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| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and** |\_\_|\_\_| |
| 2. ID/NAME of FRA | ## | |\_\_|\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3. Is this a Daily, Weekly or a Monthly visit?  Note: If Q3 is 1, then skip Q20-22, Q26-29, and Q30-41 b-e (keep 31a, 32a, 33a, etc). | 1. Daily (V2-V6)  2. Weekly (V1, V7, V8)  3. Monthly (P) | |\_\_| |
| 4. What is the sample number? | ## (from 00 to 13) | |\_\_|\_\_| |
| 5. Date of Sample Collection (when FRA picks up tube) | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 6. Child Full Name |  |  |

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| Samples: | | | |
| 7. Sample ID | 8. Random ID | 9. Sample type | 10. Aliquots |
| Cluster (###) + Mother ID (##) + MicrobiomeDaily/Weekly (V) or (Monthly (P) + Sample Number (##) + Sample Type + Aliquot (#) | Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | Note:  Field staff selects sample type from dropdown menu. | Note:  If sample has been fully collected, next question is skipped. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|S01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|S02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|S03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|S04 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|S05 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|V|\_\_|\_\_|T01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | T | No Aliquot  Partial Aliquot  Full Aliquot |

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| 11. Why Was It Not Fully Collected?  Note:In Q10, If Partial Aliquot collected, Q11 is asked. In Q10, if No Aliquot collected, then  Q11 is asked and skip to end. | 1. Parents not available  2. Parents refused  3. Subject not available  4. Child did not defecate  5. Defecation volume insufficient  6. Other: Specify | |\_\_| |
| 12. Date of Defecation  Note:This is only applicable for stool samples as stool collection containers are left in  householdsthe day before sample collection. | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 13. Time of Defecation  Note:Exact or approximate time is entered. | 24-hour scale  Hours: Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 14. FRA Present During Defecation?  Note:FRA presence or absence during defecation is indicated. | 1. Yes  2. No | |\_\_|\_\_| |
| 15. Cold Chain Start Time  Note: This is the time when sample has been placed in cold box. | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 16. OBSERVE: Consistency of Collected Stool Sample | 1. Normal stool  (Formed, soft, semi-solid, moist)  2. Diarrheal stool  (Unformed, watery)  3. Constipated stool  (Formed, hard, dry) | |\_\_| |
| 17. OBSERVE: Color of Collected Stool Sample | 1. Yellow  2. Brown  3. Black  4. Green  5. White  6. Red  7. Other: Specify | |\_\_| |
| 18. OBSERVE: Any Abnormal Characteristics of Collected Stool Sample | 1. Yes, Mucus  2. Yes, Blood  3. Yes, Worms  4. Yes, Other: Specify  5. No | |\_\_| |

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| 19. ASK: “Does [CHILD NAME] currently have diarrhea?”  (Diarrhea = 3 or more unformed stools in a 24-hour period)  Note: If Q19 is 1, then ask next question and skip to Q23 If Q19 is 2 or 99, then skip to Q21. | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| |
| 20. ASK: How many consecutive days has this child had diarrhea?”  Note: Exact or approximate number of days is entered. | ## Days | |\_\_|\_\_| Days |
| 21. ASK: “How long ago did [CHILD NAME] have diarrhea?”  Note: Exact or approximate number of days is entered. If Q21 answer is >0 and NOT 88 or 99, then Q22 is asked. If Q21  answer is 0, 88, or 99, then skip to Q23. | ## Days  88. Never  99. Don’t know | |\_\_|\_\_| Days |
| 22. ASK: “During that specific episode of diarrhea, how many consecutive days did it last?”  Note: Exact or approximate number of days is entered. | ## Days  99. Don’t know | |\_\_|\_\_| Days |
| 23. ASK: Where was stool sample collected from? | 1. Diaper provided  2. Katha (blanket/cloth)  3. Bed sheet  4. Potty  5. Other: Specify  6. Foil | |\_\_| |
| 24. ASK: Was the stool in contact with urine (in the diaper/potty/katha/foil/etc.)? | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| |
| 25. Cooler box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

