CRF 04A – ENROL	LMENT QUE	STIONNAIRE FOR CASES	- NON MEDICAL Variable	e names are prefaced with F4A_
Study # 004	CHILDID	Plate # 401	Visit # 001 F4A_	DATE
Site	Center	Child ID	Day Month	Year

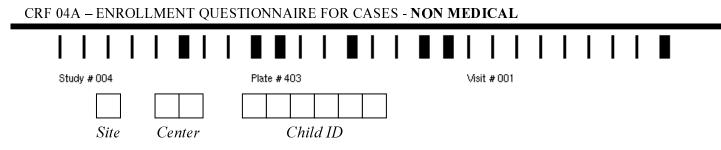
Section 1: Demographic and Epidemiological Information

1.	Who is [Child's Name]'s	primary caretaker?	PRIMCARE	
	1 Mother	2 Father	3 Sister	4 Brother
	5 Grandmother	6 Grandfather	7 Aunt	8 Uncle
	9 No relation	Other relation	by blood or marriage, spec	ify PRIMCARE_SPEC
2.	What is your relationship	to [Child's Name]?	RELATIONSHIP	
	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, spec	ify
3.	Where does [Child's Nam	<i>ne]</i> 's mother live?	MOM_LIVE	
	1 Living in household	3 Abı	road 5	Died
	2 Lives outside of hous	ehold 4 Wh	ereabouts unknown	
4	Where does [Child's Nam	a_l 's father live?	DAD_LIVE	
т.	1 Living in household	-	_	Died
	2 Lives outside of house		ereabouts unknown	Died
5.	How far did the child's pr	imary caretaker go	in school? PRIM_SCHL	
	1 No for	mal schooling	4 Comple	eted secondary
	2 Less tl	nan primary	5 Post-see	condary
	3 Comp	leted primary	6 Religio	us education only
			7 Don't k	.now
6.	How many people have b	een living regularly	in your household for the j	past 6 months?
7.	How many people have b	een sleeping regular	ly in your household for th	ne past 6 months? PPL_SLEEP
8.	How many children youn	ger than 60 months	live in the household?	YNG_CHILDREN

