

Study # 004 <input type="text"/>	CHILDID <input type="text"/>	Plate # 401 <input type="text"/>	Visit # 001 <input type="text"/>	F4A_DATE <input type="text"/>
Site	Center	Child ID	Day	Month
			Year	

Section 1: Demographic and Epidemiological Information

- Who is [Child's Name]'s primary caretaker? **PRIMCARE**

<input type="checkbox"/> 1 Mother	<input type="checkbox"/> 2 Father	<input type="checkbox"/> 3 Sister	<input type="checkbox"/> 4 Brother
<input type="checkbox"/> 5 Grandmother	<input type="checkbox"/> 6 Grandfather	<input type="checkbox"/> 7 Aunt	<input type="checkbox"/> 8 Uncle
<input type="checkbox"/> 9 No relation	<input type="checkbox"/> 10 Other relation by blood or marriage, specify <u>PRIMCARE_SPEC</u>		

- What is your relationship to [Child's Name]? **RELATIONSHIP**

<input type="checkbox"/> 1 Mother	<input type="checkbox"/> 2 Father	<input type="checkbox"/> 3 Sister	<input type="checkbox"/> 4 Brother
<input type="checkbox"/> 5 Grandmother	<input type="checkbox"/> 6 Grandfather	<input type="checkbox"/> 7 Aunt	<input type="checkbox"/> 8 Uncle
<input type="checkbox"/> 9 No relation	<input type="checkbox"/> 10 Other relation by blood or marriage, specify <u>RELATION_SPEC</u>		

- Where does [Child's Name]'s mother live? **MOM_LIVE**

<input type="checkbox"/> 1 Living in household	<input type="checkbox"/> 3 Abroad	<input type="checkbox"/> 5 Died
<input type="checkbox"/> 2 Lives outside of household	<input type="checkbox"/> 4 Whereabouts unknown	

- Where does [Child's Name]'s father live? **DAD_LIVE**

<input type="checkbox"/> 1 Living in household	<input type="checkbox"/> 3 Abroad	<input type="checkbox"/> 5 Died
<input type="checkbox"/> 2 Lives outside of household	<input type="checkbox"/> 4 Whereabouts unknown	

- How far did the child's primary caretaker go in school? **PRIM_SCHL**

<input type="checkbox"/> 1 No formal schooling	<input type="checkbox"/> 4 Completed secondary
<input type="checkbox"/> 2 Less than primary	<input type="checkbox"/> 5 Post-secondary
<input type="checkbox"/> 3 Completed primary	<input type="checkbox"/> 6 Religious education only
	<input type="checkbox"/> 7 Don't know

- How many people have been living regularly in your household for the past 6 months? **PPL_HOUSE**

- How many people have been sleeping regularly in your household for the past 6 months? **PPL_SLEEP**

- How many children younger than 60 months live in the household? **YNG_CHILDREN**



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9. How many rooms in your household are used for sleeping?

SLP_ROOMS

10. What is the predominant floor in the house of [Child's Name]?

FLOOR

Natural Floor

Rudimentary Floor

Finished Floor

1 Earth/Sand

3 Wood planks

5 Parquet or polished wood

2 Dung

4 Palm/bamboo

6 Vinyl or asphalt strips

7 Ceramic Tile

8 Cement

9 Carpet

10 Other, specify FLOOR_SPEC

11. Does your household have the following? [Must be functioning; "X" all that apply.]

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Electricity HOUSE_ELEC | <input type="checkbox"/> 1 Bicycle/rickshaw HOUSE_BIKE | <input type="checkbox"/> 1 Telephone (mobile or non-mobile) HOUSE_PHONE |
| <input type="checkbox"/> 1 Television HOUSE_TELE | <input type="checkbox"/> 1 Car/truck HOUSE_CAR | <input type="checkbox"/> 1 Animal-drawn cart HOUSE_CART |
| <input type="checkbox"/> 1 Motorcycle/scooter HOUSE_SCOOT | <input type="checkbox"/> 1 Refrigerator HOUSE_FRIDGE | <input type="checkbox"/> 1 Agricultural land HOUSE_AGLAND |
| <input type="checkbox"/> 1 Radio HOUSE_RADIO | <input type="checkbox"/> 1 Boat with a motor HOUSE_BOAT | <input type="checkbox"/> 1 None of the above HOUSE_NONE |

12. What type of cooking fuel does your household use? ["X" all that apply.]

- | | | |
|---|--|--|
| <input type="checkbox"/> 1 Electricity FUEL_ELEC | <input type="checkbox"/> 1 Biogas FUEL_BIOGAS | <input type="checkbox"/> 1 Straw/shrubs/grass FUEL_GRASS |
| <input type="checkbox"/> 1 Liquid Propane Gas FUEL_PROPANE | <input type="checkbox"/> 1 Coal/lignite FUEL_COAL | <input type="checkbox"/> 1 Animal dung FUEL_DUNG |
| <input type="checkbox"/> 1 Natural Gas FUEL_NATGAS | <input type="checkbox"/> 1 Charcoal FUEL_CHARCOAL | <input type="checkbox"/> 1 Agricultural crop residue FUEL_CROP |
| <input type="checkbox"/> 1 Kerosene FUEL_KERO | <input type="checkbox"/> 1 Wood FUEL_WOOD | <input type="checkbox"/> 1 Other, specify <u>FUEL_OTHER_SPEC</u> FUEL_OTHER |

13. Do the following animals live in the compound where [Child's Name] lives? ["X" all that apply.]

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Goat ANI_GOAT | <input type="checkbox"/> 1 Cow ANI_COW | <input type="checkbox"/> 1 No Animals ANI_NO |
| <input type="checkbox"/> 1 Sheep ANI_SHEEP | <input type="checkbox"/> 1 Rodents ANI_RODENTS | |
| <input type="checkbox"/> 1 Dog ANI_DOG | <input type="checkbox"/> 1 Fowl (chicken, duck or other birds) ANI_FOWL | |
| <input type="checkbox"/> 1 Cat ANI_CAT | <input type="checkbox"/> 1 Other, specify <u>ANI_SPEC</u> ANI_OTHER | |



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14. During the last two weeks, has your household ever obtained drinking water from any of the following sources? [*“X” all that apply.*]

- | | | | |
|---|-----------------------|--|-----------------|
| <input type="checkbox"/> 1 Piped into house | WATER_HOUSE | <input type="checkbox"/> 1 Covered well in house or yard | WATER_COVWELL |
| <input type="checkbox"/> 1 Piped into yard | WATER_YARD | <input type="checkbox"/> 1 Covered public well | WATER_COVPWELL |
| <input type="checkbox"/> 1 Public tap | WATER_PUBTAP | <input type="checkbox"/> 1 Protected spring | WATER_PROSPRING |
| <input type="checkbox"/> 1 Open well in house or yard | WATER_WELL | <input type="checkbox"/> 1 Unprotected spring | WATER_UNSPRING |
| <input type="checkbox"/> 1 Open public well | WATER_PUBWELL | <input type="checkbox"/> 1 River or stream | WATER_RIVER |
| <input type="checkbox"/> 1 Pond or lake | WATER_POND | <input type="checkbox"/> 1 Dam or earth pan | WATER_DAM |
| <input type="checkbox"/> 1 Deep tube well | WATER_DEEPWELL | <input type="checkbox"/> 1 Rainwater | WATER_RAIN |
| <input type="checkbox"/> 1 Shallow tube well | WATER_SHALLWELL | <input type="checkbox"/> 1 Bought (tank, bottles, etc) | WATER_BOUGHT |
| <input type="checkbox"/> 1 Other, specify _____ | WATER_OTHR WATER_SPEC | <input type="checkbox"/> 1 Bore hole | WATER_BORE |

15. During the last two weeks, what was the **main source** of drinking water for the members of your household? [*“X” only one response that relates to the main source of drinking water.*]

- | | | |
|---|----------|--|
| <input type="checkbox"/> 1 Piped into house | MS_WATER | <input type="checkbox"/> 9 Covered well in house or yard |
| <input type="checkbox"/> 2 Piped into yard | | <input type="checkbox"/> 10 Covered public well |
| <input type="checkbox"/> 3 Public tap | | <input type="checkbox"/> 11 Protected spring |
| <input type="checkbox"/> 4 Open well in house or yard | | <input type="checkbox"/> 12 Unprotected spring |
| <input type="checkbox"/> 5 Open public well | | <input type="checkbox"/> 13 River or stream |
| <input type="checkbox"/> 6 Pond or lake | | <input type="checkbox"/> 14 Dam or earth pan |
| <input type="checkbox"/> 7 Deep tube well | | <input type="checkbox"/> 15 Rainwater |
| <input type="checkbox"/> 8 Shallow tube well | | <input type="checkbox"/> 16 Bought (tank, bottles, etc) |
| <input type="checkbox"/> 18 Other, specify _____ | MS_SPEC | <input type="checkbox"/> 17 Bore hole |

[Use your response from Question 15 to answer Questions 16 and 17. If the response to Question 15 is “piped into house/yard”, “open or covered well in house/yard” or “rainwater”, then go to Question 18. Otherwise continue.]



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16. How long does it take to go there, get water, and come back?

TIME_WATER

- 1 Less than 15 minutes
- 2 15 to 29 minutes
- 3 30 to 59 minutes
- 4 1 to 3 hours
- 5 More than 3 hours

17. Do you or other members from your household go and fetch drinking water for the household every day?

No Yes

FETCH_WATER 0 1

[If "Yes", go to Question 17a, if "No" go to Question 17b.]

17a. On average, how many trips do you and members from your household make to fetch water each day?

Number of trips/day

TRIP_DAY

17b. On average, how many trips do you and members from your household make to fetch water each week?

Number of trips/week

TRIP_WEEK

[If no trips are made, complete as "00".]

18. In the last two weeks, how often has water been available from this main source?

- 1 All the time
- 2 Several hours every day
- 3 A few times per week
- 4 Less frequent than a few times per week

WATER_AVAIL

19. In the last two weeks, did you give [Child's Name] stored water for drinking?

No Yes

STORE_WATER 0 1

20. Do you usually treat drinking water at home?

No Yes

TRT_WATER 0 1

[If "No", go to Question 23.]