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| 26. ASK: “Can you tell us how many times in the last 1  month this child has used antibiotics that you didn’t already tell us about?”  Note: If answer to Q26 is 0, 88, or 99, then skip to Q29. If answer to Q26 is> 0, then answer Q27 and Q28. | ## Times  88. Never  99. Don’t know | |\_\_|\_\_| Times  |\_\_|\_\_| |
|  | 27. ASK: “Please try and recall the name of  each antibiotic this child used in the last 1  month(30 days before collection date) | 28. Ask: “How many total days did this child use this antibiotic?”  (For Each Episode) |
|  | 1. Cotrimoxazole  2. Amoxycillin  3. Flucloxacillin  4. Ciprofloxacin  5. Erythromycin  6. Azythromycin  7. Nalidixic acid  8. Doxycycline  9. Betapen (Penicillin)  10. Chloramphenicol  11. Metronidazole  12. Other: Specify  99. Don’t know | ## Days  99. Don’t Know |
| Episode 1 | |\_\_|\_\_| (choose from list above) | |\_\_|\_\_| Days |
| Episode 2 | |\_\_|\_\_| (choose from list above) | |\_\_|\_\_| Days |
| Episode 3 | |\_\_|\_\_| (choose from list above) | |\_\_|\_\_| Days |
| 29. ASK: “Has this child had malaria in the last 1 month that you didn’t already tell us about?” | 1. Yes, diagnosed in a clinic/by a physician  2. Yes, not diagnosed in a clinic/ by a physician  3. No  4. Not applicable  99. Don’t know | |\_\_|\_\_| |

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| ASK: “Thank you. Now I am going to ask you some questions about the health of your [child/children]. Please answer each question as accurately as you can. If you don’t know the answer to a question, say “I don’t know”. We will begin with [NAME OF CHILD].” | | | | | |
| ASK: “Did [NAME OF CHILD] have [SYMPTOM]: | A | B | C | D | E |
| **Today**  1. Yes  2. No  99. Don’t know | **Yesterday**  1. Yes  2. No  99. Don’t know | **Day before Yesterday**  1. Yes  2. No  99. Don’t know | **In the last 7 days** (since this day last week)  1. Yes  2. No  99. Don’t know | **In the last 2 weeks**(since this day 2 weeks ago)  1. Yes  2. No  99. Don’t know |
| 30. Fever |  |  |  |  |  |
| 31. Diarrhea |  |  |  |  |  |
| 32. 3 or more bowel movements in 24 hours |  |  |  |  |  |
| 33. Number of bowl movements each day | |\_\_|\_\_|times | |\_\_|\_\_|times | |\_\_|\_\_|times |  |  |
| 34. Watery or soft stool (unformed) |  |  |  |  |  |
| 35. Blood in the stool |  |  |  |  |  |
| 36. Skin rash (anywhere on the body) |  |  |  |  |  |
| 37. Constant cough |  |  |  |  |  |
| 38. Congestion / runny nose |  |  |  |  |  |
| 39. Panting / wheezing / difficulty breathing |  |  |  |  |  |
| 40. Bruising, scrapes or cuts |  |  |  |  |  |
| 41. Toothache / teething |  |  |  |  |  |

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|  | 42. ASK: “What places does the child go?”  (Multiple Answers – Check all that apply)  Note: FRA prompt | 43. ASK: “On average, how many days per week does the child go to this location?”  (days per week)  NOTE: Only ask Q43 for places checked in Q42 | 44. ASK: “When the child goes to this location, how many hours does the child spend there, including transit to and from the location?”  (hours)  NOTE: Only ask Q43 for places checked in Q42 |
| 1. In this compound | |\_\_| | |\_\_| | |  |  | | --- | --- | |  |  | |
| 2. At neighboring compounds | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 3. At a relative’s compound; Specify relative and approximate distance from home | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 4. At the market/shop/tea stall | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 5. In the fields | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 6. To the mosque | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 7. Other: Specify place | |\_\_| | |\_\_| | |\_\_|\_\_| |
| 45. ASK: “Has the child been to any *other* locations in the past day?”  Note: If answer to Q45is 2 or 99, then skip to Q47. If answer to Q45 is 1, then answer Q46. | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| | |
| 46. ASK: “Please tell me the other locations.” |  |  | |

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|  | 47. ASK: “Who is taking care of the child in the past day?”  (Multiple Answers – Check all that apply)  Note: FRA prompt by asking what happened in the last day and what the child was doing each time and who was watching/caring for the child. | 48. ASK: “How much of the day was this person caring for the child?”  Note: FRA prompt with times of day. Only ask Q48 for the persons that were checked in Q47.  (Hours) |
| 1. Child’s Mother | |\_\_| | |\_\_|\_\_| |
| 2. Older Sister | |\_\_| | |\_\_|\_\_| |
| 3. Older Brother | |\_\_| | |\_\_|\_\_| |
| 4. Child’s Paternal Grandmother | |\_\_| | |\_\_|\_\_| |
| 5. Child’s Maternal Grandmother | |\_\_| | |\_\_|\_\_| |
| 6. Child’s Maternal Aunt | |\_\_| | |\_\_|\_\_| |
| 7. Child’s Paternal Aunt | |\_\_| | |\_\_|\_\_| |
| 8. Child’s Father | |\_\_| | |\_\_|\_\_| |
| 9. Child’s Paternal Uncle | |\_\_| | |\_\_|\_\_| |
| 10. Child’s Maternal Uncle | |\_\_| | |\_\_|\_\_| |
| 11. Other: Specify | |\_\_| | |\_\_|\_\_| |