desc_compl_q11]	11. Description of noncompliance	notes, Required																					
294	[prot_noncomplreason_q12]	12. Reason for noncompliance	notes, Required																					
295	[prot_stepstaken_q13]	13. Steps taken to correct this noncompliance and to prevent from reoccurrence	notes, Required																					
296	[prot_dateofcorrection_q14]	14. Due date of correction	text (date_dmy), Required																					
297	[prot_personresponsible_q15]	15. Responsible Person	dropdown, Required																					
298	[prot_datereport_q16]	16. Date reported to sponsor	text (date_dmy), Required																					
299	[prot_datereportec_q17]	17. Date reported to EC	text (date_dmy), Required																					
300	[prot_completeby_q19]	19. Form completed by	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>BC</td></tr> <tr><td>2</td><td>KB</td></tr> <tr><td>3</td><td>LS</td></tr> <tr><td>4</td><td>NC</td></tr> <tr><td>5</td><td>MB</td></tr> </table>	1	BC	2	KB	3	LS	4	NC	5	MB											
1	BC																							
2	KB																							
3	LS																							
4	NC																							
5	MB																							
301	[noncompliance_form_complete]	Section Header: Form Status Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete															
0	Incomplete																							
1	Unverified																							
2	Complete																							

Instrument: IronSupplement_Unplanned (ironsupplement_unplanned)

302	[iron_patcontactdate_q1_v2]	Q1) Date of patient contact	text (date_dmy), Required				
303	[iron_supferrous_q2_v2] Show the field ONLY if: [iron_patcontactdate_q1_v2] <> "	Q2) Was the oral supplement administered	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
304	[iron_suppwithheld_q2a_v2] Show the field ONLY if: [iron_supferrous_q2_v2]='0'	Q2a) Was iron supplement withheld	yesno <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						

305	<p>[iron_suppwithheldreason_q2b_v2]</p> <p>Show the field ONLY if: [iron_suppwithheld_q2a_v2] = '1'</p>	<p>Q2b) Give reason</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>iron_suppwithheldreason_q2b_v2_1</td><td>was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination</td></tr> <tr><td>2</td><td>iron_suppwithheldreason_q2b_v2_2</td><td>was it due to visually confirmed bloody diarrhoea</td></tr> <tr><td>3</td><td>iron_suppwithheldreason_q2b_v2_3</td><td>was it due to hospitalisation for somatic illness</td></tr> <tr><td>4</td><td>iron_suppwithheldreason_q2b_v2_4</td><td>Was it due to treatment with antibiotics for any confirmed or suspected somatic infection</td></tr> <tr><td>5</td><td>iron_suppwithheldreason_q2b_v2_5</td><td>was it due to confirmed fever plus dipstick-test confirmed parasitaemia</td></tr> </table>	1	iron_suppwithheldreason_q2b_v2_1	was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination	2	iron_suppwithheldreason_q2b_v2_2	was it due to visually confirmed bloody diarrhoea	3	iron_suppwithheldreason_q2b_v2_3	was it due to hospitalisation for somatic illness	4	iron_suppwithheldreason_q2b_v2_4	Was it due to treatment with antibiotics for any confirmed or suspected somatic infection	5	iron_suppwithheldreason_q2b_v2_5	was it due to confirmed fever plus dipstick-test confirmed parasitaemia
1	iron_suppwithheldreason_q2b_v2_1	was it due to confirmed fever (axillary temperature >37.5°C) not associated with teething or vaccination																
2	iron_suppwithheldreason_q2b_v2_2	was it due to visually confirmed bloody diarrhoea																
3	iron_suppwithheldreason_q2b_v2_3	was it due to hospitalisation for somatic illness																
4	iron_suppwithheldreason_q2b_v2_4	Was it due to treatment with antibiotics for any confirmed or suspected somatic infection																
5	iron_suppwithheldreason_q2b_v2_5	was it due to confirmed fever plus dipstick-test confirmed parasitaemia																
306	<p>[iron_suppamount_q3_v2]</p> <p>Show the field ONLY if: [iron_supferrous_q2_v2]='1'</p>	<p>Q3) Amount received (10 mg)</p>	<p>yesno, Required</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
307	<p>[iron_suppreceive10mlgreas_q4_v2]</p> <p>Show the field ONLY if: [iron_suppamount_q3_v2]='0'</p>	<p>Q4) If the child did not receive 10 mg- give reason</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>Vomit</td></tr> <tr><td>2</td><td>Spit out</td></tr> <tr><td>3</td><td>Refuse</td></tr> </table>	1	Vomit	2	Spit out	3	Refuse									
1	Vomit																	
2	Spit out																	
3	Refuse																	
308	<p>[iron_supptime_q5_v2]</p> <p>Show the field ONLY if: [iron_suppamount_q3_v2]='1'</p>	<p>Q5) Time</p>	<p>text (time), Required</p>															
309	<p>[iron_suppgreason_q6_v2]</p> <p>Show the field ONLY if: [iron_suppwithheld_q2a_v2]='0'</p>	<p>Q6) Give reason</p> <p><i>Note: In case of 48-hour history of fever as reported by the mother (or guardian) that is not confirmed axillary temperature ≤37.5°C, ask the mother/guardian to bring the child after 6 hours, and repeat measurement</i></p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>iron_suppgreason_q6_v2_1</td><td>was it due to parent refusal</td></tr> <tr><td>2</td><td>iron_suppgreason_q6_v2_2</td><td>was it because the child could not be located</td></tr> <tr><td>3</td><td>iron_suppgreason_q6_v2_3</td><td>other (specify)</td></tr> </table>	1	iron_suppgreason_q6_v2_1	was it due to parent refusal	2	iron_suppgreason_q6_v2_2	was it because the child could not be located	3	iron_suppgreason_q6_v2_3	other (specify)						
1	iron_suppgreason_q6_v2_1	was it due to parent refusal																
2	iron_suppgreason_q6_v2_2	was it because the child could not be located																
3	iron_suppgreason_q6_v2_3	other (specify)																
310	<p>[ip_administer_v2]</p> <p>Show the field ONLY if: [iron_suppamount_q3_v2]='0'</p>	<p>If the child did not receive 10.0mg, was the IP re-administered?</p>	<p>yesno</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No											
1	Yes																	
0	No																	
311	<p>[msg_complete_ae_v2]</p> <p>Show the field ONLY if: [iron_suppwithheldreason_q2b_v2(1)] = '1' or [iron_suppwithheldreason_q2b_v2(2)] = '1' or [iron_suppwithheldreason_q2b_v2(3)] = '1' or [iron_suppwithheldreason_q2b_v2(4)] = '1' or [iron_suppwithheldreason_q2b_v2(5)] = '1'</p>	<p>Complete AE eCRF</p>	<p>descriptive</p>															
312	<p>[iron_suppotherspec_q7_v2]</p> <p>Show the field ONLY if: [iron_suppgreason_q6_v2(3)] = '1'</p>	<p>Q7) Specify</p>	<p>notes</p>															

