

■ Data Dictionary Codebook

27-04-2023 7:55am

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																										
Instrument: COVER PAGE (cover_page)																													
1	[record_id_field]		text																										
2	[study_number]	Study Number	text, Required, Identifier																										
3	[parcp_initial]	Participant Initials	text, Required Custom alignment: RH																										
4	[cover_page_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: FORM 1 SCREENING (form_1_screening)																													
5	[child_initial]	Section Header: <i>SCREENING AND ELIGIBILITY1. DEMOGRAPHIC DATA</i> i). Child's initial	text, Required																										
6	[sex]	ii). Sex	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																												
7	[dob]	iii). Date of Birth	text (date_dmy), Required																										
8	[date_admi]	iv). Admission Date	text (date_dmy), Required																										
9	[time_admi]	viii). Admission time	text (time), Required																										
10	[hospital_no]	vi). Clinic/Hospital No	text, Required																										
11	[age]	vii). Age	descriptive																										
12	[years]	Years	dropdown, Required <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>10</td><td>9</td></tr> <tr><td>11</td><td>10</td></tr> <tr><td>12</td><td>11</td></tr> <tr><td>13</td><td>12</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10	12	11	13	12
1	0																												
2	1																												
3	2																												
4	3																												
5	4																												
6	5																												
7	6																												
8	7																												
9	8																												
10	9																												
11	10																												
12	11																												
13	12																												
13	[months]	Months	dropdown, Required <table border="1"> <tr><td>1</td><td>0</td></tr> <tr><td>2</td><td>1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>3</td></tr> <tr><td>5</td><td>4</td></tr> <tr><td>6</td><td>5</td></tr> <tr><td>7</td><td>6</td></tr> <tr><td>8</td><td>7</td></tr> <tr><td>9</td><td>8</td></tr> <tr><td>10</td><td>9</td></tr> <tr><td>11</td><td>10</td></tr> <tr><td>12</td><td>11</td></tr> <tr><td>13</td><td>12</td></tr> </table>	1	0	2	1	3	2	4	3	5	4	6	5	7	6	8	7	9	8	10	9	11	10	12	11	13	12
1	0																												
2	1																												
3	2																												
4	3																												
5	4																												
6	5																												
7	6																												
8	7																												
9	8																												
10	9																												
11	10																												
12	11																												
13	12																												
14	[scrning_date]	V). Screening Date	text (date_dmy), Required																										

15	[scrning_time]	ix). Screening time	text (time), Required				
16	[scrning_no]	x) screening number	text (integer), Required				
17	[smd]	xi) SMD	text				
18	[age_incision]	Section Header: <i>ELIGIBILITY2. INCLUSION CRITERIA</i> 1. Age > 6 months to < 12 years	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						
19	[ptveslide_adms]	2. Positive Slide for P.falciparum at admission	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						
20	[haemogl_incls]	3. Haemoglobinuria with any of these impaired consciousness and/or respiratory distress, Severe Anaemia (Hb< 5 g/dl), prostration	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						
21	[serum_crtn_incls]	4. Serum creatinine increase by \geq 0.3mg/dL from baseline	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						
22	[elevated_bud_incls]	5. Elevated BUN >20mmol/L	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						
23	[acute_trauma]	Section Header: <i>3. EXCLUSION CRITERIA</i> 1. Acute trauma or Burns	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						
24	[known_allergy_pcm]	2. Known Allergy to paracetamol	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						
25	[known_chrn_renal_failure]	3. Known chronic renal failure	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						
26	[impaired_liver_fn_tst]	4. Impaired liver function tests(ALT > 40 IU/L)	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						
27	[treated_pcm]	5. Treated with Paracetamol in the last 48hrs	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						
28	[prvs_erlmnt_parist]	6. Previous enrolment in PARIST	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						

29	[known_malignancy]	7. Known Malignancy	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								
30	[refusal_consent]	8. Refusal to Consent	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								
31	[vomiting_everthing]	9. Vomiting everything	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								
32	[consent_obtained]	Section Header: 4. CONSENT A. Was written consent obtained before randomization	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								
33	[ifyes_date_consent] Show the field ONLY if: [consent_obtained] = "1"	If yes Date	text (date_dmy) Custom alignment: RH						
34	[ifyes_time_consent] Show the field ONLY if: [consent_obtained] = "1"	Time	text (time) Custom alignment: RH						
35	[emergency_consent]	B. Was emergency consent sought?	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								
36	[ifyes_date_emergency] Show the field ONLY if: [emergency_consent] = "1"	If yes Date	text (date_dmy) Custom alignment: RH						
37	[ifyes_time_emergency] Show the field ONLY if: [emergency_consent] = "1"	Time	text (time) Custom alignment: RH						
38	[complted_name1]	Completed by: Name	text Custom alignment: RH						
39	[initial1]	Initial	text Custom alignment: RH						
40	[date_completed1]	Date Completed:	text (date_dmy) Custom alignment: RH						
41	[form_1_screening_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: **FORM 2 ENROLLMENT** (form_2_enrollment)

42	[radomistion_date]	Section Header: ENROLMENT AND RANDOMIZATION1. RANDOMISATION Randomisation Date	text (date_dmy), Required				
43	[randomisation_time]	Time	text (time), Required				
44	[randomisation_num]	Randomization number	text, Required				
45	[enrollment_pax]	Enrollment PAX	text, Required				
46	[enrollment_arm]		radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>PARACETAMOL (A)</td></tr> <tr><td>2</td><td>NO PARACETAMOL (B)</td></tr> </table>	1	PARACETAMOL (A)	2	NO PARACETAMOL (B)
1	PARACETAMOL (A)						
2	NO PARACETAMOL (B)						
47	[paracetamol_a] Show the field ONLY if: [enrollment_arm] = "1"	PARACETAMOL (A)	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>A1</td></tr> <tr><td>2</td><td>A2</td></tr> </table>	1	A1	2	A2
1	A1						
2	A2						

48	[paracetamol_b]	NO PARACETAMOL (B) Show the field ONLY if: [enrollment_arm] = "2"	radio <table border="1"><tr><td>1</td><td>B1</td></tr><tr><td>2</td><td>B2</td></tr></table>	1	B1	2	B2												
1	B1																		
2	B2																		
49	[post_randomstion_cnst_taken]	Section Header: 2. POST RANDOMISATION CONSENT A. Was post randomization consent taken and the consent form completed and signed?	radio, Required <table border="1"><tr><td>1</td><td>No consented before randomisation</td></tr><tr><td>2</td><td>No absconded before consent obtained</td></tr><tr><td>3</td><td>No Died before consent obtained</td></tr><tr><td>4</td><td>No consent declined</td></tr><tr><td>5</td><td>Yes please date and sign below</td></tr></table>	1	No consented before randomisation	2	No absconded before consent obtained	3	No Died before consent obtained	4	No consent declined	5	Yes please date and sign below						
1	No consented before randomisation																		
2	No absconded before consent obtained																		
3	No Died before consent obtained																		
4	No consent declined																		
5	Yes please date and sign below																		
50	[postrandomistion_date]	Date Show the field ONLY if: [post_randomstion_cnst_taken] = "5"	text (date_dmy)																
51	[postrandomistion_time]	Time Show the field ONLY if: [post_randomstion_cnst_taken] = "5"	text (time)																
52	[initial_taking_consent]	Initial of person taking consent Show the field ONLY if: [post_randomstion_cnst_taken] = "5"	text																
53	[weight_bands]	Section Header: WEIGHT BANDS Weight(kg) Calculated Dose (20mg/kg) Weight band dose (mg) {weight_2} {calculated_dose} {weight_band_dose}	descriptive																
54	[weight_2]	Weight(kg) Show the field ONLY if: [enrollment_arm] = "1"	text, Required																
55	[calculated_dose]	Calculated Dose (20mg/kg) Show the field ONLY if: [enrollment_arm] = "1"	text, Required																
56	[weight_band_dose]	Weight band dose (mg) Show the field ONLY if: [enrollment_arm] = "1"	dropdown, Required <table border="1"><tr><td>1</td><td>125</td></tr><tr><td>2</td><td>250</td></tr><tr><td>3</td><td>375</td></tr><tr><td>4</td><td>500</td></tr><tr><td>5</td><td>625</td></tr><tr><td>6</td><td>750</td></tr><tr><td>7</td><td>875</td></tr><tr><td>8</td><td>1000</td></tr></table>	1	125	2	250	3	375	4	500	5	625	6	750	7	875	8	1000
1	125																		
2	250																		
3	375																		
4	500																		
5	625																		
6	750																		
7	875																		
8	1000																		
57	[completed_name2]	Completed by: Name	text																
58	[initial2]	Initial	text																
59	[date_completed2]	Date Completed:	text (date_dmy)																
60	[form_2_enrollment_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: FORM 3 PARACETAMOL ADMINISTRATION (form_3_paracetamol_administration)																			
61	[child_initial3]	Child initial	text																

62	[paracetamol]	Dose Date? Time (24hr) Dose (mg) Vomited Spat vomited/spat time (24hrs) Re-dose Re-dose time Dose (mg) initial Dose 1 {date_1} {time_1} {dse_1} {vomted1} {spat1} {vmtd_spt_t1} {redos1} {redos_t1} {dse_re1} {initial1} Dose 2 {date_2} {time_2} {dse_2} {vomted2} {spat2} {vmtd_spt_t2} {redos2} {redos_t2} {dse_re2} {initial2} Dose 3 {date_3} {time_3} {dse_3} {vomted3} {spat3} {vmtd_spt_t3} {redos3} {redos_t3} {dse_re3} {initial3} Dose 4 {date_4} {time_4} {dse_4} {vomted4} {spat4} {vmtd_spt_t4} {redos4} {redos_t4} {dse_re4} {initial4} Dose 5 {date_5} {time_5} {dse_5} {vomted5} {spat5} {vmtd_spt_t5} {redos5} {redos_t5} {dse_re5} {initial5} Dose 6 {date_6} {time_6} {dse_6} {vomted6} {spat6} {vmtd_spt_t6} {redos6} {redos_t6} {dse_re6} {initial6} Dose 7 {date_7} {time_7} {dse_7} {vomted7} {spat7} {vmtd_spt_t7} {redos7} {redos_t7} {dse_re7} {initial7} Dose 8 {date_8} {time_8} {dse_8} {vomted8} {spat8} {vmtd_spt_t8} {redos8} {redos_t8} {dse_re8} {initial8} ?	descriptive				
63	[date_1]	Section Header: Dose 1 Date	text (date_dmy)				
64	[time_1]	Time	text (time)				
65	[dse_1]	Dose	text				
66	[vomted1]	Vomited	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						
67	[spat1]	Spat	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						
68	[vmtd_spt_t1]	Vomited/Spat Time (24hr)	text (time) Custom alignment: RH				
69	[redos1]	Re-dose	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						
70	[redos_t1]	Re-dose time	text (time) Custom alignment: RH				
71	[dse_re1]	Dose (mg)	text Custom alignment: RH				
72	[initial1]	Initial	text				
73	[date_2]	Section Header: Dose 2 Date	text (date_dmy)				
74	[time_2]	Time (24hr)	text (time)				
75	[dse_2]	Dose (mg)	text				
76	[vomted2]	Vomited	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						
77	[spat2]	Spat	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						
78	[vmtd_spt_t2]	Vomited/Spat Time (24hr)	text (time) Custom alignment: RH				
79	[redos2]	Re-dose	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						
80	[redos_t2]	Re-dose time	text (time) Custom alignment: RH				
81	[dse_re2]	Dose (mg)	text Custom alignment: RH				

82	[initial2]	Initials	text Custom alignment: RH				
83	[date_3]	Section Header: Dose 3 Date	text (date_dmy) Custom alignment: RH				
84	[time_3]	Time (24hr)	text (time) Custom alignment: RH				
85	[dse_3]	Dose (mg)	text Custom alignment: RH				
86	[vomted3]	Vomited	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						
87	[spat3]	Spat	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						
88	[vmtd_spt_t3] Show the field ONLY if: [vomted3]='1' or [spat3]='1'	Vomited/Spat Time (24hr)	text (time) Custom alignment: RH				
89	[redos3]	Re-dose	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						
90	[redos_t3] Show the field ONLY if: [redos3]='1'	Re-dose time	text (time) Custom alignment: RH				
91	[dse_re3] Show the field ONLY if: [redos3]='1'	Dose (mg)	text Custom alignment: RH				
92	[initial3]	Initial	text Custom alignment: RH				
93	[date_4]	Section Header: Dose 4 Date	text (date_dmy) Custom alignment: RH				
94	[time_4]	Time (24hr)	text (time) Custom alignment: RH				
95	[dse_4]	Dose (mg)	text Custom alignment: RH				
96	[vomted4]	Vomited	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						
97	[spat4]	Spat	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						
98	[vmtd_spt_t4] Show the field ONLY if: [vomted4]='1' or [spat4]='1'	Vomited/Spat Time (24hr)	text (time) Custom alignment: RH				
99	[redos4]	Re-dose	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						
100	[redos_t4] Show the field ONLY if: [redos4]='1'	Re-dose time	text (time) Custom alignment: RH				
101	[dse_re4] Show the field ONLY if: [redos4]='1'	Dose (mg)	text Custom alignment: RH				
102	[initial4]	Initial	text Custom alignment: RH				
103	[date_5]	Section Header: Dose 5 Date	text (date_dmy)				
104	[time_5]	Time (24hr)	text (time)				
105	[dse_5]	Dose (mg)	text				

106	[vomted5]	Vomited	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						
107	[spat5]	Spat	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						
108	[vmtd_spt_t5] Show the field ONLY if: [vomted5]='1' or [spat5]='1'	Vomited/Spat Time (24hr)	text (time)				
109	[redos5]	Re-dose	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						
110	[redos_t5] Show the field ONLY if: [redos5]='1'	Re-dose time	text (time)				
111	[dse_re5] Show the field ONLY if: [redos5]='1'	Dose (mg)	text				
112	[intial5]	Initial	text				
113	[date_6]	Section Header: Dose 6 Date	text (date_dmy)				
114	[time_6]	Time (24hr)	text (time)				
115	[dse_6]	Dose (mg)	text				
116	[vomted6]	Vomited	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						
117	[spat6]	Spat	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						
118	[vmtd_spt_t6] Show the field ONLY if: [vomted6]='1' or [spat6]='1'	Vomited/Spat Time (24hr)	text (time)				
119	[redos6]	Re-dose	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						
120	[redos_t6] Show the field ONLY if: [redos6]='1'	Re-dose time	text (time)				
121	[dse_re6] Show the field ONLY if: [redos6]='1'	Dose (mg)	text				
122	[intial6]	Initial	text				
123	[date_7]	Section Header: Dose 7 Date	text (date_dmy)				
124	[time_7]	Time (24hr)	text (time)				
125	[dse_7]	Dose (mg)	text				
126	[vomted7]	Vomited	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						
127	[spat7]	Spat	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						
128	[vmtd_spt_t7] Show the field ONLY if: [vomted7]='1' or [spat7]='1'	Vomited/Spat Time (24hr)	text (time)				

129	[redos7]	Re-dose	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								
130	[redos_t7] Show the field ONLY if: [redos7]='1'	Re-dose time	text (time)						
131	[dse_re7] Show the field ONLY if: [redos7]='1'	Dose (mg)	text Custom alignment: RH						
132	[initial7]	Initial	text						
133	[date_8]	Section Header: Dose 8 Date	text (date_dmy)						
134	[time_8]	Time (24hr)	text (time)						
135	[dse_8]	Dose (mg)	text						
136	[vomted8]	Vomited	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								
137	[spat8]	Spat	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								
138	[vmtd_spt_t8] Show the field ONLY if: [vomted8]='1' or [spat8]='1'	Vomited/Spat Time (24hr)	text (time)						
139	[redos8]	Re-dose	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								
140	[redos_t8] Show the field ONLY if: [redos8]='1'	Re-dose time	text (time)						
141	[dse_re8] Show the field ONLY if: [redos8]='1'	Dose (mg)	text Custom alignment: RH						
142	[initial8]	Initial	text						
143	[form_3_paracetamol_administration_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: FORM 4 BASELINE (form_4_baseline)

144	[date_form4]	Date	text (date_dmy)
145	[child_initial4]	Child's initial	text
146	[temperature_axilry]	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text, Required
147	[heart_rate]	2. Heart rate (bpm)	text, Required
148	[respiratory_rate]	3. Respiratory Rate (bpm)	text, Required
149	[systolic_blood_pressure]	4. Blood Pressure systolic (mmhg)	text, Required
150	[diastolic_blood_pressure]	4. Blood Pressure diastolic (mmhg)	text, Required
151	[capillary_refill]	5. Capillary refill time (sec)	text, Required
152	[oxygen_saturation]	6. Oxygen Saturation (%)	text, Required
153	[weight_form4]	Section Header: 2. ANTHROPOOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 99999), Required Custom alignment: RH
154	[height_length]	2. Height / length (cm)	text, Required Custom alignment: RH
155	[muac_form4]	3. MUAC (cm)	text (number, Min: 0, Max: 9999), Required Custom alignment: RH
156	[head_circumference_form4]	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH

157	[na_headcircum]		radio 1 N/A
158	[hiv_form4]	Section Header: 3. REAL TIME TEST HIV	radio, Required 1 Positive 2 Negative 3 Not Done Custom alignment: RH
159	[lactate_form4]	Lactate (mmol/L)	text, Required Custom alignment: RH
160	[rbs]	RBS (mg/dL)	text, Required Custom alignment: RH
161	[symptoms_qusnnaire]	Section Header: 4. SYMPTOMS QUESTIONNAIRE Symptoms Yes No Details if any 1. Fever {fever} 2. Swelling of the body(face, feet, abdomen) {swelling_body} {if_swelling_body} 3. Yellowing of Eyes (Jaundice) {yellow_eyes} {if_yellow_eyes} 4. Cold hands or feet {cold_hand_feet} {if_cold_hand_feet} 5. Passing of dark or tea colored urine in last 24hr {colored_urine} {if_colored_urine} 6. History of sore throat {sore_throat} {if_sore_throat} 7. Vomiting {vomitting} {if_vomitting} 8. Diarrhoea {diarrhoea} {if_diarrhoea} 9. Hand / foot pain {hand_foot_pain} {if_hand_foot_pain} 10. Convulsions? {convulsions} {if_convulsions} 11. Bleeding tendencies {bleeding_tendencies} {if_bleeding_tendencies} 12. Abdominal Pain {abdominal_pain} {if_abdominal_pain} 13. Cough {cough} {if_cough} 14. Difficulty breathing {difficult_breathing} {if_difficult_breathing} 15. Inability to sit upright / stand unsupported / breastfeeding {inability_sit_stand_feed} {if_inability_sit_stand_feed} 16. Mental? Disorders (abnormal behavior) {mental_disorder} {if_mental_disorder} ?17. Neurological disorders (eg epilepsy) {neurological_disorder} {if_neurological_disorder} 18. Others {others_form4} 19. Others {other_form4a} 20. Others {other_form4b} {about_child_family} 21. Number of siblings {siblings} ? 22. Father?s ethnic group and code {father_ethnic_group} {code_father} 23. Mother?s ethnic group and code {mother_ethnic_group} {code_mother} 24. Are both parents still alive? {parents_alive} 25. Homestead where child lives {homestead} 26. Does the child sleep under a bed net/mosquito net? {sleep_under_net}	descriptive
162	[fever]	1. Fever	yesno, Required 1 Yes 0 No Custom alignment: RH
163	[if_fever] Show the field ONLY if: [fever]=1	Details if any	text Custom alignment: RH
164	[swelling_body]	2. Swelling of the body(face, feet, abdomen)	yesno, Required 1 Yes 0 No Custom alignment: RH
165	[if_swelling_body] Show the field ONLY if: [swelling_body]="1"	Details if any	text Custom alignment: RH
166	[yellow_eyes]	3. Yellowing of Eyes (Jaundice)	yesno, Required 1 Yes 0 No Custom alignment: RH
167	[if_yellow_eyes] Show the field ONLY if: [yellow_eyes]="1"	Details if any	text Custom alignment: RH

168	[cold_hand_feet]	4. Cold hands or feet	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						
169	[if_cold_hand_feet] Show the field ONLY if: [cold_hand_feet]="1"	Details if any	text Custom alignment: RH				
170	[colored_urine]	5. Passing of dark or tea colored urine in last 24hr	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						
171	[if_colored_urine] Show the field ONLY if: [colored_urine]="1"	Details if any	text Custom alignment: RH				
172	[sore_throat]	6. History of sore throat	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						
173	[if_sore_throat] Show the field ONLY if: [sore_throat]="1"	Details if any	text Custom alignment: RH				
174	[vomitting]	7. Vomiting	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						
175	[if_vomitting] Show the field ONLY if: [vomitting]="1"	Details if any	text Custom alignment: RH				
176	[diarrhoea]	8. Diarrhoea	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						
177	[if_diarrhoea] Show the field ONLY if: [diarrhoea]="1"	Details if any	text Custom alignment: RH				
178	[hand_foot_pain]	9. Hand / foot pain	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						
179	[if_hand_foot_pain] Show the field ONLY if: [hand_foot_pain]="1"	Details if any	text Custom alignment: RH				
180	[convulsions]	10. Convulsions	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						
181	[if_convulsions] Show the field ONLY if: [convulsions]="1"	Details if any	text Custom alignment: RH				
182	[bleeding_tendencies]	11. Bleeding tendencies	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						

183	[if_bleeding_tendencies]	Details if any Show the field ONLY if: [bleeding_tendencies]="1"	text Custom alignment: RH				
184	[abdominal_pain]	12. Abdominal Pain	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						
185	[if_abdominal_pain]	Details if any Show the field ONLY if: [abdominal_pain]="1"	text Custom alignment: RH				
186	[cough]	13. Cough	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						
187	[if_cough]	Details if any Show the field ONLY if: [cough]="1"	text Custom alignment: RH				
188	[difficult_breathing]	14. Difficulty breathing	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						
189	[if_difficult_breathing]	Details if any Show the field ONLY if: [difficult_breathing]="1"	text Custom alignment: RH				
190	[inability_sit_stand_feed]	15. Inability to sit upright / stand unsupported / breastfeeding	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						
191	[if_inability_sit_standfeed]	Details if any Show the field ONLY if: [inability_sit_stand_feed]="1"	text Custom alignment: RH				
192	[mental_disorder]	16. Mental Disorders (abnormal behavior)	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						
193	[if_mental_disorder]	Details if any Show the field ONLY if: [mental_disorder]="1"	text Custom alignment: RH				
194	[neurological_disorder]	17. Neurological disorders (eg epilepsy)	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						
195	[if_neurological_disorder]	Details if any Show the field ONLY if: [neurological_disorder]="1"	text Custom alignment: RH				
196	[others_form4]	18. Other (specify)	text Custom alignment: RH				
197	[other_form4a]	19. Others	text Custom alignment: RH				
198	[other_form4b]	20. Others	text Custom alignment: RH				
199	[about_child_family]	ABOUT THE CHILD'S INFANCY AND FAMILY	descriptive				
200	[siblings]	22. Number of siblings	text, Required				
201	[father_ethnic_group]	23. Father's ethnic group and code	text, Required				
202	[code_father]	Code	text				

203	[mother_ethnic_group]	24. Mother's ethnic group and code	text, Required						
204	[code_mother]	Code	text						
205	[parents_alive]	25. Are both parents still alive?	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Both alive</td></tr> <tr><td>2</td><td>One alive</td></tr> <tr><td>3</td><td>Both died</td></tr> </table> Custom alignment: RH	1	Both alive	2	One alive	3	Both died
1	Both alive								
2	One alive								
3	Both died								
206	[homestead]	26. Homestead where child lives	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Urban</td></tr> <tr><td>2</td><td>Semi-urban</td></tr> <tr><td>3</td><td>Rural</td></tr> </table> Custom alignment: RH	1	Urban	2	Semi-urban	3	Rural
1	Urban								
2	Semi-urban								
3	Rural								
207	[sleep_under_net]	27. Does the child sleep under a bed net/mosquito net?	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								
208	[completedname4]	Completed by: Name	text Custom alignment: RH						
209	[initial_form4]	Initial	text Custom alignment: RH						
210	[date_completed4]	Date Completed	text (date_dmy) Custom alignment: RH						
211	[form_4_baseline_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: **FORM 5 MEDICAL HISTORY** (form_5_medical_history)

212	[date_form5]	Date	text (date_dmy)		
213	[initial_form5]	Child initial	text		
214	[medical_history]	Section Header: MEDICAL HISTORY (BASELINE)1. MEDICAL HISTORY DISEASE / ILLNESS/ PROCEDURE START DATE END DATE {disease_illness_procedure1} {start_date1} {end_date1} {ongoing1} {disease_illness_procedure2} {start_date2} {end_date2} {ongoing2} {disease_illness_procedure3} {start_date3} {end_date3} {ongoing3} {disease_illness_procedure4} {start_date4} {end_date4} {ongoing4} {disease_illness_procedure5} {start_date5} {end_date5} {ongoing5} {disease_illness_procedure6} {start_date6} {end_date6} {ongoing6}	descriptive		
215	[disease_illness_procedure1]	DISEASE / ILLNESS/ PROCEDURE	text		
216	[start_date1]	START DATE	text (date_dmy)		
217	[end_date1]	END DATE	text (date_dmy)		
218	[ongoing1]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Ongoing</td></tr> </table>	1	Ongoing
1	Ongoing				
219	[disease_illness_procedure2]	DISEASE / ILLNESS/ PROCEDURE	text		
220	[start_date2]	START DATE	text (date_dmy)		
221	[end_date2]	END DATE	text (date_dmy)		
222	[ongoing2]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Ongoing</td></tr> </table>	1	Ongoing
1	Ongoing				
223	[disease_illness_procedure3]	DISEASE / ILLNESS/ PROCEDURE	text		
224	[start_date3]	START DATE	text (date_dmy)		
225	[end_date3]	END DATE	text (date_dmy)		
226	[ongoing3]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Ongoing</td></tr> </table>	1	Ongoing
1	Ongoing				
227	[disease_illness_procedure4]	DISEASE / ILLNESS/ PROCEDURE	text		
228	[start_date4]	START DATE	text (date_dmy)		

