### EE Sample Collection Form – Section 7: Galvanic Skin Response Data Collection

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| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and** |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO Taking Galvanic Skin Response (GSR) | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | List of EE Team Member Names & IDs |  |
| 4. Date of Data Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Consent for GSR Measurement?  Note: If consent given, continue to Q6. If no consent, skip to Q15. | Y/N | |\_\_| |
| 6. Hand Used for Galvanic Skin Response Measurement | 1. Right  2. Left | |\_\_| |
| 7. Was Venous Blood/Finger Prick Drawn From The Same Arm As The GSR Measurement? | 1. Yes  2. No | |\_\_| |
| 8. Galvanic Skin Response Meter Measurement Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. Did Child Remove GSR Device During Measurement?  Note: If Q9 is 1, then move on to Q10. If Q9 is 2, then skip to Q12. Q9, Q10 and Q11 will loop as Q9b, Q10b, and Q11b, followed by Q9c, Q10c, Q11c, etc., until the answer to Q9b, c, d, etc. is 2. | 1. Yes  2. No | |\_\_| |
| 10. If Child Removed GSR Device, Record Time of Removal | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 11. If Child Removed GSR Device, Record Re-Start Time  Note: Do NOT push button to re-start, just put Velcro straps on finger | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 12. Galvanic Skin Response Meter Measurement End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 13. Galvanic Skin Response Meter Logger ID | # | |\_\_| |
| 14. Observe The Child’s Mood During Period of Galvanic Skin Response Measurement on a 6 Point Scale | 1. Sleeping  2. Drowsy or Tired  3. Calm  4. Agitated (Moving a lot)  5. Crying  6. Crying and Agitated | |\_\_| |
| 15. Galvanic Skin Response Data Obtained?  SkipNote: If Q15 is 1, skip to end of Section 7. If Q15 is 2 or 3, move on to Q16. | 1. Yes  2. No  3. Partial | |\_\_| |
| 16. Why Was Galvanic Skin Response Data Not FullyCollected? | 1. Child Did Not Cooperate  2. Sick Child  3. Primary Caregiver Refused  4. Other: Specify | |\_\_| |