21. Which method do you use the most to treat drinking water at home? ["X" only one response.]

- 1 Leave water in sun to disinfect
- 2 Filter through a cloth
- 3 Chlorine liquid, powder, or tablets
- 4 Boil
- 5 Filter through ceramic or other filter
- 6 Alum
- 7 Other chemical or additive, specify _____

TRT_METHOD

TRT_METHOD_SPEC

[If chlorine is not used, skip to Question 22.]

21a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only one response.]

CHLORINE

- 1 Certeza
- 2 Aquatabs
- 3 AquaGuard
- 4 WaterGuard
- 5 Watermaker
- 6 PuR
- 7 Unknown
- 8 Other, specify _____

CHLORINE_SPEC



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22. In the last two weeks did you give [Child's Name] water which was not treated? NOTRT_WATER No Yes

23. How do you usually dispose of [Child's Name]'s feces? [*"X" only one response.*]

- | | |
|---|--|
| <input checked="" type="checkbox"/> Scatter in yard DISP_FECES | <input type="checkbox"/> Bush/Field/Ground/Stream/Open sewer |
| <input type="checkbox"/> Bury | <input type="checkbox"/> Do nothing |
| <input type="checkbox"/> Toilet, latrine | <input type="checkbox"/> Other, specify DISP_SPEC _____ |

24. What kind of facility does your household most commonly use to dispose of human fecal waste?
 [*Show pictures to confirm the identity of the facility used. "X" only one response.*]

- | | |
|---|---|
| <input checked="" type="checkbox"/> Flush toilet FAC_WASTE | <input type="checkbox"/> Pour flush toilet |
| <input type="checkbox"/> Ventilated improved pit (VIP) latrine | <input type="checkbox"/> No facility: Bush/Field/Ground/Stream/Open sewer |
| <input type="checkbox"/> Traditional pit toilet | <i>[If "No facility" selected, go to Question 26]</i> |
| <input type="checkbox"/> Ventilated improved pit w/water seal | <input type="checkbox"/> Other, specify FAC_SPEC _____ |

25. How many households (other than your own) share this facility? SHARE_FAC
 [*Respond with a number; code "00" for none.*]

26. When do you usually wash your hands? [*"X" all that apply. Do not probe.*]

- | | |
|--|---|
| <input checked="" type="checkbox"/> Before eating WASH_EAT | <input type="checkbox"/> After handling domestic animals WASH_ANIMAL |
| <input checked="" type="checkbox"/> Before cooking WASH_COOK | <input type="checkbox"/> After cleaning child who defecated WASH_CHILD |
| <input type="checkbox"/> Before you nurse or prepare baby's food WASH_NURSE | <input type="checkbox"/> Never WASH_NEVER |
| <input checked="" type="checkbox"/> After you defecate WASH_DEF | <input type="checkbox"/> Other, specify WASH_SPEC _____ |
| | WASH_OTHR |

27. When you wash your hands, what do you usually use? [*"X" only one.*] WASH_USE

- | | | | |
|-------------------------------------|---|--|--|
| <input type="checkbox"/> Water only | <input type="checkbox"/> Water and soap | <input type="checkbox"/> Water and ashes | <input type="checkbox"/> Water and mud or clay |
|-------------------------------------|---|--|--|

Section 2: Clinical Information

28. Is [Child's Name] currently breastfed? BREASTFED
 No Partial breastfeeding Exclusive breastfeeding

29. How many days including today has this episode of diarrhea lasted? DRH_DAYS



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30. Since [Child's Name] became ill with diarrhea, how would you best describe the stool?

[“X” the most common.]

DRH_STOOLS

- 1 Simple watery 2 Rice watery stool 3 Sticky/mucoid 4 Bloody

31. During the illness, what was the maximum number of loose stools that [Child's Name] passed in a day (24-hour period)? [“X” only one response.]

MAX_STOOLS

- 1 ≤ 6 per day 2 7 to 10 times per day 3 More than 10 times per day

32. Did [Child's Name] have any of the following since this illness began?

		No	Yes	DK
a. Blood in stools	DRH_BLOOD	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
b. Vomiting 3 or more times per day	DRH_VOMIT	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
c. Very thirsty	DRH_THIRST	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
d. Drank much less than usual	DRH_LESSDRINK	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
e. Unable to drink	DRH_UNDRINK	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
f. Belly pain	DRH_BELLYPAIN	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
g. Fever measured at least 38°C or parental perception	DRH_FEVER	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
h. Irritable or restless	DRH_RESTLESS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
i. Decreased activity or lethargy	DRH_LETHRGY	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
j. Loss of consciousness	DRH_CONSC	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
k. Rectal straining	DRH_STRAIN	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
l. Rectal prolapse	DRH_PROLAPSE	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
m. Cough	DRH_COUGH	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
n. Difficulty breathing	DRH_BREATH	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9
o. Convulsion	DRH_CONV	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 9



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33. Right now, does your child have any of the following?

		No	Yes	DK
a. Very thirsty	CUR_THIRSTY	<input type="text"/>	<input type="text"/>	<input type="text"/>
b. Drinks poorly or not able to drink	CUR_NODRINK	<input type="text"/>	<input type="text"/>	<input type="text"/>
c. Sunken eyes	CUR_SUNKEYES	<input type="text"/>	<input type="text"/>	<input type="text"/>
d. Wrinkled skin	CUR_SKIN	<input type="text"/>	<input type="text"/>	<input type="text"/>
e. Irritable or restless	CUR_RESTLESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
f. Lethargy or loss of consciousness	CUR_LETHRGY	<input type="text"/>	<input type="text"/>	<input type="text"/>
g. Dry mouth	CUR_DRYMOUTH	<input type="text"/>	<input type="text"/>	<input type="text"/>
h. Fast breathing	CUR_FASTBREATH	<input type="text"/>	<input type="text"/>	<input type="text"/>

34. Before coming to this hospital/health center, was [Child's Name] given any of the following to treat his/her diarrhea? ["X" all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

HOMETRT_ORIS

A fluid made from a special packet called ORALITE or ORS?

HOMETRT_MAIZE

Homemade fluid (e.g., Thin watery porridge made from maize, rice or wheat, soup, sugar salt water solution, Yogurt based drink)

HOMETRT_MILK

Special milk or infant formula

HOMETRT_OTHRLIQ

Any other liquids, specify HOMETRTLIQ_SPEC

HOMETRT_HERB

Home remedy/Herbal medication

HOMETRT_AB

Antibiotics, specify HOMETRT_AB_SPEC

HOMETRT_ZINC

Zinc (tablet/syrup)

HOMETRT_OTHR1

Other (1), specify HOMETRT_SPEC1

HOMETRT_NONE

No special remedies given

HOMETRT_OTHR2

Other (2), specify HOMETRT_SPEC2

35. Since [Child's Name] developed diarrhea, how much have you been offering [Child's Name] to drink?

OFFR_DRINK

More than usual

Much less than usual

Usual

Nothing to drink

Somewhat less than usual

36. Since [Child's Name] developed diarrhea, how much have you been offering [Child's Name] to eat?

OFFR_EAT

More than usual

Much less than usual

Usual

Nothing to eat

Somewhat less than usual



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Section 3: Health care utilization and expenses made before this visit to this hospital/health center

37. Before coming to this hospital/health center, did you seek care for [Child's Name] outside your household for this illness?

[If "No", go to Question 41.]

SEEK_OUTSIDE No Yes

38. If you previously sought care for [Child's Name] for this illness, where did you go? [Use the Health Facility Coding List to code the center(s) of choice. Do not include this center. "X" all that apply.]

SEEK_PHARM Pharmacy

SEEK_FRIEND Friend/relative

SEEK_HEALER Traditional healer

SEEK_DOC Unlicensed practitioner/village doctor/bush doctor/village health worker

SEEK_PRIVDOC Licensed practitioner/private doctor (not at hospital)

SEEK_REMDY Bought a remedy/medicine at the shop/market, specify remedy/drug SEEK_REMDY_SPEC

SEEK_CTR1 Hospital/Center of first choice SEEK_CTR1_CODE SEEK_CTR1_SHC 1=SHC, 0_NonSHC

SEEK_CTR2 Hospital/Center of second choice SEEK_CTR2_CODE SEEK_CTR2_SHC 1=SHC, 0_NonSHC

SEEK_CTR3 Hospital/Center of third choice SEEK_CTR3_CODE SEEK_CTR3_SHC 1=SHC, 0_NonSHC

SEEK_OTHER Other Hospital/Center, specify SEEK_OTHER_SPEC

39. What were your or your household estimated out-of-pocket expenses for the following: [Have respondent answer for only those facilities (not friends or relatives) that were used in Question 38 and provide the expense in the local currency.]

Total Medical

Expenses

Transportation

a. Pharmacy PHARM_TOTAL PHARM_TRNSPRT

b. Traditional healer HEAL_TOTAL HEAL_TRNSPRT

c. Unlicensed practitioner/village doctor/bush doctor DOC_TOTAL DOC_TRNSPRT

d. Licensed practitioner/private doctor PRIVDOC_TOTAL PRIVDOC_TRNSPRT

e. Bought remedy/medicine at the shop/market REMDY_TOTAL REMDY_TRNSPRT

Total Medical

Expenses

Transportation

f. Hospital/Center of 1st choice CTR1_TOTAL CTR1_TRNSPRT

g. Hospital/Center of 2nd choice CTR2_TOTAL CTR2_TRNSPRT

h. Hospital/Center of 3rd choice CTR3_TOTAL CTR3_TRNSPRT

i. Other, specify OTHER_SPEC OTHER_TOTAL OTHER_TRNSPRT



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40. Where did the money come from? [*"X" all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.*]

- Cutting down expenses from meal MONEY_MEAL
- Cutting down from other expenses MONEY_OTHEXP
- Using savings MONEY_SVNGS
- Borrowing MONEY_BORROW
- Selling assets MONEY_ASSET
- Asking for donations outside the household MONEY_DONAT
- Relative or friend pays on your behalf MONEY_RELATIVE
- Others, specify _____ MONEY_SPEC MONEY_OTHR

Section 4: Health Care Expenses when leaving the hospital/health center

[Complete this section when the child leaves the health center after an outpatient visit or at discharge after admission.]