229	[end_date4]	END DATE	text (date_dmy)
230	[ongoing4]		radio <input checked="" type="checkbox"/> 1 Ongoing
231	[disease_illness_procedure5]	DISEASE / ILLNESS/ PROCEDURE	text
232	[start_date5]	START DATE	text (date_dmy)
233	[end_date5]	END DATE	text (date_dmy)
234	[ongoing5]		radio <input checked="" type="checkbox"/> 1 Ongoing
235	[disease_illness_procedure6]	DISEASE / ILLNESS/ PROCEDURE	text
236	[start_date6]	START DATE	text (date_dmy)
237	[end_date6]	END DATE	text (date_dmy)
238	[ongoing6]		radio <input checked="" type="checkbox"/> 1 Ongoing
239	[drug_history]	Section Header: 2. DRUG HISTORY DRUG NAME (Generic name) START DATE END DATE {drug_name1} {start_date5a1} {end_date5a1} {ongoing_5a1} {drug_name2} {start_date5a2} {end_date5a2} {ongoing_5a2} {drug_name3} {start_date5a3} {end_date5a3} {ongoing_5a3} {drug_name4} {start_date5a4} {end_date5a4} {ongoing_5a4} {drug_name5} {start_date5a5} {end_date5a5} {ongoing_5a5}	descriptive
240	[drug_name1]	DRUG NAME (Generic name)	text
241	[start_date5a1]	START DATE	text (date_dmy)
242	[end_date5a1]	END DATE	text (date_dmy)
243	[ongoing_5a1]		radio <input checked="" type="checkbox"/> 1 Ongoing
244	[drug_name2]	DRUG NAME (Generic name)	text
245	[start_date5a2]	START DATE	text (date_dmy)
246	[end_date5a2]	END DATE	text (date_dmy)
247	[ongoing_5a2]		radio <input checked="" type="checkbox"/> 1 Ongoing
248	[drug_name3]	DRUG NAME (Generic name)	text
249	[start_date5a3]	START DATE	text (date_dmy)
250	[end_date5a3]	END DATE	text (date_dmy)
251	[ongoing_5a3]		radio <input checked="" type="checkbox"/> 1 Ongoing
252	[drug_name4]	DRUG NAME (Generic name)	text
253	[start_date5a4]	START DATE	text (date_dmy)
254	[end_date5a4]	END DATE	text (date_dmy)
255	[ongoing_5a4]		radio <input checked="" type="checkbox"/> 1 Ongoing
256	[drug_name5]	DRUG NAME (Generic name)	text
257	[start_date5a5]	START DATE	text (date_dmy)
258	[end_date5a5]	END DATE	text (date_dmy)
259	[ongoing_5a5]		radio <input checked="" type="checkbox"/> 1 Ongoing
260	[completedname5]	Completed by: Name	text
261	[initial_form5a]	Initial	text
262	[date_completed5]	Date Completed:	text (date_dmy)
263	[form_5_medical_history_complete]	Section Header: Form Status Complete?	dropdown <input checked="" type="checkbox"/> 0 Incomplete <input type="checkbox"/> 1 Unverified <input type="checkbox"/> 2 Complete
Instrument: FORM 6 PHYSICAL EXAMINATION (form_6_physical_examination)			
264	[date_form6]	Date	text (date_dmy)
265	[child_initial6]	Child initial	text

266	[airway]	Airway	radio, Required <table border="1"> <tr><td>1</td><td>Clear</td></tr> <tr><td>2</td><td>Obstructed / stridor</td></tr> <tr><td>3</td><td>Needs active support</td></tr> </table> <p>Custom alignment: RH</p>	1	Clear	2	Obstructed / stridor	3	Needs active support																																	
1	Clear																																									
2	Obstructed / stridor																																									
3	Needs active support																																									
267	[breathing]	Breathing	checkbox, Required <table border="1"> <tr><td>1</td><td>breathing_1</td><td>Normal</td></tr> <tr><td>2</td><td>breathing_2</td><td>Nasal flaring</td></tr> <tr><td>3</td><td>breathing_3</td><td>Lower chest in drawing</td></tr> <tr><td>4</td><td>breathing_4</td><td>Deep Acidotic breathing</td></tr> <tr><td>5</td><td>breathing_5</td><td>Central cyanosis</td></tr> <tr><td>6</td><td>breathing_6</td><td>Wheeze</td></tr> <tr><td>7</td><td>breathing_7</td><td>Head nodding</td></tr> <tr><td>8</td><td>breathing_8</td><td>Intercostal recession</td></tr> <tr><td>9</td><td>breathing_9</td><td>Reduced air-entry</td></tr> <tr><td>10</td><td>breathing_10</td><td>Grunting</td></tr> <tr><td>11</td><td>breathing_11</td><td>Crackles</td></tr> <tr><td>12</td><td>breathing_12</td><td>Dull to percussion</td></tr> <tr><td>13</td><td>breathing_13</td><td>Intercostal recession</td></tr> </table>	1	breathing_1	Normal	2	breathing_2	Nasal flaring	3	breathing_3	Lower chest in drawing	4	breathing_4	Deep Acidotic breathing	5	breathing_5	Central cyanosis	6	breathing_6	Wheeze	7	breathing_7	Head nodding	8	breathing_8	Intercostal recession	9	breathing_9	Reduced air-entry	10	breathing_10	Grunting	11	breathing_11	Crackles	12	breathing_12	Dull to percussion	13	breathing_13	Intercostal recession
1	breathing_1	Normal																																								
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12	breathing_12	Dull to percussion																																								
13	breathing_13	Intercostal recession																																								
268	[radial_pulse]	Section Header: <i>Circulation</i> Radial pulse	radio, Required <table border="1"> <tr><td>1</td><td>Weak</td></tr> <tr><td>2</td><td>Normal</td></tr> <tr><td>3</td><td>Bounding</td></tr> </table> <p>Custom alignment: RH</p>	1	Weak	2	Normal	3	Bounding																																	
1	Weak																																									
2	Normal																																									
3	Bounding																																									
269	[capillary_refill]	Capillary refill time (sec)	radio, Required <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2-3</td></tr> <tr><td>3</td><td>>3</td></tr> </table> <p>Custom alignment: RH</p>	1	1	2	2-3	3	>3																																	
1	1																																									
2	2-3																																									
3	>3																																									
270	[tempt_gradient]	Temperature gradient	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
271	[pollar]	Pallor (Anemia)	radio, Required <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> <p>Custom alignment: RH</p>	1	None	2	+	3	++	4	+++																															
1	None																																									
2	+																																									
3	++																																									
4	+++																																									
272	[sunken_eyes]	Section Header: <i>Dehydration</i> Sunken eyes	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
273	[dry_mucus]	Dry mucous membranes	yesno, Required <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									

274	[skin_pinch]	Skin pinch (sec)	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>>2</td></tr> </table> Custom alignment: RH	1	1	2	2	3	>2		
1	1										
2	2										
3	>2										
275	[consciousness]	Section Header: <i>Disability</i> Level of consciousness (tick)	radio, Required <table border="1"> <tr><td>1</td><td>A</td></tr> <tr><td>2</td><td>V</td></tr> <tr><td>3</td><td>P</td></tr> <tr><td>4</td><td>U</td></tr> </table> Custom alignment: RH	1	A	2	V	3	P	4	U
1	A										
2	V										
3	P										
4	U										
276	[prostrated]	Inability to sit upright/stand unsupported / and breastfeed (prostrated)	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										
277	[child_fitting]	Is the child currently fitting or having spasms	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										
278	[fontanelle]	Fontanelle(select one)	radio, Required <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Bulging</td></tr> <tr><td>3</td><td>Sunken</td></tr> <tr><td>4</td><td>NA</td></tr> </table> Custom alignment: RH	1	Normal	2	Bulging	3	Sunken	4	NA
1	Normal										
2	Bulging										
3	Sunken										
4	NA										
279	[tone]	Tone (select one)	radio, Required <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Hypertonic</td></tr> <tr><td>3</td><td>Hypotonic</td></tr> </table> Custom alignment: RH	1	Normal	2	Hypertonic	3	Hypotonic		
1	Normal										
2	Hypertonic										
3	Hypotonic										
280	[posture]	Posture (select one)	radio, Required <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Decorticate</td></tr> <tr><td>3</td><td>Decerebrate</td></tr> </table> Custom alignment: RH	1	Normal	2	Decorticate	3	Decerebrate		
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2	Decorticate										
3	Decerebrate										
281	[activity]	Activity	radio, Required <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Irritable/agitated</td></tr> <tr><td>3</td><td>Lethargic</td></tr> </table> Custom alignment: RH	1	Normal	2	Irritable/agitated	3	Lethargic		
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2	Irritable/agitated										
3	Lethargic										
282	[abdoment]	Abdomen	radio, Required <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Distended</td></tr> <tr><td>3</td><td>Tender</td></tr> </table> Custom alignment: RH	1	Normal	2	Distended	3	Tender		
1	Normal										
2	Distended										
3	Tender										
283	[splenomegaly]	Splenomegaly (cm)	text Custom alignment: RH								
284	[hepatomegaly]	Hepatomegaly (cm)	text Custom alignment: RH								
285	[other_abdominal_mass]	Other abdominal mass	text Custom alignment: RH								

286	[oedema]	Oedema	radio, Required <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> Custom alignment: RH	1	None	2	+	3	++	4	+++																						
1	None																																
2	+																																
3	++																																
4	+++																																
287	[jaundice]	Jaundice	radio, Required <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> Custom alignment: RH	1	None	2	+	3	++	4	+++																						
1	None																																
2	+																																
3	++																																
4	+++																																
288	[skin]	Skin	checkbox, Required <table border="1"> <tr><td>1</td><td>skin__1</td><td>Normal</td></tr> <tr><td>2</td><td>skin__2</td><td>Excoriation</td></tr> <tr><td>3</td><td>skin__3</td><td>Depigmentation</td></tr> <tr><td>4</td><td>skin__4</td><td>Flaky paint'</td></tr> <tr><td>5</td><td>skin__5</td><td>Hyperpigmentation</td></tr> <tr><td>6</td><td>skin__6</td><td>Pustules</td></tr> <tr><td>7</td><td>skin__7</td><td>Vesicles</td></tr> <tr><td>8</td><td>skin__8</td><td>Maculopapular</td></tr> <tr><td>9</td><td>skin__9</td><td>Depigmentation</td></tr> <tr><td>10</td><td>skin__10</td><td>Desquamation</td></tr> </table>	1	skin__1	Normal	2	skin__2	Excoriation	3	skin__3	Depigmentation	4	skin__4	Flaky paint'	5	skin__5	Hyperpigmentation	6	skin__6	Pustules	7	skin__7	Vesicles	8	skin__8	Maculopapular	9	skin__9	Depigmentation	10	skin__10	Desquamation
1	skin__1	Normal																															
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3	skin__3	Depigmentation																															
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8	skin__8	Maculopapular																															
9	skin__9	Depigmentation																															
10	skin__10	Desquamation																															
289	[ent_mouth_eyes]	ENT / Mouth / Eyes	checkbox, Required <table border="1"> <tr><td>1</td><td>ent_mouth_eyes__1</td><td>Mouth normal</td></tr> <tr><td>2</td><td>ent_mouth_eyes__2</td><td>Oral ulceration</td></tr> <tr><td>3</td><td>ent_mouth_eyes__3</td><td>Eye discharge</td></tr> <tr><td>4</td><td>ent_mouth_eyes__4</td><td>Ears normal</td></tr> <tr><td>5</td><td>ent_mouth_eyes__5</td><td>Pus from ears</td></tr> <tr><td>6</td><td>ent_mouth_eyes__6</td><td>Eyes normal</td></tr> <tr><td>7</td><td>ent_mouth_eyes__7</td><td>Lymphadenopathy</td></tr> <tr><td>8</td><td>ent_mouth_eyes__8</td><td>Visual impairment</td></tr> </table>	1	ent_mouth_eyes__1	Mouth normal	2	ent_mouth_eyes__2	Oral ulceration	3	ent_mouth_eyes__3	Eye discharge	4	ent_mouth_eyes__4	Ears normal	5	ent_mouth_eyes__5	Pus from ears	6	ent_mouth_eyes__6	Eyes normal	7	ent_mouth_eyes__7	Lymphadenopathy	8	ent_mouth_eyes__8	Visual impairment						
1	ent_mouth_eyes__1	Mouth normal																															
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6	ent_mouth_eyes__6	Eyes normal																															
7	ent_mouth_eyes__7	Lymphadenopathy																															
8	ent_mouth_eyes__8	Visual impairment																															
290	[completedname6]	Completed by: Name	text																														
291	[initial_form6]	Initial	text																														
292	[date_completed6]	Date Completed	text (date_dmy)																														
293	[form_6_physical_examination_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																																
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2	Complete																																
Instrument: FORM 7 CLINICAL EVALUATION AT ADMISSION (form_7_clinical_evaluation_at_admission)																																	
294	[date_form7]	Date	text (date_dmy)																														
295	[child_initial7]	Child initial	text																														

296	[working_dgnosis]	A. WORKING DIAGNOSIS	checkbox, Required																																																																			
			<table border="1"> <tr><td>1</td><td>working_dgnosis_1</td><td>Asthma</td></tr> <tr><td>2</td><td>working_dgnosis_2</td><td>Developmental delay / cerebral palsy</td></tr> <tr><td>3</td><td>working_dgnosis_3</td><td>Encephalopathy</td></tr> <tr><td>4</td><td>working_dgnosis_4</td><td>Gastroenteritis</td></tr> <tr><td>5</td><td>working_dgnosis_5</td><td>Haemoglobinuria/Dark urine syndrome</td></tr> <tr><td>6</td><td>working_dgnosis_6</td><td>Hepatitis - any</td></tr> <tr><td>7</td><td>working_dgnosis_7</td><td>HIV/AIDS</td></tr> <tr><td>8</td><td>working_dgnosis_8</td><td>LRTI - all types</td></tr> <tr><td>9</td><td>working_dgnosis_9</td><td>Meningitis - all types</td></tr> <tr><td>10</td><td>working_dgnosis_10</td><td>Osteomyelitis / Pyogenic arthritis</td></tr> <tr><td>11</td><td>working_dgnosis_11</td><td>Other chest syndrome</td></tr> <tr><td>12</td><td>working_dgnosis_12</td><td>Pyrexia of unknown origin</td></tr> <tr><td>13</td><td>working_dgnosis_13</td><td>Recurrent haemoglobinuria/ Dark urine syndrome</td></tr> <tr><td>14</td><td>working_dgnosis_14</td><td>Sepsis/septicaemia</td></tr> <tr><td>15</td><td>working_dgnosis_15</td><td>Malnutrition</td></tr> <tr><td>16</td><td>working_dgnosis_16</td><td>Severe anaemia (Hb < 5g/dL)</td></tr> <tr><td>17</td><td>working_dgnosis_17</td><td>Severe malaria-all types</td></tr> <tr><td>18</td><td>working_dgnosis_18</td><td>Sickle cell anaemia</td></tr> <tr><td>19</td><td>working_dgnosis_19</td><td>Sickle cell crisis</td></tr> <tr><td>20</td><td>working_dgnosis_20</td><td>Tuberculosis - all types</td></tr> <tr><td>21</td><td>working_dgnosis_21</td><td>Urinary tract infection</td></tr> <tr><td>22</td><td>working_dgnosis_22</td><td>URTI - all types</td></tr> <tr><td>23</td><td>working_dgnosis_23</td><td>Other diagnosis specify</td></tr> </table>	1	working_dgnosis_1	Asthma	2	working_dgnosis_2	Developmental delay / cerebral palsy	3	working_dgnosis_3	Encephalopathy	4	working_dgnosis_4	Gastroenteritis	5	working_dgnosis_5	Haemoglobinuria/Dark urine syndrome	6	working_dgnosis_6	Hepatitis - any	7	working_dgnosis_7	HIV/AIDS	8	working_dgnosis_8	LRTI - all types	9	working_dgnosis_9	Meningitis - all types	10	working_dgnosis_10	Osteomyelitis / Pyogenic arthritis	11	working_dgnosis_11	Other chest syndrome	12	working_dgnosis_12	Pyrexia of unknown origin	13	working_dgnosis_13	Recurrent haemoglobinuria/ Dark urine syndrome	14	working_dgnosis_14	Sepsis/septicaemia	15	working_dgnosis_15	Malnutrition	16	working_dgnosis_16	Severe anaemia (Hb < 5g/dL)	17	working_dgnosis_17	Severe malaria-all types	18	working_dgnosis_18	Sickle cell anaemia	19	working_dgnosis_19	Sickle cell crisis	20	working_dgnosis_20	Tuberculosis - all types	21	working_dgnosis_21	Urinary tract infection	22	working_dgnosis_22	URTI - all types	23
1	working_dgnosis_1	Asthma																																																																				
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21	working_dgnosis_21	Urinary tract infection																																																																				
22	working_dgnosis_22	URTI - all types																																																																				
23	working_dgnosis_23	Other diagnosis specify																																																																				
297	[other_diagnosis7]	Other diagnosis specify	text																																																																			
	Show the field ONLY if: [working_dgnosis(23)]="1"																																																																					
298	[first_presentation]	Section Header: PRESENTATION i). First presented at:	radio, Required																																																																			
			<table border="1"> <tr><td>1</td><td>This hospital</td></tr> <tr><td>2</td><td>Level II</td></tr> <tr><td>3</td><td>Level III</td></tr> <tr><td>4</td><td>Level IV</td></tr> <tr><td>5</td><td>Other district / referral hospital</td></tr> <tr><td>6</td><td>Private hospital</td></tr> </table>	1	This hospital	2	Level II	3	Level III	4	Level IV	5	Other district / referral hospital	6	Private hospital																																																							
1	This hospital																																																																					
2	Level II																																																																					
3	Level III																																																																					
4	Level IV																																																																					
5	Other district / referral hospital																																																																					
6	Private hospital																																																																					
299	[not_this_hospital]	If not this hospital:	descriptive																																																																			
	Show the field ONLY if: [first_presentation]="2" or [first_presentation]="3" or [first_presentation]="4" or [first_presentation]="5" or [first_presentation]="6"																																																																					
300	[date_presented]	ii). Date first presented Date	text (date_dmy)																																																																			
	Show the field ONLY if: [first_presentation]="2" or [first_presentation]="3" or [first_presentation]="4" or [first_presentation]="5" or [first_presentation]="6"																																																																					

301	[time_presented]	Time Show the field ONLY if: [first_presentation] = "2" or [first_presentation] = "3" or [first_presentation] = "4" or [first_presentation] = "5" or [first_presentation] = "6"	text (time)						
302	[date_referred]	iii). Date referred Date Show the field ONLY if: [first_presentation] = "2" or [first_presentation] = "3" or [first_presentation] = "4" or [first_presentation] = "5" or [first_presentation] = "6"	text (date_dmy)						
303	[time_referred]	Time Show the field ONLY if: [first_presentation] = "2" or [first_presentation] = "3" or [first_presentation] = "4" or [first_presentation] = "5" or [first_presentation] = "6"	text (time)						
304	[distance_facility]	iv). Distance from initial facility to this hospital (km): Show the field ONLY if: [first_presentation] = "2" or [first_presentation] = "3" or [first_presentation] = "4" or [first_presentation] = "5" or [first_presentation] = "6"	text						
305	[completedname7]	Completed by: Name	text						
306	[initial_form7]	Initial	text						
307	[date_completed7]	Date Completed:	text (date_dmy)						
308	[form_7_clinical_evaluation_at_admission_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: **FORM 8 BEDSIDE OBSERVATION** (form_8_bedside_observation)

309	[date_form8]	Date	text (date_dmy), Required														
310	[child_initial8]	Child initial	text, Required														
311	[time_point]	Time point	dropdown, Required <table border="1"><tr><td>1</td><td>0hr</td></tr><tr><td>2</td><td>1hr</td></tr><tr><td>3</td><td>4hr</td></tr><tr><td>4</td><td>8hr</td></tr><tr><td>5</td><td>12hr</td></tr><tr><td>6</td><td>24hr</td></tr><tr><td>7</td><td>48hr</td></tr></table>	1	0hr	2	1hr	3	4hr	4	8hr	5	12hr	6	24hr	7	48hr
1	0hr																
2	1hr																
3	4hr																
4	8hr																
5	12hr																
6	24hr																
7	48hr																
312	[date_bedside]	Date	text (date_dmy), Required														
313	[time_bedside]	Time	text (time), Required														
314	[heart_rate_bedside]	Heart rate (beats/min)	text, Required														
315	[weak_pulse]	Weak pulse	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																
316	[blood_pressure_systolic]	Blood pressure (Systolic)	text, Required														
317	[blood_pressure_diastolic]	Blood pressure (Diastolic)	text, Required														
318	[hypotension]	Hypotension	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																

319	[cap_refill_bedside]	Capillary refill(seconds)	text, Required Custom alignment: RH								
320	[temp_gradient_bedside]	Temperature gradient	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										
321	[temperature_bedside]	Temperature(axillary)	text, Required Custom alignment: RH								
322	[respiratory_rate_bedside]	Respiratory rate(breath/min)	text, Required Custom alignment: RH								
323	[resptory_distrss_bedside]	Respiratory distress	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										
324	[oxygen_saturation_bedside]	Oxygen saturation	text, Required Custom alignment: RH								
325	[oxygen_recive_bedside]	Receiving oxygen	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										
326	[vomiting_bedside]	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> Custom alignment: RH	1	Yes	0	No				
1	Yes										
0	No										
327	[level_conscness_bedside]	Level of consciousness	radio, Required <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>A</td></tr> <tr><td>2</td><td>V</td></tr> <tr><td>3</td><td>P</td></tr> <tr><td>4</td><td>U</td></tr> </table> Custom alignment: RH	1	A	2	V	3	P	4	U
1	A										
2	V										
3	P										
4	U										
328	[impaired_cons_bedside]	Impaired consciousness (P/ U)	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										
329	[modified_gcs_bedside]	Modified GCS (/15)	text, Required Custom alignment: RH								
330	[oedema_bedside]	Oedema	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										
331	[dark_urine_grade_bedside]	Dark urine grade	text, Required Custom alignment: RH								
332	[convulsions_bedside]	Convulsions	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										
333	[jaundice_bedside]	Jaundice	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										
334	[ifyes_jaundice] Show the field ONLY if: [jaundice_bedside] = "1"	If yes jaundice grade	text Custom alignment: RH								

335	[bloodglucose_bedside]	Blood glucose (mmol/l)	text, Required Custom alignment: RH						
336	[hpoglycaemia_bedside]	Hypoglycaemia treated	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								
337	[bloodlactate_bedside]	Blood lactate (mmol/l)	text, Required Custom alignment: RH						
338	[haemoglobin_bedside]	Haemoglobin(g/dl)	text, Required Custom alignment: RH						
339	[nurseinitial_bedside]	Nurse's initials	text Custom alignment: RH						
340	[form_8_bedside_observation_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: FORM 9 ADDITIONAL DAILY OBSERVATION (form_9_additional_daily_observation)

341	[date_form8_v2]	Date	text (date_dmy), Required				
342	[child_initial8_v2]	Child initial	text, Required				
343	[date_bedside_v2]	Date	text (date_dmy), Required				
344	[time_bedside_v2]	Time	text (time), Required				
345	[heart_rate_bedside_v2]	Heart rate (beats/min)	text, Required				
346	[weak_pulse_v2]	Weak pulse	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						
347	[blod_presure_systolic_v2]	Blood pressure (Systolic)	text, Required				
348	[blod_presure_diastolic_v2]	Blood pressure (Diastolic)	text, Required				
349	[hypotension_v2]	Hypotension	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						
350	[cap_refill_bedside_v2]	Capillary refill(seconds)	text, Required Custom alignment: RH				
351	[temp_gradient_bedside_v2]	Temperature gradient	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						
352	[temperature_bedside_v2]	Temperature(axillary)	text, Required Custom alignment: RH				
353	[resptory_rate_bedside_v2]	Respiratory rate(breath/min)	text, Required Custom alignment: RH				
354	[resptory_distrs_bdsde_v2]	Respiratory distress	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						
355	[oxgen_saturtn_bedside_v2]	Oxygen saturation	text, Required Custom alignment: RH				
356	[oxygen_recive_bedside_v2]	Receiving oxygen	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						

357	[vomiting_bedside_v2]	Vomiting	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										
358	[level_consciousness_bedside_v2]	Level of consciousness	radio, Required <table border="1"> <tr><td>1</td><td>A</td></tr> <tr><td>2</td><td>V</td></tr> <tr><td>3</td><td>P</td></tr> <tr><td>4</td><td>U</td></tr> </table> Custom alignment: RH	1	A	2	V	3	P	4	U
1	A										
2	V										
3	P										
4	U										
359	[impaired_cons_bedside_v2]	Impaired consciousness (P/ U)	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										
360	[modified_gcs_bedside_v2]	Modified GCS (/15)	text, Required Custom alignment: RH								
361	[oedema_bedside_v2]	Oedema	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										
362	[dark_urine_grad_bedside_v2]	Dark urine grade	text, Required Custom alignment: RH								
363	[convulsions_bedside_v2]	Convulsions	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										
364	[jaundice_bedside_v2]	Jaundice	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										
365	[ifyes_jaundice_v2] Show the field ONLY if: [jaundice_bedside_v2]="1"	If yes jaundice grade	text Custom alignment: RH								
366	[bloodglucose_bedside_v2]	Blood glucose (mmol/l)	text, Required Custom alignment: RH								
367	[hypoglycaemia_bedside_v2]	Hypoglycaemia treated	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										
368	[bloodlactate_bedside_v2]	Blood lactate (mmol/l)	text, Required Custom alignment: RH								
369	[haemoglobin_bedside_v2]	Haemoglobin(g/dl)	text, Required Custom alignment: RH								
370	[nurseinitial_bedside_v2]	Nurse's initials	text Custom alignment: RH								
371	[form_9_additional_daily_observation_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: FORM 10 BIOCHEMISTRY i-STAT (form_10_biochemistry_istat)											
372	[child_initial10]	Child's initial	text								
373	[hospital_number]	Clinic/Hospital No	text								