313	[iron_suppstaffid_q8_v2]	Q8) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP				
314	[iron_supverifyby_q9_v2]	Q9) Verify by	dropdown, Required <table border="1"><tr><td>1 KB</td></tr><tr><td>2 LS</td></tr><tr><td>3 MB</td></tr><tr><td>4 CC</td></tr></table>	1 KB	2 LS	3 MB	4 CC
1 KB							
2 LS							
3 MB							
4 CC							
315	[ironsupplement_unplanned_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0 Incomplete</td></tr><tr><td>1 Unverified</td></tr><tr><td>2 Complete</td></tr></table>	0 Incomplete	1 Unverified	2 Complete	
0 Incomplete							
1 Unverified							
2 Complete							

Instrument: Withdrawal (withdrawal)

316	[wdra_date_q1]	Q1) Date of withdrawal	text (date_dmy), Required Field Annotation: @TODAY							
317	[wdra_staff_q2]	Q2) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP							
318	[wdra_reason_q3]	Q3) Reason for withdrawal	checkbox, Required <table border="1"><tr><td>1 wdra_reason_q3_1 Moved away</td></tr><tr><td>2 wdra_reason_q3_2 Parent/Guardian withdrew consent</td></tr><tr><td>3 wdra_reason_q3_3 PI/SI initiated withdrawal</td></tr><tr><td>4 wdra_reason_q3_4 Severe adverse event</td></tr><tr><td>5 wdra_reason_q3_5 Other medical reason</td></tr><tr><td>6 wdra_reason_q3_6 Died</td></tr><tr><td>7 wdra_reason_q3_7 Other specify</td></tr></table>	1 wdra_reason_q3_1 Moved away	2 wdra_reason_q3_2 Parent/Guardian withdrew consent	3 wdra_reason_q3_3 PI/SI initiated withdrawal	4 wdra_reason_q3_4 Severe adverse event	5 wdra_reason_q3_5 Other medical reason	6 wdra_reason_q3_6 Died	7 wdra_reason_q3_7 Other specify
1 wdra_reason_q3_1 Moved away										
2 wdra_reason_q3_2 Parent/Guardian withdrew consent										
3 wdra_reason_q3_3 PI/SI initiated withdrawal										
4 wdra_reason_q3_4 Severe adverse event										
5 wdra_reason_q3_5 Other medical reason										
6 wdra_reason_q3_6 Died										
7 wdra_reason_q3_7 Other specify										
319	[a_if_other_specify] Show the field ONLY if: [wdra_reason_q3(7)] = '1'	3a) If other specify?	text							
320	[wdra_comment_q4]	Q5) Additional comments	notes							
321	[withdrawal_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0 Incomplete</td></tr><tr><td>1 Unverified</td></tr><tr><td>2 Complete</td></tr></table>	0 Incomplete	1 Unverified	2 Complete				
0 Incomplete										
1 Unverified										
2 Complete										

Instrument: DailyHealth (dailyhealth)