CDE 04A

Study # 004 Pate # 402 Valt # 001 Study # 004 Center Child ID 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 11. Earth/Sand 3. Wood planks S. Parquet or polished wood 12. Dung 4. Palm/hamboo G. Vinyl or asphalt strips 13. Other, specify FLOOR_SPEC 11. Does your household have the following? (Munt he functioning: "X" all that apply.] HOUSE_PHONE 13. Other, specify Electricity Bicycle/rickhaw 14. Other, specify Electricity Bicycle/rickhaw 15. Does your household have the following? (Munt he functioning: "X" all that apply.] HOUSE_PHONE 14. Other, specify FLOOR_SPEC Bicycle/rickhaw 15. Other, specify Electricity Bicycle/rickhaw 16. Other, specify Refrigerator Agricultural land HOUSE_CAR 15. Other, specify Boat with a motor Natural dag 16. Natural Cas Straw/shrubus/grass Straw/shrubus/grass 17. Radio Biogas Fuel_COAL	CRF 04A – ENROLLMENT QU	ESTIONNAIRE FOR CASES - NON MI	EDICAL
 9. How many rooms in your household are used for sleeping? 9. How many rooms in your household are used for sleeping? 10. What is the predominant floor in the house of <i>fChild's Name</i>? FLOOR Natural Floor Rudimentary Floor Finished Floor 11. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 12. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 13. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 14. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 15. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 16. Other, specify FLOOR_SPEC 11. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 16. Other, specify FLOOR_SPEC 11. Does your household have the following? <i>fMeet be functioning: "X" all that apply.</i> 17. HOUSE_FLEE 18. Development (mobile or non-mobile) 18. Television 19. Refrigerator 10. Animal-drawn cartHOUSE_CART 10. HOUSE_SCOOT 10. Refrigerator 11. Radio 12. What type of cooking fuel does your household use? <i>f"X" all that apply.</i> 12. What type of cooking fuel does your household use? <i>f"X" all that apply.</i> 11. Diggas FUEL_BOGAS 12. Electricity 13. Do the following animals live in the compound where <i>fChild's Name</i>? 14. Dother, specify FUEL_GOAL 14. Other, specify FUEL_GOAL 15. Do the following animals live in the compound where <i>fChild's Name</i>? <i>f"X" all that apply.</i> 13. Do the following animals live in the compound where <i>fChild's Name</i>? <i>f"X" all that apply.</i> 14. Goat ANI_GOAT 15. Coat ANI_GOAT 16. Coat ANI_GOAT 17. Cow ANI_COW 18. Nother ANI_SH	Study # 004	Plate # 402	Visit # 001
 10. What is the predominant floor in the house of [Child's Name]? FLOOR Natural Floor Rudimentary Floor Finished Floor Earth/Sand Wood planks Parquet or polished wood Dung Palm/bamboo Vinyl or asphalt strips Ceramic Tile Ceramic Tile Ceramic Tile Ceramic Tile Ceramic Tile Ceramic Tile Carpet 11. Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_PHONE HOUSE_ELEC BicycleTrickShaw HOUSE_FRIDE BicycleTrickShaw HOUSE_FRIDE Car/truck Animal-drawn cartHOUSE_CART MotorcycleScooter Refrigerator Note of the above HOUSE_NONE 12. What type of cooking fuel does your household use? ["X" all that apply.] FUEL_GRASS HOUSE_RADIO Biogas FUEL_BIOGAS Straw/shrubs/grass FUEL_PROPANE Coal/lignith Straw/shrubs/grass FUEL_PROPANE Coal/lignith Coal/lignith	Site Center	Child ID	
Natural Floar Rudimentary Floar Finished Floar [] Earth/Sand 3 Wood planks [] Parquet or polished wood [2] Dung [] Palm/bamboo [] Vinyl or asphalt strips [] Ceramic Tile [] Ceramic Tile [] Other, specify FLOOR_SPEC 11. Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_PHONE [] Electricity [] BicycleTickshaw [] Telephone (mobile or non-mobile) [] Television [] Refrigerator [] Animal-drawn cartHOUSE_CAR [] MotorcycleScooter [] Refrigerator [] Animal-drawn cartHOUSE_CAR [] MotorcycleScooter [] Biogas [] Agricultural land HOUSE_CAR [] MotorcycleScooter [] Biogas [] Agricultural land HOUSE_AGLAND [] None of the above HOUSE_NONE [] Biogas [] Straw/ShrubScrass [] Liquid Propane Gas [] Coal/lignite [] Animal dung [] Vood FUEL_CAL [] Animal dung [] Kerosene [] Wood [] Animal dung [] Straw/ShrubScrass [] Agricultural acrop residue [] Goat ANLGOAT [] Cow [] Goat ANLGOAT [] Cow ANL_COW	9. How many rooms in your h	ousehold are used for sleeping?	SLP_ROOMS
 Earth/Sand Wood planks Parquet or polished wood Vinyl or asphalt strips Ceramic Tile Straw/shruhs/grass Straw/shruhs/grass Straw/shruhs/grass Straw/shruhs/grass Coal/lignite Coal/lignite Ceramic Tile Straw/shruhs/grass Straw/s	10. What is the predominant fl	oor in the house of [Child's Name]?	FLOOR
 2 Dung 2 Dung 4 Palm/bamboo 6 Vinyl or asphalt strips 7 Ceramic Tile 8 Cement 9 Carpet 9 Other, specify FLOOR_SPEC 11. Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_ELEC 10. Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_FILE 11. Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_FILE 12. What type of cooking fuel does your household use? ["X" all that apply.] HOUSE_SCOT 13. Dot type of cooking fuel does your household use? ["X" all that apply.] FUEL_PROPANE 14. Cooking fuel does your household use? ["X" all that apply.] FUEL_GRASS 15. Electricity HOUSE_RADIO 16. Cooking fuel does your household use? ["X" all that apply.] FUEL_CONE 17. What type of cooking fuel does your household use? ["X" all that apply.] FUEL_CONE 18. Dothe following animals live in the compound where [Child's Name] lives? ["X" all that apply.] 13. Do the following animals live in the compound where [Child's Name] lives? ["X" all that apply.] 19. Goat ANI_GOAT 10. Cow ANI_COW 10. No Animals ANI_NO 11. Sheep ANI_BOG 11. Fowl (chicken, duck or other birds) 	<u>Natural Floor</u>	<u>Rudimentary Floor</u>	<u>Finished Floor</u>
Image: Second Structure Image: Second Structure Image: Second Structure Image: Second Structure <td>1 Earth/Sand</td> <td>3 Wood planks</td> <td>5 Parquet or polished wood</td>	1 Earth/Sand	3 Wood planks	5 Parquet or polished wood
I Cement I Corpet I Other, specify <u>FLOOR_SPEC</u> I Does your household have the following? [Must be functioning: "X" all that apply.] HOUSE_PHONE I Electricity	2 Dung	4 Palm/bamboo	6 Vinyl or asphalt strips
I Other, specify <u>FLOOR_SPEC</u> 11. Does your household have the following? [Must be functioning; "X" all that apply.] HOUSE_PHONE 1 Electricity HOUSE_TELE 1 Television - 1 Television - 1 Car/truck 1 Car/truck 1 Car/truck 1 Animal-drawn cartHOUSE_CART 1 Animal-drawn cartHOUSE_CART 1 Agricultural land HOUSE_AGLAND 1 Radio 1 Boat with a motor 1 None of the above HOUSE_NONE 2 UEL_PROPANE 1 Electricity 1 Biogas 1 Electricity 1 Biogas 2 UEL_COAL 1 Electricity 1 Biogas 2 UEL_COAL 3 Straw/shubu/sgrass 9 UEL_PROPANE 1 Coal/lignite 1 Coal/lignite 1 Animal dung 1 Coal/lignite 3 Natural Gas 1 Charcoal 1 Charcoal 1 Agricultural crop residue 9 UEL_COAL </td <td></td> <td></td> <td>7 Ceramic Tile</td>			7 Ceramic Tile
Image: Content of the system of the syste			
HOUSE_ELEC Image: Construct of the state of the st	10 Other, specify FLOC	DR_SPEC	9 Carpet
 12. What type of cooking fuel does your household use? ["X' all that apply.] FUEL_ELEC FUEL_BIOGAS FUEL_GRASS Electricity Biogas FUEL_COAL Straw/shrubs/grass FUEL_DUNG Liquid Propane Gas Coal/lignite FUEL_CHARCOAL Animal dung FUEL_CROP Natural Gas Charcoal Agricultural crop residue FUEL_OTHER Kerosene Wood FUEL_WOOD Other, specify FUEL_OTHER_SPEC 13. Do the following animals live in the compound where [Child's Name] lives? ["X" all that apply.] Goat ANI_GOAT Cow ANI_COW No Animals ANI_NO Sheep ANI_SHEEP Rodents ANI_RODENTS ANI_FOWL Dog ANI_DOG Fowl (chicken, duck or other birds) 	 HOUSE_ELEC Electricity Television HOUSE_TELE HOUSE_SCOOT Motorcycle/scooter HOUSE_RADIO 	HOUSE_BIKE1Bicycle/rickshaw1HOUSE_CAR1Car/truck1ArHOUSE_FRIDGE1RefrigeratorHOUSE_BOAT	HOUSE_PHONE elephone (mobile or non-mobile) nimal-drawn cartHOUSE_CART gricultural land HOUSE_AGLAND
FUEL_ELEC FUEL_BIOGAS 1 Electricity FUEL_PROPANE 1 1 Liquid Propane Gas 1 Liquid Propane Gas 1 Coal/lignite 1 RUEL_NATGAS 1 Coal/lignite 1 RUEL_CHARCOAL 1 Natural Gas 1 Charcoal 1 Mood 1 Wood 1 Wood 1 Wood 1 Other, specify 1 Goat 1 Cow 1 Goat 1 Cow 1 Sheep ANI_GOAT 1 Rodents 1 Dog 1 Dog 1 Fowl (chicken, duck or other birds)	LI Radio	Boat with a motor	one of the above HOUSE_NONE
 Goat ANI_GOAT Cow ANI_COW No Animals ANI_NO Sheep ANI_SHEEP Rodents ANI_RODENTS ANI_FOWL Dog ANI_DOG Fowl (chicken, duck or other birds) 	FUEL_ELEC [] Electricity FUEL_PROPANE [] Liquid Propane Gas FUEL_NATGAS [] Natural Gas FUEL_KERO	FUEL_BIOGAS 1 Str 1 Biogas 1 Str 1 Coal/lignite 1 Ar 1 Charcoal 1 Ag	FUEL_GRASS raw/shrubs/grass FUEL_DUNG nimal dung FUEL_CROP gricultural crop residue FUEL_OTHER
1 Sheep ANI_SHEEP 1 Rodents ANI_RODENTS 1 Dog ANI_DOG 1 Fowl (chicken, duck or other birds)	13. Do the following animals l	ive in the compound where [Child's N	ame] lives? ["X" all that apply.]
	1 Sheep ANI_GOAT	 1 Rodents ANI_RODENTS ANI_FOWL 1 Fowl (chicken, duck or other bir 	

1 Cat ANI_CAT 1 Other, specify ANI_SPE	С
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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.]

