### EE Sample Collection Form – Section 1: Child Identification & Medical History

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | 1. Balay Chand Sikder  2. Mary Marget  3. Parimol Sarker  4. Dipali Rani Das  5. Sania Akter Dolly  6. Syeda Fatema Khatun  7. Md. Altafur Rahman  8. Amal Sarker  9. Nasrin Sultana  10. Md. Nurul AIam  11. Fatema Begum Sumi  12. Syeda Luthfa Famida  13. Shahjahan Ali  16. Nitai Halder |  |
| 4. Date of Data Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Consent  Note: If consent given, skip next question. If no consent, answer Q6  and skip to end. | Y/N | |\_\_| |
| 6. Why Was Consent Not Given? | 1. Migration  2. Household head Is not home  3. Primary caregiver Is not home  4. Child is not home  5. Child is sick  6. Household head refused  7. Primary caregiver refused  8. Too busy  9. No reason given  10. Other | |\_\_|\_\_| |
| 7. Verify Primary Caregiver’s Identity: Does Caregiver Match Household and Cluster ID?  Note: If no, then skip rest of form and alert SFRO that our team is in the wrong location. | Y/N | |\_\_| |

### EE Sample Collection Form – Section 1: Child Identification & Medical History

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 8. Identification of Primary Caregiver | 1. Child’s Mother  2. Child’s Maternal Grandparents  3. Child’s Paternal Grandparents  4. Child’s Maternal Aunt/Uncle  5. Child’s Paternal Aunt/Uncle  6. Child’s Father (And His New Partner/Wife)  7. Other: Specify | |\_\_| |
| 9. Mobile Number of Household Head | ###########  99. Don’t know/not available | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|  |\_\_|\_\_| |
| 10. Mobile Number of Primary Caregiver | ###########  99. Don’t know/not available | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|  |\_\_|\_\_| |
| 11. Number of Eligible Children | # of Eligible Children | |\_\_| |
| 12. Child Full Name |  |  |
| 13. Child Nickname |  |  |
| 14. Gender of Child | 1. Male  2. Female | |\_\_| |
| 15. Date of Birth | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 16. Source of Date of Birth (DOB) | 1. Confirmed DOB by valid vaccination card  2. Mother/Relative remember DOB  3. Both 1 & 2  99. Don’t know | |\_\_|\_\_| |
| 17. Age | ### Days | |\_\_|\_\_|\_\_| Days |
| 18. ASK: “How long ago did [CHILD NAME] take any antibiotics? (Provide examples from the ‘List of Common Antibiotics and Medicine’ in the EE Sampling Handbook) | ## Days  ## Months  88. Never  99. Don’t know | |\_\_|\_\_| Days  |\_\_|\_\_| Months  |\_\_|\_\_| |
| 19. ASK: “Can you tell us how many times in the last 3  months this child has used antibiotics?”  Note: If answer to Q19 is 0, 88, or 99, then skip to Q22. If answer to Q19 is > 0, then answer Q20 and Q21. | ## Times  88. Never  99. Don’t know | |\_\_|\_\_| Times  |\_\_|\_\_| |

### EE Sample Collection Form – Section 1: Child Identification & Medical History

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
|  | 20. ASK: “Please try and recall the name of  each antibiotic this child used in the last 3  months (90 days before collection date) | 21. 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 |
| Episode 4 | |\_\_|\_\_| (choose from list above) | |\_\_|\_\_| Days |
| Episode 5 | |\_\_|\_\_| (choose from list above) | |\_\_|\_\_| Days |
| 22. ASK: “Has this child had malaria in the last 1 month?” | 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 | |\_\_|\_\_| |
| 23. ASK: “Has this child had malaria in the last 6 months?” | 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 | |\_\_|\_\_| |