322	[dhth_vdate_q1]	Q1) Visit date	text (date_dmy), Required Field Annotation: @TODAY		
323	[dhth_seentoday_q2]	Q2) Was the participant seen today	yesno, Required <table border="1"><tr><td>1 Yes</td></tr><tr><td>0 No</td></tr></table>	1 Yes	0 No
1 Yes					
0 No					
324	[dhth_noreasonvisit_q2a] Show the field ONLY if: [dhth_feeltoday_q4] = '0'	Q2a) Give reason	notes		
325	[dhth_vtime_q3] Show the field ONLY if: [dhth_seentoday_q2] = '1'	Q3) Visit time	text (time)		
326	[dhth_feeltoday_q4]	Q4) Does your child feel well today	yesno, Required <table border="1"><tr><td>1 Yes</td></tr><tr><td>0 No</td></tr></table>	1 Yes	0 No
1 Yes					
0 No					
327	[stopmsg] Show the field ONLY if: [dhth_feeltoday_q4] = '1'	STOP HERE	descriptive		
328	[stopmsg_2] Show the field ONLY if: [dhth_feeltoday_q4] = '0'	Continue to question 5	descriptive		
329	[dhth_cvomite_q5] Show the field ONLY if: [dhth_feeltoday_q4] = '0'	Q5) Was your child vomiting	yesno, Required <table border="1"><tr><td>1 Yes</td></tr><tr><td>0 No</td></tr></table>	1 Yes	0 No
1 Yes					
0 No					
330	[dhth_ccough_q6] Show the field ONLY if: [dhth_feeltoday_q4] = '0'	Q6) Was your child coughing	yesno, Required <table border="1"><tr><td>1 Yes</td></tr><tr><td>0 No</td></tr></table>	1 Yes	0 No
1 Yes					
0 No					

331	[dhth_nasaldischage_q7]	Q7) Was your child experiencing nasal discharge Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
332	[dhth_cfever_q8]	Q8) Was your child having fever Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
333	[stopmsg_3]	Call the Nurse Show the field ONLY if: [dhth_cfever_q8]='1'	descriptive								
334	[dhth_cinfection_q9]	Q9) Was your child having skin infection Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
335	[dhth_ceye_q10]	Q10) Was your child having eye infection Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
336	[dhth_tooths_q11]	Q11) Is your child having tooth's appearance Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
337	[dhth_refered_q12]	Q12) Was participants referred to another health facility Show the field ONLY if: [dhth_feeltoday_q4] = '0'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No				
1	Yes										
0	No										
338	[dhth_referal_q13]	Q13) If yes- Give reason for referal Show the field ONLY if: [dhth_refered_q12] = '1'	notes								
339	[dhth_referaltime_q14]	Q14) Time of referal Show the field ONLY if: [dhth_refered_q12] = '1'	text (time)								
340	[dhth_comments_q15]	Q15) Additional comments	notes								
341	[dhth_staffid_q16]	Q16) Staff completing form(ID)Staff ID	text, Required Field Annotation: @APPUSERNAME-APP								
342	[dhth_verifyby_q17]	Q17) Verify by	dropdown, Required <table border="1"><tr><td>1</td><td>KB</td></tr><tr><td>2</td><td>LS</td></tr><tr><td>3</td><td>MB</td></tr><tr><td>4</td><td>CC</td></tr></table>	1	KB	2	LS	3	MB	4	CC
1	KB										
2	LS										
3	MB										
4	CC										
343	[dailyhealth_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: Daily_diarrhoea_questionnaire (daily_diarrhoea_questionnaire)

344	[ddrr_vdate_q1]	Q1) Visit date	text (date_dmy), Required Field Annotation: @TODAY										
345	[ddrr_seentodaydailydiar_q1a]	Q1a) Was the participant seen today	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No						
1	Yes												
0	No												
346	[ddrr_novisitdiar_q1b] Show the field ONLY if: [ddrr_seentodaydailydiar_q1a] = '0'	Q1b) Give reason	notes										
347	[ddrr_vtime_q2] Show the field ONLY if: [ddrr_seentodaydailydiar_q1a] = '1'	Q2) Visit time	text (time), Required										
348	[ddrr_stole24hrs_q3]	Q3) How many stools did your baby have in the past 24 hours?	dropdown, Required <table border="1"><tr><td>0</td><td>0</td></tr><tr><td>1</td><td>1</td></tr><tr><td>2</td><td>2</td></tr><tr><td>3</td><td>3</td></tr><tr><td>4</td><td>4 or more</td></tr></table>	0	0	1	1	2	2	3	3	4	4 or more
0	0												
1	1												
2	2												
3	3												
4	4 or more												

349	[ddrr_storecount_q3a]	Q3a) Give the count(24 hours)	dropdown <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4 or more</td></tr> </table>	1	1	2	2	3	3	4	4 or more
1	1										
2	2										
3	3										
4	4 or more										
350	[ddrr_stoolcolor_q4]	Q4) Did you notice anything about the colour of the stools of your baby in the past 24hrs	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
351	[ddrr_stool_color_yn_q4a] Show the field ONLY if: [ddrr_stoolcolor_q4]='1'	Q4a) Was it	radio <table border="1"> <tr><td>1</td><td>Dark</td></tr> <tr><td>2</td><td>Light</td></tr> <tr><td>3</td><td>Same</td></tr> <tr><td>4</td><td>Other (specify)</td></tr> </table>	1	Dark	2	Light	3	Same	4	Other (specify)
1	Dark										
2	Light										
3	Same										
4	Other (specify)										
352	[ddrr_specify_q4b] Show the field ONLY if: [ddrr_stool_color_yn_q4a] = '4'	Q4b) Specify	text								
353	[ddrr_bldinstool_q5]	Q5) Did you notice any blood in your child stool	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No				
1	Yes										
0	No										
354	[msg_studynurse] Show the field ONLY if: [ddrr_bldinstool_q5]='1'	Refer to the study Nurse!	descriptive								
355	[ddrr_daiqstaff_q6]	Q6) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP								
356	[ddrr_verifyby_q7]	Q7) Verify by	dropdown, Required <table border="1"> <tr><td>1</td><td>KB</td></tr> <tr><td>2</td><td>LS</td></tr> <tr><td>3</td><td>MB</td></tr> <tr><td>4</td><td>CC</td></tr> </table>	1	KB	2	LS	3	MB	4	CC
1	KB										
2	LS										
3	MB										
4	CC										
357	[daily_diarrhoea_questionnaire_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete		
0	Incomplete										
1	Unverified										
2	Complete										