1 Piped into house	WATER_HOUSE	1 Covered well in house or ya	ard WATER_COVWELL
1 Piped into yard	WATER_YARD	1 Covered public well	WATER_COVPWELL
1 Public tap	WATER_PUBTAP	1 Protected spring	WATER_PROSPRING
1 Open well in house or	yard WATER_WELL	1 Unprotected spring	WATER_UNSPRING
1 Open public well	WATER_PUBWELL	1 River or stream	WATER_RIVER
1 Pond or lake	WATER_POND	1 Dam or earth pan	WATER_DAM
1 Deep tube well	WATER_DEEPWELL	1 Rainwater	WATER_RAIN
1 Shallow tube well	WATER_SHALLWELL	1 Bought (tank, bottles, etc)	WATER_BOUGHT
1 Other, specify WA	TER_OTHR WATER_SPEC	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.]

	MS_WATER	
Piped into house		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 MS_SPEC		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.]

water for the household every day? FETCH_WATER [] Iff "Yes", go to Question 17a, if "No" go to Question 17b.j ITa. 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 day? TRIP_DAY 17b. On average, how many trips do you and members from your household make to fetch water each week? TRIP_WEEK 17b. On average, how often has water been available from this main source? If all the time I All the time I A few times per week WATER_AVAIL I Several hours every day I Less frequent than a few times per week No 9. In the last two weeks, did you give [Child's Name] stored water for drinking? If No Ye 10. Do you usually treat drinking water at home? TRT_WATER [] If 11. Which method do you use the most to treat drinking water at home? ['X" only one response.] I Iteave water in sun to disinfect If Boil Boil TRT_METHOD_SPEC If chlorine liquid, powder, or tablets I Alum Iter through a cloth Iter through ceramic or other filter Itel Alum I Leave water in sun to disinfect I Boil TRT_METHOD_SPEC CHLORINE Itel Alum I chlorine liquid, powder, or tablets	CRF 04A – ENROLLMENT QUESTIONNAIRE	FOR CASES - NON MED	ICAL
6. 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 5 More than 3 hours 7. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER 0 1/f "Te", go to Question 17a, if "No" go to Question 17b.J FETCH_WATER 0 17a. On average, how many trips do you and members not go the power of trips/d 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/d 17b. On average, how many trips do you and members from your household make to fetch water each week? Number of trips/d 17b. On average, how often has water been available from this main source? 1 1 All the time S A few times per week WATER_AVAIL 2 Several hours every day E Less frequent than a few times per week No 9. In the last two weeks, did you give [Child's Name] stored water for drinking? 1 1 10. Do you usually treat drinking water at home? TRT_WATER 0 1 11 How time s out disinfect B Boil 1 1 12. Leave water in sun to	Study # 004	■ ■ Vis	it # 001
TIME_WATER 1 Less than 15 minutes 4 1 to 3 hours 2 15 to 29 minutes More than 3 hours 3 30 to 59 minutes More than 3 hours 7. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER 0 1/// "Yes", go to Question 17a, if "No" go to Question 17b.] FETCH_WATER 0 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? TRIP_WEEK 17b. On average, how often has water been available from this main source? TAI the time 8. In the last two weeks, how often has water been available from this main source? More family for arr and exe, complete as "00".] 8. In the last two weeks, did you give [Child's Name] stored water for drinking? Trip_No 9. In the last two weeks, did you give [Child's Name] stored water for drinking? Trip_No 9. Do you usually treat drinking water at home? TRT_WATER 0 TRT_NOTER 0 1// "No", go to Question 23.] Trip_Son Trip_Son 20. Do you usually treat drinking water at home? TRT_WATER 0 TRT_NOTER 0 1// "No", go to Question 23.] Trip_Son Trip_Son Trip_Son	Site Center Child	d ID	
I Less than 15 minutes 4 1 to 3 hours I 15 to 29 minutes 5 More than 3 hours 3 30 to 59 minutes 5 More than 3 hours 7. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER 0 If "Yes", go to Question 17a, if "No" go to Question 17b.j FETCH_WATER 0 17a. On average, how many trips do you and members from your household make to fetch water each day? Number of trips/d 17b. On average, how many trips do you and members from your household make to fetch water each week? TRIP_DAY 17b. On average, how offen has water each week? TRIP_WEEK If no trips are made, complete as "00".] Number of trips/d 8. In the last two weeks, how offen has water been available from this main source? No Ye Several hours every day Less frequent than a few times per week 9. In the last two weeks, did you give /Child's Name/ stored water for drinking? No Ye TRT_WATER 0 T 10. Do you usually treat drinking water at home? TRT_WATER 0 T 10. Do you usually treat drinking water at home? TRT_METHOD T 11 Leave water in sun to disinfect Boil TRT_METHOD T 12 Filter through a cloth Filter throug			
3 30 to 59 minutes No Ferrer 7. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER 0 Image: Complete as the provided make to fetch water ach day? FETCH_WATER 0 Image: Complete as the provided make to fetch water ach day? Image: Complete as the provided make to fetch water ach day? Image: Complete as the provided make to fetch water ach day? Image: Complete as the provided make to fetch water ach day? Image: Complete as the provided make to fetch water ach day? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach week? Image: Complete as the provided make to fetch water ach w			5
7. Do you or other members from your household go and fetch drinking water for the household every day? FETCH_WATER [] I/f "Fes", go to Question 17a, if "No" go to Question 17b.j ITae. 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 day? TRIP_DAY	2 15 to 29 minutes	5 More than 3	3 hours
water for the household every day? FETCH_WATER [] 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/w 17b. On average, how many trips do you and members from your household make to fetch water each week? Number of trips/w 17b. On average, how many trips do you and members from your household make to fetch water each week? Number of trips/w 17b. On average, how often has water been available from this main source? II 1 All the time I A few times per week WATER_AVAIL 2 Several hours every day I Less frequent than a few times per week No 9. In the last two weeks, did you give /Child's Name/ stored water for drinking? Image: Store No No 9. In the last two weeks, did you use the most to treat drinking water at home? TRT_WATER [] Image: No 10. Do you usually treat drinking water at home? TRT_WATER [] Image: No Ye 10. Do you usually treat drinking water at home? TRT_WATER [] Image: No Ye 11. Which method do you use the most to treat drinking water at home? ["X" only one response.] Image: No Image: No Ye 12. Filter through a cloth Image: Stored water in sun to disinfect Image: N	3 30 to 59 minutes		
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your household make to fetch water each week? [If no trips are made, complete as "00".] 8. In the last two weeks, how often has water been available from this main source? (1) All the time (2) Several hours every day (4) Less frequent than a few times per week (5) Several hours every day (4) Less frequent than a few times per week (7) Several hours every day (5) In the last two weeks, did you give [Child's Name] stored water for drinking? (7) STORE_WATER (7) TRT_WATER (7) TRT_WATER (7) TRT_WATER (7) TRT_WATER (7) TRT_WATER (7) TRT_WATER (7) TRT_METHOD (7) TRT_METHOD (7) Chlorine liquid, powder, or tablets (7) Other chemical or additive, specify (7) Chlorine is not used, skip to Question 22.] (7) Chlorine is not used, skip to Question 22.] (7) Chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] (7) Certeza (7) Chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] (7) Chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] (7) CHLORINE (7) Aquadabs (7) Unknown (7) WaterGuard (7) Unknown (7) WaterGuard (7) Other, specify (7) CHLORINE_SPEC			Number of trips/day TRIP_DAY
If no trips are made, complete as "00".] It is provided in the image of the	• • • • •		Number of trips/wee
1 All the time 3 A few times per week WATER_AVAIL 2 Several hours every day 4 Less frequent than a few times per week No Ye 9. In the last two weeks, did you give [Child's Name] stored water for drinking? 0 1 Image: Store in the stor	•	each week?	TRIP_WEEK
1 All the time 3 A few times per week WATER_AVAIL 2 Several hours every day 4 Less frequent than a few times per week No Ye 9. In the last two weeks, did you give [Child's Name] stored water for drinking? 0 1 Image: Store in the stor	8. In the last two weeks, how often has water	r been available from this	main source?
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 9. In the last two weeks, did you give [Child's Name] stored water for drinking? STORE_WATER No Ye 0. Do you usually treat drinking water at home? If "No", go to Question 23.] 11. Which method do you use the most to treat drinking water at home? ["X" only one response.] 11. Leave water in sun to disinfect 12. Filter through a cloth 13. Chlorine liquid, powder, or tablets 14. Alum 17. Other chemical or additive, specify 17. TRT_METHOD_SPEC 17. Other chemical or additive, specify 17. CHLORINE 11. Certeza 12. Aquatabs 13. AquaGuard 14. WaterGuard 15. Other, specify 16. CHLORINE_SPEC 	2 Several hours every day 4 I	Less frequent than a few ti	mes per week
0. Do you usually treat drinking water at home? TRT_WATER Image: Comparison of the comparison o	9. In the last two weeks, did you give [Child	"'s Name] stored water for	drinking? 0 1
If "No", go to Question 23.] 1. 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 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, skip to Question 22.] TRT_METHOD_SPEC I. Leave water in sun to disinfect 5 Watermaker 2 Aquatabs 6 PuR 3 AquaGuard 7 Unknown 4 WaterGuard 8 Other, specify CHLORINE_SPEC	0 Do you usually treat drinking water at hor	ne?	No Yes
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			
 Leave water in sun to disinfect Filter through a cloth Filter through ceramic or other filter Chlorine liquid, powder, or tablets Alum Other chemical or additive, specify TRT_METHOD_SPEC If chlorine is not used, skip to Question 22.] 1a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] 1 Certeza 2 Aquatabs 3 AquaGuard 4 WaterGuard 8 Other, specify CHLORINE_SPEC	1. Which method do you use the most to trea	at drinking water at home?	["X" only one response.]
 3 Chlorine liquid, powder, or tablets 6 Alum 7 Other chemical or additive, specify	1 Leave water in sun to disinfect	4 Boil	TRT_METHOD
7 Other chemical or additive, specify TRT_METHOD_SPEC 7 other chemical or additive, specify TRT_METHOD_SPEC 9 other chemical or additive, specify CHLORINE 9 other chemical or additive, specify CHLORINE 1 Certeza 5 Watermaker 2 Aquatabs 6 PuR 3 AquaGuard 7 Unknown 4 WaterGuard 8 Other, specify CHLORINE_SPEC	2 Filter through a cloth	5 Filter through cera	mic or other filter
If chlorine is not used, skip to Question 22.] 1a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] 1 Certeza 2 Aquatabs 3 AquaGuard 4 WaterGuard B Other, specify CHLORINE_SPEC	3 Chlorine liquid, powder, or tablets	6 Alum	
1a. If you use chlorine liquid, powder or tablets, which type do you most commonly use? ["X" only response.] 1 Certeza 5 Watermaker 2 Aquatabs 6 PuR 3 AquaGuard 7 Unknown 4 WaterGuard 8 Other, specify CHLORINE_SPEC	7 Other chemical or additive, specify		TRT_METHOD_SPEC
2 Aquatabs 6 PuR 3 AquaGuard 7 Unknown 4 WaterGuard 8 Other, specify CHLORINE_SPEC	1a. If you use chlorine liquid, powder or tabl	lets, which type do you me	
Image: Second systemImage: Second system	1 Certeza	5 Watermaker	
4 WaterGuard 8 Other, specify CHLORINE_SPEC	2 Aquatabs	⁶ PuR	
	3 AquaGuard	7 Unknown	
RG Updated 22Aug2011	4 WaterGuard	8 Other, specify	CHLORINE_SPEC
	/RG Updated 22Aug2011		