374	[visit]	Visit	dropdown <table border="1"> <tr><td>1</td><td>Admission</td></tr> <tr><td>2</td><td>12hr</td></tr> <tr><td>3</td><td>24hr</td></tr> <tr><td>4</td><td>48hrs</td></tr> <tr><td>5</td><td>72hr</td></tr> <tr><td>6</td><td>Day 4</td></tr> <tr><td>7</td><td>Day 5</td></tr> <tr><td>8</td><td>Day 28</td></tr> <tr><td>9</td><td>Day 90</td></tr> <tr><td>10</td><td>Day 180</td></tr> <tr><td>11</td><td>Extra</td></tr> <tr><td>12</td><td>Readmission</td></tr> </table>	1	Admission	2	12hr	3	24hr	4	48hrs	5	72hr	6	Day 4	7	Day 5	8	Day 28	9	Day 90	10	Day 180	11	Extra	12	Readmission
1	Admission																										
2	12hr																										
3	24hr																										
4	48hrs																										
5	72hr																										
6	Day 4																										
7	Day 5																										
8	Day 28																										
9	Day 90																										
10	Day 180																										
11	Extra																										
12	Readmission																										
375	[extra_specify] Show the field ONLY if: [visit]='11'	Extra specify	text																								
376	[sample_collected]		radio <table border="1"> <tr><td>1</td><td>Sample collected</td></tr> <tr><td>2</td><td>Sample not collected</td></tr> </table>	1	Sample collected	2	Sample not collected																				
1	Sample collected																										
2	Sample not collected																										
377	[date_blood_collected] Show the field ONLY if: [sample_collected]="1"	Date of blood collection	text (date_dmy)																								
378	[time_blood_collected] Show the field ONLY if: [sample_collected]="1"	Time	text (time)																								
379	[initial_form10] Show the field ONLY if: [sample_collected]="1"	Initial	text																								
380	[biochem_i_stat_results] Show the field ONLY if: [sample_collected]="1"	Test Result Not Done 1. Na (mmol/L) {na} {notdone_na} 2. K (mmol/L) {k} {notdone_k} 3. Cl (mmol/L) {cl} {notdone_cl} 4. iCa (mmol/L) {ica} {notdone_ica} 5. TCO (mmol/L) {tco} {notdone_tco} 6. Glu (mmol/L) {glu} {notdone_glu} 7. BUN (mg/dL) {bun_istat} {notdone_bunistat} 8. Crea (mg/dL) {crea} {notdone_crea} 9. Hct (%) {hct_istat} {notdone_hctistat} 10. Hb* (g/dL) {hb_istat} {notdone_hbistat} 11. AnGap (mmol/L) {angap} {notdone_angap}	descriptive																								
381	[na] Show the field ONLY if: [sample_collected]="1"	1. Na (mmol/L)	text (number)																								
382	[notdone_na] Show the field ONLY if: [sample_collected]="1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done																						
1	Not done																										
383	[k] Show the field ONLY if: [sample_collected]="1"	2. K (mmol/L)	text																								
384	[notdone_k] Show the field ONLY if: [sample_collected]="1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done																						
1	Not done																										
385	[cl] Show the field ONLY if: [sample_collected]="1"	3. Cl (mmol/L)	text																								
386	[notdone_cl] Show the field ONLY if: [sample_collected]="1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done																						
1	Not done																										
387	[ica] Show the field ONLY if: [sample_collected]="1"	4. iCa (mmol/L)	text																								
388	[notdone_ica] Show the field ONLY if: [sample_collected]="1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done																						
1	Not done																										

389	[tco] Show the field ONLY if: [sample_collected] = "1"	5. TCO (mmol/L)	text						
390	[notdone_tco] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
391	[glu] Show the field ONLY if: [sample_collected] = "1"	6. Glu (mmol/L)	text						
392	[notdone_glu] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
393	[bun_istat] Show the field ONLY if: [sample_collected] = "1"	7. BUN (mg/dL)	text						
394	[notdone_bunistat] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
395	[crea] Show the field ONLY if: [sample_collected] = "1"	8. Crea (mg/dL)	text						
396	[notdone_crea] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
397	[hct_istat] Show the field ONLY if: [sample_collected] = "1"	9. Hct (%)	text						
398	[notdone_hctistat] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
399	[hb_istat] Show the field ONLY if: [sample_collected] = "1"	10. Hb* (g/dL)	text						
400	[notdone_hbistat] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
401	[angap] Show the field ONLY if: [sample_collected] = "1"	11. AnGap (mmol/L)	text						
402	[notdone_angap] Show the field ONLY if: [sample_collected] = "1"		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
403	[coments_bio] Show the field ONLY if: [sample_collected] = "1"	Comment	text						
404	[completedname10]	Completed by: Name	text						
405	[initial10]	Initial	text						
406	[date_completed10]	Date Completed:	text (date_dmy)						
407	[form_10_biochemistry_istat_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: **FORM 11 LABORATORY RESULT** (form_11_laboratory_result)

408	[child_initial11]	Section Header: B. MALARIA INVESTIGATION Child's initial	text
409	[clinic_no]	Clinic/Hospital No	text

410	[visit_f11b]	Visit	radio <table border="1"> <tr><td>1</td><td>Admission</td></tr> <tr><td>2</td><td>72hr</td></tr> <tr><td>3</td><td>Day 28</td></tr> <tr><td>4</td><td>Extra specify (days){extra_f11b}</td></tr> </table> <p>Custom alignment: RH</p>	1	Admission	2	72hr	3	Day 28	4	Extra specify (days){extra_f11b}
1	Admission										
2	72hr										
3	Day 28										
4	Extra specify (days){extra_f11b}										
411	[extra_f11b]	Extra specify (days) Show the field ONLY if: [visit_f11b] = "4"	text								
412	[date_blood_collected11b]	Date of blood Collection	text (date_dmy)								
413	[time_bld_collect11b]	Time	text (time)								
414	[initial_malaria_f11b]	Initial	text								
415	[malaria_rdt]	Malaria RDT	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> <tr><td>3</td><td>Invalid</td></tr> <tr><td>4</td><td>Not Done</td></tr> </table> <p>Custom alignment: RH</p>	1	Positive	2	Negative	3	Invalid	4	Not Done
1	Positive										
2	Negative										
3	Invalid										
4	Not Done										
416	[comment_f11b]	Comments	text								
417	[malaria_blood_film]	Malaria blood film	radio <table border="1"> <tr><td>1</td><td>Positive</td></tr> <tr><td>2</td><td>Negative</td></tr> <tr><td>3</td><td>Not Done</td></tr> </table> <p>Custom alignment: RH</p>	1	Positive	2	Negative	3	Not Done		
1	Positive										
2	Negative										
3	Not Done										
418	[if_positive_tick] Show the field ONLY if: [malaria_blood_film] = "1"	If positive tick all that apply:	radio <table border="1"> <tr><td>1</td><td>P. falciparum</td></tr> <tr><td>2</td><td>P. malariae</td></tr> <tr><td>3</td><td>P. ovale</td></tr> <tr><td>4</td><td>P. vivax</td></tr> </table>	1	P. falciparum	2	P. malariae	3	P. ovale	4	P. vivax
1	P. falciparum										
2	P. malariae										
3	P. ovale										
4	P. vivax										
419	[parasite_load] Show the field ONLY if: [if_positive_tick] = '1' or [if_positive_tick] = '2' or [if_positive_tick] = '3' or [if_positive_tick] = '4'	If positive, parasite load	text								
420	[per_count] Show the field ONLY if: [if_positive_tick] = '1' or [if_positive_tick] = '2' or [if_positive_tick] = '3' or [if_positive_tick] = '4'		radio <table border="1"> <tr><td>1</td><td>Per 200 WBC</td></tr> <tr><td>2</td><td>Per 500 RBC</td></tr> </table>	1	Per 200 WBC	2	Per 500 RBC				
1	Per 200 WBC										
2	Per 500 RBC										
421	[completedname11b]	Completed by: Name	text								
422	[initial11b]	Initial	text								
423	[date_completed11b]	Date Completed:	text (date_dmy)								
424	[date_bld_collectf11c]	Section Header: C. G6PD Date of blood Collection	text (date_dmy)								
425	[time_bld_collectedf11c]	Time	text (time)								
426	[initial_form11c]	Initial	text								
427	[g6pd_rdt]	G6PD RDT	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Deficient</td></tr> <tr><td>3</td><td>Not done</td></tr> </table> <p>Custom alignment: RH</p>	1	Normal	2	Deficient	3	Not done		
1	Normal										
2	Deficient										
3	Not done										

428	[visit_f11c]	Section Header: D. FULL BLOOD COUNT Visit	radio <table border="1"> <tr><td>1</td><td>Admission</td></tr> <tr><td>2</td><td>Day 28</td></tr> <tr><td>3</td><td>Day 90</td></tr> <tr><td>4</td><td>Day 180</td></tr> <tr><td>5</td><td>Extra specify {extra_cbc}</td></tr> <tr><td>6</td><td>Re-admission</td></tr> </table> <p>Custom alignment: RH</p>	1	Admission	2	Day 28	3	Day 90	4	Day 180	5	Extra specify {extra_cbc}	6	Re-admission
1	Admission														
2	Day 28														
3	Day 90														
4	Day 180														
5	Extra specify {extra_cbc}														
6	Re-admission														
429	[extra_cbc] Show the field ONLY if: [visit_f11c] = "5"	Extra specify	text												
430	[full_blood_count]	Full blood count	radio <table border="1"> <tr><td>1</td><td>Done</td></tr> <tr><td>2</td><td>Not done</td></tr> </table> <p>Custom alignment: RH</p>	1	Done	2	Not done								
1	Done														
2	Not done														
431	[date_bld_collect] Show the field ONLY if: [full_blood_count] = "1"	Date of blood Collection	text (date_dmy)												
432	[time_bld_collect] Show the field ONLY if: [full_blood_count] = "1"	Time of blood Collection	text (time)												
433	[initial_f11c] Show the field ONLY if: [full_blood_count] = "1"	Initial	text												
434	[fbc] Show the field ONLY if: [full_blood_count] = "1"	Test Result Not Done 1. WBC {wbc} {notdone_wbc} 2. LYMPH {lymph} {notdone_lymph} 3. MONO {mono} {notdone_mono} 4. NEU {neu} {notdone_neu} 5. EOS {eos} {notdone_eos} 6. BASO {baso} {notdone_baso} 7. RBC {rbc} {notdone_rbc} 8. Hb {hb_fbc} {notdone_hbfbc} 9. HCT {hct_fbc} {notdone_hctfbc} 10. MCV {mcv} {notdone_mcv} 11. MCH {mch} {notdone_mch} 12. MCHC {mchc} {notdone_mhc} 13. RDW {rdw} {notdone_rdw} 14. PLT {plt} {notdone_plt}	descriptive												
435	[wbc] Show the field ONLY if: [full_blood_count] = "1"	1. WBC (103/uL)	text												
436	[notdone_wbc] Show the field ONLY if: [full_blood_count] = "1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done										
1	Not done														
437	[lymph] Show the field ONLY if: [full_blood_count] = "1"	2. LYMPH (%)	text												
438	[notdone_lymph] Show the field ONLY if: [full_blood_count] = "1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done										
1	Not done														
439	[mono] Show the field ONLY if: [full_blood_count] = "1"	3. MONO (%)	text												
440	[notdone_mono] Show the field ONLY if: [full_blood_count] = "1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done										
1	Not done														
441	[neu] Show the field ONLY if: [full_blood_count] = "1"	4. NEU (%)	text												
442	[notdone_neu] Show the field ONLY if: [full_blood_count] = "1"		radio <table border="1"> <tr><td>1</td><td>Not done</td></tr> </table>	1	Not done										
1	Not done														
443	[eos] Show the field ONLY if: [full_blood_count] = "1"	5. EOS (%)	text												

444	[notdone_eos] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
445	[baso] Show the field ONLY if: [full_blood_count]!="1"	6. BASO (%)	text
446	[notdone_baso] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
447	[rbc] Show the field ONLY if: [full_blood_count]!="1"	7. RBC (106/uL)	text
448	[notdone_rbc] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
449	[hb_fbc] Show the field ONLY if: [full_blood_count]!="1"	8. Hb (g/dL)	text
450	[notdone_hbfbc] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
451	[hct_fbc] Show the field ONLY if: [full_blood_count]!="1"	9. HCT (%)	text
452	[notdone_hctfbc] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
453	[mcv] Show the field ONLY if: [full_blood_count]!="1"	10.MCV (fL)	text
454	[notdone_mcv] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
455	[mch] Show the field ONLY if: [full_blood_count]!="1"	11. MCH	text
456	[notdone_mch] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
457	[mchc] Show the field ONLY if: [full_blood_count]!="1"	12. MCHC(%)	text
458	[notdone_mchc] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
459	[rdw] Show the field ONLY if: [full_blood_count]!="1"	13. RDW	text
460	[notdone_rdw] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
461	[plt] Show the field ONLY if: [full_blood_count]!="1"	14. PLT (103/uL)	text
462	[notdone_plt] Show the field ONLY if: [full_blood_count]!="1"		radio <input checked="" type="checkbox"/> 1 Not done
463	[comment_cbc] Show the field ONLY if: [full_blood_count]!="1"	Comments	text

464	[completedname11c]	Completed by: Name	text						
465	[initial11c]	Initial	text						
466	[date_completed11c]	Date Completed	text (date_dmy)						
467	[form_11_laboratory_result_c omplete]	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: **FORM 12 LABORATORY RESULT** (form_12_laboratory_result)

468	[child_initial12]	Section Header: <i>E. URINALYSIS</i> Child's initial	text Custom alignment: RH																						
469	[clinin_no12]	Clinic/Hospital No	text Custom alignment: RH																						
470	[visit_f12]	Visit	dropdown <table border="1"><tr><td>1</td><td>Admission</td></tr><tr><td>2</td><td>24hr</td></tr><tr><td>3</td><td>48hrs</td></tr><tr><td>4</td><td>72hr</td></tr><tr><td>5</td><td>Day 4</td></tr><tr><td>6</td><td>Day 5</td></tr><tr><td>7</td><td>Day 28</td></tr><tr><td>8</td><td>Day 90</td></tr><tr><td>9</td><td>Day 180</td></tr><tr><td>10</td><td>Extra specify</td></tr><tr><td>11</td><td>Re-admission</td></tr></table> Custom alignment: RH	1	Admission	2	24hr	3	48hrs	4	72hr	5	Day 4	6	Day 5	7	Day 28	8	Day 90	9	Day 180	10	Extra specify	11	Re-admission
1	Admission																								
2	24hr																								
3	48hrs																								
4	72hr																								
5	Day 4																								
6	Day 5																								
7	Day 28																								
8	Day 90																								
9	Day 180																								
10	Extra specify																								
11	Re-admission																								
471	[urine_sample]	Sample	radio <table border="1"><tr><td>1</td><td>Sample collected</td></tr><tr><td>2</td><td>Sample not collected</td></tr></table> Custom alignment: RH	1	Sample collected	2	Sample not collected																		
1	Sample collected																								
2	Sample not collected																								
472	[date_urn_collected] Show the field ONLY if: [urine_sample] = "1"	Date of urine Collection	text (date_dmy)																						
473	[time_urn_collected] Show the field ONLY if: [urine_sample] = "1"	Time	text (time)																						
474	[initial_f12]	Initial	text																						
475	[urine_dipstick_results] Show the field ONLY if: [urine_sample] = "1"	Urine dipstick results	radio <table border="1"><tr><td>1</td><td>Urine dipstick results</td></tr><tr><td>2</td><td>Too dark to read</td></tr></table> Custom alignment: RH	1	Urine dipstick results	2	Too dark to read																		
1	Urine dipstick results																								
2	Too dark to read																								
476	[hammersmith] Show the field ONLY if: [urine_sample] = '1'	Hammersmith colour chart number (1-10)	text (integer, Min: 0, Max: 99)																						
477	[glucose] Show the field ONLY if: [urine_sample] = '1'	Glucose (mg/dL)	radio <table border="1"><tr><td>1</td><td>Neg.</td></tr><tr><td>2</td><td>100</td></tr><tr><td>3</td><td>250</td></tr><tr><td>4</td><td>500</td></tr><tr><td>5</td><td>1000</td></tr><tr><td>6</td><td>>2000</td></tr></table> Custom alignment: RH	1	Neg.	2	100	3	250	4	500	5	1000	6	>2000										
1	Neg.																								
2	100																								
3	250																								
4	500																								
5	1000																								
6	>2000																								

478	[bilirubin] Show the field ONLY if: [urine_sample]='1'	Bilirubin	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Small +</td></tr> <tr><td>3</td><td>Moderate ++</td></tr> <tr><td>4</td><td>Large +++</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Small +	3	Moderate ++	4	Large +++						
1	Neg.																
2	Small +																
3	Moderate ++																
4	Large +++																
479	[ketone] Show the field ONLY if: [urine_sample]='1'	Ketone (mg/dL)	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Trace 5</td></tr> <tr><td>3</td><td>Small 15</td></tr> <tr><td>4</td><td>Moderate 40</td></tr> <tr><td>5</td><td>Large 80</td></tr> <tr><td>6</td><td>Large 160</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Trace 5	3	Small 15	4	Moderate 40	5	Large 80	6	Large 160		
1	Neg.																
2	Trace 5																
3	Small 15																
4	Moderate 40																
5	Large 80																
6	Large 160																
480	[specific_gravity] Show the field ONLY if: [urine_sample]='1'	Specific Gravity	radio <table border="1"> <tr><td>1</td><td>1.000</td></tr> <tr><td>2</td><td>1.005</td></tr> <tr><td>3</td><td>1.010</td></tr> <tr><td>4</td><td>1.015</td></tr> <tr><td>5</td><td>1.020</td></tr> <tr><td>6</td><td>1.025</td></tr> <tr><td>7</td><td>1.030</td></tr> </table> <p>Custom alignment: RH</p>	1	1.000	2	1.005	3	1.010	4	1.015	5	1.020	6	1.025	7	1.030
1	1.000																
2	1.005																
3	1.010																
4	1.015																
5	1.020																
6	1.025																
7	1.030																
481	[blood] Show the field ONLY if: [urine_sample]='1'	Blood	radio <table border="1"> <tr><td>1</td><td>Non-haemolyzed</td></tr> <tr><td>2</td><td>Haemolyzed</td></tr> </table>	1	Non-haemolyzed	2	Haemolyzed										
1	Non-haemolyzed																
2	Haemolyzed																
482	[non_haemolyzed] Show the field ONLY if: [blood]='1'	Blood (Non-haemolyzed)	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Trace</td></tr> <tr><td>3</td><td>Moderate</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Trace	3	Moderate								
1	Neg.																
2	Trace																
3	Moderate																
483	[haemolyzed] Show the field ONLY if: [blood]!="2"	Blood (Haemolyzed)	radio <table border="1"> <tr><td>1</td><td>Trace</td></tr> <tr><td>2</td><td>Small +</td></tr> <tr><td>3</td><td>Moderate ++</td></tr> <tr><td>4</td><td>Large +++</td></tr> </table> <p>Custom alignment: RH</p>	1	Trace	2	Small +	3	Moderate ++	4	Large +++						
1	Trace																
2	Small +																
3	Moderate ++																
4	Large +++																
484	[ph] Show the field ONLY if: [urine_sample]='1'	PH	radio <table border="1"> <tr><td>1</td><td>5.0</td></tr> <tr><td>2</td><td>6.0</td></tr> <tr><td>3</td><td>6.5</td></tr> <tr><td>4</td><td>7.0</td></tr> <tr><td>5</td><td>7.5</td></tr> <tr><td>6</td><td>8.0</td></tr> <tr><td>7</td><td>8.5</td></tr> </table> <p>Custom alignment: RH</p>	1	5.0	2	6.0	3	6.5	4	7.0	5	7.5	6	8.0	7	8.5
1	5.0																
2	6.0																
3	6.5																
4	7.0																
5	7.5																
6	8.0																
7	8.5																

485	[protein] Show the field ONLY if: [urine_sample]='1'	Protein	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Trace</td></tr> <tr><td>3</td><td>30 +</td></tr> <tr><td>4</td><td>100 ++</td></tr> <tr><td>5</td><td>300 +++</td></tr> <tr><td>6</td><td>>2000 +++++</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Trace	3	30 +	4	100 ++	5	300 +++	6	>2000 +++++												
1	Neg.																										
2	Trace																										
3	30 +																										
4	100 ++																										
5	300 +++																										
6	>2000 +++++																										
486	[urobilinogen] Show the field ONLY if: [urine_sample]='1'	Urobilinogen (mg/dL)	radio <table border="1"> <tr><td>1</td><td>Normal 0.2</td></tr> <tr><td>2</td><td>Normal 1</td></tr> <tr><td>3</td><td>2</td></tr> <tr><td>4</td><td>4</td></tr> <tr><td>5</td><td>8</td></tr> </table> <p>Custom alignment: RH</p>	1	Normal 0.2	2	Normal 1	3	2	4	4	5	8														
1	Normal 0.2																										
2	Normal 1																										
3	2																										
4	4																										
5	8																										
487	[nitrite] Show the field ONLY if: [urine_sample]='1'	Nitrite	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Positive Any form of uniform pink</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Positive Any form of uniform pink																				
1	Neg.																										
2	Positive Any form of uniform pink																										
488	[leukocytes] Show the field ONLY if: [urine_sample]='1'	Leukocytes	radio <table border="1"> <tr><td>1</td><td>Neg.</td></tr> <tr><td>2</td><td>Trace</td></tr> <tr><td>3</td><td>Small +</td></tr> <tr><td>4</td><td>Moderate ++</td></tr> <tr><td>5</td><td>Large +++</td></tr> </table> <p>Custom alignment: RH</p>	1	Neg.	2	Trace	3	Small +	4	Moderate ++	5	Large +++														
1	Neg.																										
2	Trace																										
3	Small +																										
4	Moderate ++																										
5	Large +++																										
489	[completedname12]	Completed by: Name	text																								
490	[initial12]	Initial	text																								
491	[date_completed12]	Date Completed	text (date_dmy)																								
492	[form_12_laboratory_result_c omplete]	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: FORM 13 LABORATORY RESULT (form_13_laboratory_result)																											
493	[child_initial13]	Section Header: F. BIOCHEMISTRY (LIVER FUNCTION TEST) Child's initial	text Custom alignment: RH																								
494	[clinin_no13]	Clinic/Hospital No	text Custom alignment: RH																								
495	[visit_f13]	Visit	dropdown <table border="1"> <tr><td>1</td><td>Admission</td></tr> <tr><td>2</td><td>12hrs</td></tr> <tr><td>3</td><td>24hrs</td></tr> <tr><td>4</td><td>48hrs</td></tr> <tr><td>5</td><td>72hr</td></tr> <tr><td>6</td><td>Day 4</td></tr> <tr><td>7</td><td>Day 5</td></tr> <tr><td>8</td><td>Day 28</td></tr> <tr><td>9</td><td>Day 90</td></tr> <tr><td>10</td><td>Day 180</td></tr> <tr><td>11</td><td>Extra specify</td></tr> <tr><td>12</td><td>Re-admission</td></tr> </table> <p>Custom alignment: RH</p>	1	Admission	2	12hrs	3	24hrs	4	48hrs	5	72hr	6	Day 4	7	Day 5	8	Day 28	9	Day 90	10	Day 180	11	Extra specify	12	Re-admission
1	Admission																										
2	12hrs																										
3	24hrs																										
4	48hrs																										
5	72hr																										
6	Day 4																										
7	Day 5																										
8	Day 28																										
9	Day 90																										
10	Day 180																										
11	Extra specify																										
12	Re-admission																										

496	[extra_f13] Show the field ONLY if: [visit_f13]="11"	Extra specify Days	text Custom alignment: RH				
497	[blood_sample]	Sample	radio <table border="1"> <tr> <td>1</td> <td>Sample collected</td> </tr> <tr> <td>2</td> <td>Sample not collected</td> </tr> </table> Custom alignment: RH	1	Sample collected	2	Sample not collected
1	Sample collected						
2	Sample not collected						
498	[date_bld_collected] Show the field ONLY if: [blood_sample]="1"	Date of blood Collection	text (date_dmy)				
499	[time_bld_collected13] Show the field ONLY if: [blood_sample]="1"	Time	text (time)				
500	[initial_f13] Show the field ONLY if: [blood_sample]="1"	Initial	text				
501	[biochemistry_results]	Test Result Units Not Done Units If different 1. ALT/SGPT {alt_sgpt} {units_1_alt_sgpt} {notdone_alt_sgpt} {units_diffence_alt_sgpt} 2. AST/SGOT {ast_sgot} {units_ast_sgot} {notdone_ast_sgot} {units_diffence_ldh} 3. LDH {ldh} {unit_ldh} {notdone_ldh} {unit_ifdifference_ldh} 4. Total Bilirubin {total_billirubin} {units_total_billirubin} {notdone_total_billirubin} {unit_ifdifference_totlbilirubn} 5. Conjugated? Bilirubin {conjugated} {unit_conjugated} {notdone_conjugated} {unit_ifdifference_conjugated}	descriptive				
502	[alt_sgpt] Show the field ONLY if: [blood_sample]="1"	1. ALT/SGPT	text				
503	[units_1_alt_sgpt]		radio <table border="1"> <tr> <td>1</td> <td>IU/L</td> </tr> </table>	1	IU/L		
1	IU/L						
504	[notdone_alt_sgpt]		radio <table border="1"> <tr> <td>1</td> <td>Not Done</td> </tr> </table>	1	Not Done		
1	Not Done						
505	[units_diffence_alt_sgpt]	Units If different	text				
506	[ast_sgot] Show the field ONLY if: [blood_sample]="1"	2. AST/SGOT	text				
507	[units_ast_sgot]		radio <table border="1"> <tr> <td>1</td> <td>IU/L</td> </tr> </table>	1	IU/L		
1	IU/L						
508	[notdone_ast_sgot]		radio <table border="1"> <tr> <td>1</td> <td>Not done</td> </tr> </table>	1	Not done		
1	Not done						
509	[units_diffence_ldh]	Units If different	text				
510	[ldh] Show the field ONLY if: [blood_sample]="1"	3. LDH	text				
511	[unit_ldh]		radio <table border="1"> <tr> <td>1</td> <td>IU/L</td> </tr> </table>	1	IU/L		
1	IU/L						
512	[notdone_ldh]		radio <table border="1"> <tr> <td>1</td> <td>Not Done</td> </tr> </table>	1	Not Done		
1	Not Done						
513	[unit_ifdifference_ldh]	Units If different	text				
514	[total_billirubin] Show the field ONLY if: [blood_sample]="1"	4.Total Bilirubin	text				
515	[units_total_billirubin]		radio <table border="1"> <tr> <td>1</td> <td>mg/dL</td> </tr> <tr> <td>2</td> <td>?mol/L</td> </tr> </table>	1	mg/dL	2	?mol/L
1	mg/dL						
2	?mol/L						
516	[notdone_total_billirubin]		radio <table border="1"> <tr> <td>1</td> <td>Not Done</td> </tr> </table>	1	Not Done		
1	Not Done						
517	[unit_ifdifference_totlbil]	Units If different	text				