Instrument: SampleReception (samplereception)

358	[samp_edta_q1]	Section Header: SECTION 1 : EDTA Q1) EDTA Received	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No						
1	Yes												
0	No												
359	[if_sample_is_not_received] Show the field ONLY if: [samp_edta_q1]='0'	If sample is not received, give reason	dropdown <table border="1"> <tr><td>1</td><td>Stool was not collected</td></tr> <tr><td>2</td><td>stool was collected and stored in Soma</td></tr> <tr><td>3</td><td>sample missing</td></tr> <tr><td>4</td><td>sample spilled,</td></tr> <tr><td>5</td><td>other specify</td></tr> </table>	1	Stool was not collected	2	stool was collected and stored in Soma	3	sample missing	4	sample spilled,	5	other specify
1	Stool was not collected												
2	stool was collected and stored in Soma												
3	sample missing												
4	sample spilled,												
5	other specify												
360	[if_other_specify] Show the field ONLY if: [if_sample_is_not_received] = '5'	if other specify	notes										
361	[samp_edtadate_q1a] Show the field ONLY if: [samp_edta_q1]='1'	Q1a) Date of Reception	text (date_dmy), Required Field Annotation: @TODAY										
362	[samp_edtotime_q1b] Show the field ONLY if: [samp_edta_q1]='1'	Q1b) Time of Reception	text (time), Required										
363	[samp_edta_temperature_q1c] Show the field ONLY if: [samp_edta_q1]='1'	Q1c) Temperature in cold box in range	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No						
1	Yes												
0	No												

364	[samp_edtacomment_q1d]	Q1d) Comment Show the field ONLY if: [samp_edta_q1]='1'	checkbox, Required <table border="1"><tr><td>1</td><td>samp_edtacomment_q1d__1</td><td>Acceptable standard</td></tr><tr><td>2</td><td>samp_edtacomment_q1d__2</td><td>Haemolysed</td></tr><tr><td>3</td><td>samp_edtacomment_q1d__3</td><td>Clotted</td></tr></table> Custom alignment: RH	1	samp_edtacomment_q1d__1	Acceptable standard	2	samp_edtacomment_q1d__2	Haemolysed	3	samp_edtacomment_q1d__3	Clotted
1	samp_edtacomment_q1d__1	Acceptable standard										
2	samp_edtacomment_q1d__2	Haemolysed										
3	samp_edtacomment_q1d__3	Clotted										
365	[samp_edtaby_q1e]	Q1e) EDTA Received by	text, Required Field Annotation: @APPUSERNAME-APP									
366	[samp_serumreceived_q2]	Section Header: SECTION 2 : SERUM Q2) Serum(SST1) Received Show the field ONLY if: [samp_edta_q1]='1'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	0	No					
1	Yes											
0	No											
367	[samp_serumdate_q2b]	Q2a) Date of reception Show the field ONLY if: [samp_edta_q1]='1'	text (date_dmy), Required Field Annotation: @TODAY									
368	[samp_serumtime_q2b]	Q2b) Time of reception Show the field ONLY if: [samp_edta_q1]='1'	text (time), Required									
369	[samp_serumtemperature_q2c]	Q2c) Temperature in cold box in range Show the field ONLY if: [samp_edta_q1]='1'	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No					
1	Yes											
0	No											
370	[samp_serumcomment_q2d]	Q2d) Comment Show the field ONLY if: [samp_edta_q1]='1'	checkbox, Required <table border="1"><tr><td>1</td><td>samp_serumcomment_q2d__1</td><td>Sufficient</td></tr><tr><td>2</td><td>samp_serumcomment_q2d__2</td><td>Insufficient</td></tr><tr><td>3</td><td>samp_serumcomment_q2d__3</td><td>Haemolysed</td></tr></table>	1	samp_serumcomment_q2d__1	Sufficient	2	samp_serumcomment_q2d__2	Insufficient	3	samp_serumcomment_q2d__3	Haemolysed
1	samp_serumcomment_q2d__1	Sufficient										
2	samp_serumcomment_q2d__2	Insufficient										
3	samp_serumcomment_q2d__3	Haemolysed										
371	[samp_serumby_q2e]	Q2e) Received by	text, Required Field Annotation: @APPUSERNAME-APP									
372	[samp_urinereceive_q4]	Section Header: Section 3 : Urine Q4) Urine Received	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: RH Field Annotation: @HIDDEN	1	Yes	0	No					
1	Yes											
0	No											
373	[samp_urinedate_q4a]	Q4a) Date of Reception	text (date_dmy), Required Field Annotation: @HIDDEN									
374	[samp_urinetime_q4b]	Q4b) Time of Reception	text (time) Field Annotation: @HIDDEN									
375	[samp_urinetemperature_q4c]	Q4c) Temperature in cold box in range	yesno <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Field Annotation: @HIDDEN	1	Yes	0	No					
1	Yes											
0	No											
376	[samp_urineby_q4d]	Q4d) Received by	dropdown, Required <table border="1"><tr><td>1</td><td>asaidykhan</td></tr></table> Field Annotation: @HIDDEN	1	asaidykhan							
1	asaidykhan											
377	[samp_generalcomment_q5]	Q5) General Comment	notes Field Annotation: @HIDDEN									
378	[samp_formcompleteby_q6]	Section Header: FORM COMPLETION AND VERIFICATION Q6) Form completed by	text, Required Field Annotation: @APPUSERNAME-APP									
379	[samplereception_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete			
0	Incomplete											
1	Unverified											
2	Complete											
Instrument: BloodSample_Processing (bloodsample_processing)												
380	[samp_process_q1]	Section Header: SAMPLE PROCESSING 1.Select samples to be process	checkbox, Required <table border="1"><tr><td>1</td><td>samp_process_q1__1</td><td>EDTA</td></tr><tr><td>2</td><td>samp_process_q1__2</td><td>SERUM</td></tr></table>	1	samp_process_q1__1	EDTA	2	samp_process_q1__2	SERUM			
1	samp_process_q1__1	EDTA										
2	samp_process_q1__2	SERUM										
381	[edta_caption] Show the field ONLY if: [samp_process_q1(1)] = '1'	SAMPLE TYPE :EDTA	descriptive									