CRF 04A – ENROLLMENT QUESTION	NAIRE FOR CASES - NON MEDICAL
Study # 004 Plate	# 405 Visit # 001
Site Center	Child ID
	NOTRT_WATER No Yes
22. In the last two weeks did you give	[Child's Name] water which was not treated? 0 1
23. How do you usually dispose of [Cl	nild's Name]'s feces? ["X" only one response.]
DISP_FECES	_
Scatter in yard	4 Bush/Field/Ground/Stream/Open sewer
2 Bury	5 Do nothing DISP_SPEC
3 Toilet, latrine	6 Other, specify DISP_SPEC
24. What kind of facility does your hou	usehold most commonly use to dispose of human fecal waste?
[Show pictures to confirm the identity of the second secon	
Image: Flush toilet FAC_WASTE	A Pour flush toilet
2 Ventilated improved pit (VI	
3 Traditional pit toilet	[If "No facility" selected, go to Question 26]
Ventilated improved pit w/v	water seal 6 Other, specify FAC_SPEC
25. How many households (other than [Respond with a number; code "00"]	
26. When do you usually wash your ha	nds? ["X" all that apply Do not probe]
1 Before eating WASH_EAT	WASH_ANIMAL 1 After handling domestic animals
1 Before cooking WASH_COOK	WASH_CHILD 1 After cleaning child who defecated
 Before you nurse or prepare base 	
MASH_DEF 1 After you defecate	WASH_OTHR 1 Other, specify WASH_SPEC
27. When you wash your hands, what o	do you usually use? ["X" only one.] WASH_USE
1Water only2Water	and soap 3 Water and ashes 4 Water and mud or clay
Section 2: Clinical Information	
28. Is [Child's Name] currently breastf	ed? BREASTFED
0 No	1Partial breastfeeding2Exclusive breastfeeding
29. How many days including today ha	as this episode of diarrhea lasted? DRH_DAYS