518	[conjugated] Show the field ONLY if: [blood_sample] = "1"	5. Conjugated Bilirubin	text						
519	[unit_conjugated]		radio <table border="1"><tr><td>1</td><td>mg/dL</td></tr><tr><td>2</td><td>?mol/L</td></tr></table>	1	mg/dL	2	?mol/L		
1	mg/dL								
2	?mol/L								
520	[notdone_conjugated]		radio <table border="1"><tr><td>1</td><td>Not done</td></tr></table>	1	Not done				
1	Not done								
521	[unit_ifdiffer_conjugated]	Units If different	text						
522	[completedname13] Show the field ONLY if: [blood_sample] = "1"	Completed by: Name	text						
523	[initial13]	Initial	text						
524	[date_completed13] Show the field ONLY if: [blood_sample] = "1"	Date Completed	text (date_dmy)						
525	[form_13_laboratory_result_c omplete]	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: **FORM 14 PK BLOOD COLLECTION A** (form_14_pk_blood_collection_a)

526	[child_initial14]	Child's initial	text																
527	[clinic_no14]	Clinic/Hospital No	text																
528	[date_of_form]	Date of form	text (date_dmy)																
529	[study_arm]		radio <table border="1"><tr><td>1</td><td>A1</td></tr><tr><td>2</td><td>A2</td></tr></table>	1	A1	2	A2												
1	A1																		
2	A2																		
530	[a1_pk] Show the field ONLY if: [study_arm] = "1"	A. A1	descriptive																
531	[time_dose1] Show the field ONLY if: [study_arm] = "1"	Time for paracetamol Dose 1	text (time)																
532	[date_form14] Show the field ONLY if: [study_arm] = "1"	Date	text (date_dmy)																
533	[schedule_time] Show the field ONLY if: [study_arm] = "1"	Schedule collection time	dropdown <table border="1"><tr><td>1</td><td>H0</td></tr><tr><td>2</td><td>H1</td></tr><tr><td>3</td><td>H2</td></tr><tr><td>4</td><td>H4</td></tr><tr><td>5</td><td>H6</td></tr><tr><td>6</td><td>H12</td></tr><tr><td>7</td><td>H18</td></tr><tr><td>8</td><td>H24</td></tr></table>	1	H0	2	H1	3	H2	4	H4	5	H6	6	H12	7	H18	8	H24
1	H0																		
2	H1																		
3	H2																		
4	H4																		
5	H6																		
6	H12																		
7	H18																		
8	H24																		
534	[date_smpl_collectd14a] Show the field ONLY if: [study_arm] = "1"	Date of sample collection	text (date_dmy)																
535	[planned_timea1] Show the field ONLY if: [study_arm] = "1"	Planned time	text (time)																
536	[actual_timea1] Show the field ONLY if: [study_arm] = "1"	Actual time	text (time)																
537	[not_done] Show the field ONLY if: [study_arm] = "1"		radio <table border="1"><tr><td>1</td><td>Not Done</td></tr></table>	1	Not Done														
1	Not Done																		

538	[initial_f14a1] Show the field ONLY if: [study_arm]="1"	Initials	text																
539	[a2_pk] Show the field ONLY if: [study_arm]="2"	B. A 2	descriptive																
540	[time_dosea2] Show the field ONLY if: [study_arm]="2"	Time for paracetamol Dose 1	text (time)																
541	[date_f14a1] Show the field ONLY if: [study_arm]="2"	Date	text (date_dmy)																
542	[schedule_timea2] Show the field ONLY if: [study_arm]="2"	Schedule collection time	dropdown <table border="1"><tr><td>1</td><td>H0</td></tr><tr><td>2</td><td>H0.5</td></tr><tr><td>3</td><td>H1.5</td></tr><tr><td>4</td><td>H2.5</td></tr><tr><td>5</td><td>H5</td></tr><tr><td>6</td><td>H12</td></tr><tr><td>7</td><td>H18</td></tr><tr><td>8</td><td>H24</td></tr></table>	1	H0	2	H0.5	3	H1.5	4	H2.5	5	H5	6	H12	7	H18	8	H24
1	H0																		
2	H0.5																		
3	H1.5																		
4	H2.5																		
5	H5																		
6	H12																		
7	H18																		
8	H24																		
543	[date_sample_colld14] Show the field ONLY if: [study_arm]="2"	Date of sample collection	text																
544	[planned_timea2] Show the field ONLY if: [study_arm]="2"	Planned time	text (time)																
545	[actual_timea2] Show the field ONLY if: [study_arm]="2"	Actual time	text																
546	[not_donea2] Show the field ONLY if: [study_arm]="2"		radio <table border="1"><tr><td>1</td><td>Not Done</td></tr></table>	1	Not Done														
1	Not Done																		
547	[initial14] Show the field ONLY if: [study_arm]="2"	Initials	text																
548	[form_14_pk_blood_collection_a_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: **FORM 14 PK BLOOD COLLECTION B** (form_14_pk_blood_collection_b)

549	[child_initial14b]	Child's initial	text				
550	[clinic_no14b]	Clinic/Hospital No	text				
551	[date_of_form14b]	Date of form	text (date_dmy)				
552	[study_arm14b]		radio <table border="1"><tr><td>1</td><td>B1</td></tr><tr><td>2</td><td>B2</td></tr></table>	1	B1	2	B2
1	B1						
2	B2						
553	[b1_pk] Show the field ONLY if: [study_arm14b]="1"	A. B1	descriptive				
554	[time_enrollment] Show the field ONLY if: [study_arm14b]="1"	Time for enrolment	text (time)				
555	[date_form14b] Show the field ONLY if: [study_arm14b]="1"	Date	text (date_dmy)				

556	[schedule_timeb] Show the field ONLY if: [study_arm14b]="1"	Schedule collection time	dropdown <table border="1"><tr><td>1</td><td>H0</td></tr><tr><td>2</td><td>H1</td></tr><tr><td>3</td><td>H2</td></tr><tr><td>4</td><td>H4</td></tr><tr><td>5</td><td>H6</td></tr><tr><td>6</td><td>H12</td></tr><tr><td>7</td><td>H18</td></tr><tr><td>8</td><td>H24</td></tr></table>	1	H0	2	H1	3	H2	4	H4	5	H6	6	H12	7	H18	8	H24
1	H0																		
2	H1																		
3	H2																		
4	H4																		
5	H6																		
6	H12																		
7	H18																		
8	H24																		
557	[date_smpl_collectd14b] Show the field ONLY if: [study_arm14b]="1"	Date of sample collection	text (date_dmy)																
558	[planned_timeb1] Show the field ONLY if: [study_arm14b]="1"	Planned time	text (time)																
559	[actual_timeb1] Show the field ONLY if: [study_arm14b]="1"	Actual time	text (time)																
560	[not_doneb1] Show the field ONLY if: [study_arm14b]="1"		radio <table border="1"><tr><td>1</td><td>Not Done</td></tr></table>	1	Not Done														
1	Not Done																		
561	[initial_f14b1] Show the field ONLY if: [study_arm14b]="1"	Initials	text																
562	[b2_pk] Show the field ONLY if: [study_arm14b]="2"	B. B 2	descriptive																
563	[schedule_timeb2] Show the field ONLY if: [study_arm14b]="2"	Schedule collection time	dropdown <table border="1"><tr><td>1</td><td>H0</td></tr><tr><td>2</td><td>H0.5</td></tr><tr><td>3</td><td>H1.5</td></tr><tr><td>4</td><td>H2.5</td></tr><tr><td>5</td><td>H5</td></tr><tr><td>6</td><td>H12</td></tr><tr><td>7</td><td>H18</td></tr><tr><td>8</td><td>H24</td></tr></table>	1	H0	2	H0.5	3	H1.5	4	H2.5	5	H5	6	H12	7	H18	8	H24
1	H0																		
2	H0.5																		
3	H1.5																		
4	H2.5																		
5	H5																		
6	H12																		
7	H18																		
8	H24																		
564	[date_sample_coltdb2] Show the field ONLY if: [study_arm14b]="2"	Date of sample collection	text (date_dmy)																
565	[planned_timeb2] Show the field ONLY if: [study_arm14b]="2"	Planned time	text (time)																
566	[actual_timeb2] Show the field ONLY if: [study_arm14b]="2"	Actual time	text																
567	[not_doneb2] Show the field ONLY if: [study_arm14b]="2"		radio <table border="1"><tr><td>1</td><td>Not Done</td></tr></table>	1	Not Done														
1	Not Done																		
568	[initialb2] Show the field ONLY if: [study_arm14b]="2"	Initials	text																
569	[form_14_pk_blood_collection_b_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: FORM 15 MEDICATIONS AND FLUIDS (form_15_medications_and_fluids)																			
570	[child_initial15]	Child's initial	text																

571	[clinic_no15]	Clinic/Hospital No	text									
572	[date_form15]	Date of form	text (date_dmy)									
573	[select_medication]		checkbox <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>select_medication__1</td> <td>1. MEDICATIONS PRESCRIBED</td> </tr> <tr> <td>2</td> <td>select_medication__2</td> <td>2. FLUIDS PRESCRIBED</td> </tr> <tr> <td>3</td> <td>select_medication__3</td> <td>3. TRANSFUSIONS</td> </tr> </table>	1	select_medication__1	1. MEDICATIONS PRESCRIBED	2	select_medication__2	2. FLUIDS PRESCRIBED	3	select_medication__3	3. TRANSFUSIONS
1	select_medication__1	1. MEDICATIONS PRESCRIBED										
2	select_medication__2	2. FLUIDS PRESCRIBED										
3	select_medication__3	3. TRANSFUSIONS										
574	[med_prescribed]	1. MEDICATIONS PRESCRIBED Show the field ONLY if: [select_medication(1)]=1'	descriptive									
575	[medication_table]	Medication Start Date Days Presc. End date Dose Units (e.g. mg) Frequency {medication1} {start_date_med1} {days_presc_med1} {end_date_med1} {dose_med1} {unit_med1} {freq_med1} {medication2} {start_date_med2} {days_presc_med2} {end_date_med2} {dose_med2} {unit_med2} {freq_med2} {medication3} {start_date_med3} {days_presc_med3} {end_date_med3} {dose_med3} {unit_med3} {freq_med3} {medication4} {start_date_med4} {days_presc_med4} {end_date_med4} {dose_med4} {unit_med4} {freq_med4} {medication5} {start_date_med5} {days_presc_med5} {end_date_med5} {dose_med5} {unit_med5} {freq_med5} {medication6} {start_date_med6} {days_presc_med6} {end_date_med6} {dose_med6} {unit_med6} {freq_med6} {medication7} {start_date_med7} {days_presc_med7} {end_date_med7} {dose_med7} {unit_med7} {freq_med7} {medication8} {start_date_med8} {days_presc_med8} {end_date_med8} {dose_med8} {unit_med8} {freq_med8} {medication9} {start_date_med9} {days_presc_med9} {end_date_med9} {dose_med9} {unit_med9} {freq_med9} {medication10} {start_date_med10} {days_presc_med10} {end_date_med10} {dose_med10} {unit_med10} {freq_med10}	descriptive									
576	[medication1]	Medication	text									
577	[start_date_med1]	Start Date	text (date_dmy)									
578	[days_presc_med1]	Days Presc.	text									
579	[end_date_med1]	End date	text (date_dmy)									
580	[dose_med1]	Dose	text									
581	[unit_med1]	Units (e.g. mg)	text									
582	[freq_med1]	Frequency	text									
583	[medication2]	Medication	text									
584	[start_date_med2]	Start Date	text (date_dmy)									
585	[days_presc_med2]	Days Presc	text									
586	[end_date_med2]	End date	text (date_dmy)									
587	[dose_med2]	Dose	text									
588	[unit_med2]	Units (e.g. mg)	text									
589	[freq_med2]	Frequency	text									
590	[medication3]	Medication	text									
591	[start_date_med3]	Start Date	text (date_dmy)									
592	[days_presc_med3]	Days Presc	text									
593	[end_date_med3]	End date	text (date_dmy)									
594	[dose_med3]	Dose	text									
595	[unit_med3]	Units (e.g. mg)	text									
596	[freq_med3]	Frequency	text									
597	[medication4]	Medication	text									
598	[start_date_med4]	Start Date	text (date_dmy)									
599	[days_presc_med4]	Days Presc	text									
600	[end_date_med4]	End date	text (date_dmy)									
601	[dose_med4]	Dose	text									
602	[unit_med4]	Units (e.g. mg)	text									
603	[freq_med4]	Frequency	text									
604	[medication5]	Medication	text									
605	[start_date_med5]	Start Date	text (date_dmy)									

606	[days_presc_med5]	Days Presc.	text
607	[end_date_med5]	End date	text (date_dmy)
608	[dose_med5]	Dose	text
609	[unit_med5]	Units (e.g. mg)	text
610	[freq_med5]	Frequency	text
611	[medication6]	Medication	text
612	[start_date_med6]	Start Date	text (date_dmy)
613	[days_presc_med6]	Days Presc.	text
614	[end_date_med6]	End date	text (date_dmy)
615	[dose_med6]	Dose	text
616	[unit_med6]	Units (e.g. mg)	text
617	[freq_med6]	Frequency	text
618	[medication7]	Medication	text
619	[start_date_med7]	Start Date	text (date_dmy)
620	[days_presc_med7]	Days Presc.	text
621	[end_date_med7]	End date	text (date_dmy)
622	[dose_med7]	Dose	text
623	[unit_med7]	Units (e.g. mg)	text
624	[freq_med7]	Frequency	text
625	[medication8]	Medication	text
626	[start_date_med8]	Start Date	text (date_dmy)
627	[days_presc_med8]	Days Presc	text
628	[end_date_med8]	End date	text (date_dmy)
629	[dose_med8]	Dose	text
630	[unit_med8]	Units (e.g.	text
631	[freq_med8]	Frequency	text
632	[medication9]	Medication	text
633	[start_date_med9]	Start Date	text (date_dmy)
634	[days_presc_med9]	Days Presc.	text
635	[end_date_med9]	End date	text (date_dmy)
636	[dose_med9]	Dose	text
637	[unit_med9]	Units (e.g. mg)	text
638	[freq_med9]	Frequency	text
639	[medication10]	Medication	text
640	[start_date_med10]	Start Date	text (date_dmy)
641	[days_presc_med10]	Days Presc	text
642	[end_date_med10]	End date	text (date_dmy)
643	[dose_med10]	Dose	text
644	[unit_med10]	Units (e.g. mg)	text
645	[freq_med10]	Frequency	text
646	[fluids_prescrbed] Show the field ONLY if: [select_medication(2)]=1'	2. FLUIDS PRESCRIBED	descriptive
647	[fluids_prescribed_table] Show the field ONLY if: [select_medication(2)]=1'	Fluid Given? Date Started Time Started (24hr) Date Ended Time Ended (24hr) Amount? (ml) {fluid_given1} {date_started_fluid1} {time_started_fluid1} {date_ended_fluid1} {time_ended_fluid1} {amount_fluid1} {fluid_given2} {date_started_fluid2} {time_started_fluid2} {date_ended_fluid2} {time_ended_fluid2} {amount_fluid2} {fluid_given3} {date_started_fluid3} {time_started_fluid3} {date_ended_fluid3} {time_ended_fluid3} {amount_fluid3} {fluid_given4} {date_started_fluid4} {time_started_fluid4} {date_ended_fluid4} {time_ended_fluid4} {amount_fluid4} {fluid_given5} {date_started_fluid5} {time_started_fluid5} {date_ended_fluid5} {time_ended_fluid5} {amount_fluid5} {fluid_given6} {date_started_fluid6} {time_started_fluid6} {date_ended_fluid6} {time_ended_fluid6} {amount_fluid6}	descriptive
648	[fluid_given1]	Fluid Given	text
649	[date_started_fluid1]	Date Started	text (date_dmy)

650	[time_started_fluid1]	Time Started (24hr)	text (time)
651	[date_ended_fluid1]	Date Ended	text (date_dmy)
652	[time_ended_fluid1]	Time Ended (24hr)	text (time)
653	[amount_fluid1]	Amount (ml)	text
654	[fluid_given2]	Fluid Given	text
655	[date_started_fluid2]	Date Started	text (date_dmy)
656	[time_started_fluid2]	Time Started (24hr)	text (time)
657	[date_ended_fluid2]	Date Ended	text (date_dmy)
658	[time_ended_fluid2]	Time Ended (24hr)	text (time)
659	[amount_fluid2]	Amount (ml)	text
660	[fluid_given3]	Fluid Given	text
661	[date_started_fluid3]	Date Started	text (date_dmy)
662	[time_started_fluid3]	Time Started (24hr)	text (time)
663	[date_ended_fluid3]	Date Ended	text (date_dmy)
664	[time_ended_fluid3]	Time Ended (24hr)	text (time)
665	[amount_fluid3]	Amount (ml)	text
666	[fluid_given4]	Fluid Given	text
667	[date_started_fluid4]	Date Started	text (date_dmy)
668	[time_started_fluid4]	Time Started (24hr)	text (time)
669	[date_ended_fluid4]	Date Ended	text (date_dmy)
670	[time_ended_fluid4]	Time Ended (24hr)	text (time)
671	[amount_fluid4]	Amount (ml)	text
672	[fluid_given5]	Fluid Given	text
673	[date_started_fluid5]	Date Started	text (date_dmy)
674	[time_started_fluid5]	Time Started (24hr)	text (time)
675	[date_ended_fluid5]	Date Ended	text (date_dmy)
676	[time_ended_fluid5]	Time Ended (24hr)	text (time)
677	[amount_fluid5]	Amount (ml)	text
678	[fluid_given6]	Fluid Given	text
679	[date_started_fluid6]	Date Started	text (date_dmy)
680	[time_started_fluid6]	Time Started (24hr)	text (time)
681	[date_ended_fluid6]	Date Ended	text (date_dmy)
682	[time_ended_fluid6]	Time Ended (24hr)	text (time)
683	[amount_fluid6]	Amount (ml)	text
684	[transfusions]	3. TRANSFUSIONS	descriptive
	Show the field ONLY if: [select_medication(3)]=1'		
685	[blood_transfusion_table] Show the field ONLY if: [select_medication(3)]=1'	Transfusion Given (indicate whole or packed cells) Date Started Time Started (24hr) Date Ended Time Ended (24hr) Amount transfused(ml) {blood1} {date strted bld tsf1} {t strted bld tsf1} {date eded bld tsf1} {t eded bld tsf1} {amt tsfsed1} {blood2} {date strted bld tsf2} {t strted bld tsf2} {date eded bld tsf2} {t eded bld tsf2} {amt tsfsed2} {blood3} {date strted bld tsf3} {t strted bld tsf3} {date eded bld tsf3} {t eded bld tsf3} {amt tsfsed3} {blood4} {date strted bld tsf4} {t strted bld tsf4} {date eded bld tsf4} {t eded bld tsf4} {amt tsfsed4}	descriptive
686	[blood1]	Transfusion Given (indicate whole or packed cells)	text
687	[date strted bld tsf1]	Date Started	text (date_dmy)
688	[t strted bld tsf1]	Time Started (24hr)	text (time)
689	[date eded bld tsf1]	Date Ended	text (date_dmy)
690	[t eded bld tsf1]	Time Ended (24hr)	text (time)
691	[amt tsfsed1]	Amount transfused (ml)	text
692	[blood2]	Transfusion Given (indicate whole or packed cells)	text
693	[date strted bld tsf2]	Date Started	text (date_dmy)
694	[t strted bld tsf2]	Time Started (24hr)	text (time)
695	[date eded bld tsf2]	Date Ended	text (date_dmy)

696	[t_eded_bld_tsf2]	Time Ended (24hr)	text (time)						
697	[amt_tsfsed2]	Amount transfused (ml)	text						
698	[blood3]	Transfusion Given (indicate whole or packed cells)	text						
699	[date strted_bld_tsf3]	Date Started	text (date_dmy)						
700	[t strted_bld_tsf3]	Time Started (24hr)	text (time)						
701	[date eded_bld_tsf3]	Date Ended	text (date_dmy)						
702	[t eded_bld_tsf3]	Time Ended (24hr)	text (time)						
703	[amt_tsfsed3]	Amount transfused (ml)	text						
704	[blood4]	Transfusion Given (indicate whole or packed cells)	text						
705	[date strted_bld_tsf4]	Date Started	text (date_dmy)						
706	[t strted_bld_tsf4]	Time Started (24hr)	text (time)						
707	[date eded_bld_tsf4]	Date Ended	text (date_dmy)						
708	[t eded_bld_tsf4]	Time Ended (24hr)	text (time)						
709	[amt_tsfsed4]	Amount transfused (ml)	text						
710	[completedname15]	Completed by: Name	text						
711	[initial15]	Initial	text						
712	[date completed15]	Date Completed:	text (date_dmy)						
713	[form_15_medications_and_fuids_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: **FORM 16 DISCHARGE** (form_16_discharge)

714	[child_initial16]	Child's initial	text								
715	[clinic_no16]	Clinic/Hospital No	text								
716	[status_discharge]	Section Header: <i>STATUS AT DISCHARGE FROM HOSPITAL</i> i). Status at discharge	radio <table border="1"><tr><td>1</td><td>Alive</td></tr><tr><td>2</td><td>Dead</td></tr><tr><td>3</td><td>Referred</td></tr><tr><td>4</td><td>Absconded</td></tr></table>	1	Alive	2	Dead	3	Referred	4	Absconded
1	Alive										
2	Dead										
3	Referred										
4	Absconded										
717	[dischrg_alive]	ii). If alive, date/time of discharge Show the field ONLY if: [status_discharge] = "1"	text (date_dmy)								
718	[time_dischge_alive]	Time Show the field ONLY if: [status_discharge] = "1"	text (time)								
719	[date_dischge_dead]	iii). If dead, date/time of death Show the field ONLY if: [status_discharge] = "2"	text (date_dmy)								
720	[time_dischge_dead]	Time Show the field ONLY if: [status_discharge] = "2"	text (time)								
721	[date_dischge_referred]	If Referred, date/time of death Show the field ONLY if: [status_discharge] = "3"	text (date_dmy)								
722	[time_dischge_referred]	Time Show the field ONLY if: [status_discharge] = "3"	text (time)								
723	[date_dischge_absconded]	If absconded, date/time last seen Show the field ONLY if: [status_discharge] = "4"	text (date_dmy)								
724	[time_dischge_absconded]	Time Show the field ONLY if: [status_discharge] = "4"	text (time)								

725	[contact_details_carer]	Section Header: <i>CONTACT DETAILS</i> Are the contact details of the child and carer still correct as on Source Doc A: Contact Details?	yesno <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						
726	[weight_discharge]	Section Header: <i>PHYSICAL EXAMINATION</i> 1. Weight (kg)	text				
727	[height_discharge]	2. Height / length (cm)	text				
728	[muac_discharge]	3. MUAC (cm)	text				
729	[head_circf_discharge]	4. Head circumference (< 2 years) (cm)	text				
730	[other_med]	Section Header: <i>OTHER MEDICATIONS PRESCRIBED AT DISCHARGE</i> A. Were any other medications prescribed at discharge? <i>If Yes, please add details below.</i>	yesno <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						
731	[med_discharge] Show the field ONLY if: [other_med]='1'	Medication Reason prescribed Dose Units (e.g. mg) Frequency Date of prescription No of days {other_med1} {reson_prescb1} {dse_othr_md1} {unit_othr_md1} {frq_othr_md1} {date_othr_md1} {day1} {other_med2} {reson_prescb2} {dse_othr_md2} {unit_othr_md2} {frq_othr_md2} {date_othr_md2} {day2} {other_med3} {reson_prescb3} {dse_othr_md3} {unit_othr_md3} {frq_othr_md3} {date_othr_md3} {day3} {other_med4} {reson_prescb4} {dse_othr_md4} {unit_othr_md4} {frq_othr_md4} {date_othr_md4} {day4} {other_med5} {reson_prescb5} {dse_othr_md5} {unit_othr_md5} {frq_othr_md5} {date_othr_md5} {day5} {other_med6} {reson_prescb6} {dse_othr_md6} {unit_othr_md6} {frq_othr_md6} {date_othr_md6} {day6} {other_med7} {reson_prescb7} {dse_othr_md7} {unit_othr_md7} {frq_othr_md7} {date_othr_md7} {day7} {other_med8} {reson_prescb8} {dse_othr_md8} {unit_othr_md8} {frq_othr_md8} {date_othr_md8} {day8} {other_med9} {reson_prescb9} {dse_othr_md9} {unit_othr_md9} {frq_othr_md9} {date_othr_md9} {day9} {other_med10} {reson_prescb10} {dse_othr_md10} {unit_othr_md10} {frq_othr_md10} {date_othr_md10} {day10}	descriptive				
732	[other_med1] Show the field ONLY if: [other_med] = "1"	Medication	text				
733	[reson_prescb1] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text				
734	[dse_othr_md1] Show the field ONLY if: [other_med] = "1"	Dose	text				
735	[unit_othr_md1] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text				
736	[frq_othr_md1] Show the field ONLY if: [other_med] = "1"	Frequency	text				
737	[date_othr_md1] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)				
738	[day1] Show the field ONLY if: [other_med] = "1"	No of day	text				
739	[other_med2] Show the field ONLY if: [other_med] = "1"	Medication	text				
740	[reson_prescb2] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text				