### EE Sample Collection Form – Section 1: Child Identification & Medical History

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

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| --- | --- | --- |
| 24. ASK: FOR CHILDREN 6 MONTHS AND OVER “In the last 6 months, has [CHILD NAME] received a pill or drug for intestinal worms?” (Provide examples from the ‘List of Common Antibiotics and Medicine’ in the EE Sampling Handbook) Note: If child is <6 months old, enter 3 and skip to end. If answer to Q24 is 2 or 99, then skip Q25-27 and answer Q 28-29. | 1. Yes  2. No  3. Not applicable  99. Don’t know | |\_\_|\_\_| |
| 25. ASK: “Where did [CHILD NAME] receive the drug for intestinal worms?” | 1. At Home / In Village  2. At A Clinic or Health Facility  3. At A School  4. From icddr,b  99. Don’t know | |\_\_|\_\_| |
| 26. ASK: “Approximately how long ago did [CHILD NAME] receive the deworming drug?” | ## Days  ## Months  99. Don’t know | |\_\_|\_\_| Days  |\_\_|\_\_| Months  |\_\_|\_\_| |
| 27. ASK: “Please try and recall the name of the deworming drug [CHILD NAME] took.” (Provide examples from the ‘List of Common Antibiotics and Medicine’ in the EE Sampling Handbook) | 1. Albendazole  2. Mebendazole  3. Other: Specify  99. Don’t know | |\_\_|\_\_| |
| 28. ASK: “Does [CHILD NAME] typically wear shoes/socks/sandals?” | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| |
| 29. OBSERVE: Is child wearing shoes/socks/sandals? | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| |

### EE Sample Collection Form – Section 1: Child Identification & Medical History

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| 42. ASK: “How long ago did [CHILD NAME] have diarrhea?”    Note: Q42 will be asked if Q31 turns out yes for column D and/or E (ie, Q42 will not be asked for col A, B and C of Q31. Also validate Q42 by number of days. For example, if Q42 is asked for col D, the validation is not more than 7 days and if Q42 is asked col E, the validation is not more than 14 days. | ## Days  77. Not applicable  99. Don’t know | D | E |
| **In the last 7 days** (since this day last week) | **In the last 2 weeks** (since this day 2 weeks ago) |
| |\_\_|\_\_| Days | |\_\_|\_\_| Days |
| 43. ASK: “During that specific episode of diarrhea, how many consecutive days did it last?”    Note: Q43 is linked to Q42, i.e., Q43 will be asked only when Q42 is asked. Also validate Q43 by number of days. For example, if Q43 is asked for col D, the validation is not more than 7 days and if Q43 is asked col E, the validation is not more than 14 days. | ## Days  77. Not applicable  99. Don’t know | D | E |
| **In the last 7 days** (since this day last week) | **In the last 2 weeks** (since this day 2 weeks ago) |
| |\_\_|\_\_| Days | |\_\_|\_\_| Days |

### EE Sample Collection Form – Section 2: Anthropometry

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | 1. Balay Chand Sikder  2. Mary Marget  3. Parimol Sarker  4. Dipali Rani Das  5. Sania Akter Dolly  6. Syeda Fatema Khatun  7.Md. Altafur Rahman  8. Amal Sarker  9. Nasrin Sultana  10. Md. Nurul AIam  11. Fatema Begum Sumi  12. Syeda Luthfa Famida  13. Shahjahan Ali |  |
| 4. Date of Data Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Number of Eligible Children | # of Eligible Children | |\_\_| |
| 6. Child Full Name |  |  |
| 7. Weight of Child – Measurement #1 | Weight (kg) ##**.**### | |\_\_|\_\_|**.**|\_\_|\_\_|\_\_| kg |
| 8. Weight of Child – Measurement #2 | Weight (kg) ##**.**### | |\_\_|\_\_|**.**|\_\_|\_\_|\_\_| kg |
| 9. Weight of Child – Measurement #3 | Weight (kg) ##**.**### | |\_\_|\_\_|**.**|\_\_|\_\_|\_\_| kg |
| 10. **Median** Weight of The Child | Weight (kg) ##**.**### | |\_\_|\_\_|**.**|\_\_|\_\_|\_\_| kg |
| 11. Was Child Wearing Clothing During Weight Measurement?  (Multiple answers) | 1. No clothes  2. Underpants/shorts  3. Shirt  4. Pants/trousers  5. Dress/frock  6. Other: Specify | |\_\_|  |\_\_|  |\_\_|  |\_\_| |