CR	F 04	A – ENROLLMENT QUESTIONNAIRE FOR CASES	- NON	MEDICA	AL		
	St	udy # 004 Plate # 406		Visit # 0	01		
		Site Center Child ID					
30.		ce [Child's Name] became ill with diarrhea, how we "" the most common.]	ould yo	u best de	escribe th	ne stool?	
	1	Simple watery 2 Rice watery stool	3 St	icky/muc	coid	4 Bloody	
31.	(24	ring the illness, what was the maximum number of l -hour period)? ["X" only one response.] MAX_STOOLS		ools that	_		
	1	\leq 6 per day 2 7 to 10 times	per day		<u>3</u> M	ore than 10 times per day	ÿ
32.	Dic	[<i>Child's Name]</i> have any of the following since th	is illnes	s began? No) Yes	DK	
	a.	Blood in stools DRH_BLC	DOD	0	1	9	
	b.	Vomiting 3 or more times per day DRH_VO	МІТ	0	1	9	
	c.	Very thirsty DRH_THI	RST	0	1	9	
	d.	Drank much less than usual DRH_LES	SDRINK	0	1	9	
	e.	Unable to drink DRH_UN	DRINK	0	1	9	
	f.	Belly pain DRH_BEL	LYPAIN	0	1	9	
	g.	Fever measured <u>at least 38°C</u> or parental perception	/ER I	0	1	9	
	h.	Irritable or restless DRH_RES	STLESS	0	1	9	
	i.	Decreased activity or lethargy DRH_LET	THRGY	0	1	9	
	j.	Loss of consciousness DRH_CO	NSC	0	1	9	
	k.	Rectal straining DRH_STF	RAIN	0	1	9	
	1.	Rectal prolapse DRH_PRC	OLAPSE	0	1	9	
	m.	Cough DRH_CO	UGH	0	1	9	
	n.	Difficulty breathing DRH_BRI	EATH	0	1	9	
	0.	Convulsion DRH_CO	NV	0	1	9	

4A – ENROLLMENT QUESTIONN	AIRE FOR CASES - NO	N MEDI	ICAL					
tudy # 004 Plate -	¥ 407	Visit	t#001					
Site Center	Child ID							
ght now, does your child have an	y of the following?	17	V	DV				
Very thirsty	CUR_THIRSTY	No 0	Yes	9				
Drinks poorly or not able to drir	k CUR_NODRINK	0	1	9				
Sunken eyes	CUR_SUNKEYES	0	1	9				
Wrinkled skin	CUR_SKIN	0	1	9				
Irritable or restless	CUR_RESTLESS	0	1	9				
Lethargy or loss of consciousne	SS CUR_LETHRGY	0	1	9				
Dry mouth	CUR_DRYMOUTH	0	1	9				
Fast breathing	CUR_FASTBREATH	0	1	9				
	tudy # 004 Plate 4 Site Center Site Center ght now, does your child have any Very thirsty Drinks poorly or not able to drint Sunken eyes Wrinkled skin Irritable or restless Lethargy or loss of consciousnes Dry mouth	tudy # 004 Plate # 407 Site Center Child ID Site Center Child ID Cur_Thirsty Drinks poorly or not able to drink Sunken eyes Wrinkled skin Irritable or restless Lethargy or loss of consciousness Cur_Drymouth	tudy # 004 Plate # 407 Visit Site Center Child ID Site Center Child ID Site Center Child ID Very thirsty CUR_THIRSTY 0 Drinks poorly or not able to drink CUR_NODRINK 0 Sunken eyes CUR_SUNKEYES 0 Wrinkled skin CUR_SKIN 0 Irritable or restless CUR_RESTLESS 0 Lethargy or loss of consciousness CUR_LETHRGY 0 Dry mouth CUR_DRYMOUTH 0	Site Center Child ID ght now, does your child have any of the following? Very thirsty CUR_THIRSTY Very thirsty 0 Drinks poorly or not able to drink CUR_NODRINK Sunken eyes CUR_SUNKEYES Vrinkled skin CUR_SKIN Irritable or restless CUR_RESTLESS Lethargy or loss of consciousness CUR_LETHRGY Dry mouth 1	tudy # 004 Plate # 407 Visit # 001 Site Center Child ID Site Center Child ID Wery thirsty CUR_THIRSTY 0 1 9 Drinks poorly or not able to drink CUR_NODRINK 0 1 9 Sunken eyes CUR_SUNKEYES 0 1 9 Wrinkled skin CUR_RESTLESS 0 1 9 Lethargy or loss of consciousness CUR_LETHRGY 0 1 9 Dry mouth CUR_DRYMOUTH 0 1 9	tudy # 004 Plate # 407 Visit # 001 Site Center Child ID Site Center Child ID ght now, does your child have any of the following? No Yes Very thirsty CUR_THIRSTY 0 1 9 Drinks poorly or not able to drink CUR_NODRINK 0 1 9 Sunken eyes CUR_SUNKEYES 0 1 9 Wrinkled skin CUR_SKIN 0 1 9 Lethargy or loss of consciousness CUR_LETHRGY 0 1 9 Dry mouth CUR_DRYMOUTH 0 1 9	tudy # 004 Plate # 407 Visit # 001	tudy # 004 Plate # 407 Visit # 001 \Box \Box \Box \Box \Box $Site$ $Center$ $Child ID$ $Visit # 001$ ght now, does your child have any of the following? $Very$ thirsty $CUR_THIRSTY$ 0 1 9 Drinks poorly or not able to drink $CUR_NODRINK$ 0 1 9 Sunken eyes CUR_SKIN 0 1 9 Wrinkled skin $CUR_RESTLESS$ 0 1 9 Lethargy or loss of consciousness $CUR_LETHRGY$ 0 1 9 Dry mouth $CUR_DRYMOUTH$ 0 1 9

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_ORS 1 A fluid made from a special packet of HOMETRT_MAIZE 1 Homemade fluid (e.g., Thin watery porridge n		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	1 Antibiotics, specify	HOMETRT_AB_SPEC
HOMETRT_ZINC Zinc (tablet/syrup)	1 Other (1), specify	HOMETRT_SPEC1
HOMETRT_NONE 1 No special remedies given	HOMETRT_OTHR2 1 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

- 1 More than usual
- 4 Much less than usual

2 Usual

5 Nothing to drink

3 Somewhat less than usual

- 36. Since [Child's Name] developed diarrhea, how much have you been offering [Child's Name] to eat?
 - 1 More than usual OFFR_EAT
- 4 Much less than usual