41. How long did it take to get here from your home (including the journey time and any time waiting for transport)? TRANSPORT_TIME

- 1 Less than 15 minutes 4 1 to 4 hours
- 2 15 minutes to 29 minutes 5 More than 4 hours
- 3 30 to 59 minutes 6 Don't know

42. If you paid for transportation to bring the child to the hospital or clinic, how much did you pay?

TRNS_INIT_PAY

 Local currency

43. Other than the first trip to bring the child to the health center, how much did you pay for transport to or from this facility during the child's stay in the facility?

TRNS_YOU_PAY

 Local currency

44. How much have other members of your household paid for transport to or from this facility as a result of the child's stay in the facility?

TRNS_OTHER_PAY

 Local currency



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45. What are your estimated out-of-pocket expenses for the following [This information applies to the period of hospitalization or visit to this center. Use the local currency.]:

Consultation: EXPEN_CONSULT

Drugs: EXPEN_DRUG

Diagnostics: EXPEN_DIAG

Food: EXPEN_FOOD

Other, specify: EXPEN_SPEC EXPEN_OTHR

[Only if the respondent cannot break down the expenses, use the "Total" row.

DO NOT CALCULATE THE "TOTAL" FROM ALL THE ROWS.]

Total: EXPEN_TOTAL

46. Where did the money that you spent during this visit or hospitalization come from? ["X" all that apply. Start with open-ended question; then probe options if not mentioned by the caretaker.]

- | | | | | | |
|--------------|-------------------------------------|----------------------------------|-------------------------------------|--|-----------------------|
| SPENT_MEAL | <input checked="" type="checkbox"/> | Cutting down expenses from meals | <input checked="" type="checkbox"/> | Selling assets | SPENT_ASSET |
| SPENT_OTHEXP | <input checked="" type="checkbox"/> | Cutting down from other expenses | <input checked="" type="checkbox"/> | Asking for donations outside the household | SPENT_DONAT |
| SPENT_SVNGS | <input checked="" type="checkbox"/> | Using savings | <input checked="" type="checkbox"/> | Relative or friend pays on your behalf | SPENT_RELATIVE |
| SPENT_BORROW | <input checked="" type="checkbox"/> | Borrowing | <input checked="" type="checkbox"/> | Other, specify: _____ | SPENT_OTHR SPENT_SPEC |

[Answer Questions 47 to 50 for the time period starting from the beginning of the illness until today.]

47. Did you lose some earnings due to seeking or providing care during [Child's Name] illness?

LOSE_EARN ^{No} ^{Yes} LOSE_TOTAL [Use local currency.]

48. Did other caregivers lose some earnings due to seeking or providing care during [Child's Name] illness?

OTHRLOSE_EARN ^{No} ^{Yes} ^{DK} OTHRLOSE_TOTAL [Use local currency.]

49. How much time have you spent taking care of [Child's name] when otherwise you would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)? [Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.]

DAYSLOST_CARE . Day(s)



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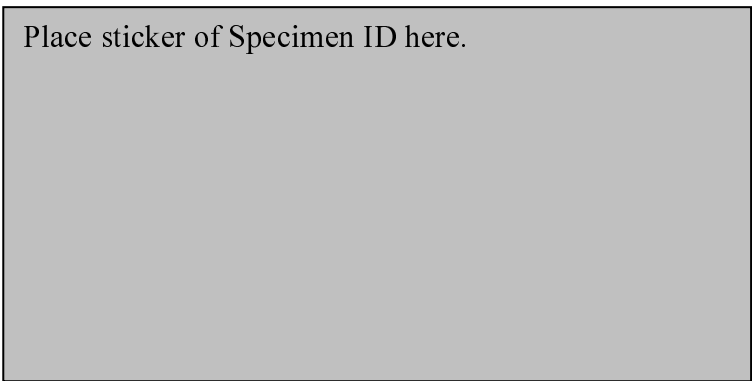
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50. How much time have other caregivers spent taking care of [Child's name] when otherwise they would have been doing income generating activities (farming, selling in the market, working in a private business, etc.)? [Half a morning or afternoon = 0.25 days, a morning or afternoon = 0.50 days, a morning and afternoon = 1.00 day, anything less than half a morning or afternoon = 0 days.]

DAYSLOST_OTHRCRE . Day(s)

END OF THE INTERVIEW.
THANK THE RESPONDENT(S) FOR THEIR COOPERATION.



SPECIMEN_ID

51. Specimen ID:

Notes or comments [Initial and date notes]

Interviewer's Name _____ INT_CODE
Staff code

Quality Control's Name _____ QC_CODE QC_DATE
Staff code Day Month Year



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CHILDID

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F4B_DATE

Site

Center

Child ID

Day

Month

Year

Section 1: Physical Findings

1. Physical findings:

a. Weight ^{WEIGHT}

0-23 months old: (Weight of caretaker with and without child):

^{WT_CHILD} . kg
Caretaker + child

^{WT_CARE} . kg
Caretaker alone

24-59 months old: (Weight of child alone) ^{WT} . kg

b. Height ^{HEIGHT} ^{HT1} 1st . cm ^{HT2} 2nd . cm ^{HT3} 3rd . cm

c. MUAC ^{MUAC} ^{MUAC1} 1st . cm ^{MUAC2} 2nd . cm ^{MUAC3} 3rd . cm

d. Axillary temperature ^{TEMP} . °C

e. Respiratory rate per minute ^{RESP} ^{RESP1} 1st ^{RESP2} 2nd

f. Chest indrawing ^{CHEST_INDRW} No Yes

EYES **g. Eyes** Normal Sunken [*Confirm with the mother that the eyes are more sunken than usual.*]

MOUTH **h. Mouth** Normal Somewhat dry Very dry

SKIN **i. Skin pinch** Normal Slow return [*≤ 2 sec.*] Very slow [*> 2 sec.*]

MENTAL **j. Mental status** Normal Restless, irritable Lethargic/unconscious

Absent Present

k. Rectal prolapse ^{RECTAL}

l. Bipedal edema [*Both feet*] ^{BIPEDAL}

m. Abnormal hair: sparse, loose, straight ^{ABN_HAIR}

n. Undernutrition: wasted/very thin ^{UNDER_NUTR}

o. Skin has ‘flaky paint’ appearance ^{SKIN_FLAKY}

2. Did either the interviewer or the study staff observe a stool sample from this child? No Yes

[*If “Yes”, go to Question 3, if “No” go to Question 4.*]

^{OBSERVE_STOOL}

3. If yes, what was the nature of the stool? [*“X” only one.*] ^{NATURE_STOOL}

Loose/liquid stool without blood Loose/liquid stool with blood Normal stool



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Outcome if additional rehydration needed after 1st 4 hours

[Complete the following if “Yes” to question 10]

REHYD_HOSP

10a. Was the child completely rehydrated in the hospital? No [skip to section 3] Yes

10b. Date of rehydration: REHYD_DATE
Day Month Year

Time of rehydration: (24 hour clock) REHYD_TIME

10c. If “Yes” to Q10a, weigh the child again after the child is completely rehydrated

REHYD_WEIGHT

REHYD_WT_CHILD

REHYD_WT_CARE

0-23 months old: (Weight of caretaker with and without child): . kg . kg
Caretaker + child Caretaker alone

24-59 months old: (Weight of child alone): . kg
 REHYD_WT

Section 3: Outcome when leaving the hospital/ health center

[This Section should be completed when the child leaves the health center, either after an outpatient visit or hospital admission.]

11. Weight

(Measure weight at discharge from the hospital or from health center outpatient visit if the child received rehydration therapy and at least 4 hours have passed since the child was last weighed. Check “NA” otherwise.)

0-23 months old: (Weight of caretaker with and without child): . kg . kg
OUT_WEIGHT OUT_WT_CHILD OUT_WT_CARE
 Caretaker + child Caretaker alone

24-59 months old: (Weight of child alone): . kg NA
OUT_WT OUT_WT_NA

12. Was the child admitted to the hospital? No Yes
 ADMIT

[If “No”, go to Question 14.]

13. If admitted to the hospital, for how many days? OUTCOME_DAYS

13a. Is the child still in hospital > 60 days? No Yes
 HOSP

14. Child’s diagnosis upon leaving the hospital/health center. [“X” all that apply.]

- Diarrhea OUTCOME_DRH Other invasive bacterial infection OUTCOME_BACT Typhoid OUTCOME_TYPHOID
- Dysentery OUTCOME_DYS Malaria OUTCOME_MALA
- Pneumonia/lower respiratory infection OUTCOME_PNEU Malnutrition OUTCOME_MLNT
- Meningitis OUTCOME_MNGTS Other, specify OUTCOME_OTHR OUTCOME_SPEC



Study # 004

Plate # 424

Visit # 001

Site

Center

Child ID

15. A child may receive medication in the hospital and/or receive a prescription for treatment at home. For each of the following medications, cross ["X"] the appropriate boxes. ["X" all that apply.]