### EE Sample Collection Form – Section 2: Anthropometry

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 12. Length or Height?  (If ≥ 2 years of age, measure the child’s height; if < 2 years of age, measure the child’s length) | 1. Length measured  2. Height measured | |\_\_| |
| 13. Length/Height of Child – Measurement #1 | Length/Height (cm)  ###**.**# | |\_\_|\_\_|\_\_|**.**|\_\_| cm |
| 14. Length/Height of Child – Measurement #2 | Length/Height (cm)  ###**.**# | |\_\_|\_\_|\_\_|**.**|\_\_| cm |
| 15. Length/Height of Child – Measurement #3 | Length/Height (cm)  ###**.**# | |\_\_|\_\_|\_\_|**.**|\_\_| cm |
| 16. Head Circumference of Child – Measurement #1 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 17. Head Circumference of Child – Measurement #2 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 18. Head Circumference of Child – Measurement #3 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 19. Mid Upper Arm Circumference of Child – Measurement #1 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 20. Mid Upper Arm Circumference of Child – Measurement #2 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 21. Mid Upper Arm Circumference of Child – Measurement #3 | Circumference (cm)  ##.# | |\_\_|\_\_|**.**|\_\_| cm |
| 22. Anthropometry Data Obtained?  Note: If Q22 is 1, skip to end. | 1. All  2. Partial  3. None | |\_\_| |
| 23. Why Was Anthropometry Data Not Collected? | 1. Child Did Not Cooperate  2. Household Head Refused  3. Primary Caregiver Refused  4. Other | |\_\_| |

### EE Sample Collection Form – Section 3: Blood Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | 1. Balay Chand Sikder  2. Mary Marget  3. Parimol Sarker  14. Md. Shariful Islam  15. Shimul Das  16. Nitai Halder |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Number of Eligible Children | # of Eligible Children | |\_\_| |
| 6. Child Full Name |  |  |
| 7. Date of Child’s Last Meal/Snack/Breastfeed | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 8. Time of Child’s Last Meal/Snack/Breastfeed | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 9. Enter Information About Child’s Last Meal/Snack/Breastfeed | 1. Breast Milk Only  2. Snack Only  3. Meal Only  4. Meal and Snack Only  5. Snack and Breast Milk Only  6. Meal and Breast Milk Only  7. Meal, Snack, and Breast Milk | |\_\_| |

### EE Sample Collection Form – Section 3: Blood Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 10. Blood Collection Tube Sample Obtained?  Note:  If no blood draw, then Q14 is asked and rest of form skipped. | 1. all (5 ml)  2. partial (< 5 ml)  3. none (0 ml) | |\_\_| |
| 11. Estimate of Blood Volume Collected in Tube | # ml | |\_\_|**.**|\_\_|ml |
| 12. Blood Spots Samples Obtained? | 1. all (6 spots)  2. partial (< 6 spots)  3. none (0 spots) | |\_\_| |
| 13. Number of FULLY Saturated Spots Obtained | # Spots | |\_\_| Spots |
| 14. Why Was Sample Not Obtained?  Note:  If Q10 or Q 12 are 2 or 3, then Q14 is asked. If Q10 or 12 is 1, then Q 14 is skipped. | 1. Parent not available  2. Parent refused  3. Child not available  4. Volume insufficient  5. Vein visibility  6. Other: Specify | |\_\_| |
| 15. Blood Collection: End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 16. Cold Chain Start Time  Note: This is the time when sample has been placed in cold box (for tube) or room temperature box (for spots). | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 16b. Cooler box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

|  |  |  |
| --- | --- | --- |
| 17. Centrifugation Start Time  Note: Only for child venous blood samples (types B and X). | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 18. Duration of Centrifugation  Note: Only for child venous blood samples (type B). | Minutes  ## | |\_\_|\_\_| |
| 19. Plasma Sample Hemolyzed?  (Plasma is red, not yellow)  Note: Only for child venous blood samples (type B). | Y/N | |\_\_| |
| 20. PBMC Processing: Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 21. PBMC Processing: Number of Cells |  |  |