2 Usual

- **5** Nothing to eat
- **3** Somewhat less than usual

CRF 04A – ENROLLMENT QUI	ESTIONNAIRE FOR	R CASES - N	ON M	EDICAL	_				
1 1 1 1 1 1									
Study # 004	Plate # 408			Visit # 001					
Site Center	Child ID								
Section 3: Health care ut	lization and ex	penses ma	de be	efore thi	s vis	sit to	this		
hospital/health center									
 37. Before coming to this hospinousehold for this illness? <i>[If "No", go to Question 41.]</i> 38. If you previously sought car <i>Facility Coding List to code the code th</i>	Se re for [Child's Nan	EEK_OUTSIDE <i>ne]</i> for this i	ο N	vo <u>1</u> Ya where di	es d you	ı go?			
SEEK_PHARM 1 Pharmacy									
SEEK_FRIEND 1 Friend/relative									
SEEK_HEALER 1 Traditional healer									
SEEK_DOC 1 Unlicensed practitio	ner/village doctor/	bush doctor/	village	e health w	orkei	r			
SEEK_PRIVDOC 1 Licensed practitione	-		-						
SEEK_REMDY 1 Bought a remedy/m				medv/dru	_o SEE	K_REI	MDY_S	PEC	
SEEK_CTR1 1 Hospital/Center of f		SEEI	<_CTR1	_CODE S	EEK_(CTR1_	SHC 1	=SHC, 0_1	VonSHC
SEEK_CTR2 1 Hospital/Center of s		SEEK	CTR2	_CODE SE	EEK_C	TR2_	SHC 1=	=SHC, 0_N	lonSHC
SEEK_CTR3 1 Hospital/Center of t		SEEK	CTR3	_CODE SE	EK_C	TR3_	SHC 1=	=SHC, 0_N	IonSHC
SEEK_OTHER 1 Other Hospital/Cent									

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.]

<u>Total Medical</u>								
<u>Expenses</u>	<u>Transportation</u>							
a. Pharmacy PHARM_TOTAL	PHARM_TRNSPRT							
b. Traditional healer HEAL_TRNSPRT HEAL_TOTAL								
c. Unlicensed practitioner/vil	llage doctor/bush doctor DOC_TRNSPRT							
d. Licensed practitioner/priv	ate doctor LPRIVDOC_TRNSPRT_							
e. Bought remedy/medicine at the shop/market								
VRG Updated 22Aug2011								
CRF04A 17JULY2009								

<u>Total Medical</u> <u>Expenses</u>	<u>Transportation</u>							
f. Hospital/Center of 1 st choi	ce	CTR	1_TF	RNS	PRT			
g. Hospital/Center of 2 nd cho	ice	CTR	2_TF	RNS	PRT			
h. Hospital/Center of 3 rd cho CTR3_TOTAL	oice	CTR	3_TF	RNSI	PRT			
i. Other, specify OTHER_SPEC								
		OTH	IER_	TRN				

CRF 04A – ENROI	LLMENT QUE	STIONNAIRE FOR CASI	ES - NC	ON MEDICAL			
Study # 004		Plate # 409		Visit # 001			
]				
Site	Center	Child ID					

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.]

1	Cutting down expenses fi	rom meal	MONEY_MEAL
1	Cutting down from other	expenses	MONEY_OTHEXP
1	Using savings		MONEY_SVNGS
1	Borrowing		MONEY_BORROW
1	Selling assets	MONEY_ASSET	
1	Asking for donations out	side the household	MONEY_DONAT
1	Relative or friend pays of	n your behalf	MONEY_RELATIVE
1	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)? TRNSPORT_TIME
 - 1Less than 15 minutes41 to 4 hours215 minutes to 29 minutes5More than 4 hours330 to 59 minutes6Don'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 <u>you</u> 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 <u>other members of your household</u> paid for transport to or from this facility as a result of the child's stay in the facility?

TRNS_OTHER_PAY Local currency

Study # 004 Plate # 410 Visit # 001

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.]:

Child ID

-						
Consultation:		EXPEN_CONSUL	.Τ			
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 [1] Cutting down expenses from meals	Selling assets SPENT_ASSET
SPENT_OTHEXP 1 Cutting down from other expenses	SPENT_DONAT 1 Asking for donations outside the household SPENT RELATIVE
SPENT_SVNGS 1 Using savings	1 Relative or friend pays on your behalf
SPENT_BORROW 1 Borrowing	1 Other, specify:SPENT_OTHRSPENT_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 prov LOSE_EARN 0 1 If yes, how much?	
LOSE_EARN 0 1 If yes, how much?	[Use local currency.]
48. Did other caregivers lose some earnings due to seel	0 I 0 0 I
OTHRLOSE_EARNNoYesDKOTHRLOSE_TOTAL 0 1 9 If yes, how much?	[Use local currency.]
49. How much time have you spent taking care of [Cha doing income generating activities (farming, selling [Half a morning or afternoon = 0.25 days, a morning or after anything less than half a morning or afternoon = 0 days.]	g in the market, working in a private business, etc.)?
DAYSLOST_CARE Day(s)

Site

Center

CRF 04A – ENROLLMENT QUESTIONNAIRE FOR CASES - NON MEDICAL
Study # 004 Plate # 411 Visit # 001
Site Center Child ID
 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.
Place sticker of Specimen ID here.
SPECIMEN_ID 51. Specimen ID:
Notes or comments [Initial and date notes]
Interviewer's Name INT_CODE Staff code QC_DATE
QC_CODE QC_CODE Staff code Day Month Year

CRF 04B – ENROLLMENT QUESTIONNAIRE FOR CASES - MEDICAL Variable names are prefaced with F4B_
Study # 004 CHILDID Plate # 421 Visit # 001 F4B_DATE
Site Center Child ID Day Month Year
Section 1: Physical Findings
1. Physical findings: WEIGHT WT_CHILD WT_CARE
a. Weight WEIGHT U-23 months old: (Weight of caretaker with and without child): WT_CHILD WT_CARE <i>O-23 months old:</i> (Weight of caretaker with and without child): <i>WT_CARE</i> <i>Caretaker + child WT_CARE</i> <i>Caretaker + child Caretaker alone</i>
24-59 months old: (Weight of child alone) WT kg
b. Height 1st 1st cm 2nd cm 2nd cm 3rd cm 3rd cm cm
c. MUAC 1st cm 2nd cm 3rd cm 3rd cm
d. Axillary temperature
e. Respiratory rate per minute RESP1 2nd 2nd
CHEST_INDRW f. Chest indrawing Image: Chest indrawing
EYES g. Eyes Image: Sunken [Confirm with the mother that the eyes are more sunken than usual.]
MOUTH h. MouthImage: NormalImage: Somewhat dryImage: Very dry
SKIN i. Skin pinch O Normal I Slow return $[\le 2 \text{ sec.}]$ 2 Very slow $[>2 \text{ sec.}]$
MENTAL j. Mental status Image: Normal Image: Restless, irritable Image: Lethargic/unconscious
Absent Present
k. Rectal prolapse 0 1 RECTAL
1. Bipedal edema [Both feet] 0 1 BIPEDAL
m. Abnormal hair: sparse, loose, straight 0 1 ABN_HAIR
n. Undernutrition: wasted/very thin 0 1 UNDER_NUTR
o. Skin has 'flaky paint' appearance 0 1 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 0 1
3. If yes, what was the nature of the stool? ["X" only one.] NATURE_STOOL
1Loose/liquid stool without blood2Loose/liquid stool with blood0Normal stool