741	[dse_othr_md2] Show the field ONLY if: [other_med]="1"	Dose	text
742	[unit_othr_md2] Show the field ONLY if: [other_med]="1"	Units (e.g. mg)	text
743	[frq_othr_md2] Show the field ONLY if: [other_med]="1"	Frequency	text
744	[date_othr_md2] Show the field ONLY if: [other_med]="1"	Date of prescription	text (date_dmy)
745	[day2] Show the field ONLY if: [other_med]="1"	No of days	text
746	[other_med3] Show the field ONLY if: [other_med]="1"	Medication	text
747	[reson_prescb3] Show the field ONLY if: [other_med]="1"	Reason prescribed	text
748	[dse_othr_md3] Show the field ONLY if: [other_med]="1"	Dose	text
749	[unit_othr_md3] Show the field ONLY if: [other_med]="1"	Units (e.g. mg)	text
750	[frq_othr_md3] Show the field ONLY if: [other_med]="1"	Frequency	text
751	[date_othr_md3] Show the field ONLY if: [other_med]="1"	Date of prescription	text (date_dmy)
752	[day3] Show the field ONLY if: [other_med]="1"	No of days	text
753	[other_med4] Show the field ONLY if: [other_med]="1"	Medication	text
754	[reson_prescb4] Show the field ONLY if: [other_med]="1"	Reason prescribed	text
755	[dse_othr_md4] Show the field ONLY if: [other_med]="1"	Dose	text
756	[unit_othr_md4] Show the field ONLY if: [other_med]="1"	Units (e.g. mg)	text
757	[frq_othr_md4] Show the field ONLY if: [other_med]="1"	Frequency	text
758	[date_othr_md4] Show the field ONLY if: [other_med]="1"	Date of prescription	text (date_dmy)
759	[day4] Show the field ONLY if: [other_med]="1"	No of days	text
760	[other_med5] Show the field ONLY if: [other_med]="1"	Medication	text

761	[reson_prescb5] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
762	[dse_othr_md5] Show the field ONLY if: [other_med] = "1"	Dose	text
763	[unit_othr_md5] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
764	[frq_othr_md5] Show the field ONLY if: [other_med] = "1"	Frequency	text
765	[date_othr_md5] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)
766	[day5] Show the field ONLY if: [other_med] = "1"	No of days	text
767	[other_med6] Show the field ONLY if: [other_med] = "1"	Medication	text
768	[reson_prescb6] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
769	[dse_othr_md6] Show the field ONLY if: [other_med] = "1"	Dose	text
770	[unit_othr_md6] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
771	[frq_othr_md6] Show the field ONLY if: [other_med] = "1"	Frequency	text
772	[date_othr_md6] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)
773	[day6] Show the field ONLY if: [other_med] = "1"	No of days	text
774	[other_med7] Show the field ONLY if: [other_med] = "1"	Medication	text
775	[reson_prescb7] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
776	[dse_othr_md7] Show the field ONLY if: [other_med] = "1"	Dose	text
777	[unit_othr_md7] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
778	[frq_othr_md7] Show the field ONLY if: [other_med] = "1"	Frequency	text
779	[date_othr_md7] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)
780	[day7] Show the field ONLY if: [other_med] = "1"	No of days	text

781	[other_med8] Show the field ONLY if: [other_med] = "1"	Medication	text
782	[reson_prescb8] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
783	[dse_othr_md8] Show the field ONLY if: [other_med] = "1"	Dose	text
784	[unit_othr_md8] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
785	[frq_othr_md8] Show the field ONLY if: [other_med] = "1"	Frequency	text
786	[date_othr_md8] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)
787	[day8] Show the field ONLY if: [other_med] = "1"	No of days	text
788	[other_med9] Show the field ONLY if: [other_med] = "1"	Medication	text
789	[reson_prescb9] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
790	[dse_othr_md9] Show the field ONLY if: [other_med] = "1"	Dose	text
791	[unit_othr_md9] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
792	[freq_othr_md9] Show the field ONLY if: [other_med] = "1"	Frequency	text
793	[date_othr_md9] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)
794	[day9] Show the field ONLY if: [other_med] = "1"	No of days	text
795	[other_med10] Show the field ONLY if: [other_med] = "1"	Medication	text
796	[reson_prescb10] Show the field ONLY if: [other_med] = "1"	Reason prescribed	text
797	[dse_othr_md10] Show the field ONLY if: [other_med] = "1"	Dose	text
798	[unit_othr_md10] Show the field ONLY if: [other_med] = "1"	Units (e.g. mg)	text
799	[frq_othr_md10] Show the field ONLY if: [other_med] = "1"	Frequency	text
800	[date_othr_md10] Show the field ONLY if: [other_med] = "1"	Date of prescription	text (date_dmy)

801	[day10] Show the field ONLY if: [other_med] = "1"	No of days	text																																																																					
802	[final_diagnosis]	Section Header: FINAL DIAGNOSIS What is the final diagnosis for this patient? Tick all that apply	checkbox <table border="1"> <tr><td>1</td><td>final_diagnosis__1</td><td>Asthma</td></tr> <tr><td>2</td><td>final_diagnosis__2</td><td>Developmental delay / cerebral palsy</td></tr> <tr><td>3</td><td>final_diagnosis__3</td><td>Encephalopathy</td></tr> <tr><td>4</td><td>final_diagnosis__4</td><td>Gastroenteritis</td></tr> <tr><td>5</td><td>final_diagnosis__5</td><td>Haemoglobinuria/Dark urine syndrome</td></tr> <tr><td>6</td><td>final_diagnosis__6</td><td>Hepatitis - any</td></tr> <tr><td>7</td><td>final_diagnosis__7</td><td>HIV/AIDS</td></tr> <tr><td>8</td><td>final_diagnosis__8</td><td>LRTI - all types</td></tr> <tr><td>9</td><td>final_diagnosis__9</td><td>Meningitis - all types</td></tr> <tr><td>10</td><td>final_diagnosis__10</td><td>Osteomyelitis / Pyogenic arthritis</td></tr> <tr><td>11</td><td>final_diagnosis__11</td><td>Other chest syndrome</td></tr> <tr><td>12</td><td>final_diagnosis__12</td><td>Pyrexia of unknown origin</td></tr> <tr><td>13</td><td>final_diagnosis__13</td><td>Recurrent haemoglobinuria/ Dark urine syndrome</td></tr> <tr><td>14</td><td>final_diagnosis__14</td><td>Sepsis/septicaemia</td></tr> <tr><td>15</td><td>final_diagnosis__15</td><td>Malnutrition</td></tr> <tr><td>16</td><td>final_diagnosis__16</td><td>Severe anaemia (Hb < 5g/dL)</td></tr> <tr><td>17</td><td>final_diagnosis__17</td><td>Severe malaria-all types</td></tr> <tr><td>18</td><td>final_diagnosis__18</td><td>Sickle cell anaemia</td></tr> <tr><td>19</td><td>final_diagnosis__19</td><td>Sickle cell crisis</td></tr> <tr><td>20</td><td>final_diagnosis__20</td><td>Tuberculosis - all types</td></tr> <tr><td>21</td><td>final_diagnosis__21</td><td>Urinary tract infection</td></tr> <tr><td>22</td><td>final_diagnosis__22</td><td>URTI - all types</td></tr> <tr><td>23</td><td>final_diagnosis__23</td><td>Other diagnosis specify</td></tr> </table>	1	final_diagnosis__1	Asthma	2	final_diagnosis__2	Developmental delay / cerebral palsy	3	final_diagnosis__3	Encephalopathy	4	final_diagnosis__4	Gastroenteritis	5	final_diagnosis__5	Haemoglobinuria/Dark urine syndrome	6	final_diagnosis__6	Hepatitis - any	7	final_diagnosis__7	HIV/AIDS	8	final_diagnosis__8	LRTI - all types	9	final_diagnosis__9	Meningitis - all types	10	final_diagnosis__10	Osteomyelitis / Pyogenic arthritis	11	final_diagnosis__11	Other chest syndrome	12	final_diagnosis__12	Pyrexia of unknown origin	13	final_diagnosis__13	Recurrent haemoglobinuria/ Dark urine syndrome	14	final_diagnosis__14	Sepsis/septicaemia	15	final_diagnosis__15	Malnutrition	16	final_diagnosis__16	Severe anaemia (Hb < 5g/dL)	17	final_diagnosis__17	Severe malaria-all types	18	final_diagnosis__18	Sickle cell anaemia	19	final_diagnosis__19	Sickle cell crisis	20	final_diagnosis__20	Tuberculosis - all types	21	final_diagnosis__21	Urinary tract infection	22	final_diagnosis__22	URTI - all types	23	final_diagnosis__23	Other diagnosis specify
1	final_diagnosis__1	Asthma																																																																						
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22	final_diagnosis__22	URTI - all types																																																																						
23	final_diagnosis__23	Other diagnosis specify																																																																						
803	[other_final_diagn] Show the field ONLY if: [final_diagnosis(23)] = "1"	Other diagnosis specify	text																																																																					
804	[next_schedule_visit]	Section Header: DATE OF NEXT VISIT A. Which is the next scheduled visit?	radio <table border="1"> <tr><td>1</td><td>Day 28</td></tr> <tr><td>2</td><td>Day 90</td></tr> <tr><td>3</td><td>Day 180</td></tr> </table> <p>Custom alignment: RH</p>	1	Day 28	2	Day 90	3	Day 180																																																															
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2	Day 90																																																																							
3	Day 180																																																																							
805	[date_next_visit]	Date of next visit	text (date_dmy)																																																																					
806	[completedname16]	Completed by: Name	text																																																																					
807	[initial16]	Initial	text																																																																					
808	[date_completed16]	Date Completed:	text (date_dmy)																																																																					
809	[form_16_discharge_complet e]	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: Form 17 Follow Up D28 (form_17_follow_up_d28)																																																																								
810	[visit_d28]	Visit	radio <table border="1"> <tr><td>1</td><td>Days 28</td></tr> <tr><td>2</td><td>Day 90</td></tr> <tr><td>3</td><td>Day 180</td></tr> <tr><td>4</td><td>Extra specify Days {extra_f17}</td></tr> </table> <p>Custom alignment: RH</p>	1	Days 28	2	Day 90	3	Day 180	4	Extra specify Days {extra_f17}																																																													
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3	Day 180																																																																							
4	Extra specify Days {extra_f17}																																																																							

811	[extra_f17_d28] Show the field ONLY if: [visit_d28]="4"	Extra specify Days	text								
812	[place_visit_d28]	Place of visit	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Clinic</td></tr> <tr><td>2</td><td>Home visit</td></tr> <tr><td>3</td><td>Telephone visit</td></tr> <tr><td>4</td><td>Missed visit</td></tr> </table> Custom alignment: RH	1	Clinic	2	Home visit	3	Telephone visit	4	Missed visit
1	Clinic										
2	Home visit										
3	Telephone visit										
4	Missed visit										
813	[date_d28]	Date of follow up	text (date_dmy)								
814	[child_initial17_d28]	Child's initial	text								
815	[temperature_axilry_d28] Show the field ONLY if: [place_visit_d28]="1"	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text								
816	[heart_rate_d28] Show the field ONLY if: [place_visit_d28]="1"	2. Heart rate (bpm)	text								
817	[respiratory_rate_d28] Show the field ONLY if: [place_visit_d28]="1"	3. Respiratory Rate (bpm)	text								
818	[systolic_blood_press_d28] Show the field ONLY if: [place_visit_d28]="1"	4. Blood Pressure systolic (mmhg)	text								
819	[diastolic_blood_press_d28] Show the field ONLY if: [place_visit_d28]="1"	4. Blood Pressure diastolic (mmhg)	text								
820	[capillary_refill_d28] Show the field ONLY if: [place_visit_d28]="1"	5. Capillary refill time (sec)	text								
821	[oxygen_saturation_d28] Show the field ONLY if: [place_visit_d28]="1"	6. Oxygen Saturation (%)	text								
822	[weight_d28] Show the field ONLY if: [place_visit_d28]="1"	Section Header: 2. ANTHROPOOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 9999) Custom alignment: RH								
823	[height_length_d28] Show the field ONLY if: [place_visit_d28]="1"	2. Height / length	text Custom alignment: RH								
824	[muac_d28] Show the field ONLY if: [place_visit_d28]="1"	3. MUAC (cm)	text (number, Min: 0, Max: 9999) Custom alignment: RH								
825	[head_circumference_d28] Show the field ONLY if: [place_visit_d28]="1"	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH								

826	[symtoms_qustionnaire_d28]	Section Header: 3. SYMPTOMS QUESTIONNAIRE Symptoms YES NO Details if any 1. Fever? {fever_d28} {if_fever_d28} 2. Swelling of the body(face, feet, ?abdomen) {swelling_body_d28} {if_swelling_body_d28} 3. Yellowing of Eyes (Jaundice) {yellow_eyes_d28} {if_yellow_eyes_d28} 4. Cold hands or feet {cold_hand_feet_d28} {if_cold_hand_feet_d28} 5. Passing of dark or tea colored urine in last 24hr {colored_urine_d28} {if_colored_urine_d28} 6. History of sore throat {sore_throat_d28} {if_sore_throat_d28} 7. Vomiting {vomitting_d28} {if_vomitting_d28} 8. Diarrhoea {diarrhoea_d28} {if_diarrhoea_d28} 9. Hand / foot pain {hand_foot_pain_d28} {if_hand_foot_pain_d28} 10. Convulsions? {convulsions_d28} {if_convulsions_d28} 11. Bleeding tendencies {bleeding_tendencies_d28} {if_bleeding_tendencies_d28} 12. Abdominal Pain {abdominal_pain_d28} {if_abdominal_pain_d28} 13. Cough {cough_d28} {if_cough_d28} 14. Difficulty breathing {difficult_breathing_d28} {if_difficult_breathing_d28} 15. Inability to sit upright / stand unsupported / breastfeeding {inability_sitsstand_feed_d28} {if_inablty_sitsstandfeed_d28} 16. Mental? Disorders (Abnormal disorder) {mental_disorder_d28} {if_mental_disorder_d28} 17. Neurological disorders? (eg -? epilepsy) {neurological_disorder_d28} 18. Others {others_form17_d28} 19. Others {other_form17a_d28} 20. Others {others_form17b_d28}	descriptive				
827	[fever_d28]	1. Fever	yesno <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						
828	[if_fever_d28] Show the field ONLY if: [fever_d28]=1	Details if any	text Custom alignment: RH				
829	[swelling_body_d28]	2. Swelling of the body(face, feet, abdomen)	yesno <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						
830	[if_swelling_body_d28] Show the field ONLY if: [swelling_body_d28]="1"	Details if any	text Custom alignment: RH				
831	[yellow_eyes_d28]	3. Yellowing of Eyes (Jaundice)	yesno <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						
832	[if_yellow_eyes_d28] Show the field ONLY if: [yellow_eyes_d28]="1"	Details if any	text Custom alignment: RH				
833	[cold_hand_feet_d28]	4. Cold hands or feet	yesno <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						
834	[if_cold_hand_feet_d28] Show the field ONLY if: [cold_hand_feet_d28]="1"	Details if any	text Custom alignment: RH				
835	[colored_urine_d28]	5. Passing of dark or tea colored urine in last 24hr	yesno <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						
836	[if_colored_urine_d28] Show the field ONLY if: [colored_urine_d28]="1"	Details if any	text Custom alignment: RH				

837	[sore_throat_d28]	6. History of sore throat	yesno <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						
838	[if_sore_throat_d28] Show the field ONLY if: [sore_throat_d28]="1"	Details if any	text Custom alignment: RH				
839	[vomitting_d28]	7. Vomiting	yesno <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						
840	[if_vomitting_d28] Show the field ONLY if: [vomitting_d28]="1"	Details if any	text Custom alignment: RH				
841	[diarrhoea_d28]	8. Diarrhoea	yesno <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						
842	[if_diarrhoea_d28] Show the field ONLY if: [diarrhoea_d28]="1"	Details if any	text Custom alignment: RH				
843	[hand_foot_pain_d28]	9. Hand / foot pain	yesno <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						
844	[if_hand_foot_pain_d28] Show the field ONLY if: [hand_foot_pain_d28]="1"	Details if any	text Custom alignment: RH				
845	[convulsions_d28]	10. Convulsions	yesno <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						
846	[if_convulsions_d28] Show the field ONLY if: [convulsions_d28]="1"	Details if any	text Custom alignment: RH				
847	[bleeding_tendencies_d28]	11. Bleeding tendencies	yesno <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						
848	[if_bleeding_tendencies_d28] Show the field ONLY if: [bleeding_tendencies_d28] ="1"	Details if any	text Custom alignment: RH				
849	[abdominal_pain_d28]	12. Abdominal Pain	yesno <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						
850	[if_abdominal_pain_d28] Show the field ONLY if: [abdominal_pain_d28]="1"	Details if any	text Custom alignment: RH				

851	[cough_d28]	13. Cough	yesno <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						
852	[if_cough_d28] Show the field ONLY if: [cough_d28]="1"	Details if any	text Custom alignment: RH				
853	[difficult_breathing_d28]	14. Difficulty breathing	yesno <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						
854	[if_difficult_breathing_d28] Show the field ONLY if: [difficult_breathing_d28]="1"	Details if any	text Custom alignment: RH				
855	[inability_sitstand_fed_d28]	15. Inability to sit upright / stand unsupported / breastfeeding	yesno <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						
856	[ifinabilty_sitstandfed_d28] Show the field ONLY if: [inability_sitstand_fed_d28] ="1"	Details if any	text Custom alignment: RH				
857	[mental_disorder_d28]	16. Mental Disorders (abnormal behavior)	yesno <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						
858	[if_mental_disorder_d28] Show the field ONLY if: [mental_disorder_d28]="1"	Details if any	text Custom alignment: RH				
859	[neurological_disorder_d28]	17. Neurological disorders (eg epilepsy)	yesno <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						
860	[if_neulogical_disordr_d28] Show the field ONLY if: [neurological_disorder_d28] ="1"	Details if any	text Custom alignment: RH				
861	[others_form17_d28]	18. Other (specify)	text Custom alignment: RH				
862	[other_form17a_d28]	19. Other (specify)	text Custom alignment: RH				
863	[others_form17b_d28]	20. Other (specify)	text Custom alignment: RH				
864	[med_last_visit_d28]	Section Header: 4. OTHER MEDICATIONS A. Has the child been prescribed any medications since the last PARIST review, ? <i>If Yes, please add details below</i>	yesno <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						

865	[other_medications_d28]	Medication Reason prescribed Dose Units (e.g. mg) Frequency Date of prescription No of days prescribed? {medication_d281} {reason_prescb_d281} {dose_d281} {unit_d281} {freq_d281} {date_prescrib_med_d281} {days_presc_med_d281} {medication_d282} {reason_prescb_d282} {dose_d282} {unit_d282} {freq_d282} {date_prescrib_med_d282} {days_presc_med_d282} {medication_d283} {reason_prescb_d283} {dose_d283} {unit_d283} {freq_d283} {date_prescrib_med_d283} {days_presc_med_d283} {medication_d284} {reason_prescb_d284} {dose_d284} {unit_d284} {freq_d284} {date_prescrib_med_d284} {days_presc_med_d284} {medication_d285} {reason_prescb_d285} {dose_d285} {unit_d285} {freq_d285} {date_prescrib_med_d285} {days_presc_med_d285} {medication_d286} {reason_prescb_d286} {dose_d286} {unit_d286} {freq_d286} {date_prescrib_med_d286} {days_presc_med_d286} {medication_d287} {reason_prescb_d287} {dose_d287} {unit_d287} {freq_d287} {date_prescrib_med_d287} {days_presc_med_d287} {medication_d288} {reason_prescb_d288} {dose_d288} {unit_d288} {freq_d288} {date_prescrib_med_d288} {days_presc_med_d288}	descriptive
866	[medication_d281]	Medication	text Custom alignment: RH
867	Show the field ONLY if: [med_last_visit_d28]="1"	Reason prescribed	text
868	[dose_d281]	Dose	text
869	Show the field ONLY if: [med_last_visit_d28]="1"	Units (e.g. mg)	text
870	[freq_d281]	Frequency	text
871	Show the field ONLY if: [med_last_visit_d28]="1"	Date of prescription	text (date_dmy)
872	[days_presc_med_d281]	No of days prescribed	text
873	Show the field ONLY if: [med_last_visit_d28]="1"	Medication	text Custom alignment: RH
874	[reason_prescb_d282]	Reason prescribed	text
875	Show the field ONLY if: [med_last_visit_d28]="1"	Dose	text
876	[unit_d282]	Units (e.g. mg)	text
877	Show the field ONLY if: [med_last_visit_d28]="1"	Frequency	text
878	[date_prescrib_med_d282]	Date of prescription	text (date_dmy)
879	Show the field ONLY if: [med_last_visit_d28]="1"	No of days prescribed	text

880	[medication_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Medication	text Custom alignment: RH
881	[reason_prescb_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Reason prescribed	text
882	[dose_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Dose	text
883	[unit_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Units (e.g. mg)	text
884	[freq_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Frequency	text
885	[date_prescrib_med_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	Date of prescription	text (date_dmy)
886	[days_presc_med_d283] Show the field ONLY if: [med_last_visit_d28] = "1"	No of days prescribed	text
887	[medication_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Medication	text Custom alignment: RH
888	[reason_prescb_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Reason prescribed	text
889	[dose_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Dose	text
890	[unit_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Units (e.g. mg)	text
891	[freq_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Frequency	text
892	[date_prescrib_med_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	Date of prescription	text (date_dmy)
893	[days_presc_med_d284] Show the field ONLY if: [med_last_visit_d28] = "1"	No of days prescribed	text
894	[medication_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Medication	text Custom alignment: RH
895	[reason_prescb_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Reason prescribed	text
896	[dose_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Dose	text
897	[unit_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Units (e.g. mg)	text
898	[freq_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Frequency	text
899	[date_prescrib_med_d285] Show the field ONLY if: [med_last_visit_d28] = "1"	Date of prescription	text (date_dmy)

900	[days_presc_med_d285] Show the field ONLY if: [med_last_visit_d28]="1"	No of days prescribed	text
901	[medication_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Medication	text Custom alignment: RH
902	[reason_prescb_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Reason prescribed	text
903	[dose_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Dose	text
904	[unit_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Units (e.g. mg)	text
905	[freq_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Frequency	text
906	[date_prescib_med_d286] Show the field ONLY if: [med_last_visit_d28]="1"	Date of prescription	text (date_dmy)
907	[days_presc_med_d286] Show the field ONLY if: [med_last_visit_d28]="1"	No of days prescribed	text
908	[medication_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Medication	text Custom alignment: RH
909	[reason_prescb_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Reason prescribed	text
910	[dose_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Dose	text
911	[unit_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Units (e.g. mg)	text
912	[freq_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Frequency	text
913	[date_prescib_med_d287] Show the field ONLY if: [med_last_visit_d28]="1"	Date of prescription	text (date_dmy)
914	[days_presc_med_d287] Show the field ONLY if: [med_last_visit_d28]="1"	No of days prescribed	text
915	[medication_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Medication	text Custom alignment: RH
916	[reason_prescb_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Reason prescribed	text
917	[dose_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Dose	text
918	[unit_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Units (e.g. mg)	text
919	[freq_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Frequency	text

920	[date_prescrib_med_d288] Show the field ONLY if: [med_last_visit_d28]="1"	Date of prescription	text (date_dmy)						
921	[days_prescr_med_d288] Show the field ONLY if: [med_last_visit_d28]="1"	No of days prescribed	text						
922	[next_schedule_visit_d28]	Section Header: 5. DATE OF NEXT VISIT A. Which is the next scheduled visit?	radio <table border="1"><tr><td>1</td><td>Day 28</td></tr><tr><td>2</td><td>Day 90</td></tr><tr><td>3</td><td>Day 180</td></tr></table> Custom alignment: RH	1	Day 28	2	Day 90	3	Day 180
1	Day 28								
2	Day 90								
3	Day 180								
923	[date_next_visit_d28]	Date of next visit	text (date_dmy)						
924	[completedname17_d28]	Completed by: Name	text Custom alignment: RH						
925	[initial_form17_d28]	Initial	text Custom alignment: RH						
926	[date_completed17_d28]	Date Completed	text (date_dmy) Custom alignment: RH						
927	[form_17_follow_up_d28_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: **Form 17 Follow Up D90** (form_17_follow_up_d90)

928	[visit_d90]	Visit	radio <table border="1"><tr><td>1</td><td>Days 28</td></tr><tr><td>2</td><td>Day 90</td></tr><tr><td>3</td><td>Day 180</td></tr><tr><td>4</td><td>Extra specify Days {extra_f17}</td></tr></table> Custom alignment: RH	1	Days 28	2	Day 90	3	Day 180	4	Extra specify Days {extra_f17}
1	Days 28										
2	Day 90										
3	Day 180										
4	Extra specify Days {extra_f17}										
929	[extra_f17_d90] Show the field ONLY if: [visit_d90]="4"	Extra specify Days	text								
930	[place_visit_d90]	Place of visit	radio <table border="1"><tr><td>1</td><td>Clinic</td></tr><tr><td>2</td><td>Home visit</td></tr><tr><td>3</td><td>Telephone visit</td></tr><tr><td>4</td><td>Missed visit</td></tr></table> Custom alignment: RH	1	Clinic	2	Home visit	3	Telephone visit	4	Missed visit
1	Clinic										
2	Home visit										
3	Telephone visit										
4	Missed visit										
931	[date_d90]	Date of follow up	text (date_dmy)								
932	[child_initial17_d90]	Child's initial	text								
933	[temperature_axilry_d90] Show the field ONLY if: [place_visit_d90]="1"	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text								
934	[heart_rate_d90] Show the field ONLY if: [place_visit_d90]="1"	2. Heart rate (bpm)	text								
935	[respiratory_rate_d90] Show the field ONLY if: [place_visit_d90]="1"	3. Respiratory Rate (bpm)	text								
936	[systolic_blood_press_d90] Show the field ONLY if: [place_visit_d90]="1"	4. Blood Pressure systolic (mmhg)	text								
937	[diastolic_blood_press_d90] Show the field ONLY if: [place_visit_d90]="1"	4. Blood Pressure diastolic (mmhg)	text								