### EE Sample Collection Form – Section 3: Blood Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Samples: | | | | | | | |
| 22. Sample ID  Note:  IDs for all aliquots of blood samples expected in a HH are automatically generated when cluster ID and mother ID are entered in Q1. | 23. Random ID  Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically. | 24. Sample  Type  Note:  Field staff selects sample type from dropdown menu. | 25. Aliquots | 26. Samples H & B  -80⁰C  Freezer  Storage:  Start Time | 27. PBMC  -80⁰C Freezer  Storage:  Start Time | 28. PBMC  Liquid  Nitrogen  Storage:  Start Date | 29. PBMC  Liquid  Nitrogen  Storage:  Start Time |
| Cluster (###) + Mother ID (##) + Baseline (B) + Eligible Child (#) + Sample Type + Aliquot (#) |  | H (Whole)  B (Plasma)  X (PBMC)  P (Filter) |  | 24-hour scale  Hours : Minutes | 24-hour scale  Hours : Minutes | DD/MM/YYYY | 24-hour scale  Hours : Minutes |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|H01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | H | No Aliquot  Partial Aliquot Full Aliquot | |\_\_|\_\_|**:**|\_\_|\_\_| |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|H02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | H | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B04 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B05  ***(Optional Aliquot)*** | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B06  ***(Optional Aliquot)*** | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|B07  ***(Optional Aliquot)*** | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | B | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|X01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | X | No Aliquot  Partial Aliquot Full Aliquot |  | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| | |\_\_|\_\_|**:**|\_\_|\_\_| |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|X02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | X | No Aliquot  Partial Aliquot Full Aliquot |  |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|P01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | P | No Aliquot  Partial Aliquot Full Aliquot |  |  |  |  |

### EE Sample Collection Form – Section 4: Stool Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | 4. Dipali Rani Das  5. Sania Akter Dolly  6. Syeda Fatema Khatun  7.Md. Altafur Rahman  8. Amal Sarker  9. Nasrin Sultana  10. Md. Nurul AIam  11. Fatema Begum Sumi  12. Syeda Luthfa Famida  13. Shahjahan Ali |  |
| 4. Date of Sample Collection (when FRA picks up tube) | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Number of Eligible Children | # of Eligible Children | |\_\_| |
| 6. Child Full Name |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Samples: | | | |
| 7. Sample ID | 8. Random ID | 9. Sample type | 10. Aliquots |
| Cluster (###) + Mother ID (##) + Baseline (B) + Eligible Child (#) + 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. |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|S01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|S02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|S03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|S04 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|S05 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | S | No Aliquot  Partial Aliquot  Full Aliquot |

### EE Sample Collection Form – Section 4: Stool Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 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  households the 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 | |\_\_| |

**EE Sample Collection Form – Section 4: Stool Sample Collection**

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 18. OBSERVE: Any Abnormal Characteristics of Collected Stool Sample | 1. Yes, Mucus  2. Yes, Blood  3. Yes, Worms  4. Yes, Other: Specify  5. No | |\_\_| |
| 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 end. 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 end. | ## 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  77. Not applicable | |\_\_| |
| 24. ASK: Was the stool in contact with urine (in the diaper/potty/katha/etc.)? | 1. Yes  2. No  99. Don’t know | |\_\_|\_\_| |
| 25. Cooler box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

### EE Sample Collection Form – Section 5: Urine Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 1. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 2. ID of MT/FRA/FRO | ## | |\_\_|\_\_| |
| 3. Name of MT/FRA/FRO (choose 1): | 4. Dipali Rani Das  5. Sania Akter Dolly  6. Syeda Fatema Khatun  7.Md. Altafur Rahman  8. Amal Sarker  9. Nasrin Sultana  10. Md. Nurul AIam  11. Fatema Begum Sumi  12. Syeda Luthfa Famida  13. Shahjahan Ali  14. Md. Shariful Islam |  |
| 4. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 5. Number of Eligible Children | # of Eligible Children | |\_\_| |
| 6. Child Full Name |  |  |
| 7. Consent    Note: If yes, then skip next question. | Y/N | |\_\_| |
| 8. Why Was Consent Not Given?  Note: If Q7 is no, then answer this question and skip to end. | 1. Household head/primary caregiver not available  2. Household head/ primary caregiver refused  3. Subject not available  4. Genital skin disease  5. Other: Specify | |\_\_| |
| 9. Volume of Lactulose-Mannitol Fed to Child | Volume (ml) = average weight X 2 (maximum of 20 ml)  ##.# | |\_\_|\_\_|**.**|\_\_| ml |
| 10. Lactulose-Mannitol Batch Number | ### | |\_\_|\_\_|\_\_| |
| 11. Fasting Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 12. Fasting End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 13. Urine Collection Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |

**EE Sample Collection Form – Section 5: Urine Sample Collection**

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 14. Urination episode  Note: Urine episode number is automatically  generated starting from 1. Q14 and the next  questions (Q15, Q16, Q17, Q18) will loop  continuously until end of urine collection time. | 15. Time of Collection | 16. Volume of Each Urination | 17. Estimated Volume Lost | 18. Stool in Bag? |
| **Urination Episode**  **#** | 24-hour scale  Hours : Minutes | Volume (ml)  ### | 1. None  2. < ½  3. ½  4. > ½  5. All | Y/N |
| **1** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **2** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **3** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **4** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **5** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **6** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **7** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **8** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **9** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **10** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |

### EE Sample Collection Form – Section 5: Urine Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 19. Urine Collection End Time for 2-Hour Urine Sample | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 20. Total Urine Volume After 2 Hours | Volume (ml)  ### | |\_\_|\_\_|\_\_| ml |
| 21. Total Number of Thimerasol Drops Added After 2 Hours | Number of drops  ## | |\_\_|\_\_| Drops |
| 22. Number of Loose Stools During 2-Hour Collection | # loose stools | |\_\_| Loose Stools |
| 23. Total Volume of All Aliquots From 2-Hour Urine Collection | Volume (ml)  ### | |\_\_|\_\_| ml |
| 24. Urine Collection End Time for 5-Hour Urine Sample | 24-hour scale  Hours: Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 25. Total Urine Volume After 5 Hours | Volume (ml)  ### | |\_\_|\_\_|\_\_| ml |
| 26. Total Number of Thimerasol Drops Added After 5 Hours | Number of drops  ## | |\_\_|\_\_| Drops |
| 27. Number of Loose Stools During 5-Hour Collection | # of loose stools | |\_\_| Loose Stools |
| 28. Total Volume of All Aliquots From 5-Hour Urine Collection | Volume (ml)  ### | |\_\_|\_\_| ml |
| 29. Did Child Eat During First 1-Hour Fasting Period?  (Before LM dose) | Y/N | |\_\_| |
| 30. Did Child Eat During Last 0.5-Hour Fasting Period?  (Immediately after LM dose) | Y/N | |\_\_| |

### EE Sample Collection Form – Section 5: Urine Sample Collection

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Samples: | | | | | |
| 31. Sample ID  Note:  IDs for all aliquots of urine samples expected in a HH are automatically generated when cluster ID and mother ID are entered in Q1. **(Aliquots 01-06 after 2 hrs urine collection. Aliquots 07-12 after 5 hrs urine collection)** | 32. Random ID  Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically | 33. Sample Type  Note:  Field staff selects sample type from dropdown menu. | 34. Aliquots  Note:  If sample has been fully collected, next question is skipped. For sample type U, full aliquot = 2 ml per cryovial. | 35. Why was it not fully collected?  Note:  If Q34 is No Aliquot or Partial Aliquot, then Q 35 is asked.  1. Child did not urinate  2. Urination volume insufficient  3. Leakage  4. Partial: Parent Refused  5. Other: Specify | 36. Cold Chain Start Time  Note:  This is the time when sample has been placed in cold box.  24-hour scale  Hours : Minutes |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U01 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot | |\_\_| 2 Hours | |\_\_|\_\_|**:**|\_\_|\_\_| |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U02 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U03 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U04 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U05 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U06 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U07 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot | |\_\_| 5 Hours | |\_\_|\_\_|**:**|\_\_|\_\_| |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U08 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U09 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U10 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U11 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U12 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |

|  |  |  |
| --- | --- | --- |
| 37. Why was urine collection stopped before 5 hours?    Note:  Skip if both 2 and 5 hour urine collection completed. | 1. Baby crying a lot  2. Baby developed a rash at U-bag attachment site  3. Other parent came home and refused  4. Another family member arrived and encouraged mother to refuse  5. Mother and child left to visit another place  6. Other: Specify  77. Not applicable | |\_\_| |
| 38. Cooler box Temperature Data Logger ID | #### | |\_\_|\_\_|\_\_|\_\_| |