Given prescription for treatment at home	Treatment given in health center	Given prescription for treatment at home	Treatment given in health center
TRT_PRES_ORL <input type="checkbox"/>	TRT_GIVE_ORL <input type="checkbox"/> ORS	TRT_PRES_AMP <input type="checkbox"/>	<input type="checkbox"/> Ampicillin
TRT_PRES_IV <input type="checkbox"/>	TRT_GIVE_IV <input type="checkbox"/> Intravenous fluids	TRT_PRES_NAL <input type="checkbox"/>	<input type="checkbox"/> Nalidixic acid
TRT_PRES_CXL <input type="checkbox"/>	TRT_GIVE_CXL <input type="checkbox"/> Cotrimoxazole	TRT_PRES_CPNR <input type="checkbox"/>	<input type="checkbox"/> Ciprofloxacin/Norfloxacin/other fluoroquinolone
TRT_PRES_FOOD <input type="checkbox"/>	TRT_GIVE_FOOD <input type="checkbox"/> Normal food withheld for ≥ 1 day	TRT_PRES_SLPY <input type="checkbox"/>	<input type="checkbox"/> Selexid/Pivmecillinam
TRT_PRES_GENT <input type="checkbox"/>	TRT_GIVE_GENT <input type="checkbox"/> Gentamycin	TRT_PRES_OTHR <input type="checkbox"/>	<input type="checkbox"/> Other antibiotic, specify _____
TRT_PRES_CHLOR <input type="checkbox"/>	TRT_GIVE_CHLOR <input type="checkbox"/> Chloramphenicol/Thiamphenicol	TRT_PRES_ZINC <input type="checkbox"/>	<input type="checkbox"/> Zinc
TRT_PRES_ERY <input type="checkbox"/>	TRT_GIVE_ERY <input type="checkbox"/> Erythromycin	TRT_PRES_HOME <input type="checkbox"/>	<input type="checkbox"/> A (government recommended) homemade fluid
TRT_PRES_AZI <input type="checkbox"/>	TRT_GIVE_AZI <input type="checkbox"/> Azithromycin	TRT_PRES_ANTI <input type="checkbox"/>	<input type="checkbox"/> An antimalarial drug
TRT_PRES_MACR <input type="checkbox"/>	TRT_GIVE_MACR <input type="checkbox"/> Other macrolides	TRT_PRES_OTHR1 <input type="checkbox"/>	<input type="checkbox"/> Other medicine, specify _____
TRT_PRES_PEN <input type="checkbox"/>	TRT_GIVE_PEN <input type="checkbox"/> Penicillin	TRT_PRES_OTHR2 <input type="checkbox"/>	<input type="checkbox"/> Other medicine, specify _____
TRT_PRES_AMOX <input type="checkbox"/>	TRT_GIVE_AMOX <input type="checkbox"/> Amoxicillin	TRT_PRES_OTHR3 <input type="checkbox"/>	<input type="checkbox"/> Other medicine, specify _____

TRT_NONE None prescribed/taken

16. Outcome when leaving hospital/health center. ["X" only one response.]

- | | | |
|---|----------------|--|
| <input type="checkbox"/> Resolved or healthy | OUTCOME | <input type="checkbox"/> Improved |
| <input type="checkbox"/> No better | | <input type="checkbox"/> Worse |
| <input type="checkbox"/> Died in hospital/health center | | <input type="checkbox"/> Unknown/lost to follow up |

[If the child died, complete Question 16a and make sure a verbal autopsy will be completed according to local guidelines. Medical information will be collected using CRF10.]

16a. If the child died, what was the date of death:
Day Month Year

Notes or comments [Initial and date notes]

Interviewer's Name _____ **INT_CODE**
Staff code

Quality Control's Name _____ **QC_CODE**
Staff code Day Month Year



Study # 004

CHILDID

Plate # 051

Visit # 002

F5_DATE

Site

Center

Child ID

Day

Month

Year

CASE_CONTROL

Variable names are prefaced with F5_

Choose one: Case-child Control-child

Interview Outcome

1. What was the outcome of the follow-up interview?

Conducted STATUS

Not conducted

If "Not conducted", what was the reason? NOT_CONDUCT

Child cannot be found

Caretaker refused

Caretaker not available after 3 visits

Other, specify NOT_CONDUCT_SPEC _____

[If the interview was not conducted, complete the above part, sign, date, and submit this page to the DCC.]

Notes or comments *[Initial and date notes]*

Interviewer's Name _____ INT_CODE
Staff code

Quality Control's Name _____ QC_CODE QC_DATE
Staff code Day Month Year



Study # 004

Plate # 052

Visit # 002

Site

Center

Child ID

Section 1: Clinical Information

2. What is your relationship to [Child's Name]?

RELATION

- 1 Mother
- 2 Father
- 3 Sister
- 4 Brother
- 5 Grandmother
- 6 Grandfather
- 7 Aunt
- 8 Uncle
- 9 No relation
- 10 Other relation by blood or marriage, specify RELATION_SPEC

3. How is [Child's Name]'s health since the last study visit? [Explain to caretaker what is meant by "the last study visit".]

CHILD_HEALTH

- 1 Appears healthy
- 2 Health improved but not back to normal
- 3 No better/unchanged
- 4 Health has deteriorated
- 5 Died

[If died, complete "a" to "c" below.]

DATE_DEATH

a. If [Child's Name] died, what was the date of death?

Day Month Year

b. If [Child's Name] died, what was the place of death?

- 1 Health facility
 - 2 Home or elsewhere
- PLACE_DEATH

c. If the child died in a health facility, what was the name of the health facility?

[Use the Health Facility Coding List to code the facility; if the health facility is not coded, use '090' and insert the name below; if health facility unknown, use '999'.]

DIED_FACILITY FACILITY_SPEC

[If the child died, make sure a verbal autopsy will be completed (and medical information will be collected if the child died in a health facility) according to the local guidelines. For children who died, the remainder of the questionnaire needs to be completed except Section 2.]



Study # 004

Plate # 053

Visit # 002

Site

Center

Child ID

4. Since the last study visit, has [Child's Name] experienced any of the following illnesses?
 [If "Yes" to any illness, indicate if child visited a health care facility for that illness.]

Illness?	Visited a health facility?		Illness?	Visited a health facility?	
	No	Yes		No	Yes
Diarrhea EXP_DRH EXP_DYS EXP_COU	<input type="checkbox"/>	<input type="checkbox"/>	Fever with unknown origin	<input type="checkbox"/>	<input type="checkbox"/>
Dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>	<input type="checkbox"/>
Cough with difficult breathing	<input type="checkbox"/>	<input type="checkbox"/>	Other, specify	<input type="checkbox"/>	<input type="checkbox"/>

5. To your knowledge, was the child diagnosed with any of the following at a health care facility?

No Yes

DIAG_TYP Typhoid

DIAG_MAL Malaria

DIAG_PNE Pneumonia

DIAG_MENG Meningitis

DIAG_OTHR Other, specify DIAG_SPEC

6. Since the last study visit, has [Child's Name] experienced any of the following:

No Yes

a. Rectal prolapse [Some pink tissue appears outside of the child's anus] EXP_RECTAL

b. Convulsions EXP_CONVUL

c. Arthritis [Swollen, painful joints] EXP_ARTHRTIS

Section 2: Physical Examination

7. Physical findings

a. **Weight** WEIGHT

0-23 months old: (Weight of caretaker with and without child): WT_CHILD kg WT_CARE kg

Caretaker + child Caretaker alone

24-59 months old: (Weight of child alone): WT kg

b. **Height** HEIGHT HT1 cm HT2 cm HT3 cm

1st 2nd 3rd

c. **MUAC** MUAC1 cm MUAC2 cm MUAC3 cm

1st 2nd 3rd

d. **Axillary temperature** TEMP °C

e. **Respiratory rate per minute:** RESP1 RESP2



Study # 004

Plate # 054

Visit # 002

Site

Center

Child ID

Absent Present

- f. Rectal prolapse 0 1 RECTAL
- g. Bipedal edema [Both feet] 0 1 BIPEDAL
- h. Abnormal hair: sparse, loose, straight 0 1 ABN_HAIR
- i. Undernutrition: wasted/very thin 0 1 UNDER_NUTR
- j. Skin has ‘flaky paint’ appearance 0 1 SKIN_FLAKY

Section 3: Water-Sanitation-Environment

8. During the last two weeks, what was the **main source** of drinking water for the members of your household? [*“X” only one response that relates to the main source of drinking water.*]

- 1 Piped into house MS_WATER 9 Covered well in house or yard
- 2 Piped into yard 10 Covered public well
- 3 Public tap 11 Protected spring
- 4 Open well in house or yard 12 Unprotected spring
- 5 Open public well 13 River or stream
- 6 Pond or lake 14 Dam or earth pan
- 7 Deep tube well 15 Rainwater
- 8 Shallow tube well 16 Bought (tank, bottles, etc)
- 18 Other, specify MAIN_SPEC 17 Bore hole

[Interviewer should ask to see the containers where drinking water is usually stored; based on your observations, complete parts “a” to “d” below.]

8a. Observed container(s) in use in the home? 0 1 MAIN_CONT
 [If “No”, go to Question 9.]

8b. Type of container observed. [*“X” only one response*] MAIN_TYPE

- 1 Wide-mouthed container(s) - 6 cm or more across the opening
- 2 Narrow-mouthed container(s) - less than 6 cm across the opening
- 3 Mixture of wide and narrow-mouthed containers
- 4 Other, specify: MAIN_TYPE_SPEC

8c. Are containers covered? No 0 Yes 1 Mixed (covered and uncovered) 2 MAIN_CONTAINCOV



Study # 004

Plate # 055

Visit # 002

Site

Center

Child ID

8d. How is water removed from container? [*"X" all that apply.*]

- WATER_POUR** Pour (spigot or spout) **WATER_CUP** Scoop with cup **WATER_LADLE** Scoop with ladle

No Yes

9. Do you usually treat your drinking water at home?

- TREAT_WATER**

[*If "No", go to Question 11.*]

10. Which method do you use the most to treat drinking water at home? [*"X" only one response.*]

TRT METH Method reported	Materials observed for method reported	No	Yes
<input type="checkbox"/> 1 Leave water in sun	10-20 clear 1-2 l bottles on roof in sun	<input type="checkbox"/> TRTOBS_SUN	<input type="checkbox"/> 1
<input type="checkbox"/> 2 Boiled	By observation	<input type="checkbox"/> TRTOBS_BOIL	<input type="checkbox"/> 1
<input type="checkbox"/> 3 Filter through a cloth	Cloth observed	<input type="checkbox"/> TRTOBS_FILTER	<input type="checkbox"/> 1
<input type="checkbox"/> 4 Ceramic/other filter	Filter observed	<input type="checkbox"/> TRTOBS_CRMC	<input type="checkbox"/> 1
<input type="checkbox"/> 5 Chlorine	Tablet/liquid/powder observed	<input type="checkbox"/> TRTOBS_CHLR	<input type="checkbox"/> 1
<input type="checkbox"/> 6 Alum	Alum observed	<input type="checkbox"/> TRTOBS_ALUM	<input type="checkbox"/> 1
<input type="checkbox"/> 7 Other chemical	Chemical observed	<input type="checkbox"/> TRTOBS_CHEM	<input type="checkbox"/> 1
Specify <u>TRT_SPEC</u>			
<input type="checkbox"/> 8 Other method	Method observed	<input type="checkbox"/> TRTOBS_OTHR	<input type="checkbox"/> 1
Specify <u>TRT_SPEC2</u>			

[*If chlorine is not used, go to Question 11*]

10a. If chlorine is the method of water treatment in Q10, record the chlorine test result.