938	[capillary_refill_d90]	5. Capillary refill time (sec)	text				
	Show the field ONLY if: [place_visit_d90]!="1"						
939	[oxygen_saturation_d90]	6. Oxygen Saturation (%)	text				
	Show the field ONLY if: [place_visit_d90]!="1"						
940	[weight_d90]	Section Header: 2. ANTHROPOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 99999) Custom alignment: RH				
	Show the field ONLY if: [place_visit_d90]!="1"						
941	[height_length_d90]	2. Height / length	text Custom alignment: RH				
	Show the field ONLY if: [place_visit_d90]!="1"						
942	[muac_d90]	3. MUAC (cm)	text (number, Min: 0, Max: 9999) Custom alignment: RH				
	Show the field ONLY if: [place_visit_d90]!="1"						
943	[head_circumferen_d90]	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH				
	Show the field ONLY if: [place_visit_d90]!="1"						
944	[symtoms_qustionnaire_d90]	Section Header: 3. SYMPTOMS QUESTIONNAIRE Symptoms YES NO Details if any 1. Fever? {fever_d90} {if_fever_d90} 2. Swelling of the body(face, feet, ?abdomen) {swelling_body_d90} {if_swelling_body_d90} 3. Yellowing of Eyes (Jaundice) {yellow_eyes_d90} {if_yellow_eyes_d90} 4. Cold hands or feet {cold_hand_feet_d90} {if_cold_hand_feet_d90} 5. Passing of dark or tea colored urine in last 24hr {colored_urine_d90} {if_colored_urine_d90} 6. History of sore throat {sore_throat_d90} {if_sore_throat_d90} 7. Vomiting {vomitting_d90} {if_vomitting_d90} 8. Diarrhoea {diarrhoea_d90} {if_diarrhoea_d90} 9. Hand / foot pain {hand_foot_pain_d90} {if_hand_foot_pain_d90} 10. Convulsions? {convulsions_d90} {if_convulsions_d90} 11. Bleeding tendencies {bleeding_tendencies_d90} {if_bleeding_tendencies_d90} 12. Abdominal Pain {abdominal_pain_d90} {if_abdominal_pain_d90} 13. Cough {cough_d90} {if_cough_d90} 14. Difficulty breathing {difficult_breathing_d90} {if_difficult_breathing_d90} 15. Inability to sit upright / stand unsupported / breastfeeding {inability_sitstandfeed_d90} {ifinably_sitstandfed_d90} 16. Mental? Disorders (Abnormal disorder) {mental_disorder_d90} {if_mental_disorder_d90} 17. Neurological disorders? ?(eg -? epilepsy) {neurological_disorder_d90} {if_neulogical_disordr_d90} 18. Others {others_form17_d90} 19. Others {other_form17a_d90} 20. Others {others_form17b_d90}	descriptive				
945	[fever_d90]	1. Fever	yesno <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						
946	[if_fever_d90]	Details if any	text Custom alignment: RH				
	Show the field ONLY if: [fever_d90]=1						
947	[swelling_body_d90]	2. Swelling of the body(face, feet, abdomen)	yesno <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						
948	[if_swelling_body_d90]	Details if any	text Custom alignment: RH				
	Show the field ONLY if: [swelling_body_d90]=="1"						
949	[yellow_eyes_d90]	3. Yellowing of Eyes (Jaundice)	yesno <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						
950	[if_yellow_eyes_d90]	Details if any	text Custom alignment: RH				
	Show the field ONLY if: [yellow_eyes_d90]=="1"						

951	[cold_hand_feet_d90]	4. Cold hands or feet	yesno <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						
952	[if_cold_hand_feet_d90] Show the field ONLY if: [cold_hand_feet_d90]="1"	Details if any	text Custom alignment: RH				
953	[colored_urine_d90]	5. Passing of dark or tea colored urine in last 24hr	yesno <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						
954	[if_colored_urine_d90] Show the field ONLY if: [colored_urine_d90]="1"	Details if any	text Custom alignment: RH				
955	[sore_throat_d90]	6. History of sore throat	yesno <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						
956	[if_sore_throat_d90] Show the field ONLY if: [sore_throat_d90]="1"	Details if any	text Custom alignment: RH				
957	[vomitting_d90]	7. Vomiting	yesno <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						
958	[if_vomitting_d90] Show the field ONLY if: [vomitting_d90]="1"	Details if any	text Custom alignment: RH				
959	[diarrhoea_d90]	8. Diarrhoea	yesno <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						
960	[if_diarrhoea_d90] Show the field ONLY if: [diarrhoea_d90]="1"	Details if any	text Custom alignment: RH				
961	[hand_foot_pain_d90]	9. Hand / foot pain	yesno <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						
962	[if_hand_foot_pain_d90] Show the field ONLY if: [hand_foot_pain_d90]="1"	Details if any	text Custom alignment: RH				
963	[convulsions_d90]	10. Convulsions	yesno <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						
964	[if_convulsions_d90] Show the field ONLY if: [convulsions_d90]="1"	Details if any	text Custom alignment: RH				
965	[bleeding_tendencies_d90]	11. Bleeding tendencies	yesno <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						

966	[if_bleeding_tendencies_d90] Show the field ONLY if: [bleeding_tendencies_d90] ="1"	Details if any	text Custom alignment: RH				
967	[abdominal_pain_d90]	12. Abdominal Pain	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
968	[if_abdominal_pain_d90] Show the field ONLY if: [abdominal_pain_d90]="1"	Details if any	text Custom alignment: RH				
969	[cough_d90]	13. Cough	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
970	[if_cough_d90] Show the field ONLY if: [cough_d90]="1"	Details if any	text Custom alignment: RH				
971	[difficult_breathing_d90]	14. Difficulty breathing	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
972	[if_difficult_breathing_d90] Show the field ONLY if: [difficult_breathing_d90]="1"	Details if any	text Custom alignment: RH				
973	[inability_sitstandfeed_d90]	15. Inability to sit upright / stand unsupported / breastfeeding	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
974	[ifinablty_sitstandfed_d90] Show the field ONLY if: [inability_sitstandfeed_d90] ="1"	Details if any	text Custom alignment: RH				
975	[mental_disorder_d90]	16. Mental Disorders (abnormal behavior)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
976	[if_mental_disorder_d90] Show the field ONLY if: [mental_disorder_d90]="1"	Details if any	text Custom alignment: RH				
977	[neurological_disorder_d90]	17. Neurological disorders (eg epilepsy)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
978	[if_neulogical_disordr_d90] Show the field ONLY if: [neurological_disorder_d90] ="1"	Details if any	text Custom alignment: RH				
979	[others_form17_d90]	18. Other (specify)	text Custom alignment: RH				
980	[other_form17a_d90]	19. Other (specify)	text Custom alignment: RH				
981	[others_form17b_d90]	20. Other (specify)	text Custom alignment: RH				

982	[med_last_visit_d90]	Section Header: 4. OTHER MEDICATIONS A. Has the child been prescribed any medications since the last PARIST review, ? <i>If Yes, please add details below</i>	yesno <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						
983	[other_medications_d90]	Medication Reason prescribed Dose Units (e.g. mg) Frequency Date of prescription No of days prescribed? {medication_d901} {reason_prescb_d901} {dose_d901} {unit_d901} {freq_d901} {date_prescb_med_d901} {days_presc_med_d901} {medication_d902} {reason_prescb_d902} {dose_d902} {unit_d902} {freq_d902} {date_prescb_med_d902} {days_presc_med_d902} {medication_d903} {reason_prescb_d903} {dose_d903} {unit_d903} {freq_d903} {date_prescb_med_d903} {days_presc_med_d903} {medication_d904} {reason_prescb_d904} {dose_d904} {unit_d904} {freq_d904} {date_prescb_med_d904} {days_presc_med_d904} {medication_d905} {reason_prescb_d905} {dose_d905} {unit_d905} {freq_d905} {date_prescb_med_d905} {days_presc_med_d905} {medication_d906} {reason_prescb_d906} {dose_d906} {unit_d906} {freq_d906} {date_prescb_med_d906} {days_presc_med_d906} {medication_d907} {reason_prescb_d907} {dose_d907} {unit_d907} {freq_d907} {date_prescb_med_d907} {days_presc_med_d907} {medication_d908} {reason_prescb_d908} {dose_d908} {unit_d908} {freq_d908} {date_prescb_med_d908} {days_presc_med_d908}	descriptive				
984	[medication_d901]	Medication Show the field ONLY if: [med_last_visit_d90] = "1"	text Custom alignment: RH				
985	[reason_prescb_d901]	Reason prescribed Show the field ONLY if: [med_last_visit_d90] = "1"	text				
986	[dose_d901]	Dose Show the field ONLY if: [med_last_visit_d90] = "1"	text				
987	[unit_d901]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_d90] = "1"	text				
988	[freq_d901]	Frequency Show the field ONLY if: [med_last_visit_d90] = "1"	text				
989	[date_prescb_med_d901]	Date of prescription Show the field ONLY if: [med_last_visit_d90] = "1"	text (date_dmy)				
990	[days_presc_med_d901]	No of days prescribed Show the field ONLY if: [med_last_visit_d90] = "1"	text				
991	[medication_d902]	Medication Show the field ONLY if: [med_last_visit_d90] = "1"	text Custom alignment: RH				
992	[reason_prescb_d902]	Reason prescribed Show the field ONLY if: [med_last_visit_d90] = "1"	text				
993	[dose_d902]	Dose Show the field ONLY if: [med_last_visit_d90] = "1"	text				
994	[unit_d902]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_d90] = "1"	text				
995	[freq_d902]	Frequency Show the field ONLY if: [med_last_visit_d90] = "1"	text				

996	[date_prescib_med_d902] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
997	[days_presc_med_d902] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
998	[medication_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
999	[reason_prescb_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1000	[dose_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text
1001	[unit_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Units (e.g. mg)	text
1002	[freq_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Frequency	text
1003	[date_prescib_med_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
1004	[days_presc_med_d903] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
1005	[medication_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
1006	[reason_prescb_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1007	[dose_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text
1008	[unit_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Units (e.g. mg)	text
1009	[freq_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Frequency	text
1010	[date_prescib_med_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
1011	[days_presc_med_d904] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
1012	[medication_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
1013	[reason_prescb_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1014	[dose_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text
1015	[unit_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Units (e.g. mg)	text

1016	[freq_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Frequency	text
1017	[date_prescrib_med_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
1018	[days_presc_med_d905] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
1019	[medication_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
1020	[reason_prescb_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1021	[dose_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text
1022	[unit_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Units (e.g. mg)	text
1023	[freq_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Frequency	text
1024	[date_prescrib_med_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
1025	[days_presc_med_d906] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
1026	[medication_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
1027	[reason_prescb_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1028	[dose_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text
1029	[unit_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Units (e.g. mg)	text
1030	[freq_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Frequency	text
1031	[date_prescrib_med_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	Date of prescription	text (date_dmy)
1032	[days_presc_med_d907] Show the field ONLY if: [med_last_visit_d90]=""1"	No of days prescribed	text
1033	[medication_d908] Show the field ONLY if: [med_last_visit_d90]=""1"	Medication	text Custom alignment: RH
1034	[reason_prescb_d908] Show the field ONLY if: [med_last_visit_d90]=""1"	Reason prescribed	text
1035	[dose_d908] Show the field ONLY if: [med_last_visit_d90]=""1"	Dose	text

1036	[unit_d908] Show the field ONLY if: [med_last_visit_d90]="1"	Units (e.g. mg)	text						
1037	[freq_d908] Show the field ONLY if: [med_last_visit_d90]="1"	Frequency	text						
1038	[date_prescrib_med_d908] Show the field ONLY if: [med_last_visit_d90]="1"	Date of prescription	text (date_dmy)						
1039	[days_presc_med_d908] Show the field ONLY if: [med_last_visit_d90]="1"	No of days prescribed	text						
1040	[next_schedule_visit_d90] Section Header: 5. DATE OF NEXT VISIT A. Which is the next scheduled visit?	radio <table border="1"><tr><td>1</td><td>Day 28</td></tr><tr><td>2</td><td>Day 90</td></tr><tr><td>3</td><td>Day 180</td></tr></table>	1	Day 28	2	Day 90	3	Day 180	Custom alignment: RH
1	Day 28								
2	Day 90								
3	Day 180								
1041	[date_next_visit_d90]	Date of next visit	text (date_dmy)						
1042	[completedname17_d90]	Completed by: Name	text Custom alignment: RH						
1043	[initial_form17_d90]	Initial	text Custom alignment: RH						
1044	[date_completed17_d90]	Date Completed	text (date_dmy) Custom alignment: RH						
1045	[form_17_follow_up_d90_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: **Form 17 Follow Up D180** (form_17_follow_up_d180)

1046	[visit_d180]	Visit	radio <table border="1"><tr><td>1</td><td>Days 28</td></tr><tr><td>2</td><td>Day 90</td></tr><tr><td>3</td><td>Day 180</td></tr><tr><td>4</td><td>Extra specify Days {extra_f17}</td></tr></table> Custom alignment: RH	1	Days 28	2	Day 90	3	Day 180	4	Extra specify Days {extra_f17}
1	Days 28										
2	Day 90										
3	Day 180										
4	Extra specify Days {extra_f17}										
1047	[extra_f17_d180] Show the field ONLY if: [visit_d180]="4"	Extra specify Days	text								
1048	[place_visit_d180]	Place of visit	radio <table border="1"><tr><td>1</td><td>Clinic</td></tr><tr><td>2</td><td>Home visit</td></tr><tr><td>3</td><td>Telephone visit</td></tr><tr><td>4</td><td>Missed visit</td></tr></table> Custom alignment: RH	1	Clinic	2	Home visit	3	Telephone visit	4	Missed visit
1	Clinic										
2	Home visit										
3	Telephone visit										
4	Missed visit										
1049	[date_d180]	Date of follow up	text (date_dmy)								
1050	[child_initial17_d180]	Child's initial	text								
1051	[temperature_axilry_d180] Show the field ONLY if: [place_visit_d180]="1"	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text								
1052	[heart_rate_d180] Show the field ONLY if: [place_visit_d180]="1"	2. Heart rate (bpm)	text								
1053	[respiratory_rate_d180] Show the field ONLY if: [place_visit_d180]="1"	3. Respiratory Rate (bpm)	text								

1054	[systolic_blood_press_d180] Show the field ONLY if: [place_visit_d180]="1"	4. Blood Pressure systolic (mmhg)	text				
1055	[diastolic_blood_press_d180] Show the field ONLY if: [place_visit_d180]="1"	4. Blood Pressure diastolic (mmhg)	text				
1056	[capillary_refill_d180] Show the field ONLY if: [place_visit_d180]="1"	5. Capillary refill time (sec)	text				
1057	[oxygen_saturation_d180] Show the field ONLY if: [place_visit_d180]="1"	6. Oxygen Saturation (%)	text				
1058	[weight_d180] Show the field ONLY if: [place_visit_d180]="1"	Section Header: 2. ANTHROPOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1059	[height_length_d180] Show the field ONLY if: [place_visit_d180]="1"	2. Height / length	text Custom alignment: RH				
1060	[muac_d180] Show the field ONLY if: [place_visit_d180]="1"	3. MUAC (cm)	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1061	[head_circumferen_d180] Show the field ONLY if: [place_visit_d180]="1"	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1062	[symtoms_qustionnaire_d180]	Section Header: 3. SYMPTOMS QUESTIONNAIRE Symptoms YES NO Details if any 1. Fever {fever_d180} {if_fever_d180} 2. Swelling of the body(face, feet, abdomen) {swelling_body_d180} {if_swelling_body_d180} 3. Yellowing of Eyes (Jaundice) {yellow_eyes_d180} {if_yellow_eyes_d180} 4. Cold hands or feet {cold_hand_feet_d180} {if_cold_hand_feet_d180} 5. Passing of dark or tea colored urine in last 24hr {colored_urine_d180} {if_colored_urine_d180} 6. History of sore throat {sore_throat_d180} {if_sore_throat_d180} 7. Vomiting {vomitting_d180} {if_vomitting_d180} 8. Diarrhoea {diarrhoea_d180} {if_diarrhoea_d180} 9. Hand / foot pain {hand_foot_pain_d180} {if_hand_foot_pain_d180} 10. Convulsions? {convulsions_d180} {if_convulsions_d180} 11. Bleeding tendencies {bleeding_tendencies_d180} {if_bleeding_tendency_d180} 12. Abdominal Pain {abdominal_pain_d180} {if_abdominal_pain_d180} 13. Cough {cough_d180} {if_cough_d180} 14. Difficulty breathing {difficult_breathing_d180} {if_difficlt_breathing_d180} 15. Inability to sit upright / stand unsupported / breastfeeding {inability_sitstandfeed_d180} {ifinablty_sitstandfed_d180} 16. Mental? Disorders (Abnormal disorder) {mental_disorder_d180} {if_mental_disorder_d180} 17. Neurological disorders? ?(eg - epilepsy) {neulogical_disorder_d180} {if_neulogical_disordr_d180} 18. Others {others_form17_d180} 19. Others {other_form17a_d180} 20. Others {others_form17b_d180}	descriptive				
1063	[fever_d180]	1. Fever	yesno <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						
1064	[if_fever_d180] Show the field ONLY if: [fever_d180]=1	Details if any	text Custom alignment: RH				
1065	[swelling_body_d180]	2. Swelling of the body(face, feet, abdomen)	yesno <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						
1066	[if_swelling_body_d180] Show the field ONLY if: [swelling_body_d180]="1"	Details if any	text Custom alignment: RH				

1067	[yellow_eyes_d180]	3. Yellowing of Eyes (Jaundice)	yesno <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						
1068	[if_yellow_eyes_d180] Show the field ONLY if: [yellow_eyes_d180]="1"	Details if any	text Custom alignment: RH				
1069	[cold_hand_feet_d180]	4. Cold hands or feet	yesno <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						
1070	[if_cold_hand_feet_d180] Show the field ONLY if: [cold_hand_feet_d180]="1"	Details if any	text Custom alignment: RH				
1071	[colored_urine_d180]	5. Passing of dark or tea colored urine in last 24hr	yesno <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						
1072	[if_colored_urine_d180] Show the field ONLY if: [colored_urine_d180]="1"	Details if any	text Custom alignment: RH				
1073	[sore_throat_d180]	6. History of sore throat	yesno <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						
1074	[if_sore_throat_d180] Show the field ONLY if: [sore_throat_d180]="1"	Details if any	text Custom alignment: RH				
1075	[vomitting_d180]	7. Vomiting	yesno <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						
1076	[if_vomitting_d180] Show the field ONLY if: [vomitting_d180]="1"	Details if any	text Custom alignment: RH				
1077	[diarrhoea_d180]	8. Diarrhoea	yesno <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						
1078	[if_diarrhoea_d180] Show the field ONLY if: [diarrhoea_d180]="1"	Details if any	text Custom alignment: RH				
1079	[hand_foot_pain_d180]	9. Hand / foot pain	yesno <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						
1080	[if_hand_foot_pain_d180] Show the field ONLY if: [hand_foot_pain_d180]="1"	Details if any	text Custom alignment: RH				
1081	[convulsions_d180]	10. Convulsions	yesno <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						

1082	[if_convulsions_d180]	Details if any Show the field ONLY if: [convulsions_d180]="1"	text Custom alignment: RH				
1083	[bleeding_tendencies_d180]	11. Bleeding tendencies	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1084	[if_bleeding_tendency_d180]	Details if any Show the field ONLY if: [bleeding_tendencies_d180] ="1"	text Custom alignment: RH				
1085	[abdominal_pain_d180]	12. Abdominal Pain	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1086	[if_abdominal_pain_d180]	Details if any Show the field ONLY if: [abdominal_pain_d180]="1"	text Custom alignment: RH				
1087	[cough_d180]	13. Cough	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1088	[if_cough_d180]	Details if any Show the field ONLY if: [cough_d180]="1"	text Custom alignment: RH				
1089	[difficult_breathing_d180]	14. Difficulty breathing	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1090	[if_difficlt_breathing_d180]	Details if any Show the field ONLY if: [difficult_breathing_d180]="1"	text Custom alignment: RH				
1091	[inability_sitstandfeed_d180]	15. Inability to sit upright / stand unsupported / breastfeeding	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1092	[ifinablty_sitstandfed_d180]	Details if any Show the field ONLY if: [inability_sitstandfeed_d180] ="1"	text Custom alignment: RH				
1093	[mental_disorder_d180]	16. Mental Disorders (abnormal behavior)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1094	[if_mental_disorder_d180]	Details if any Show the field ONLY if: [mental_disorder_d180]="1"	text Custom alignment: RH				
1095	[neulogical_disorder_d180]	17. Neurological disorders (eg epilepsy)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1096	[if_neulogical_disordr_d180]	Details if any Show the field ONLY if: [neulogical_disorder_d180] ="1"	text Custom alignment: RH				

1097	[others_form17_d180]	18. Other (specify)	text Custom alignment: RH				
1098	[other_form17a_d180]	19. Other (specify)	text Custom alignment: RH				
1099	[others_form17b_d180]	20. Other (specify)	text Custom alignment: RH				
1100	[med_last_visit_d180]	Section Header: 4. OTHER MEDICATIONS A. Has the child been prescribed any medications since the last PARIST review, ? <i>If Yes, please add details below</i>	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1101	[other_medications_d180]	Medication Reason prescribed Dose Units (e.g. mg) Frequency Date of prescription No of days prescribed? {medication_d1801} {reason_prescb_d1801} {dose_d1801} {unit_d1801} {freq_d1801} {date_prescrib_med_d1801} {days_presc_med_d1801} {medication_d1802} {reason_prescb_d1802} {dose_d1802} {unit_d1802} {freq_d1802} {date_prescrib_med_d1802} {days_presc_med_d1802} {medication_d1803} {reason_prescb_d1803} {dose_1803} {unit_d1803} {freq_d1803} {date_prescrib_med_d1803} {days_presc_med_d1803} {medication_d1804} {reason_prescb_d1804} {dose_d1804} {unit_d1804} {freq_d1804} {date_prescrib_med_d1804} {days_presc_med_d1804} {medication_d1805} {reason_prescb_d1805} {dose_d1805} {unit_d1805} {freq_d1805} {date_prescrib_med_d1805} {days_presc_med_d1805} {medication_d1806} {reason_prescb_d1806} {dose_d1806} {unit_d1806} {freq_d1806} {date_prescrib_med_d1806} {days_presc_med_d1806} {medication_d1807} {reason_prescb_d1807} {dose_d1807} {unit_d1807} {freq_d1807} {date_prescrib_med_d1807} {days_presc_med_d1807} {medication_d1808} {reason_prescb_d1808} {dose_d1808} {unit_d1808} {freq_d1808} {date_prescrib_med_d1808} {days_presc_med_d1808}	descriptive				
1102	[medication_d1801]	Medication Show the field ONLY if: [med_last_visit_d180]="1"	text Custom alignment: RH				
1103	[reason_prescb_d1801]	Reason prescribed Show the field ONLY if: [med_last_visit_d180]="1"	text				
1104	[dose_d1801]	Dose Show the field ONLY if: [med_last_visit_d180]="1"	text				
1105	[unit_d1801]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_d180]="1"	text				
1106	[freq_d1801]	Frequency Show the field ONLY if: [med_last_visit_d180]="1"	text				
1107	[date_prescrib_med_d1801]	Date of prescription Show the field ONLY if: [med_last_visit_d180]="1"	text (date_dmy)				
1108	[days_presc_med_d1801]	No of days prescribed Show the field ONLY if: [med_last_visit_d180]="1"	text				
1109	[medication_d1802]	Medication Show the field ONLY if: [med_last_visit_d180]="1"	text Custom alignment: RH				
1110	[reason_prescb_d1802]	Reason prescribed Show the field ONLY if: [med_last_visit_d180]="1"	text				
1111	[dose_d1802]	Dose Show the field ONLY if: [med_last_visit_d180]="1"	text				
1112	[unit_d1802]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_d180]="1"	text				

1113	[freq_d1802] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1114	[date_prescrib_med_d1802] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1115	[days_presc_med_d1802] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1116	[medication_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1117	[reason_prescb_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text
1118	[dose_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text
1119	[unit_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text
1120	[freq_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1121	[date_prescrib_med_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1122	[days_presc_med_d1803] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1123	[medication_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1124	[reason_prescb_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text
1125	[dose_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text
1126	[unit_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text
1127	[freq_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1128	[date_prescrib_med_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1129	[days_presc_med_d1804] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1130	[medication_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1131	[reason_prescb_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text
1132	[dose_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text

1133	[unit_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text
1134	[freq_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1135	[date_prescrib_med_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1136	[days_prescr_med_d1805] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1137	[medication_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1138	[reason_prescb_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text
1139	[dose_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text
1140	[unit_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text
1141	[freq_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1142	[date_prescrib_med_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1143	[days_prescr_med_d1806] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1144	[medication_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1145	[reason_prescb_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text
1146	[dose_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text
1147	[unit_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text
1148	[freq_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text
1149	[date_prescrib_med_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)
1150	[days_prescr_med_d1807] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text
1151	[medication_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Medication	text Custom alignment: RH
1152	[reason_prescb_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Reason prescribed	text

1153	[dose_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Dose	text						
1154	[unit_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Units (e.g. mg)	text						
1155	[freq_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Frequency	text						
1156	[date_prescrib_med_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	Date of prescription	text (date_dmy)						
1157	[days_prescr_med_d1808] Show the field ONLY if: [med_last_visit_d180]="1"	No of days prescribed	text						
1158	[completedname17_d180]	Completed by: Name	text Custom alignment: RH						
1159	[initial_form17_d180]	Initial	text Custom alignment: RH						
1160	[date_completed17_d180]	Date Completed	text (date_dmy) Custom alignment: RH						
1161	[form_17_follow_up_d180_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: Form 17 Follow Up Extra (form_17_follow_up_extra)

1162	[visit_exta]	Visit	radio <table border="1"> <tr><td>1</td><td>Days 28</td></tr> <tr><td>2</td><td>Day 90</td></tr> <tr><td>3</td><td>Day 180</td></tr> <tr><td>4</td><td>Extra specify Days {extra_f17}</td></tr> </table> Custom alignment: RH	1	Days 28	2	Day 90	3	Day 180	4	Extra specify Days {extra_f17}
1	Days 28										
2	Day 90										
3	Day 180										
4	Extra specify Days {extra_f17}										
1163	[extra_f17_exta] Show the field ONLY if: [visit_exta]="4"	Extra specify Days	text								
1164	[place_visit_exta]	Place of visit	radio <table border="1"> <tr><td>1</td><td>Clinic</td></tr> <tr><td>2</td><td>Home visit</td></tr> <tr><td>3</td><td>Telephone visit</td></tr> <tr><td>4</td><td>Missed visit</td></tr> </table> Custom alignment: RH	1	Clinic	2	Home visit	3	Telephone visit	4	Missed visit
1	Clinic										
2	Home visit										
3	Telephone visit										
4	Missed visit										
1165	[date_exta]	Date of follow up	text (date_dmy)								
1166	[child_initial17_exta]	Child's initial	text								
1167	[temperature_axilry_exta] Show the field ONLY if: [place_visit_exta]="1"	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text								
1168	[heart_rate_exta] Show the field ONLY if: [place_visit_exta]="1"	2. Heart rate (bpm)	text								
1169	[respiratory_rate_exta] Show the field ONLY if: [place_visit_exta]="1"	3. Respiratory Rate (bpm)	text								
1170	[systolic_blood_press_exta] Show the field ONLY if: [place_visit_exta]="1"	4. Blood Pressure systolic (mmhg)	text								