382	[fbc_assy]	ASSAY: FULL BLOOD COUNT	descriptive									
383	[samp_fbc_q2]	2. FBC Done	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table> Custom alignment: RH	1	Yes	0	No					
1	Yes											
0	No											
384	[samp_fbctime_q2b]	2b. Time of fullblood count done	text (time), Required Custom alignment: RH									
385	[serum_caption]	SAMPLE TYPE : SERUM	descriptive, Required									
386	[samp_serumaliquot_q3]	3.List of Aliquots collected	checkbox, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>samp_serumaliquot_q3_1</td><td>Serum Aliquot 1</td></tr> <tr> <td>2</td><td>samp_serumaliquot_q3_2</td><td>Serum Aliquot 2</td></tr> <tr> <td>3</td><td>samp_serumaliquot_q3_3</td><td>Serum Aliquot 3</td></tr> </table>	1	samp_serumaliquot_q3_1	Serum Aliquot 1	2	samp_serumaliquot_q3_2	Serum Aliquot 2	3	samp_serumaliquot_q3_3	Serum Aliquot 3
1	samp_serumaliquot_q3_1	Serum Aliquot 1										
2	samp_serumaliquot_q3_2	Serum Aliquot 2										
3	samp_serumaliquot_q3_3	Serum Aliquot 3										
387	[samp_serumaliquot_q3a]	3a) Aliquot 1 volume	text (integer, Min: 0) Custom alignment: RH									
388	[samp_serumaliquot_q3b]	3b. Aliquot 2 volume	text (integer, Min: 0) Custom alignment: RH									
389	[samp_serumaliquot_q3c]	3c. Aliquot 3 volume	text (integer, Min: 0) Custom alignment: RH									
390	[samp_serumaliquot_q3d]	3d. Time of serum sample processing	text (time), Required Custom alignment: RH									
391	[samp_comment_q4]	4. General Comment	notes									
392	[bloodsample_processing_complete]	Section Header: Form Status Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td><td>Incomplete</td></tr> <tr> <td>1</td><td>Unverified</td></tr> <tr> <td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete			
0	Incomplete											
1	Unverified											
2	Complete											

Instrument: Stool_Processing (stool_processing)

393	[tool_receive_q1]	Section Header: Stool Reception Q1) Stool Received	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Yes</td></tr> <tr> <td>0</td><td>No</td></tr> </table>	1	Yes	0	No		
1	Yes								
0	No								
394	[date_of_reception_q2]	Q2) Date of Reception	text (date_dmy) Field Annotation: @TODAY						
395	[time_of_reception_q3]	Q3)Time of Reception	text (time), Required						
396	[temperature_cold_box_q4]	Q4) Temperature in cold box in range	text, Required						
397	[received_by_q5]	Q5) Received by	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>asaidykhan</td></tr> </table>	1	asaidykhan				
1	asaidykhan								
398	[stoo_aliquot_q6]	Section Header: STOOL SAMPLE PROCESSING 6.List of Aliquots collected	dropdown, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td><td>Stool Aliquot 1</td></tr> <tr> <td>2</td><td>Stool Aliquot 2</td></tr> <tr> <td>3</td><td>Stool Aliquot 3</td></tr> </table>	1	Stool Aliquot 1	2	Stool Aliquot 2	3	Stool Aliquot 3
1	Stool Aliquot 1								
2	Stool Aliquot 2								
3	Stool Aliquot 3								
399	[stoo_aliquot_q6a]	6a. Aliquot1 volume	text						
400	[stoo_aliquotvol2_q6b]	6b. Aliquot2 volume	text						
401	[stoo_aliquotvol_q6c]	6c. Aliquot3 volume	text						
402	[stoo_aliquotvol_q6d]	6d. Time of stool sample processing	text (time), Required						
403	[stoo_completedate_q7]	7.Date form was completed	text (date_dmy), Required Field Annotation: @TODAY						