- 1 Positive (yellow) 3 Refused test **CHLR_WATER**
 0 Negative (clear) 4 No water in the container

10b. If chlorine is the method of water treatment in Q10, check the brands that you observed.

- [*"X" all that apply.*]
- 1 Certeza **BRD_CERTEZA** 1 WaterGuard **BRD_WTRGUARD** 1 Unknown **BRD_UNKNOWN**
 1 Aquatabs **BRD_AQUATAB** 1 Watermaker **BRD_WTRMAKE** 1 Not applicable (none observed) **BRD_NA**
 1 AquaGuard **BRD_AQUAGU** 1 PuR **BRD_PUR** 1 Other, specify BRD_OTHER_SPEC **BRD_OTHER**

11. Where do you usually wash your hands?

- 1 In or near dwelling/yard 2 Another place **WASH_WHERE**

[*If "Another place", go to Question 13.*]



Study # 004

Plate # 056

Visit # 002

Site

Center

Child ID

12. If hands are washed in or near dwelling/yard, ask to see the place and record whether the following items are present:

- | | | | | |
|----------------------------|----------------------------|---|----------------------------|--|
| No | Yes | | No | Yes |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | WASH_PIPED
Piped water source | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 Basin WASH_BASIN |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | WASH_NOPTAP
Non-piped water source without tap | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 Soap WASH_SOAP |
| <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | WASH_TAP
Non-piped water source with tap | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 Ash, mud or clay WASH_ASH |

13. Please show me where you usually dispose of the feces of your child. [*"X" one only.*]

- | | | |
|--|-------------|---|
| <input type="checkbox"/> 1 Flush toilet | CHILD_FECES | <input type="checkbox"/> 4 Pour flush latrine |
| <input type="checkbox"/> 2 Ventilated improved pit (VIP) latrine | | <input type="checkbox"/> 5 Bush/Field/Ground/Stream/Open sewer* |
| <input type="checkbox"/> 3 Traditional pit toilet | | <input type="checkbox"/> 6 Other, specify <u>CHILD_FECES_SPEC</u> |

[*The option "Bush/Field/Ground/Stream/Open sewer" includes dumping anywhere in the environment outside the compound.]

14. [Interviewer, record whether feces observed]:

- | | | |
|--|----------------------------|--|
| | No | Yes |
| 14a. Visible feces observed in defecation area | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 FECES_VISIBLE |
| 14b. Visible feces observed elsewhere in house or yard | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 FECES_ELSE |

15. Please show me the facility your household most commonly use to dispose of human fecal waste. [*"X" one only.*]

- | | | |
|--|-------------|---|
| <input type="checkbox"/> 1 Flush toilet | HOUSE_FECES | <input type="checkbox"/> 4 Pour flush toilet |
| <input type="checkbox"/> 2 Ventilated improved pit (VIP) latrine | | <input type="checkbox"/> 5 No facility: Bush/Field/Ground/Stream/Open sewer |
| <input type="checkbox"/> 3 Traditional pit toilet | | <input type="checkbox"/> 6 Other, specify <u>HOUSE_FECES_SPEC</u> |
| <input type="checkbox"/> 7 Ventilated improved pit w/water seal | | |

END OF INTERVIEW. THANK RESPONDENT(S) FOR THEIR COOPERATION.

Notes or comments [Initial and date notes]

Interviewer's Name _____ INT_CODE2
Staff code

Quality Control's Name _____ QC_CODE2
Staff code Day Month Year



Study # 004 CHILDID Plate # 061 Visit # 001 F6_DATE

Site Center Child ID (Control) Day Month Year

Index Case's Information

CASE_DOB CASE_AGE Version # 2

Version

1. Birthdate of index case: Day Month Year Age: in months

2. Gender of index case: 0 Boy 1 Girl CASE_GENDER

3. Date of enrollment of index case: Day Month Year CASE_ENROLL

4. Child ID Number of index case: CASE_ID

Control's Information

BIRTH_DATE AGE

5. Child's birthdate: Day Month Year Age: in months

6. Child's gender: 0 Boy 1 Girl GENDER

7. Have you been able to identify the child? ID_CHILD No Yes Died [If "Yes", continue; otherwise stop, write your name and staff code, date the form and send to DCC.]

Eligibility Checklist

	No	Yes	DK	
8. Is this child appropriately age-matched to the index case?	0	1	9	AGE_MATCH
9. Is this child the same gender as the index case?	0	1		SAME_GEN
10. Does this child live in the same or nearby village or community as case?	0	1		SAME_VILLA
11. Was the index case enrolled within the past 14 days?	0	1		ENROLL_7
12. Has this child been free of diarrhea for the past 7 days?	0	1	9	DRH_FREE7
13. Is the child eligible for enrollment?	0	1		ELIG_ENROLL

(The child is eligible only if the answers to the Questions 8 through 12 are "Yes".)

13a. If either Questions 8 or 12 are "DK", check the option that best describes why you were not able to determine eligibility.

NOT_ELIG

1 Caretaker not available. 2 Other, specify NOT_ELIG_SPEC

(If not eligible, STOP, end the interview by thanking the caretaker/parent for their participation. Write down name and staff code, date the form and submit to DCC. If the child is eligible, continue to Question 14.)

Interviewer's Name _____ INT_CODE Staff code

Quality Control's Name _____ QC_CODE Staff code QC_DATE Day Month Year



Study # 004

Plate # 062

Visit # 001

Site

Center

Child ID (Control)

No Yes

14. Was consent obtained?

0 1 CONSENT

15. Was a stool sample collected from the child?

0 1 STOOL_SMPL

16. Was the child enrolled?

0 1 ENROLLED

17. If eligible but not enrolled, what was the reason? ["X" one of the two main reasons.]

NOT_ENROLL

1 Not invited for one of the following reasons:

NOT_INVITE 1 Unable to produce adequate stool sample [10 grams with a minimum of 3 grams]

2 Other, specify NO_INVITE_SPEC

2 Refused by parent/caretaker for one of the following reasons:

REFUSED 1 Parent/caretaker too busy

2 Does not like research

3 Other, specify REFUSED_SPEC

DATE_ENROLL

18. If child is enrolled into the study, enter the date of enrollment:

Day

Month

Year

Notes or comments [Initial and date notes.]

Interviewer's Name _____ INT_CODE2
Staff code

Quality Control's Name _____ QC_CODE2 QC_DATE2
Staff code Day Month Year

Study # 004	CHILDID	Plate # 071	Visit # 001	F7_DATE
<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<i>Site</i>	<i>Center</i>	<i>Control ID</i>	<i>Day</i>	<i>Month</i>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<i>Year</i>
		CASE_ID		
		<i>Index Case ID</i>		

Section 1: Demographic and Epidemiological Information

1. Who is [Child's Name]'s primary caretaker? **PRIMCARE**

<input type="checkbox"/> 1 Mother	<input type="checkbox"/> 2 Father	<input type="checkbox"/> 3 Sister	<input type="checkbox"/> 4 Brother
<input type="checkbox"/> 5 Grandmother	<input type="checkbox"/> 6 Grandfather	<input type="checkbox"/> 7 Aunt	<input type="checkbox"/> 8 Uncle
<input type="checkbox"/> 9 No relation	<input type="checkbox"/> 10 Other relation by blood or marriage, specify <u>PRIMCARE_SPEC</u>		

2. What is your relationship to [Child's Name]? **RELATION**

<input type="checkbox"/> 1 Mother	<input type="checkbox"/> 2 Father	<input type="checkbox"/> 3 Sister	<input type="checkbox"/> 4 Brother
<input type="checkbox"/> 5 Grandmother	<input type="checkbox"/> 6 Grandfather	<input type="checkbox"/> 7 Aunt	<input type="checkbox"/> 8 Uncle
<input type="checkbox"/> 9 No relation	<input type="checkbox"/> 10 Other relation by blood or marriage, specify <u>RELATION_SPEC</u>		

3. Where does [Child's Name]'s mother live? **MOM_LIVE**

<input type="checkbox"/> 1 Living in household	<input type="checkbox"/> 3 Abroad	<input type="checkbox"/> 5 Died
<input type="checkbox"/> 2 Lives outside of household	<input type="checkbox"/> 4 Whereabouts unknown	

4. Where does [Child's Name]'s father live? **DAD_LIVE**

<input type="checkbox"/> 1 Living in household	<input type="checkbox"/> 2 Abroad	<input type="checkbox"/> 3 Died
<input type="checkbox"/> 4 Lives outside of household	<input type="checkbox"/> 5 Whereabouts unknown	

5. How far did the child's primary caretaker go in school? **PRIM_SCHL**

<input type="checkbox"/> 1 No formal schooling	<input type="checkbox"/> 4 Completed secondary
<input type="checkbox"/> 2 Less than primary	<input type="checkbox"/> 5 Post-secondary
<input type="checkbox"/> 3 Completed primary	<input type="checkbox"/> 6 Religious education only
	<input type="checkbox"/> 7 Don't know