1171	[diastolic_blood_press_exta] Show the field ONLY if: [place_visit_exta] = "1"	4. Blood Pressure diastolic (mmhg)	text				
1172	[capillary_refill_exta] Show the field ONLY if: [place_visit_exta] = "1"	5. Capillary refill time (sec)	text				
1173	[oxygen_saturation_exta] Show the field ONLY if: [place_visit_exta] = "1"	6. Oxygen Saturation (%)	text				
1174	[weight_exta] Show the field ONLY if: [place_visit_exta] = "1"	Section Header: 2. ANTHROPOOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1175	[height_length_exta] Show the field ONLY if: [place_visit_exta] = "1"	2. Height / length	text Custom alignment: RH				
1176	[muac_exta] Show the field ONLY if: [place_visit_exta] = "1"	3. MUAC (cm)	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1177	[head_circumference_exta] Show the field ONLY if: [place_visit_exta] = "1"	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH				
1178	[symptoms_questionnaire_exta]	Section Header: 3. SYMPTOMS QUESTIONNAIRE Symptoms YES NO Details if any 1. Fever {fever_exta} {if_fever_exta} 2. Swelling of the body(face, feet, abdomen) {swelling_body_exta} {if_swelling_body_exta} 3. Yellowing of Eyes (Jaundice) {yellow_eyes_exta} {if_yellow_eyes_exta} 4. Cold hands or feet {cold_hand_feet_exta} {if_cold_hand_feet_exta} 5. Passing of dark or tea colored urine in last 24hr {colored_urine_exta} {if_colored_urine_exta} 6. History of sore throat {sore_throat_exta} {if_sore_throat_exta} 7. Vomiting {vomiting_exta} {if_vomiting_exta} 8. Diarrhoea {diarrhoea_exta} {if_diarrhoea_exta} 9. Hand / foot pain {hand_foot_pain_exta} {if_hand_foot_pain_exta} 10. Convulsions? {convulsions_exta} {if_convulsions_exta} 11. Bleeding tendencies {bleeding_tendencies_exta} {if_bleeding_tendency_exta} 12. Abdominal Pain {abdominal_pain_exta} {if_abdominal_pain_exta} 13. Cough {cough_exta} {if_cough_exta} 14. Difficulty breathing {difficult_breathing_exta} {if_difficult_breathing_exta} 15. Inability to sit upright / stand unsupported / breastfeeding {inability_sitstandfeed_exta} {if_inability_sitstandfed_exta} 16. Mental Disorders (Abnormal disorder) {mental_disorder_exta} {if_mental_disorder_exta} 17. Neurological disorders? ?(eg -? epilepsy) {neurological_disorder_exta} {if_neurological_disorder_exta} 18. Others {others_form17_exta} 19. Others {other_form17a_exta} 20. Others {others_form17b_exta}	descriptive				
1179	[fever_exta]	1. Fever	yesno <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						
1180	[if_fever_exta] Show the field ONLY if: [fever_exta] = 1	Details if any	text Custom alignment: RH				
1181	[swelling_body_exta]	2. Swelling of the body(face, feet, abdomen)	yesno <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						
1182	[if_swelling_body_exta] Show the field ONLY if: [swelling_body_exta] = "1"	Details if any	text Custom alignment: RH				

1183	[yellow_eyes_exta]	3. Yellowing of Eyes (Jaundice)	yesno <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						
1184	[if_yellow_eyes_exta] Show the field ONLY if: [yellow_eyes_exta]="1"	Details if any	text Custom alignment: RH				
1185	[cold_hand_feet_exta]	4. Cold hands or feet	yesno <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						
1186	[if_cold_hand_feet_exta] Show the field ONLY if: [cold_hand_feet_exta]="1"	Details if any	text Custom alignment: RH				
1187	[colored_urine_exta]	5. Passing of dark or tea colored urine in last 24hr	yesno <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						
1188	[if_colored_urine_exta] Show the field ONLY if: [colored_urine_exta]="1"	Details if any	text Custom alignment: RH				
1189	[sore_throat_exta]	6. History of sore throat	yesno <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						
1190	[if_sore_throat_exta] Show the field ONLY if: [sore_throat_exta]="1"	Details if any	text Custom alignment: RH				
1191	[vomitting_exta]	7. Vomiting	yesno <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						
1192	[if_vomitting_exta] Show the field ONLY if: [vomitting_exta]="1"	Details if any	text Custom alignment: RH				
1193	[diarrhoea_exta]	8. Diarrhoea	yesno <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						
1194	[if_diarrhoea_exta] Show the field ONLY if: [diarrhoea_exta]="1"	Details if any	text Custom alignment: RH				
1195	[hand_foot_pain_exta]	9. Hand / foot pain	yesno <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						
1196	[if_hand_foot_pain_exta] Show the field ONLY if: [hand_foot_pain_exta]="1"	Details if any	text Custom alignment: RH				
1197	[convulsions_exta]	10. Convulsions	yesno <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						

1198	[if_convulsions_exta] Show the field ONLY if: [convulsions_exta]="1"	Details if any	text Custom alignment: RH				
1199	[bleeding_tendencies_exta]	11. Bleeding tendencies	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1200	[if_bleeding_tendency_exta] Show the field ONLY if: [bleeding_tendencies_exta] ="1"	Details if any	text Custom alignment: RH				
1201	[abdominal_pain_exta]	12. Abdominal Pain	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1202	[if_abdominal_pain_exta] Show the field ONLY if: [abdominal_pain_exta]="1"	Details if any	text Custom alignment: RH				
1203	[cough_exta]	13. Cough	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1204	[if_cough_exta] Show the field ONLY if: [cough_exta]="1"	Details if any	text Custom alignment: RH				
1205	[difficult_breathing_exta]	14. Difficulty breathing	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1206	[if_difficult_breathing_exta] Show the field ONLY if: [difficult_breathing_exta]="1"	Details if any	text Custom alignment: RH				
1207	[inability_sitstandfeed_exta]	15. Inability to sit upright / stand unsupported / breastfeeding	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1208	[ifinablty_sitstandfed_exta] Show the field ONLY if: [inability_sitstandfeed_exta] ="1"	Details if any	text Custom alignment: RH				
1209	[mental_disorder_exta]	16. Mental Disorders (abnormal behavior)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1210	[if_mental_disorder_exta] Show the field ONLY if: [mental_disorder_exta]="1"	Details if any	text Custom alignment: RH				
1211	[neulogical_disorder_exta]	17. Neurological disorders (eg epilepsy)	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> Custom alignment: RH	1	Yes	0	No
1	Yes						
0	No						
1212	[if_neulogical_disordr_exta] Show the field ONLY if: [neulogical_disorder_exta]="1"	Details if any	text Custom alignment: RH				

1213	[others_form17_exta]	18. Other (specify)	text Custom alignment: RH				
1214	[other_form17a_exta]	19. Other (specify)	text Custom alignment: RH				
1215	[others_form17b_exta]	20. Other (specify)	text Custom alignment: RH				
1216	[med_last_visit_exta]	Section Header: 4. OTHER MEDICATIONS A. Has the child been prescribed any medications since the last PARIST review, ? <i>If Yes, please add details below</i>	yesno <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						
1217	[other_medications_exta]	Medication Reason prescribed Dose Units (e.g. mg) Frequency Date of prescription No of days prescribed? {medication_exta1} {reason_prescb_exta1} {dose_exta1} {unit_exta1} {freq_exta1} {date_prescrib_med_exta1} {days_presc_med_exta1} {medication_exta2} {reason_prescb_exta2} {dose_exta2} {unit_exta2} {freq_exta2} {date_prescrib_med_exta2} {days_presc_med_exta2} {medication_exta3} {reason_prescb_exta3} {dose_exta3} {unit_exta3} {freq_exta3} {date_prescrib_med_exta3} {days_presc_med_exta3} {medication_exta4} {reason_prescb_exta4} {dose_exta4} {unit_exta4} {freq_exta4} {date_prescrib_med_exta4} {days_presc_med_exta4} {medication_exta5} {reason_prescb_exta5} {dose_exta5} {unit_exta5} {freq_exta5} {date_prescrib_med_exta5} {days_presc_med_exta5} {medication_exta6} {reason_prescb_exta6} {dose_exta6} {unit_exta6} {freq_exta6} {date_prescrib_med_exta6} {days_presc_med_exta6} {medication_exta7} {reason_prescb_exta7} {dose_exta7} {unit_exta7} {freq_exta7} {date_prescrib_med_exta7} {days_presc_med_exta7} {medication_exta8} {reason_prescb_exta8} {dose_exta8} {unit_exta8} {freq_exta8} {date_prescrib_med_exta8} {days_presc_med_exta8}	descriptive				
1218	[medication_exta1]	Medication	text Custom alignment: RH				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1219	[reason_prescb_exta1]	Reason prescribed	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1220	[dose_exta1]	Dose	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1221	[unit_exta1]	Units (e.g. mg)	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1222	[freq_exta1]	Frequency	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1223	[date_prescrib_med_exta1]	Date of prescription	text (date_dmy)				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1224	[days_presc_med_exta1]	No of days prescribed	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1225	[medication_exta2]	Medication	text Custom alignment: RH				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1226	[reason_prescb_exta2]	Reason prescribed	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1227	[dose_exta2]	Dose	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						
1228	[unit_exta2]	Units (e.g. mg)	text				
	Show the field ONLY if: [med_last_visit_exta]="1"						

1229	[freq_exta2]	Frequency Show the field ONLY if: [med_last_visit_exta]="1"	text
1230	[date_prescrib_med_exta2]	Date of prescription Show the field ONLY if: [med_last_visit_exta]="1"	text (date_dmy)
1231	[days_presc_med_exta2]	No of days prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1232	[medication_exta3]	Medication Show the field ONLY if: [med_last_visit_exta]="1"	text Custom alignment: RH
1233	[reason_prescb_exta3]	Reason prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1234	[dose_exta3]	Dose Show the field ONLY if: [med_last_visit_exta]="1"	text
1235	[unit_exta3]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_exta]="1"	text
1236	[freq_exta3]	Frequency Show the field ONLY if: [med_last_visit_exta]="1"	text
1237	[date_prescrib_med_exta3]	Date of prescription Show the field ONLY if: [med_last_visit_exta]="1"	text (date_dmy)
1238	[days_presc_med_exta3]	No of days prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1239	[medication_exta4]	Medication Show the field ONLY if: [med_last_visit_exta]="1"	text Custom alignment: RH
1240	[reason_prescb_exta4]	Reason prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1241	[dose_exta4]	Dose Show the field ONLY if: [med_last_visit_exta]="1"	text
1242	[unit_exta4]	Units (e.g. mg) Show the field ONLY if: [med_last_visit_exta]="1"	text
1243	[freq_exta4]	Frequency Show the field ONLY if: [med_last_visit_exta]="1"	text
1244	[date_prescrib_med_exta4]	Date of prescription Show the field ONLY if: [med_last_visit_exta]="1"	text (date_dmy)
1245	[days_presc_med_exta4]	No of days prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1246	[medication_exta5]	Medication Show the field ONLY if: [med_last_visit_exta]="1"	text Custom alignment: RH
1247	[reason_prescb_exta5]	Reason prescribed Show the field ONLY if: [med_last_visit_exta]="1"	text
1248	[dose_exta5]	Dose Show the field ONLY if: [med_last_visit_exta]="1"	text

1249	[unit_exta5] Show the field ONLY if: [med_last_visit_exta]="1"	Units (e.g. mg)	text
1250	[freq_exta5] Show the field ONLY if: [med_last_visit_exta]="1"	Frequency	text
1251	[date_prescrib_med_exta5] Show the field ONLY if: [med_last_visit_exta]="1"	Date of prescription	text (date_dmy)
1252	[days_prescr_med_exta5] Show the field ONLY if: [med_last_visit_exta]="1"	No of days prescribed	text
1253	[medication_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Medication	text Custom alignment: RH
1254	[reason_prescb_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Reason prescribed	text
1255	[dose_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Dose	text
1256	[unit_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Units (e.g. mg)	text
1257	[freq_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Frequency	text
1258	[date_prescrib_med_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	Date of prescription	text (date_dmy)
1259	[days_prescr_med_exta6] Show the field ONLY if: [med_last_visit_exta]="1"	No of days prescribed	text
1260	[medication_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Medication	text Custom alignment: RH
1261	[reason_prescb_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Reason prescribed	text
1262	[dose_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Dose	text
1263	[unit_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Units (e.g. mg)	text
1264	[freq_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Frequency	text
1265	[date_prescrib_med_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	Date of prescription	text (date_dmy)
1266	[days_prescr_med_exta7] Show the field ONLY if: [med_last_visit_exta]="1"	No of days prescribed	text
1267	[medication_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Medication	text Custom alignment: RH
1268	[reason_prescb_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Reason prescribed	text

1269	[dose_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Dose	text						
1270	[unit_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Units (e.g. mg)	text						
1271	[freq_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Frequency	text						
1272	[date_prescrib_med_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	Date of prescription	text (date_dmy)						
1273	[days_presc_med_exta8] Show the field ONLY if: [med_last_visit_exta]="1"	No of days prescribed	text						
1274	[completedname17_exta]	Completed by: Name	text Custom alignment: RH						
1275	[initial_form17_exta]	Initial	text Custom alignment: RH						
1276	[date_completed17_exta]	Date Completed	text (date_dmy) Custom alignment: RH						
1277	[form_17_follow_up_extra_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: **FORM 18 LOST TO FOLLOW UP & WITHDRAWAL** (form_18_lost_to_follow_up_withdrawal)

1278	[child_initial18]	Child's initial	text												
1279	[clinic_no18]	Clinic/Hospital No	text												
1280	[date_form18]	Date of form	text (date_dmy)												
1281	[date_last_seenclinic]	Section Header: <i>DETAILS OF LAST CONTACT WITH PATIENT</i> A. Date last seen in hospital/at PARIST clinic	text (date_dmy)												
1282	[visit_f18]		radio <table border="1"><tr><td>1</td><td>During primary admission (absconded)</td></tr><tr><td>2</td><td>At discharge</td></tr><tr><td>3</td><td>28 days</td></tr><tr><td>4</td><td>90 days</td></tr><tr><td>5</td><td>180 days</td></tr><tr><td>6</td><td>Other specify {other_specify_18} {days}</td></tr></table>	1	During primary admission (absconded)	2	At discharge	3	28 days	4	90 days	5	180 days	6	Other specify {other_specify_18} {days}
1	During primary admission (absconded)														
2	At discharge														
3	28 days														
4	90 days														
5	180 days														
6	Other specify {other_specify_18} {days}														
1283	[other_specify_18] Show the field ONLY if: [visit_f18]="6"	Other specify	text												
1284	[days] Show the field ONLY if: [visit_f18]="6"		radio <table border="1"><tr><td>1</td><td>Days</td></tr><tr><td>2</td><td>Months</td></tr></table>	1	Days	2	Months								
1	Days														
2	Months														
1285	[date_last_contact]	Date of last contact with PARIST staff	text (date_dmy)												
1286	[site_visit]		radio <table border="1"><tr><td>1</td><td>CLINIC</td></tr><tr><td>2</td><td>Telephone</td></tr><tr><td>3</td><td>Home visit</td></tr></table> Custom alignment: RH	1	CLINIC	2	Telephone	3	Home visit						
1	CLINIC														
2	Telephone														
3	Home visit														
1287	[date_home_visit] Show the field ONLY if: [site_visit]="3"	Section Header: <i>DETAILS OF HOME VISIT</i> A. Date of this home visit	text (date_dmy)												

1288	[contact_made_patient] Show the field ONLY if: [site_visit] = "3"	B. Was contact made with the patient at this visit?	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> Custom alignment: RH	1	Yes	0	No																							
1	Yes																													
0	No																													
1289	[contact_other_person] Show the field ONLY if: [site_visit] = "3"	C. Was contact made with anyone who could give information on the patient at this visit?	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> Custom alignment: RH	1	Yes	0	No																							
1	Yes																													
0	No																													
1290	[not_attending_clinic] Show the field ONLY if: [site_visit] = "3"	D. Why is the patient currently not attending clinic? (Tick all that apply)	checkbox <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td>not_attending_clinic__1</td><td>Moved to another area</td></tr> <tr><td>2</td><td>not_attending_clinic__2</td><td>Moved to live with another carer/relative</td></tr> <tr><td>3</td><td>not_attending_clinic__3</td><td>Social problems</td></tr> <tr><td>4</td><td>not_attending_clinic__4</td><td>Transport problems</td></tr> <tr><td>5</td><td>not_attending_clinic__5</td><td>Work commitments of carer</td></tr> <tr><td>6</td><td>not_attending_clinic__6</td><td>Died (complete event form)</td></tr> <tr><td>7</td><td>not_attending_clinic__7</td><td>No longer interested</td></tr> <tr><td>8</td><td>not_attending_clinic__8</td><td>Child too ill to travel</td></tr> <tr><td>Other</td><td>not_attending_clinic__other</td><td>specify</td></tr> </table>	1	not_attending_clinic__1	Moved to another area	2	not_attending_clinic__2	Moved to live with another carer/relative	3	not_attending_clinic__3	Social problems	4	not_attending_clinic__4	Transport problems	5	not_attending_clinic__5	Work commitments of carer	6	not_attending_clinic__6	Died (complete event form)	7	not_attending_clinic__7	No longer interested	8	not_attending_clinic__8	Child too ill to travel	Other	not_attending_clinic__other	specify
1	not_attending_clinic__1	Moved to another area																												
2	not_attending_clinic__2	Moved to live with another carer/relative																												
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7	not_attending_clinic__7	No longer interested																												
8	not_attending_clinic__8	Child too ill to travel																												
Other	not_attending_clinic__other	specify																												
1291	[child_able_return]	E. Is the child/carer able to return to the clinic for regular assessment?	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> Custom alignment: RH	1	Yes	0	No																							
1	Yes																													
0	No																													
1292	[not_intend_return_visit]	F. Does the patient definitely not intend to return for further PARIST clinic visits?	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> Custom alignment: RH	1	Yes	0	No																							
1	Yes																													
0	No																													
1293	[date_withdrawal_consent]	Section Header: CONSENT WITHDRAWAL A. Date Withdrawal of Consent Form signed:	text (date_dmy)																											
1294	[withdrawal_notsigned]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>N/A-withdrawal not signed</td></tr> </table>	1	N/A-withdrawal not signed																									
1	N/A-withdrawal not signed																													
1295	[consent_withdrawal]	B. Consent withdrawal (tick ONE):	radio <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 10%;">1</td><td>No longer wish to (or cannot) take PARIST study drugs but agree to being contacted in the future (home visits or by telephone).</td></tr> <tr><td>2</td><td>No longer wish to (or cannot) take PARIST study drugs but agree to medical records being consulted in future to obtain clinical information for PARIST.</td></tr> <tr><td>3</td><td>No longer wish to (or cannot) take PARIST study drugs and do not agree to being contacted in the future or to my/my child's medical records being consulted in future to obtain clinical information for PARIST.</td></tr> </table>	1	No longer wish to (or cannot) take PARIST study drugs but agree to being contacted in the future (home visits or by telephone).	2	No longer wish to (or cannot) take PARIST study drugs but agree to medical records being consulted in future to obtain clinical information for PARIST.	3	No longer wish to (or cannot) take PARIST study drugs and do not agree to being contacted in the future or to my/my child's medical records being consulted in future to obtain clinical information for PARIST.																					
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1296	[reason_withdrawal]	C. Reason (s) for withdrawal of consent (tick all that apply)	checkbox <table border="1"> <tr><td>1</td><td>reason_withdrawal__1</td><td>Moved to another area</td></tr> <tr><td>2</td><td>reason_withdrawal__2</td><td>Moved to live with another carer/relative</td></tr> <tr><td>3</td><td>reason_withdrawal__3</td><td>Social problems</td></tr> <tr><td>4</td><td>reason_withdrawal__4</td><td>Transport problems</td></tr> <tr><td>5</td><td>reason_withdrawal__5</td><td>Work commitments of carer</td></tr> <tr><td>6</td><td>reason_withdrawal__6</td><td>Died (complete event form)</td></tr> <tr><td>7</td><td>reason_withdrawal__7</td><td>No longer interested</td></tr> <tr><td>8</td><td>reason_withdrawal__8</td><td>Child too ill to travel</td></tr> <tr><td>9</td><td>reason_withdrawal__9</td><td>Other, specify {other_specify_18a}</td></tr> </table>	1	reason_withdrawal__1	Moved to another area	2	reason_withdrawal__2	Moved to live with another carer/relative	3	reason_withdrawal__3	Social problems	4	reason_withdrawal__4	Transport problems	5	reason_withdrawal__5	Work commitments of carer	6	reason_withdrawal__6	Died (complete event form)	7	reason_withdrawal__7	No longer interested	8	reason_withdrawal__8	Child too ill to travel	9	reason_withdrawal__9	Other, specify {other_specify_18a}
1	reason_withdrawal__1	Moved to another area																												
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8	reason_withdrawal__8	Child too ill to travel																												
9	reason_withdrawal__9	Other, specify {other_specify_18a}																												
1297	[other_specify_18a] Show the field ONLY if: [reason_withdrawal(9)]="1"	Other specify	text																											
1298	[completedname18]	Completed by: Name	text																											
1299	[initial18]	Initial	text																											
1300	[date_completed18]	Date Completed	text (date_dmy)																											
1301	[form_18_lost_to_follow_up_withdrawal_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: FORM 19 UNSCHEDULED VISIT (form_19_unscheduled_visit)																														
1302	[date_form_uschvisit]	Date of form	text (date_dmy)																											
1303	[child_initial19_uschvisit]	Child's initial	text																											
1304	[temperature_uschvisit]	Section Header: 1. VITAL SIGNS 1. Temperature: Axillary	text																											
1305	[heart_rate_uschvisit]	2. Heart rate (bpm)	text																											
1306	[respiratory_rate_uschvisit]	3. Respiratory Rate (bpm)	text																											
1307	[systolic_bldprss_uschvisit]	4. Blood Pressure systolic (mmhg)	text																											
1308	[diasto_bldprss_uschvisit]	4. Blood Pressure diastolic (mmhg)	text																											
1309	[weight_uschvisit]	Section Header: 2. ANTHROPOOMETRY 1. Weight (Kg)	text (number, Min: 0, Max: 9999) Custom alignment: RH																											
1310	[muac_uschvisit]	2. MUAC (cm)	text (number, Min: 0, Max: 9999) Custom alignment: RH																											
1311	[height_length_uschvisit]	3. Height / length	text Custom alignment: RH																											
1312	[head_circumferen_uschvisit]	4. Head circumference (cm) [if < 2 years]	text (number, Min: 0, Max: 9999) Custom alignment: RH																											
1313	[airway_uschvst]	Section Header: PHYSICAL EXAMINATION Airway	radio <table border="1"> <tr><td>1</td><td>Clear</td></tr> <tr><td>2</td><td>Obstructed / stridor</td></tr> <tr><td>3</td><td>Needs active support</td></tr> </table> Custom alignment: RH	1	Clear	2	Obstructed / stridor	3	Needs active support																					
1	Clear																													
2	Obstructed / stridor																													
3	Needs active support																													

1314	[breathing_uschvst]	Breathing	checkbox <table border="1"> <tr><td>1</td><td>breathing_uschvst__1</td><td>Normal</td></tr> <tr><td>2</td><td>breathing_uschvst__2</td><td>Nasal flaring</td></tr> <tr><td>3</td><td>breathing_uschvst__3</td><td>Lower chest in drawing</td></tr> <tr><td>4</td><td>breathing_uschvst__4</td><td>Deep Acidotic breathing</td></tr> <tr><td>5</td><td>breathing_uschvst__5</td><td>Central cyanosis</td></tr> <tr><td>6</td><td>breathing_uschvst__6</td><td>Wheeze</td></tr> <tr><td>7</td><td>breathing_uschvst__7</td><td>Head nodding</td></tr> <tr><td>8</td><td>breathing_uschvst__8</td><td>Intercostal recession</td></tr> <tr><td>9</td><td>breathing_uschvst__9</td><td>Reduced air-entry</td></tr> <tr><td>10</td><td>breathing_uschvst__10</td><td>Grunting</td></tr> <tr><td>11</td><td>breathing_uschvst__11</td><td>Crackles</td></tr> <tr><td>12</td><td>breathing_uschvst__12</td><td>Dull to percussion</td></tr> <tr><td>13</td><td>breathing_uschvst__13</td><td>Intercostal recession</td></tr> </table>	1	breathing_uschvst__1	Normal	2	breathing_uschvst__2	Nasal flaring	3	breathing_uschvst__3	Lower chest in drawing	4	breathing_uschvst__4	Deep Acidotic breathing	5	breathing_uschvst__5	Central cyanosis	6	breathing_uschvst__6	Wheeze	7	breathing_uschvst__7	Head nodding	8	breathing_uschvst__8	Intercostal recession	9	breathing_uschvst__9	Reduced air-entry	10	breathing_uschvst__10	Grunting	11	breathing_uschvst__11	Crackles	12	breathing_uschvst__12	Dull to percussion	13	breathing_uschvst__13	Intercostal recession
1	breathing_uschvst__1	Normal																																								
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12	breathing_uschvst__12	Dull to percussion																																								
13	breathing_uschvst__13	Intercostal recession																																								
1315	[radial_pulse_uschvst]	Section Header: <i>Circulation</i> Radial pulse	radio <table border="1"> <tr><td>1</td><td>Weak</td></tr> <tr><td>2</td><td>Normal</td></tr> <tr><td>3</td><td>Bounding</td></tr> </table> <p>Custom alignment: RH</p>	1	Weak	2	Normal	3	Bounding																																	
1	Weak																																									
2	Normal																																									
3	Bounding																																									
1316	[capillary_refill_uschvst]	Capillary refill time (sec)	radio <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2-3</td></tr> <tr><td>3</td><td>>3</td></tr> </table> <p>Custom alignment: RH</p>	1	1	2	2-3	3	>3																																	
1	1																																									
2	2-3																																									
3	>3																																									
1317	[tempture_gradient_uschvst]	Temperature gradient	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1318	[pallor_uschvst]	Pallor (Anemia)	radio <table border="1"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> <p>Custom alignment: RH</p>	1	None	2	+	3	++	4	+++																															
1	None																																									
2	+																																									
3	++																																									
4	+++																																									
1319	[sunken_eyes_uschvst]	Section Header: <i>Dehydration</i> Sunken eyes	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1320	[dry_mucous_unschvst]	Dry mucous membranes	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: RH</p>	1	Yes	0	No																																			
1	Yes																																									
0	No																																									
1321	[skin_pinch_uschvst]	Skin pinch (sec)	radio <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2-3</td></tr> <tr><td>3</td><td>>3</td></tr> </table> <p>Custom alignment: RH</p>	1	1	2	2-3	3	>3																																	
1	1																																									
2	2-3																																									
3	>3																																									