404	[stool_processing_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Serumstorage (serumstorage)									
405	[serm_frename_q1]	Section Header: Freezer details Q1) Name of Freezer	radio, Required <table border="1"><tr><td>1</td><td>Mars</td></tr><tr><td>2</td><td>Pluto</td></tr></table>	1	Mars	2	Pluto		
1	Mars								
2	Pluto								
406	[serm_freezertype_q2]	Q2) Select Freezer type	dropdown, Required <table border="1"><tr><td>1</td><td>-80 (°C)</td></tr><tr><td>2</td><td>-20 (°C)</td></tr></table>	1	-80 (°C)	2	-20 (°C)		
1	-80 (°C)								
2	-20 (°C)								
407	[serm_dateofstorage_q3]	Q3) Date of Storage	text (date_dmy), Required Field Annotation: @TODAY						
408	[serm_storagetime_q4]	Q4) Time of storage	text (time), Required						
409	[serm_sto_biomednumber_q5]	Q5) Biomed Tag number	dropdown, Required <table border="1"><tr><td>1</td><td>F60176</td></tr></table>	1	F60176				
1	F60176								
410	[serm_compart_q6]	Q6) Compartment	text (integer, Min: 1, Max: 3), Required						
411	[samp_racknumber_q7]	Q7) Rack number	text (integer, Min: 1, Max: 12), Required						
412	[boxdescription_v2]	Box description	descriptive						
413	[samp_bnumber_q8]	Q8) Box number	text (integer, Min: 1, Max: 100), Required						
414	[serm_samplesposition_q9]	Q9) Sample Position in the Box	text (integer, Min: 1, Max: 100), Required						
415	[serumstorage_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Stoolstorage (stoolstorage)									
416	[ssto_frename_q1]	Q1) Freezer name	radio, Required <table border="1"><tr><td>1</td><td>Mars</td></tr><tr><td>2</td><td>Pluto</td></tr></table>	1	Mars	2	Pluto		
1	Mars								
2	Pluto								
417	[ssto_freezertype_q2]	Q2) Freezer type	dropdown, Required <table border="1"><tr><td>1</td><td>-80 (°C)</td></tr><tr><td>2</td><td>-20 (°C)</td></tr></table>	1	-80 (°C)	2	-20 (°C)		
1	-80 (°C)								
2	-20 (°C)								
418	[ssto_storedate_q3]	Q3) Date of Storage	text (date_dmy), Required Field Annotation: @TODAY						
419	[ssto_storagetime_q3a]	Q3a) Time of storage	text (time), Required						
420	[ssto.biomedtagnum_q4]	Q4) Biomed Tag number	dropdown, Required <table border="1"><tr><td>1</td><td>F60176</td></tr></table>	1	F60176				
1	F60176								
421	[ssto_racknumber_q5]	Q5) Rack number	text, Required						
422	[ssto_compartment_q6]	Q6) Compartment	text, Required						
423	[ssto_boxnum_q7]	Q7) Box Number	text (integer, Min: 1), Required						
424	[ssto_sampposition_q8]	Q8) Sample position in the Box	text, Required						
425	[stoolstorage_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: ClinicReferral (clinicreferral)									
426	[crfe_date_q1]	Q1) Date of referral	text (date_dmy), Required Field Annotation: @TODAY						
427	[crfe_location_q2]	Q2) Clinic location	text, Required						
428	[crfe_reason_q3]	Q3) Reason for referral (specify)	notes, Required						
429	[crfe_comments_q4]	Q4) Additional comments	notes						
430	[crfe_clinicstaff_q5]	Q5) Staff completing form(ID)	text, Required Field Annotation: @APPUSERNAME-APP						
431	[clinicreferral_complete]	Section Header: Form Status Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: PostHealthMonitoring (posthealthmonitoring)							
432	[phmo_vdate_q1]	Q1) Visit date	text (date_dmy), Required Field Annotation: @TODAY				
433	[phmo_vtime_q2]	Q2) Visit time	text (time)				
434	[phmo_feeltoday_q3]	Q3) Does your child feel well today	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
435	[stopmsg_v2] Show the field ONLY if: [phmo_feeltoday_q3]='1'	STOP HERE	descriptive				
436	[stopmsg_2_v2] Show the field ONLY if: [phmo_feeltoday_q3]='1'	Continue to question 4	descriptive				
437	[phmo_vaccinated_q4]	Q4) Was your child vaccinated in the past week?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
438	[phmo_datevacc_q5]	Q5) Date vaccinated	text (date_dmy) Field Annotation: @TODAY				
439	[phmo_vaccname_q6]	Q6) Name of vaccine	text				
440	[phmo_cvomite_q7]	Q7) Was your child vomiting	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
441	[phmo_ccough_q8]	Q8) Was your child coughing	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
442	[phmo_nasaldischage_q9]	Q9) Was your child experiencing nasal discharge	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
443	[phmo_cfever_q10]	Q10) Was your child having fever	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
444	[phmo_nursecall_q10a] Show the field ONLY if: [phmo_cfever_q10]='1'	Q10a) Call study Nurse	descriptive				
445	[phmo_stnursecall_q10b] Show the field ONLY if: [phmo_cfever_q10]='1'	Q10b) Call study Nurse	descriptive				
446	[phmo_cinfection_q11]	Q11) Was your child having skin infection	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
447	[phmo_ceyeinfection_q12]	Q12) Was your child having eye infection	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
448	[phmo_toothsapper_q13]	Q13) Is your child having tooth's appearance	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
449	[phmo_partrefered_q14]	Q14) Was participants referred to another health facility	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
450	[phmo_reasreferal_q14a] Show the field ONLY if: [phmo_partrefered_q14]='1'	Q14a) If yes- Give reason for referral	notes				
451	[phmo_referaltime_q14b] Show the field ONLY if: [phmo_partrefered_q14]='1'	Q14b) Time of referral	text (time)				
452	[phmo_concernhealth_q15]	Q15) Is Mom concerned about child's health and wants to speak to a Nurse?	yesno, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table>	1	Yes	0	No
1	Yes						
0	No						
453	[phmo_refersurse_q16]	Q16) Refer to study Nurse	descriptive				