CRF 04B – ENROLLMENT QUESTIONNAIRE FOR CASES - MEDICAL
Study # 004 Plate # 422 Visit # 001
Site Center Child ID
4. Does the child require rehydration? CHILD_REHYD
0 No 1 Yes, Oral rehydration 2 Yes, IV rehydration
[If 'No', go to Section 3]
5. Will [Child's Name] receive recommended rehydration at this hospital/health center?
1 Yes 2 No, referred to another center 3 No, parents refused 4 Prescribed ORS for
RECOMMEND administration at home
Section 2: Outcome after rehydration
[Complete this Section if the child received rehydration therapy (oral or intravenous) in the health facility.]
<u>Outcome 4 hours after starting rehydration</u> [Obtain the following information 4 hours after starting rehydration therapy (oral or intravenous). If the child leaves the
facility before 4 hours have passed, skip this Section and proceed to Section 3.]
6. Was the child evaluated after 4 hours? 0 1 CHILD_EVAL
a. If "No", what was the reason? CHILD_EVAL_SPEC
[If you were not able to do the evaluation after 4 hours, complete the reason and proceed to Section 3 below.]
7. Findings after 4 hours of rehydration:
FIND_WEIGHT FIND_WT_CHILD FIND_WT_CARE
0-23 months old: (Weight of caretaker with and without child): $\begin{tabular}{ c c c c } \hline \begin{tabular}{ c c c } \hline \begin{tabular}{ c c } \hline \be$
24-59 months old: (Weight of child alone): kg
FIND_MOUTH b. Mouth 0 Normal 1 Somewhat dry 2 Very dry
c. Skin pinch 0 Normal 1 Slow return $[\le 2 \text{ sec.}]$ 2 Very slow $[>2 \text{ sec.}]$
No Yes
8. Does the child continue to purge large volumes of watery stool? 0 1 CHILD_PURGE
9. Was the total stool output within the last four hours measured? 0 1 CHILD_OUTPUT
a. If "Yes", what was the volume? ml VOLUME
CHILD_IV 10. Does the child require additional oral/IV fluid for rehydration? O No [skip to section 3] 1 Yes

CRF 04B – ENROLLMEN	T QUESTI	ONNAIRE	FOR CA	SES - ME	EDIC A	A L								
							Ι	Ι	Ι	Ι	Ι	Ι		
Study #004	1	⁹ late # 423				Visit # 0	01							
Site Ce	enter	Child	d ID											
Outcome if additional	<u>rehydrati</u>	on needed	l after 1	<u>st</u> 4 hour	<u>rs</u>									
[Complete the following if "Y	es" to question	on 10]			RE	HYD_H	OSP							
10a. Was the child cor	npletely rel	nydrated ir	the hos	pital?		0 No	[skip	to se	ectio	n 3]	1] Y	es	
10b. Date of rehydratic	on:	Month		Year	RE	HYD_D	ATE							
Time of rehydration:			(24 hoi	ır clock)	RE	HYD_TI	ME							
10c. If "Yes" to Q10a, R	, weigh the EHYD_WEIG	U	n after th			pletely			ated	RE	HYD	TW_1	CAF	RE
0-23 months old	: (Weight of	caretaker wi	th and wit	hout child		etaker	 + ch	ild	kg		areta	 aker	_] alone	∐kg e
24-59 months old	d: (Weight of	of child alone		EHYD_W1	_].[_	kg								

Section 3: Outcome when leaving the hospital/ health center

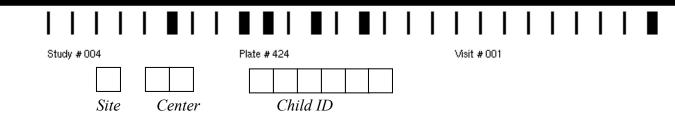
[This Section should be completed when the child leaves the health center, either after an outpatient visit or hospital admission.]

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.)

	OUT_WI_CHILD OUT_WI_CARE
0-23 months old: (Weight of caretaker with a OUT_WEIGHT	OUT WT Caretaker + child Caretaker alone
24-59 months old: (Weight of child alone):	OUT_WT_NA
12. Was the child admitted to the hospital?	No Yes 1 ADMIT
[If "No", go to Question 14.]	
13. If admitted to the hospital, for how many days	s? OUTCOME_DAYS
13a. Is the child still in hospital > 60 days?	NoYes01HOSP
14. Child's diagnosis upon leaving the hospital/he	ealth center. ["X" all that apply.]
1 Diarrhea OUTCOME_DRH	OUTCOME_BACTOUTCOME_TYPHOID1Other invasive bacterial infection11Typhoid
1 Dysentery OUTCOME_DYS	1 Malaria OUTCOME_MALA
OUTCOME_PNEU 1 Pneumonia/lower respiratory infection	1 Malnutrition OUTCOME_MLNT
1 Meningitis OUTCOME_MNGTS	1 Other, specify OUTCOME_OTHR OUTCOME_SPEC