1322	[level_consciousness_uschvst]	Section Header: <i>Disability</i> Level of consciousness	radio <table border="1"> <tr><td>1</td><td>A</td></tr> <tr><td>2</td><td>V</td></tr> <tr><td>3</td><td>P</td></tr> <tr><td>4</td><td>U</td></tr> </table> Custom alignment: RH	1	A	2	V	3	P	4	U										
1	A																				
2	V																				
3	P																				
4	U																				
1323	[prostrate_uschvst]	Inability to sit upright/stand unsupported / and breast feed (prostrated)	yesno <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																				
1324	[spasma_uschvst]	Is the child currently fitting or having spasms	yesno <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																				
1325	[fontanelle_uschvst]	Fontanelle(select one)	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Bulging</td></tr> <tr><td>3</td><td>Sunken</td></tr> <tr><td>4</td><td>NA</td></tr> </table> Custom alignment: RH	1	Normal	2	Bulging	3	Sunken	4	NA										
1	Normal																				
2	Bulging																				
3	Sunken																				
4	NA																				
1326	[tone_uschvst]	Tone (select one)	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Hypertonic</td></tr> <tr><td>3</td><td>Hypotonic</td></tr> </table> Custom alignment: RH	1	Normal	2	Hypertonic	3	Hypotonic												
1	Normal																				
2	Hypertonic																				
3	Hypotonic																				
1327	[posture_uschvst]	Posture (select one)	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Decorticate</td></tr> <tr><td>3</td><td>Decerebrate</td></tr> </table> Custom alignment: RH	1	Normal	2	Decorticate	3	Decerebrate												
1	Normal																				
2	Decorticate																				
3	Decerebrate																				
1328	[activity_uschvst]	Activity	radio <table border="1"> <tr><td>1</td><td>Normal</td></tr> <tr><td>2</td><td>Irritable/agitated</td></tr> <tr><td>3</td><td>Lethargic</td></tr> </table> Custom alignment: RH	1	Normal	2	Irritable/agitated	3	Lethargic												
1	Normal																				
2	Irritable/agitated																				
3	Lethargic																				
1329	[abdomen_uschvst]	Abdomen	checkbox <table border="1"> <tr><td>1</td><td>abdomen_uschvst__1</td><td>Normal</td></tr> <tr><td>2</td><td>abdomen_uschvst__2</td><td>Distended</td></tr> <tr><td>3</td><td>abdomen_uschvst__3</td><td>Tender</td></tr> <tr><td>4</td><td>abdomen_uschvst__4</td><td>Splenomegaly {splenomegaly_uschvst}</td></tr> <tr><td>5</td><td>abdomen_uschvst__5</td><td>Hepatomegaly {hepatomegaly_uschvst}</td></tr> <tr><td>6</td><td>abdomen_uschvst__6</td><td>Other abdominal mass {other_abdmn_mass_uschvst}</td></tr> </table>	1	abdomen_uschvst__1	Normal	2	abdomen_uschvst__2	Distended	3	abdomen_uschvst__3	Tender	4	abdomen_uschvst__4	Splenomegaly {splenomegaly_uschvst}	5	abdomen_uschvst__5	Hepatomegaly {hepatomegaly_uschvst}	6	abdomen_uschvst__6	Other abdominal mass {other_abdmn_mass_uschvst}
1	abdomen_uschvst__1	Normal																			
2	abdomen_uschvst__2	Distended																			
3	abdomen_uschvst__3	Tender																			
4	abdomen_uschvst__4	Splenomegaly {splenomegaly_uschvst}																			
5	abdomen_uschvst__5	Hepatomegaly {hepatomegaly_uschvst}																			
6	abdomen_uschvst__6	Other abdominal mass {other_abdmn_mass_uschvst}																			
1330	[splenomegaly_uschvst]	Splenomegaly (cm) Show the field ONLY if: [abdomen_uschvst(4)]="1"	text																		
1331	[hepatomegaly_uschvst]	Hepatomegaly (cm) Show the field ONLY if: [abdomen_uschvst(5)]="1"	text																		

1332	[other_abdmn_mass_uschvst]	Other abdominal mass (cm) Show the field ONLY if: [abdomen_uschvst(6)]="1"	text																														
1333	[oedema_uschvst]	Oedema	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> Custom alignment: RH	1	None	2	+	3	++	4	+++																						
1	None																																
2	+																																
3	++																																
4	+++																																
1334	[jaundic_uschvst]	Jaundice	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>None</td></tr> <tr><td>2</td><td>+</td></tr> <tr><td>3</td><td>++</td></tr> <tr><td>4</td><td>+++</td></tr> </table> Custom alignment: RH	1	None	2	+	3	++	4	+++																						
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3	++																																
4	+++																																
1335	[skin_uschvst]	Skin	checkbox <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>skin_uschvst__1</td><td>Normal</td></tr> <tr><td>2</td><td>skin_uschvst__2</td><td>Excoriation</td></tr> <tr><td>3</td><td>skin_uschvst__3</td><td>Depigmentation</td></tr> <tr><td>4</td><td>skin_uschvst__4</td><td>Flaky paint'</td></tr> <tr><td>5</td><td>skin_uschvst__5</td><td>Hyperpigmentation</td></tr> <tr><td>6</td><td>skin_uschvst__6</td><td>Pustules</td></tr> <tr><td>7</td><td>skin_uschvst__7</td><td>Vesicles</td></tr> <tr><td>8</td><td>skin_uschvst__8</td><td>Maculopapular</td></tr> <tr><td>9</td><td>skin_uschvst__9</td><td>Depigmentation</td></tr> <tr><td>10</td><td>skin_uschvst__10</td><td>Desquamation</td></tr> </table>	1	skin_uschvst__1	Normal	2	skin_uschvst__2	Excoriation	3	skin_uschvst__3	Depigmentation	4	skin_uschvst__4	Flaky paint'	5	skin_uschvst__5	Hyperpigmentation	6	skin_uschvst__6	Pustules	7	skin_uschvst__7	Vesicles	8	skin_uschvst__8	Maculopapular	9	skin_uschvst__9	Depigmentation	10	skin_uschvst__10	Desquamation
1	skin_uschvst__1	Normal																															
2	skin_uschvst__2	Excoriation																															
3	skin_uschvst__3	Depigmentation																															
4	skin_uschvst__4	Flaky paint'																															
5	skin_uschvst__5	Hyperpigmentation																															
6	skin_uschvst__6	Pustules																															
7	skin_uschvst__7	Vesicles																															
8	skin_uschvst__8	Maculopapular																															
9	skin_uschvst__9	Depigmentation																															
10	skin_uschvst__10	Desquamation																															
1336	[ent_mouth_eyes_uschvst]	ENT / Mouth / Eyes	checkbox <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>ent_mouth_eyes_uschvst__1</td><td>Mouth normal</td></tr> <tr><td>2</td><td>ent_mouth_eyes_uschvst__2</td><td>Oral ulceration</td></tr> <tr><td>3</td><td>ent_mouth_eyes_uschvst__3</td><td>Eye discharge</td></tr> <tr><td>4</td><td>ent_mouth_eyes_uschvst__4</td><td>Ears normal</td></tr> <tr><td>5</td><td>ent_mouth_eyes_uschvst__5</td><td>Pus from ears</td></tr> <tr><td>6</td><td>ent_mouth_eyes_uschvst__6</td><td>Eyes normal</td></tr> <tr><td>7</td><td>ent_mouth_eyes_uschvst__7</td><td>Lymphadenopathy</td></tr> <tr><td>8</td><td>ent_mouth_eyes_uschvst__8</td><td>Visual impairment</td></tr> </table>	1	ent_mouth_eyes_uschvst__1	Mouth normal	2	ent_mouth_eyes_uschvst__2	Oral ulceration	3	ent_mouth_eyes_uschvst__3	Eye discharge	4	ent_mouth_eyes_uschvst__4	Ears normal	5	ent_mouth_eyes_uschvst__5	Pus from ears	6	ent_mouth_eyes_uschvst__6	Eyes normal	7	ent_mouth_eyes_uschvst__7	Lymphadenopathy	8	ent_mouth_eyes_uschvst__8	Visual impairment						
1	ent_mouth_eyes_uschvst__1	Mouth normal																															
2	ent_mouth_eyes_uschvst__2	Oral ulceration																															
3	ent_mouth_eyes_uschvst__3	Eye discharge																															
4	ent_mouth_eyes_uschvst__4	Ears normal																															
5	ent_mouth_eyes_uschvst__5	Pus from ears																															
6	ent_mouth_eyes_uschvst__6	Eyes normal																															
7	ent_mouth_eyes_uschvst__7	Lymphadenopathy																															
8	ent_mouth_eyes_uschvst__8	Visual impairment																															
1337	[completedname19]	Completed by: Name	text																														
1338	[initial19]	Initial	text																														
1339	[date_completed19]	Date Completed:	text (date_dmy)																														

1340	[syptoms_qusnaire_unsch]	Section Header: 4. SYMPTOMS QUESTIONNAIRE Symptoms YES? ? NO Details if any 1. Fever? {fever_uschvisit} {if_fever_uschvisit} 2. Swelling of the body(face, feet, ?abdomen) {swelling_body_uschvisit} {if_swelling_body_uschvisit} 3. Yellowing of Eyes (Jaundice) {yellow_eyes_uschvisit} {if_yellow_eyes_uschvisit} 4. Cold hands or feet only {cold_hand_feet_uschvisit} {if_cold_handfeet_uschvisit} 5. Passing of dark or tea colored urine in last 24hr {colored_urine_uschvisit} {if_colored_urine_uschvisit} 6. History of sore throat {sore_throat_uschvisit} {if_sore_throat_uschvisit} 7. Vomiting {vomitting_uschvisit} {if_vomitting_uschvisit} 8. Diarrhoea {diarrhoea_uschvisit} {if_diarrhoea_uschvisit} 9. Hand / foot pain {hand_foot_pain_uschvisit} {if_hand_footpain_uschvisit} 10. Convulsions? {convulsions_uschvisit} {if_convulsions_uschvisit} 11. Bleeding tendencies {bleeding_tendcs_uschvisit} {if_blding_tendcs_uschvisit} 12. Abdominal Pain {abdominal_pain_uschvisit} {if_abdnal_pain_uschvisit} 13. Cough {cough_uschvisit} {if_cough_uschvisit} 14. Difficulty breathing {difficult_brthing_uschvisit} {if_dift_brthing_uschvisit} 15. Inability to sit upright / stand unsupported / breastfeeding {inabty_sits_uschvisit} {if_inablty_sit_uschvisit} 16. Mental? Disorders (Abnormal behavior)? {mental_disorder_uschvisit} {if_metaldisorder_uschvisit} 17. Neurological disorders (eg epilepsy) {nerlcal_dsoder_unschvisit} {if_nerlcal_dsoder_usv} 18. Others {others_uschvisit} 19. Others {other_uschvisit1} 20. Others {others_uschvisit2}	descriptive				
1341	[fever_uschvisit]	1. Fever	yesno <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						
1342	[if_fever_uschvisit] Show the field ONLY if: [fever_uschvisit]=1	Details if any	text Custom alignment: RH				
1343	[swelling_body_uschvisit]	2. Swelling of the body(face, feet, abdomen)	yesno <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						
1344	[if_swelling_body_uschvisit] Show the field ONLY if: [swelling_body_uschvisit]="1"	Details if any	text Custom alignment: RH				
1345	[yellow_eyes_uschvisit]	3. Yellowing of Eyes (Jaundice)	yesno <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						
1346	[if_yellow_eyes_uschvisit] Show the field ONLY if: [yellow_eyes_uschvisit]="1"	Details if any	text Custom alignment: RH				
1347	[cold_hand_feet_uschvisit]	4. Cold hands or feet	yesno <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						
1348	[if_cold_handfeet_uschvisit] Show the field ONLY if: [cold_hand_feet_uschvisit]="1"	Details if any	text Custom alignment: RH				
1349	[colored_urine_uschvisit]	5. Passing of dark or tea colored urine in last 24hr	yesno <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						
1350	[if_colored_urine_uschvisit] Show the field ONLY if: [colored_urine_uschvisit]="1"	Details if any	text Custom alignment: RH				

1351	[sore_throat_uschvisit]	6. History of sore throat	yesno <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						
1352	[if_sore_throat_uschvisit] Show the field ONLY if: [sore_throat_uschvisit]="1"	Details if any	text Custom alignment: RH				
1353	[vomitting_uschvisit]	7. Vomiting	yesno <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						
1354	[if_vomitting_uschvisit] Show the field ONLY if: [vomitting_uschvisit]="1"	Details if any	text Custom alignment: RH				
1355	[diarrhoea_uschvisit]	8. Diarrhoea	yesno <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						
1356	[if_diarrhoea_uschvisit] Show the field ONLY if: [diarrhoea_uschvisit]="1"	Details if any	text Custom alignment: RH				
1357	[hand_foot_pain_uschvisit]	9. Hand / foot pain	yesno <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						
1358	[if_hand_footpain_uschvisit] Show the field ONLY if: [hand_foot_pain_uschvisit] ="1"	Details if any	text Custom alignment: RH				
1359	[convulsions_uschvisit]	10. Convulsions	yesno <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						
1360	[if_convulsions_uschvisit] Show the field ONLY if: [convulsions_uschvisit]="1"	Details if any	text Custom alignment: RH				
1361	[bleeding_tendcs_uschvisit]	11. Bleeding tendencies	yesno <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						
1362	[if_blding_tendcs_uschvisit] Show the field ONLY if: [bleeding_tendcs_uschvisit] ="1"	Details if any	text Custom alignment: RH				
1363	[abdominal_pain_uschvisit]	12. Abdominal Pain	yesno <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						
1364	[if_abdnal_pain_uschvisit] Show the field ONLY if: [abdominal_pain_uschvisit] ="1"	Details if any	text Custom alignment: RH				

1365	[cough_uschvisit]	13. Cough	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> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
1366	[if_cough_uschvisit] Show the field ONLY if: [cough_uschvisit] = "1"	Details if any	text Custom alignment: RH						
1367	[difculty_brthing_uschvisit]	14. Difficulty breathing	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> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
1368	[if_dift_brthing_uschvisit] Show the field ONLY if: [difculty_brthing_uschvisit] = "1"	Details if any	text Custom alignment: RH						
1369	[inabty_sits_unschvisit]	15. Inability to sit upright / stand unsupported / breastfeeding	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> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
1370	[if_inablty_sit_uschvisit] Show the field ONLY if: [inabty_sits_unschvisit] = "1"	Details if any	text Custom alignment: RH						
1371	[mental_disorder_uschvisit]	16. Mental Disorders (abnormal behavior)	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> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
1372	[if_metaldisorder_uschvisit] Show the field ONLY if: [mental_disorder_uschvisit] = "1"	Details if any	text Custom alignment: RH						
1373	[nerlcal_dsoder_unschvisit]	17. Neurological disorders (eg epilepsy)	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> Custom alignment: RH	1	Yes	0	No		
1	Yes								
0	No								
1374	[if_nerlcal_dsoder_usv] Show the field ONLY if: [nerlcal_dsoder_unschvisit] = "1"	Details if any	text Custom alignment: RH						
1375	[others_uschvisit]	18. Other (specify)	text Custom alignment: RH						
1376	[other_uschvisit1]	19. Other (specify)	text Custom alignment: RH						
1377	[others_uschvisit2]	20. Other (specify)	text Custom alignment: RH						
1378	[completedname19_usv]	Completed by: Name	text Custom alignment: RH						
1379	[initial_form19_usv]	Initial	text Custom alignment: RH						
1380	[date_completed19_usv]	Date Completed	text (date_dmy) Custom alignment: RH						
1381	[form_19_unscheduled_visit_c omplete]	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: FORM 20 ADVERSE EVENT (form_20_adverse_event)									
1382	[date_form20]	Date of form	text (date_dmy)						
1383	[child_initial20]	Child's Initial	text						

1384	[ae_occurred]	Has any AE occurred during the study?	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> Custom alignment: RH	1	Yes	0	No				
1	Yes										
0	No										
1385	[adverse_event]	Adverse Event (CTCAE v4.0 Term) Show the field ONLY if: [ae_occurred] = "1"	text								
1386	[other_ctcae]	If "other" CTCAE Term, specify Show the field ONLY if: [ae_occurred] = "1"	text								
1387	[onset_date]	Onset date Show the field ONLY if: [ae_occurred] = "1"	text (date_dmy)								
1388	[resolution_date]	Resolution date Show the field ONLY if: [ae_occurred] = "1"	text (date_dmy)								
1389	[on_going]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>On going</td></tr> </table>	1	On going						
1	On going										
1390	[serious]	Serious Show the field ONLY if: [ae_occurred] = "1"	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> Custom alignment: RH	1	Yes	0	No				
1	Yes										
0	No										
1391	[severity_grade]	Severity Grade (1-5) Show the field ONLY if: [ae_occurred] = "1"	text Custom alignment: RH								
1392	[expectedness]	Expectedness Show the field ONLY if: [ae_occurred] = "1"	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Expected</td></tr> <tr><td>2</td><td>Unexpected</td></tr> </table> Custom alignment: RH	1	Expected	2	Unexpected				
1	Expected										
2	Unexpected										
1393	[unexpected_stdy_treatment]	If unexpected, related to study treatment ? Show the field ONLY if: [expectedness] = "2"	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Unrelated</td></tr> <tr><td>2</td><td>Possibly</td></tr> <tr><td>3</td><td>Probably</td></tr> <tr><td>4</td><td>Definitely</td></tr> </table>	1	Unrelated	2	Possibly	3	Probably	4	Definitely
1	Unrelated										
2	Possibly										
3	Probably										
4	Definitely										
1394	[hu_held]	Was HU Held Show the field ONLY if: [ae_occurred] = "1"	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										
1395	[investigator_initial]	Lead investigator initials Show the field ONLY if: [ae_occurred] = "1"	text								
1396	[investigator_date]	Lead investigator date Show the field ONLY if: [ae_occurred] = "1"	text (date_dmy)								
1397	[form_20_adverse_event_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: FORM 21 SEVERE ADVERSE EVENT (SAE) (form_21_severe_adverse_event_sae)											
1398	[date_form21]	Date of form	text (date_dmy)								
1399	[child_initial21]	Child's Initial	text								
1400	[report_status]	1. Report Status	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr><td>1</td><td>Initial report {date_report_initial}</td></tr> <tr><td>2</td><td>Follow-up report {date_report_fu}</td></tr> <tr><td>3</td><td>Initial and final report {date_report_initial_final}</td></tr> <tr><td>4</td><td>Final report {date_report_final}</td></tr> </table>	1	Initial report {date_report_initial}	2	Follow-up report {date_report_fu}	3	Initial and final report {date_report_initial_final}	4	Final report {date_report_final}
1	Initial report {date_report_initial}										
2	Follow-up report {date_report_fu}										
3	Initial and final report {date_report_initial_final}										
4	Final report {date_report_final}										

1401	[date_report_initial] Show the field ONLY if: [report_status]='1'	Date of Report	text (date_dmy)															
1402	[date_report_fu] Show the field ONLY if: [report_status]='2'	Date of Report	text (date_dmy)															
1403	[date_report_initial_final] Show the field ONLY if: [report_status]='3'	Date of Report	text (date_dmy)															
1404	[date_report_final] Show the field ONLY if: [report_status]='4'	Date of Report	text (date_dmy)															
1405	[date_birth]	Section Header: SUBJECT INFORMATION 2. Date of Birth	text (date_dmy)															
1406	[age_sae]	3. Age	descriptive															
1407	[years_sae]	Years	text															
1408	[months_sae]	Months	text															
1409	[gender_sae]	4. Gender	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <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																	
1410	[diagnosis_sae]	Section Header: EVENT DESCRIPTION 4. Diagnosis	notes															
1411	[event_descrition]	5. Event description	notes															
1412	[onset_date_sae]	6. Onset date	text (date_dmy)															
1413	[end_date_sae]	7. End date	text (date_dmy)															
1414	[ongoing_sae]		radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Ongoing</td> </tr> </table>	1	Ongoing													
1	Ongoing																	
1415	[reason_sae]	8. Reason SAE is being reported(Check all that apply)	checkbox <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>reason_sae__1</td> <td>Resulted in death (fatal)</td> </tr> <tr> <td>2</td> <td>reason_sae__2</td> <td>Life-threatening (actual risk of death at time of the event)</td> </tr> <tr> <td>3</td> <td>reason_sae__3</td> <td>Caused or prolonged hospitalization (not elective hospitalization for a pre-existing condition)</td> </tr> <tr> <td>4</td> <td>reason_sae__4</td> <td>Persistent or significant disability or incapacity</td> </tr> <tr> <td>5</td> <td>reason_sae__5</td> <td>Other important medical condition (areal, not hypothetical risk of, or requiring intervention to prevent, one of the outcomes listed above)</td> </tr> </table>	1	reason_sae__1	Resulted in death (fatal)	2	reason_sae__2	Life-threatening (actual risk of death at time of the event)	3	reason_sae__3	Caused or prolonged hospitalization (not elective hospitalization for a pre-existing condition)	4	reason_sae__4	Persistent or significant disability or incapacity	5	reason_sae__5	Other important medical condition (areal, not hypothetical risk of, or requiring intervention to prevent, one of the outcomes listed above)
1	reason_sae__1	Resulted in death (fatal)																
2	reason_sae__2	Life-threatening (actual risk of death at time of the event)																
3	reason_sae__3	Caused or prolonged hospitalization (not elective hospitalization for a pre-existing condition)																
4	reason_sae__4	Persistent or significant disability or incapacity																
5	reason_sae__5	Other important medical condition (areal, not hypothetical risk of, or requiring intervention to prevent, one of the outcomes listed above)																
1416	[death_occur] Show the field ONLY if: [reason_sae(1)]="1"	If fatal, where did the death occur:	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>Hospital</td> </tr> <tr> <td>2</td> <td>Home</td> </tr> <tr> <td>3</td> <td>Other specify</td> </tr> </table>	1	Hospital	2	Home	3	Other specify									
1	Hospital																	
2	Home																	
3	Other specify																	
1417	[other_sae]	Other specify	text															
1418	[relationship]	9.Relationship to study drug	radio <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td>1</td> <td>No Relationship</td> </tr> <tr> <td>2</td> <td>Unlikely Related</td> </tr> <tr> <td>3</td> <td>Possible Related</td> </tr> <tr> <td>4</td> <td>Probable Related</td> </tr> <tr> <td>5</td> <td>Definite Related</td> </tr> </table>	1	No Relationship	2	Unlikely Related	3	Possible Related	4	Probable Related	5	Definite Related					
1	No Relationship																	
2	Unlikely Related																	
3	Possible Related																	
4	Probable Related																	
5	Definite Related																	

1419	[form_21_severe_adverse_event_sae_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: FORM 22 FINAL STATUS (form_22_final_status)																					
1420	[date_form22]	Date of form	text (date_dmy)																		
1421	[child_initial22]	Child's Initial	text																		
1422	[complete_study]	Section Header: <i>PARTICIPANT STATUS</i> Did participant complete the study?	yesno <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																				
1423	[date_completion]	If yes Date of completion	text (date_dmy) Custom alignment: RH																		
1424	[date_discontinuation]	No, Date of discontinuation	text (date_dmy) Custom alignment: RH																		
1425	[not_completing_study]	If No, select the reason of not completing the study as planned: Show the field ONLY if: [complete_study] = "0"	radio <table border="1"> <tr><td>1</td><td>Death</td></tr> <tr><td>2</td><td>Consent Withdrawn</td></tr> <tr><td>3</td><td>Ineligibility (either arising during the study or retrospective having been overlooked at screening)</td></tr> <tr><td>4</td><td>Significant protocol deviation, specify</td></tr> <tr><td>5</td><td>Significant non-compliance</td></tr> <tr><td>6</td><td>AE or SAE (which results in inability to continue to comply with study procedures)</td></tr> <tr><td>7</td><td>Disease Progression (which results in an inability to continue to comply with study procedures)</td></tr> <tr><td>8</td><td>Lost to Follow-Up</td></tr> <tr><td>9</td><td>Other, specify</td></tr> </table>	1	Death	2	Consent Withdrawn	3	Ineligibility (either arising during the study or retrospective having been overlooked at screening)	4	Significant protocol deviation, specify	5	Significant non-compliance	6	AE or SAE (which results in inability to continue to comply with study procedures)	7	Disease Progression (which results in an inability to continue to comply with study procedures)	8	Lost to Follow-Up	9	Other, specify
1	Death																				
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8	Lost to Follow-Up																				
9	Other, specify																				
1426	[signifcnt_protocol_dev]	Significant protocol deviation, specify	text																		
1427	[other_specify_22]	Other, specify	text																		
1428	[have_adverse_event]	Did participant have any Adverse Events?	yesno <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																				
1429	[total_ae]	Total AE	text Custom alignment: RH																		
1430	[have_sae]	Did participant have any Serious Adverse Events?	yesno <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																				
1431	[total_sae]	Total SAE	text Custom alignment: RH																		
1432	[completedname22]	Completed by: Name	text																		
1433	[initial22]	Initial	text																		
1434	[date_completed22]	Date Completed:	text (date_dmy)																		

1435	[form_22_final_status_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								
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2	Complete								