454	[phmo_comments_q17]	Q17) Additional comments	notes						
455	[phmo_compsstaffid_q18]	18) Staff completing form(ID)Staff ID	text, Required Field Annotation: @APPUSERNAME-APP						
456	[posthealthmonitoring_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Sysmexresult (sysmexresult)

457	[sysm_wbc_q1]	Q1) WBC	text (number), Required						
458	[sysm_rbc_q2]	Q2) RBC	text (number), Required						
459	[sysm_hgb_q3]	Q3) HGB	text (number), Required						
460	[sysm_htc_q4]	Q4) HCT	text (number), Required						
461	[sysm_mcv_q5]	Q5) MCV	text (number), Required						
462	[sysm_mch_q6]	Q6) MCH	text (number), Required						
463	[sysm_mchc_q7]	Q7) MCHC	text (number), Required						
464	[sysm_plt_q8]	Q8) PLT	text (number), Required						
465	[sysm_rwd_sd_q9]	Q9) RWD-SD	text (number), Required						
466	[sysm_rwd_cv_q10]	Q10) RWD-CV	text (number), Required						
467	[sysm_pdw_q11]	Q11) PDW	text, Required						
468	[sysm_mpv_q12]	Q12) MPV	text, Required						
469	[sysm_p_lcr_q13]	Q13) P-LCR	text, Required						
470	[sysm_pct_q14]	Q14) PCT	text, Required						
471	[sysm_neut_q15]	Q15) NEUT#	text (number), Required						
472	[sysm_lymph_q16]	Q16) LYMPH #	text (number), Required						
473	[sysm_mono_q17]	Q17) MONO #	text (number), Required						
474	[sysm_eo_q18]	Q18) EO #	text (number), Required						
475	[sysm_baso_q19]	Q19) BASO #	text (number), Required						
476	[sysm_neut_percent_q20]	Q20) NEUT (%)	text (number), Required						
477	[sysm_lymph_percent_q21]	Q21) LYMPH %	text (number), Required						
478	[sysm_mono_percent_q22]	Q22) MONO %	text (number), Required						
479	[sysm_eo_percent_q23]	Q23) EO %	text (number), Required						
480	[sysm_baso_percent_q24]	Q24) BASO %	text (number), Required						
481	[sysm_ig_q25]	Q25) IG #	text (number), Required						
482	[sysm_ig_percent_q26]	Q26) IG %	text (number), Required						
483	[sysm_micror_q27]	Q27) MicroR	text (number), Required						
484	[sysm_macror_q28]	Q28) MacroR	text (number), Required						
485	[sysm_ret_q29]	Q29) RET #	text (number), Required						
486	[sysm_ret_percent_q30]	Q30) RET %	text, Required						
487	[sysm_irf_q31]	Q31) IRF	text (number), Required						
488	[sysm_lfr_q32]	Q32) LFR	text, Required						
489	[sysm_mfr_q33]	Q33) MFR	text (number), Required						
490	[sysm_hfr_q34]	Q34) HFR	text (number), Required						
491	[sysm_ret_he_q35]	Q35) RET-He	text (number), Required						
492	[sysm_nrbc_q36]	Q36) NRBC #	text (number), Required						
493	[sysm_nrbc_percent_q37]	Q37) NRBC %	text (number), Required						
494	[sysm_validated_by_q38]	Q38) Validated by	notes						
495	[sysmexresult_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>0</td> <td>Incomplete</td> </tr> <tr> <td>1</td> <td>Unverified</td> </tr> <tr> <td>2</td> <td>Complete</td> </tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Erythroferroneresult (erythroferroneresult_2)

496	[eryt_concentration_q1]	Q1) Erythroferrone Concentration (ng/mL)	text, Required
497	[eryt_dateproc_q2]	Q2) Date uploaded.	text (date_dmy), Required Field Annotation: @TODAY