**EE Sample Collection Form – Section 5A: Pre-LM Urine Sample Collection**

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 39. Cluster ID and Mother ID | ### and ## | |\_\_|\_\_|\_\_| **and**  |\_\_|\_\_| |
| 40. Date of Sample Collection | DD/MM/YYYY | |\_\_|\_\_| **/** |\_\_|\_\_| **/** |\_\_|\_\_|\_\_|\_\_| |
| 41. **Pre-LM** Urine Collection Start Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 42. **Pre-LM** Urination episode  Note: Urine episode number is automatically  generated starting from 1. Q42 and the next  questions (Q43, Q44, Q45, Q46) will loop  continuously until end of urine collection time. | 43. Time of Collection | 44. Volume of Each Urination | 45. Estimated Volume Lost | 46. Stool in Bag? |
| **Urination Episode**  **#** | 24-hour scale  Hours : Minutes | Volume (ml)  ### | 1. None  2. < ½  3. ½  4. > ½  5. All | Y/N |
| **1** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **2** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **3** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **4** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |
| **5** | |\_\_|\_\_|**:**|\_\_|\_\_| | |\_\_|\_\_|\_\_| ml | |\_\_| | |\_\_| |

**EE Sample Collection Form – Section 5A: Pre-LM Urine Sample Collection**

**Cluster ID |\_\_|\_\_|\_\_| Mother ID |\_\_|\_\_|**

|  |  |  |
| --- | --- | --- |
| 47. **Pre-LM** Urine Collection End Time | 24-hour scale  Hours : Minutes | |\_\_|\_\_|**:**|\_\_|\_\_| |
| 48. Total Urine Volume of **Pre-LM** Urine | Volume (ml)  ### | |\_\_|\_\_|\_\_| ml |
| 49. Total Number of Thimerasol Drops Added to **Pre-LM** Urine | Number of drops  ## | |\_\_|\_\_| Drops |
| 50. Number of Loose Stools During **Pre-LM** Urine Collection | # loose stools | |\_\_| Loose Stools |
| 51. Total Volume of All Aliquots From **Pre-LM** Urine Collection | Volume (ml)  ### | |\_\_|\_\_| ml |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Samples: | | | | | |
| 52. Sample ID  Note:  IDs for all aliquots of urine samples expected in a HH are automatically generated when cluster ID and mother ID are entered in Q1.  **(Aliquots 13-18 after Pre-LM urine collection)** | 53. Random ID  Note:  Random ID that is linked to the specific sample ID is retrieved from barcode ID database and appears automatically | 54. Sample Type  Note:  Field staff selects sample type from dropdown menu. | 55. Aliquots  Note:  If sample has been fully collected, next question is skipped. For sample type U, full aliquot = 2 ml per cryovial. | 56. Why was Pre-LM urine not fully collected?  Note:  If Q55 is No Aliquot or Partial Aliquot, then Q56 is asked.  1. Child did not urinate  2. Urination volume insufficient  3. Leakage  4. Partial: Parent Refused  5. Other: Specify | 57. Cold Chain Start Time  Note:  This is the time when sample has been placed in cold box.  24-hour scale  Hours : Minutes |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U13 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot | |\_\_| Pre-LM Urine | |\_\_|\_\_|**:**|\_\_|\_\_| |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U14 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U15 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U16 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U17 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |
| |\_\_|\_\_|\_\_|\_\_|\_\_|M|\_\_|U18 | |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| | U | No Aliquot  Partial Aliquot  Full Aliquot |