6. How many people have been living regularly in your household for the past 6 months? **PPL_HOUSE**

	<input type="text"/> <input type="text"/> <input type="text"/>
--	--

7. How many people have been sleeping regularly in your household for the past 6 months? **PPL_SLEEP**

	<input type="text"/> <input type="text"/> <input type="text"/>
--	--



Study # 004

Plate # 072

Visit # 001

Site

Center

Control ID

8. How many children younger than 60 months live in the household?

YNG_CHILDREN

9. How many rooms in your household are used for sleeping?

SLP_ROOMS

10. What is the predominant floor in the house of [Child's Name]? FLOOR

Natural Floor

Rudimentary Floor

Finished Floor

1 Earth/Sand

3 Wood planks

5 Parquet or polished wood

2 Dung

4 Palm/bamboo

6 Vinyl or asphalt strips

7 Ceramic Tile

8 Cement

9 Carpet

10 Other, specify FLOOR_SPEC

11. Does your household have the following? [Must be functioning; "X" all that apply.]

- | | | |
|--|--|--|
| <input type="checkbox"/> 1 Electricity HOUSE_ELEC | <input type="checkbox"/> 1 Bicycle/rickshaw HOUSE_BIKE | <input type="checkbox"/> 1 Telephone (mobile or non-mobile) HOUSE_PHONE |
| <input type="checkbox"/> 1 Television HOUSE_TELE | <input type="checkbox"/> 1 Car/truck HOUSE_CAR | <input type="checkbox"/> 1 Animal-drawn cart HOUSE_CART |
| <input type="checkbox"/> 1 Motorcycle/scooter HOUSE_SCOOT | <input type="checkbox"/> 1 Refrigerator HOUSE_FRIDGE | <input type="checkbox"/> 1 Agricultural land HOUSE_AGFLAND |
| <input type="checkbox"/> 1 Radio HOUSE_RADIO | <input type="checkbox"/> 1 Boat with a motor HOUSE_BOAT | <input type="checkbox"/> 1 None of the above HOUSE_NONE |

12. What type of cooking fuel does your household use? ["X" all that apply.]

- | | | |
|---|--|---|
| <input type="checkbox"/> 1 Electricity FUEL_ELEC | <input type="checkbox"/> 1 Biogas FUEL_BIOGAS | <input type="checkbox"/> 1 Straw/shrubs/grass FUEL_GRASS |
| <input type="checkbox"/> 1 Liquid Propane Gas FUEL_PROPANE | <input type="checkbox"/> 1 Coal/lignite FUEL_COAL | <input type="checkbox"/> 1 Animal dung FUEL_DUNG |
| <input type="checkbox"/> 1 Natural Gas FUEL_NATGAS | <input type="checkbox"/> 1 Charcoal FUEL_CHARCOAL | <input type="checkbox"/> 1 Agricultural crop residue FUEL_CROP |
| <input type="checkbox"/> 1 Kerosene FUEL_KERO | <input type="checkbox"/> 1 Wood FUEL_WOOD | <input type="checkbox"/> 1 Other, specify <u>FUEL_OTHER FUEL_OTHER_SPEC</u> |



Study # 004

Plate # 073

Visit # 001

Site

Center

Control ID

13. Do the following animals live in the compound where [Child's Name] lives? ["X" all that apply.]

- | | | | | | | | | |
|-----------|--------------------------|-------|-------------|--------------------------|-------------------------------------|--------|--------------------------|------------|
| ANI_GOAT | <input type="checkbox"/> | Goat | ANI_COW | <input type="checkbox"/> | Cow | ANI_NO | <input type="checkbox"/> | No Animals |
| ANI_SHEEP | <input type="checkbox"/> | Sheep | ANI_RODENTS | <input type="checkbox"/> | Rodents | | | |
| ANI_DOG | <input type="checkbox"/> | Dog | ANI_FOWL | <input type="checkbox"/> | Fowl (chicken, duck or other birds) | | | |
| ANI_CAT | <input type="checkbox"/> | Cat | ANI_OTHER | <input type="checkbox"/> | Other, specify ANI_SPEC _____ | | | |

14. During the last two weeks, has your household ever obtained drinking water from any of the following sources? ["X" all that apply.]

- | | | | | | |
|--------------------------|----------------------------|-----------------------------|--------------------------|-------------------------------|-----------------|
| <input type="checkbox"/> | Piped into house | WATER_HOUSE | <input type="checkbox"/> | Covered well in house or yard | WATER_COVWELL |
| <input type="checkbox"/> | Piped into yard | WATER_YARD | <input type="checkbox"/> | Covered public well | WATER_COVPWELL |
| <input type="checkbox"/> | Public tap | WATER_PUBTAP | <input type="checkbox"/> | Protected spring | WATER_PROSPRING |
| <input type="checkbox"/> | Open well in house or yard | WATER_WELL | <input type="checkbox"/> | Unprotected spring | WATER_UNSPRING |
| <input type="checkbox"/> | Open public well | WATER_PUBWELL | <input type="checkbox"/> | River or stream | WATER_RIVER |
| <input type="checkbox"/> | Pond or lake | WATER_POND | <input type="checkbox"/> | Dam or earth pan | WATER_DAM |
| <input type="checkbox"/> | Deep tube well | WATER_DEEPWELL | <input type="checkbox"/> | Rainwater | WATER_RAIN |
| <input type="checkbox"/> | Shallow tube well | WATER_SHALLWELL | <input type="checkbox"/> | Bought (tank, bottles, etc) | WATER_BOUGHT |
| <input type="checkbox"/> | Other, specify | WATER_OTHR WATER_SPEC _____ | <input type="checkbox"/> | Bore hole | WATER_BORE |

15. During the last two weeks, what was the **main source** of drinking water for the members of your household? ["X" only one response that relates to the main source of drinking water.]

- | | | | | |
|--------------------------|----------------------------|---------------|--------------------------|-------------------------------|
| <input type="checkbox"/> | Piped into house | MS_WATER | <input type="checkbox"/> | Covered well in house or yard |
| <input type="checkbox"/> | Piped into yard | | <input type="checkbox"/> | Covered public well |
| <input type="checkbox"/> | Public tap | | <input type="checkbox"/> | Protected spring |
| <input type="checkbox"/> | Open well in house or yard | | <input type="checkbox"/> | Unprotected spring |
| <input type="checkbox"/> | Open public well | | <input type="checkbox"/> | River or stream |
| <input type="checkbox"/> | Pond or lake | | <input type="checkbox"/> | Dam or earth pan |
| <input type="checkbox"/> | Deep tube well | | <input type="checkbox"/> | Rainwater |
| <input type="checkbox"/> | Shallow tube well | | <input type="checkbox"/> | Bought (tank, bottles, etc) |
| <input type="checkbox"/> | Other, specify | MS_SPEC _____ | <input type="checkbox"/> | Bore hole |

[Use your response from Question 15 to answer Questions 16 and 17. If the response to Question 15 is "piped into house/yard", "open or covered well in house/yard" or "rainwater", then go to Question 18. Otherwise continue.]



Study # 004

Plate # 074

Visit # 001

Site

Center

Control ID

16. How long does it take to go there, get water, and come back?

TIME_WATER

1 Less than 15 minutes

4 1 to 3 hours

2 15 to 29 minutes

5 More than 3 hours

3 30 to 59 minutes

17. Do you or other members from your household go and fetch drinking water for the household every day?

No Yes

FETCH_WATER 0 1

[If "Yes", go to Question 17a, if "No" go to Question 17b.]

Number of trips/day

17a. On average, how many trips do you and members from your household make to fetch water each day?

TRIP_DAY

17b. On average, how many trips do you and members from your household make to fetch water each week?

Number of trips/week

[If no trips are made, complete as "00".]

TRIP_WEEK

18. In the last two weeks, how often has water been available from this main source?

1 All the time

3 A few times per week

WATER_AVAIL

2 Several hours everyday

4 Less frequent than a few times per week

19. In the last two weeks, did you give *[Child's Name]* stored water for drinking?

No Yes

STORE_WATER 0 1

20. Do you usually treat drinking water at home?

No Yes

TRT_WATER 0 1

[If "No", go to Question 23.]

21. Which method do you use the most to treat drinking water at home? *["X" only one response.]*

1 Leave water in sun to disinfect

4 Boil

TRT_METHOD

2 Filter through a cloth

5 Filter through ceramic or other filter

3 Chlorine liquid, powder, or tablets

6 Alum

7 Other chemical or additive, specify TRT_METHOD_SPEC

[If chlorine is not used, go to Question 22]

21a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? *["X" only one response.]*

CHLORINE

1 Certeza

5 Watermaker

2 Aquatabs

6 PurR

3 AquaGuard

7 Don't know

4 WaterGuard

8 Other, specify CHLORINE_SPEC



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22. In the last two weeks did you give [Child's Name] water which was not treated? NOTRT_WATER No Yes

23. How do you usually dispose of [Child's Name]'s feces? ["X" only one response.]

- | | |
|---|--|
| <input checked="" type="checkbox"/> Scatter in yard DISP_FECES | <input type="checkbox"/> Bush/Field/Ground/Stream/Open sewer |
| <input type="checkbox"/> Bury | <input type="checkbox"/> Do nothing |
| <input type="checkbox"/> Toilet, latrine | <input type="checkbox"/> Other, specify DISP_SPEC _____ |

24. What kind of facility does your household most commonly use to dispose of human fecal waste? [Show pictures to confirm the identity of the facility used. "X" only one response.]

- | | |
|---|---|
| <input checked="" type="checkbox"/> Flush toilet FAC_WASTE | <input type="checkbox"/> Pour flush toilet |
| <input type="checkbox"/> Ventilated improved pit (VIP) latrine | <input type="checkbox"/> No facility: Bush/Field/Ground/Stream/Open sewer |
| <input type="checkbox"/> Traditional pit toilet | <i>[If "No facility" selected, go to Question 26.]</i> |
| <input type="checkbox"/> Ventilated improved pit w/water seal | <input type="checkbox"/> Other, specify FAC_SPEC _____ |

25. How many households (other than your own) share this facility? SHARE_FAC
[Respond with a number; code "00" for none.]