498	[erythroferroneresult_2_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Hepcidineresults (hepcidineresults)									
499	[hepc_hepconcentration_q1]	Q1) Hepcidin Concentration(ng/mL)	text (number), Required						
500	[hepc_dateproc_q2]	Q2) Date processed	text (datetime_dmy) Field Annotation: @TODAY						
501	[hepcidineresults_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: EPO (erythroferroneresult)									
502	[epo_dateproc_q3]	Date uploaded.	text (date_dmy), Required Field Annotation: @TODAY						
503	[epo_erythropoietinconc_q2]	Q1) Erythropoietin Concentration (mIU/mL)	text, Required						
504	[erythroferroneresult_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Ironpanel1 (ironpanel1)									
505	[irop_datetime_q1]	Q1) Date&Time	text (datetime_dmy), Required Field Annotation: @TODAY						
506	[irop_aagp_q2]	Q2) AAGP2	text						
507	[irop_crpl_q3]	Q3) CRPL2	text (number)						
508	[irop_fer2p_q4]	Q4) FER2P	text (number)						
509	[irop_iron2_q5]	Q5) IRON2	text (number)						
510	[irop_stfr_q6]	Q6) STFR	text (number)						
511	[irop_trsf2_q7]	Q7) TRSF2	text (number)						
512	[irop_uibci_q8]	Q8) UIBCI	text (number)						
513	[ironpanel1_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Ironpanel1 2 (ironpanel1_2)									
514	[iron_datetime_q1]	Q1) Date&Time	text (datetime_dmy), Required Field Annotation: @TODAY						
515	[iron_results_q2]	Q2) Results	text (number_2dp), Required						
516	[ironpanel1_2_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Intervention (intervention)									
517	[inte_treatment_q1]	Q1) Treatment	dropdown <table border="1"> <tr><td>A</td><td>A</td></tr> <tr><td>B</td><td>B</td></tr> </table>	A	A	B	B		
A	A								
B	B								
518	[intervention_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Medonicresult (medonicresult)									
519	[medo_date_q1]	Q1) Date	text (date_dmy), Required Field Annotation: @TODAY						
520	[medo_time_q2]	Q2) Time	text (time), Required						
521	[medo_rbc_q3]	Q3) RBC	text (number_2dp), Required						
522	[medo_mvc_q4]	Q4) MCV	text (number_1dp), Required						
523	[medo_rdw_q5]	Q5) RDW%	text (number_1dp), Required						
524	[medo_rdwa_q6]	Q6) RDWa	text (number_1dp), Required						

525	[medo_hct_q7]	Q7) HCT	text (number_1dp), Required						
526	[medo_plt_q8]	Q8) PLT	text (integer), Required						
527	[medo_mpv_q9]	Q9) MPV	text (number_1dp)						
528	[medo_pdw_10]	Q10) PDW	text (number_1dp), Required						
529	[medo_pct_q11]	Q11) PCT	text (number_2dp), Required						
530	[medo_lpcr_q12]	Q12) LPCR	text (number_1dp), Required						
531	[medo_wbc_q13]	Q13) WBC	text (number_1dp), Required						
532	[medo_hgb_q14]	Q14) HGB	text (number_1dp), Required						
533	[medo_mch_q15]	Q15) MCH	text (number_1dp), Required						
534	[medo_mchc_q16]	Q16) MCHC	text (number_1dp), Required						
535	[medo_lym_q17]	Q17) LYM	text (number_1dp), Required						
536	[medo_grad_q18]	Q18) GRAD	text (number_1dp), Required						
537	[medo_mid_q19]	Q19) MID	text (number_1dp), Required						
538	[medo_lym_percent_q20]	Q20) LYM %	text (number_1dp), Required						
539	[medo_gra_q21]	Q21) GRA %	text (number_1dp), Required						
540	[medo_mid_percent_q22]	Q22) MID %	text (number_1dp), Required						
541	[medo_comments_q23]	Q23) Comments	notes						
542	[medonicresult_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: IP_Accountability_Log (ip_accountability_log)

543	[ip_date_q1]	1. Date	text (date_dmy), Required Field Annotation: @TODAY						
544	[ip_issued]	2. Quantity issued	text (integer, Min: 84), Required						
545	[ip_accountability_log_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: G6PD (g6pd_819c16)

546	[date_g6pdh_done]	Date G6PDH done.	text (date_dmy), Required Field Annotation: @TODAY						
547	[g6pd_done_1]	1. Was G6PDH done ?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No		
1	Yes								
0	No								
548	[g6pdh_present_2] Show the field ONLY if: [g6pd_done_1] = '1'	2. If yes was it?	dropdown, Required <table border="1"><tr><td>1</td><td>Normal</td></tr><tr><td>2</td><td>Intermediate Deficient</td></tr><tr><td>3</td><td>Deficient</td></tr></table>	1	Normal	2	Intermediate Deficient	3	Deficient
1	Normal								
2	Intermediate Deficient								
3	Deficient								
549	[g6pd_819c16_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr><tr><td>2</td><td>Complete</td></tr></table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Sickle_Cell (g6pd)

550	[date_sickle_cell_was_done]	Date sickle cell was done.	text (date_dmy), Required Field Annotation: @TODAY												
551	[sickle_done_1]	1. Was sickle cell done ?	yesno, Required <table border="1"><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table>	1	Yes	0	No								
1	Yes														
0	No														
552	[hbas_or_hbss_3] Show the field ONLY if: [sickle_done_1] = '1'	2. If yes was it ?	radio, Required <table border="1"><tr><td>1</td><td>HbAA</td></tr><tr><td>2</td><td>HbAS</td></tr><tr><td>3</td><td>HbSS</td></tr><tr><td>4</td><td>HbCC</td></tr><tr><td>5</td><td>HbSC</td></tr><tr><td>6</td><td>HbAC</td></tr></table>	1	HbAA	2	HbAS	3	HbSS	4	HbCC	5	HbSC	6	HbAC
1	HbAA														
2	HbAS														
3	HbSS														
4	HbCC														
5	HbSC														
6	HbAC														

553	[g6pd_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								
Instrument: Calprotectin (calprotectin)									
554	[calprotectin_date]	Date calprotectin was done	text (date_mdy), Required Field Annotation: @TODAY						
555	[calp_conc]	2. Calprotectin concentration ng/mL.	text, Required						
556	[calprotectin_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								