26. When do you usually wash your hands? ["X" all that apply. Do not probe.]

- | | |
|---|--|
| <input checked="" type="checkbox"/> Before eating WASH_EAT | <input checked="" type="checkbox"/> After handling domestic animals WASH_ANIMAL |
| <input checked="" type="checkbox"/> Before cooking WASH_COOK | <input type="checkbox"/> After cleaning child who defecated WASH_CHILD |
| <input checked="" type="checkbox"/> Before you nurse or prepare baby's food WASH_NURSE | <input type="checkbox"/> Never WASH_NEVER |
| <input checked="" type="checkbox"/> After you defecate WASH_DEF | <input type="checkbox"/> Other, specify WASH_SPEC _____ |

27. When you wash your hands, what do you usually use? ["X" only one.] WASH_USE

- | | | | |
|--|---|--|--|
| <input checked="" type="checkbox"/> Water only | <input type="checkbox"/> Water and soap | <input type="checkbox"/> Water and ashes | <input type="checkbox"/> Water and mud or clay |
|--|---|--|--|

Section 2: Clinical Information

28. Is [Child's Name] currently breastfed? BREASTFED

- | | | |
|-----------------------------|---|--|
| <input type="checkbox"/> No | <input checked="" type="checkbox"/> Partial breastfeeding | <input type="checkbox"/> Exclusive breastfeeding |
|-----------------------------|---|--|



Study # 004

Plate # 076

Visit # 001

Site

Center

Control ID

29. During the last 7 days, did [Child's Name] have any of the following?

- | | | |
|---|----------------------------|---|
| | No | Yes |
| a. Blood in stools | <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 BLOOD |
| b. Fever measured at least 38 °C or parental perception | <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 FEVER |
| c. Vomiting 3 or more times per day | <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 VOMIT |

30. Is the child currently receiving any medicine?

- | | |
|----------------------------|---|
| No | Yes |
| <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 CUR_MED |

[If "No", go to Question 31.]

30a. If 'Yes' to Question 30, is a bottle or tablet strip or prescription available for ongoing treatment?

[If "Yes", go to Question 30b.]

- | | |
|----------------------------|---|
| No | Yes |
| <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 MED_ONGOING |

30b. What are the medicines that the child is currently receiving? [*"X"* all that apply.]

- | | | |
|---|---|------------------------------|
| <input checked="" type="checkbox"/> MED_OR
ORS | <input checked="" type="checkbox"/> Ampicillin | MED_AMPI |
| <input checked="" type="checkbox"/> MED_IV
Intravenous fluids | <input checked="" type="checkbox"/> Nalidixic acid | MED_NALID |
| <input checked="" type="checkbox"/> MED_COTR
Cotrimoxazole | <input checked="" type="checkbox"/> Ciprofloxacin/Norfloxacin/other fluoroquinolone | MED_CIPRO |
| <input checked="" type="checkbox"/> MED_NOFOOD
Normal food withheld for ≥1 day | <input checked="" type="checkbox"/> Selexid/Pivmecillinam | MED_SELE |
| <input checked="" type="checkbox"/> MED_GENT
Gentamycin | <input checked="" type="checkbox"/> Other antibiotic, specify _____ | MED_OTHERANT
MED_ANT_SPEC |
| <input checked="" type="checkbox"/> MED_CHLOR
Chloramphenicol/Thiamphenicol | <input checked="" type="checkbox"/> Zinc | MED_ZINC |
| <input checked="" type="checkbox"/> MED_ERYTH
Erythromycin | <input checked="" type="checkbox"/> A (government recommended) homemade fluid | MED_GOVFLUID |
| <input checked="" type="checkbox"/> MED_AZITH
Azithromycin | <input checked="" type="checkbox"/> An antimalarial drug | MED_ANTIMAL |
| <input checked="" type="checkbox"/> MED_OMACR
Other macrolides | <input checked="" type="checkbox"/> Other medicine, specify _____ | MED_OTHER1
MED_OTH1_SPEC |
| <input checked="" type="checkbox"/> MED_PENI
Penicillin | <input checked="" type="checkbox"/> Other medicine, specify _____ | MED_OTHER2
MED_OTH2_SPEC |
| <input checked="" type="checkbox"/> MED_AMOXY
Amoxycillin | <input checked="" type="checkbox"/> Other medicine, specify _____ | MED_OTHER3
MED_OTH3_SPEC |
| <input checked="" type="checkbox"/> Nothing | | MED_NONE |

31. The last time [Child's Name] had diarrhea, did you seek care for him/her outside your household?

[If "No", go to Question 33.]

[If the child never had diarrhea, go to Question 35.]

- | | | | |
|-----------|----------------------------|---------------------------------------|----------------------------|
| SEEK CARE | No | Yes | Never had diarrhea |
| | <input type="checkbox"/> 0 | <input checked="" type="checkbox"/> 1 | <input type="checkbox"/> 2 |



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Visit # 001

Site

Center

Control ID

32. If you sought care for [Child's Name]'s last episode of diarrhea where did you go? [Use the Health Facility Coding List to code the center(s) of choice. "X" all that apply.]

- Pharmacy SEEK_PHARM
- Friend/relative SEEK_FRIEND
- Traditional healer SEEK_HEALER
- Unlicensed practitioner/village doctor/bush doctor/village health worker SEEK_DOC
- Licensed practitioner/private doctor (not at hospital) SEEK_PRIVDOC
- Bought a remedy/medicine at the shop/market, specify remedy/drug SEEK_REMDY SEEK_REMDY_SPEC
- Hospital/Center of first choice SEEK_CTR1 SEEK_CTR1_CODE SEEK_CTR1_SHC 1=SHC, 0_NonSHC
- Hospital/Center of second choice SEEK_CTR2 SEEK_CTR2_CODE SEEK_CTR2_SHC 1=SHC, 0_NonSHC
- Hospital/Center of third choice SEEK_CTR3 SEEK_CTR3_CODE SEEK_CTR3_SHC 1=SHC, 0_NonSHC
- Other Hospital/Center, specify SEEK_OTHR SEEK_OTHR_SPEC

33. The last time [Child's name] had diarrhea, how much did you offer [Child's name] to drink?

- More than usual OFFR_DRINK
- Usual
- Somewhat less than usual
- Much less than usual
- Nothing to drink

34. The last time [Child's Name] had diarrhea, how much did you offer [Child's Name] to eat?

- More than usual OFFR_EAT
- Usual
- Somewhat less than usual
- Much less than usual
- Nothing to eat

Section 3: Physical Findings

35. Physical findings:

a. Weight

WEIGHT

0-23 months old: (Weight of caretaker with and without child):

WT_CHILD

WT_CARE

Caretaker + child

Caretaker alone

24-59 months old: (Weight of child alone): ^{WT} . kg



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Site

Center

Control ID

b. Height ^{HEIGHT} 1st ^{HT1} . cm 2nd ^{HT2} . cm 3rd ^{HT3} . cm

c. MUAC ^{MUAC} 1st ^{MUAC1} . cm 2nd ^{MUAC2} . cm 3rd ^{MUAC3} . cm

d. Axillary temperature ^{TEMP} . °C

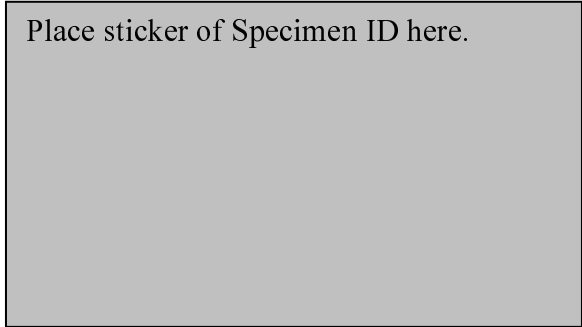
e. Respiratory rate per minute ^{RESP} 1st ^{RESP1} 2nd ^{RESP2}

	<i>Absent</i>	<i>Present</i>	
f. Bipedal edema [<i>Both feet</i>]	<input type="text" value="0"/>	<input type="text" value="1"/>	BIPEDAL
g. Abnormal hair: sparse, loose, straight	<input type="text" value="0"/>	<input type="text" value="1"/>	ABN_HAIR
h. Undernutrition: wasted/very thin	<input type="text" value="0"/>	<input type="text" value="1"/>	UNDER_NUTR
i. Skin has 'flaky paint' appearance	<input type="text" value="0"/>	<input type="text" value="1"/>	SKIN_FLAKY

END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION

36. Specimen ID:
SPECIMEN_ID



Notes or comments [*Initial and date notes*]

Interviewer's Name _____ ^{INT_CODE}
Staff code

Quality Control's Name _____ ^{QC_CODE}
Staff code Day Month Year

Study # 004	CHILDID	Plate # 091	Visit # 002	F9_DATE		
□	□□	□□□□□□	□□	□□□□	□□□□□□	
<i>Site</i>	<i>Center</i>	<i>Child ID</i>	<i>Day</i>	<i>Month</i>	<i>Year</i>	

1. Was the Memory Aid completed? *No* *Yes* *Partial*
 0 1 2 MEMORY_AID
[If “No”, “X” and sign the form and hand over to supervisor.]

2. If “Yes” or “Partial”, what was the first and last day of diarrhea according to the Memory Aid?

First day of Diarrhea: □□ DRH_FIRST

Last day of Diarrhea: □□ DRH_LAST

[Code 1 to 14 from Memory Aid, Column 1]

Notes or comments *[Add date and initials or staff code]*

Interviewer’s Name _____ INT_CODE □□□
Staff code

Quality Control’s Name _____ QC_CODE □□□ □□ □□□□ □□□□□□
Staff code *Day* *Month* *Year*



Study # 004 CHILDID Plate # 113 Visit # 001 F11_DATE

Site Center Child ID Day Month Year

Version 3
VERSION # 3

1. Time and date when whole stool passed/excreted:

a. Date first whole stool passed/excreted: DATESTOOL

Day Month Year

b. Time first whole stool passed/excreted: TIMESTOOL

(24 hour clock)

2. Consistency of whole stool sample: (select one)

CONSISTENCY

- 1 grade 1 (formed) 2 grade 2 (soft) 3 grade 3 (thick liquid)
- 4 grade 4 (opaque watery) 5 grade 5 (rice water-clear watery)

3. Characterization of whole stool sample:

PUS

MUCUS

- Blood** 0 No 1 Yes **Pus** 0 No 1 Yes **Mucus** 0 No 1 Yes
BLOOD

4. If the child is a case, did s/he receive antibiotics after arriving at the health center but before producing the whole stool specimen? If the child is a control, did s/he receive antibiotic during the 4 hours prior to stool collection?

ANTIBIOTIC

- 0 No 1 Yes 9 DK

[If 'Yes', check the appropriate boxes ("X" all that apply). If 'No', go to Question 7.]

- | | |
|--|--|
| ANTI_AMPI <input type="text"/> 1 Ampicillin | ANTI_NALI <input type="text"/> 1 Nalidixic acid |
| ANTI_COTR <input type="text"/> 1 Cotrimoxazole | ANTI_CIPR <input type="text"/> 1 Ciprofloxacin/Norfloxacin/other fluoroquinolone |
| ANTI_SELE <input type="text"/> 1 Selexid/Pivmecillinam | ANTI_GENT <input type="text"/> 1 Gentamycin |
| ANTI_CHLO <input type="text"/> 1 Chloramphenicol/Thiamphenicol | ANTI_ERYT <input type="text"/> 1 Erythromycin |
| ANTI_AZIT <input type="text"/> 1 Azithromycin | ANTI_MACR <input type="text"/> 1 Other macrolides |
| ANTI_PENI <input type="text"/> 1 Penicillin | ANTI_OTHER <input type="text"/> 1 Other antibiotic, specify <u>ANTI_SPEC</u> |
| ANTI_AMOX <input type="text"/> 1 Amoxicillin | |

5. If antibiotic was given:

a. Date of first antibiotic: ANTI_DATE

Day Month Year

b. Time of first antibiotic: ANTI_TIME

(24 hour clock)



Study # 004

Site

Plate # 114

Center

Visit # 001

Child ID

6. If the child is a **case** **and** was given **antibiotics** at the health center **before** the child produced a **whole stool specimen**, were rectal swabs collected from the child before the child received antibiotics?

RECTAL_SWAB No Yes [If 'Yes', continue. If 'No', go to Question 7.]

a. Date rectal swabs obtained:

Day Month Year

SWAB_DATE

b. Time rectal swabs obtained:

(24 hour clock)

SWAB_TIME

7. Time and date when whole stool/rectal swab placed in transport media:

DATESTAFF

a. Date whole stool/rectal swab placed in transport media:

Day Month Year

b. Time whole stool/rectal swab placed in transport media:

TIMESTAFF (24 hour clock)

8. Swab (rectal swab/whole stool) in Cary Blair:

No Yes CARYBLAIR

9. Swab (rectal swab/whole stool) in Buffered Glycerol Saline:

No Yes GLYCEROL

10. Specimen ID:

SPECIMEN_ID

Place sticker of Specimen ID here.

11. Time and date when sample received by lab personnel:

SPECIMEN_LABDATE

a. Date sample received by lab personnel:

Day Month Year

b. Time sample received by lab personnel:

(24 hour clock)

SPECIMEN_LABTIME

Interviewer's Name _____

INT_CODE

Staff code

QC_DATE

Quality Control's Name _____

QC_CODE

Staff code

Day

Month

Year



Study # 004

Plate # 151

Visit # 001

SPECIMEN_ID

Specimen ID

VERSION

Version #

COLLECT_RECT

COLLECT_STOOL

Rectal swab sample collected? No Yes Whole stool sample collected? No Yes

Specimen receipt:

Time processed in laboratory (24 hour clock) **TEST_TIME**

Date **TEST_DATE**
Day Month Year

Properly labeled? No Yes **LABELED**

Container tightly shut? No Yes **TIGHTSHUT**

Temperature okay (cold pack frozen)? No Yes **COLD** **WT_VOL_ACT**

Sufficient weight/volume (minimum 3 g/ml)? No Yes **WT_VOLUME** Actual weight: . g

Acceptable for accession? No Yes **ACCEPTABLE**

Aliquoted for:

VIRUSES Viruses No Yes **PARASITES** Parasites No Yes

ARCHIVE1 Archive 1 No Yes **ARCHIVE2** Archive 2 No Yes

Specimen plated on:

XLD SS/XLD No Yes **TCBS** TTGA/TCBS No Yes **CAMPY** **CAMPY** No Yes

MAC MaC **MAC** No Yes **APW** BP/APW No Yes **RYAN** ABA/CIN/RYAN No Yes

SFB SFB No Yes

Technician: _____ **TECH_SIG** **TECH_DATE**
Day Month Year

QC/Supervisor: _____ **QC_SIG** **REVIEW_DATE** *Date Reviewed*
Day Month Year



Study # 004

SPECIMEN_ID

Plate # 161

Visit # 001

Date of Test

Specimen ID input boxes

TEST_DATE

TEST_DATE input boxes

Specimen ID

Day

Month

Year

VERSION # 2

VERSION

Bacteria Isolated

- List of bacteria isolated including Aeromonas spp., Campylobacter jejuni, Campylobacter coli, Campylobacter (not jejuni or coli), Campylobacter (non-speciated), Salmonella Typhi, Salmonella enterica non-Typhi serovar, Shigella spp., Shigella dysenteriae I, Shigella flexneri serotypes, Vibrio cholerae, Vibrio parahaemolyticus, Vibrio (other species), E. coli, and No growth.

Technician: TECH_SIG 1=Signature present

TECH_DATE

TECH_DATE input boxes

Day

Month

Year

QC/Supervisor: QC_SIG 1=Signature present

REVIEW_DATE Date Reviewed

REVIEW_DATE input boxes

Day

Month

Year

<p>Study # 004</p> <p style="color: red;">SPECIMEN_ID</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center;"><i>Specimen ID</i></p>					<p>Plate # 171</p>	<p>Visit # 001</p> <p style="color: red;">TEST_DATE <small>Date of Test</small></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center;"><i>Day Month Year</i></p>				

Results

<i>estA</i> (ST) (approx. 147 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_ESTA
<i>eltB</i> (LT) (approx. 508 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_ELTB
<i>bfpA</i> (approx. 367 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_BFPA
<i>aatA</i> (approx. 630 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_AATA
<i>aaiC</i> (approx. 215 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_AAIC
<i>eae</i> (approx. 881 bp)	<input checked="" type="checkbox"/> 1 Positive	<input type="checkbox"/> 0 Negative	RESULT_EAE

E. coli ID (more than one may apply)

Internal Use Only

- eae*⁺ only
- bfpA*⁺ (with or without *eae*): Typical EPEC
- ETEC ST⁺ only
- ETEC ST⁺/LT⁺
- ETEC LT⁺ only
- EAEC *aatA*⁺ only
- EAEC *aaiC*⁺ only
- EAEC *aatA/aaiC*⁺
- Negative for diarrheagenic *E.coli*

<p>Technician: TECH_SIG 1=Signature present</p>	<p style="color: red;">TECH_DATE</p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center;"><i>Day Month Year</i></p>				
<p>QC/Supervisor: QC_SIG 1=Signature present</p>	<p style="color: red;">REVIEW_DATE <small>Date Reviewed</small></p> <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> <p style="text-align: center;"><i>Day Month Year</i></p>				



Study # 004

Plate # 175

Visit # 001

SPECIMEN_ID

TEST_DATE

Date of Test

--	--	--	--	--	--

--	--	--	--	--	--	--	--	--	--

Specimen ID

Day

Month

Year

Results

<i>Stx-2</i>	(approx. 443 bp)	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative STX2
<i>eae</i>	(approx. 377 bp)	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative Internal use only
<i>Sen</i>	(approx. 310 bp)	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative SEN
<i>Stx-1</i>	(approx. 220 bp)	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative STX1
<i>Efa-1</i>	(approx. 165 bp)	<input checked="" type="checkbox"/> Positive	<input type="checkbox"/> Negative EFA1

Technician: _____ **TECH_SIG** 1=Signature present

TECH_DATE

--	--	--	--	--	--	--	--	--	--

Day Month Year

QC/Supervisor: _____ **QC_SIG** 1=Signature present

REVIEW_DATE

--	--	--	--	--	--	--	--	--	--

Date Reviewed

Day Month Year



Study # 004
SPECIMEN_ID

Plate # 181

Visit # 001
TEST_DATE Date of Test

Specimen ID

Day

Month

Year

PROTOZOAL ELISA IMMUNOASSAY

Entamoeba histolytica

COMP_ENTAMOEBEA
 Test completed

RES_ENTAMOEBEA
 Positive Negative

Giardia lamblia

COMP_GIARDIA
 Test completed

RES_GIARDIA
 Positive Negative

Cryptosporidium spp.

COMP_CRYPTOSPOR
 Test completed

RES_CRYPTOSPOR
 Positive Negative

Technician: TECH_SIG1 1=Signature present

TECH_DATE1

Day Month Year

VIRAL ELISA IMMUNOASSAY

Rotavirus

COMP_ROTAVIRUS
 Test completed

RES_ROTAVIRUS
 Positive Negative

Adenovirus

COMP_ADENOVIRUS
 Test completed

RES_ADENOVIRUS
 Positive Negative

Adenovirus 40/41

COMP_ADENO4041
 Test completed

RES_ADENO4041
 Positive Negative N/A

Technician: TECH_SIG2 1=Signature present

TECH_DATE2

Day Month Year

QC/Supervisor: QC_SIG 1=Signature present

REVIEW_DATE Date Reviewed

Day Month Year



Study # 004
SPECIMEN_ID

Plate # 191

Visit # 001
TEST_DATE *Date of Test*

Specimen ID

Day Month Year

RT-PCR FOR VIRUSES

- | | | | |
|--------------------------|--|--|--------------------|
| Norovirus GI (~ 330 bp) | <input type="checkbox"/> 1 <i>Positive</i> | <input type="checkbox"/> 0 <i>Negative</i> | NORO_GI |
| Norovirus GII (~ 387 bp) | <input type="checkbox"/> 1 <i>Positive</i> | <input type="checkbox"/> 0 <i>Negative</i> | NORO_GII |
| Sapovirus (~ 434 bp) | <input type="checkbox"/> 1 <i>Positive</i> | <input type="checkbox"/> 0 <i>Negative</i> | SAPO_VIRUS |
| Astrovirus (~ 719 bp) | <input type="checkbox"/> 1 <i>Positive</i> | <input type="checkbox"/> 0 <i>Negative</i> | ASTRO_VIRUS |

Technician: _____ **TECH_SIG** 1=Signature present **TECH_DATE**

Day Month Year

QC/Supervisor: _____ **QC_SIG** 1=Signature present **REVIEW_DATE** *Date Reviewed*

Day Month Year