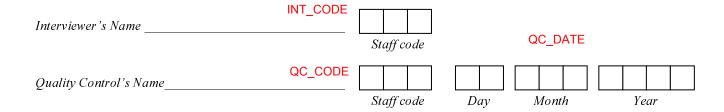
CRF 04B - ENROLLMENT QUESTIONNAIRE FOR CASES - MEDICAL



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		Given				
prescription for treatment	Treatment given in health	prescription for treatm		alth		
for treatment at home	center	at home	center			
TRT_PRES_ORS	1 ORS	TRT_PRES_AMPI	1 Ampici	illin	TRT_GIVE_AMPI	
TRT_PRES_IV	TRT_GIVE_IV	TRT_PRES_NALIC		in anid	TRT_GIVE_NALID	
TRT PRES CXL	1 Intravenous fluids	TRT_PRES_ <u>CP</u> NR	1 Nalidix	lic acid	TRT_GIVE_CPNR	
TRT PRES FOO	1 Cotrimoxazole	TRT PRES SLPY	1 Ciprofl	oxacin/Norfloxacir		lone
TRT PRES GEN	1 Normal food withheld			/Pivmecillinam	TRT_GIVE_SLPY	
1	[1] Gentamycin OR TRT GIVE CHLOR	TRT PRES ZINC	1 Other a	ntibiotic, specify	TRT_GIVE_OTHR	TRT_SPEC
- 1	1 Chloramphenicol/Thia		1 Zinc		TRT_GIVE_ZINC	
TRT_PRES_ERY	1 Erythromycin	TRT_PRES_HOME	A (gove	ernment recommen	TRT_GIVE_HOME ded) homemade flu	uid
TRT_PRES_AZI	TRT_GIVE_AZI 1 Azithromycin	TRT_PRES_ANTI		imalarial drug	TRT_GIVE_ANTI	
TRT_PRES_MAC	1 Other macrolides	TRT_PRES_OTHR	1 Other n	nedicine, specify	TRT_GIVE_OTHR1	TRT_SPEC1
TRT_PRES_PEN 1 TRT_PRES_AMC	1 Penicillin	TRT_PRES_OTHR	1 Other n	nedicine, specify	TRT_GIVE_OTHR2	TRT_SPEC2
	X TRT_GIVE_AMOX 1 Amoxycillin	TRT_PRES_OTHR	³ 1 Other n	nedicine, specify	TRT_GIVE_OTHR3	TRT_SPEC3
	TRT_N	DNE None pres	cribed/taken			
16. Outc	come when leaving hospital	-	" only one res	ponse.]		
	1 Resolved or healthy	OUTCOME 2	Improved			
	3 No better	4	Worse			
[5 Died in hospital/health c	center 6	Unknown/l	lost to follow up		
	[If the child died, complete (guidelines. Medical informa				pleted according to loc	al
	guidennes. Medicai injorma	DATE DEATH		-] 		
16a Ift	the child died, what was the	_				
100. 110	ine ennie dred, what was the		Day Mo	onth Year		
Notes or	comments [Initial and date n	otes]				
Interviewe	er's Name	INT_CODE				
111101 110 110	. 5110me		Staff code	QC_DATE		
Quality C	ontrol's Name	QC_CODE				
			Staff code	Day Month	Year	
	ated 22Aug2011			,		6.4
CRF04B 090	UC12007				Page 4 o	14

CRF 05 – 60 DAY FOLLO	W-UP QUESTIONNAIRE FOR	CASES & CONTROLS	
Study # 004 CHIL	DID Plate # 051	Visit # 002 F5_DATE	
Site Center	Child ID	Day Month Year	
CASE_	CONTROL	Variable names are prefaced with F5_	
Choose one: 1 Case-o	child O Control-child	1	
Interview Outcome			
1. What was the outcom	ne of the follow-up interview?		
1 Conducted S	TATUS		
• Not conducted			
If "Not conducted", v	what was the reason? NOT_CON	NDUCT	
1 Child can	not be found	3 Caretaker refused	
² Caretaker	not available after 3 visits	NOT_CONDUCT_SPEC Other, specify	
[If the interview was not	conducted, complete the above	e part, sign, date, and submit this page to the DC	'C.]
Notes or comments [Initian	and date notes]		



CRF 05 – 60 DAY FOLLOW	-UP QUESTIONNAIRE FO	R CASES & CONTROLS					
Study # 004	Plate # 052	Visit # 002					
Site Center	Child ID]					
Section 1: Clinical Inform	<u>nation</u>						
2. What is your relationshi	p to [Child's Name]? RELATIO	N					
1 Mother	2 Father	3 Sister	4 Brother				
5 Grandmother	6 Grandfather	7 Aunt	8 Uncle				
9 No relation	10 Other relation by b	lood or marriage, specify	RELATION_SPEC				
3. How is [Child's Name] visit".]	's health since the last stuc CHILD_H	•	er what is meant by "the last study				
1 Appears healthy		4 Health has deterior	rated				
	ut not back to normal	5 Died					
3 No better/unchange							
[If died, complete "a" to "c		DATE_DEATH					
	ied, what was the date of c	death? Day Month	Year				
b. If [Child's Name] d	ied, what was the place of	death?					
1 Health facility	2 Home or elsewh	nere PLACE_DEATH					
[Use the Health Facility Cod							
DIED_F/	ACILITY 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



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 EXP DRH	No Yes	No Yes	No Yes
0 1 Diarrhea	EXP_DRH_VISIT 0 1		EXP_FEVER_VISIT Fever with unknown origin
 EXP_DYS Dysentery 	EXP_DYS_VISIT 0 1	EXP_OTHR	EXP_OTHR_VISIT Other, specify EXP_SPEC
0 1 Cough with di	EXP_COU_VISIT fficult breathing 0 1	EXP_OTHR2 0 1	EXP_OTHR2_VISIT Other, specifyEXP_SPEC2 0 1

5. To your knowledge, was the child diagnosed with any of the following at a health care facility? *No Yes*

DIAG_TYP 0 1 Typhoid		
DIAG_MAL 0 1 Malaria		
DIAG_PNE 0 1 Pneumonia		
DIAG_MENG 0 1 Meningitis		
DIAG_OTHR 0 1 Other, specify DIAG_SPEC		
6. Since the last study visit, has [Child's Name] experienced any of the follow	ing:	
a. Rectal prolapse [Some pink tissue appears outside of the child's amus]	No 0	Yes Yes I EXP_RECTAL
b. Convulsions	0	1 EXP_CONVUL
c. Arthritis [Swollen, painful joints]	0	1 EXP_ARTHRITIS
Section 2: Physical Examination		
7. Physical findings		
a. Weight WEIGHT WT_CHILD		g Caretaker alone
24-59 months old: (Weight of child alone): WT kg		
HEIGHT HT1 b. Height 1st cm 2nd cm cm	HT3 3rd	. cm
c. MUAC MUAC 1st cm 2nd cm cm	MUAC3 3rc	1 cm
d. Axillary temperature TEMP C °C		
RESP RESP1 e. Respiratory rate per minute: 1st		
CRF05 17JUL2009 VRG Updated 22Aug2011		Page 3 of 6

CRF 05 – 60 DAY FOLLOW-UP QUESTIONNAIRE FOR CASES & CONTROLS

Study # 004		Plate # 054		Visit # 002
Site	Center	Child ID		
			Absent	Present
f. Rectal pro	lapse		0	1 RECTAL
g. Bipedal e	dema [Both]	feet]	0	1 BIPEDAL
h. Abnorma	l hair: sparse	, loose, straight	0	1 ABN_HAIR
i. Undernutr	ition: wasted	l/very thin	0	1 UNDER_NUTR
j. Skin has ':	flaky paint' a	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	1 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	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.]

	container(s) in us of to Question 9.]	se in the l	home?	0	1	MAIN_CONT	
8b. Type of c	ontainer observed	1. ["X" on	ly one re	sponse]	Ν	AIN_TYPE	
1 Wide	e-mouthed contai	ner(s) - 6	cm or i	more across	s the o	pening	
2 Narr	ow-mouthed cont	tainer(s) -	less th	an 6 cm aci	ross th	e opening	
3 Mixt	ure of wide and r	narrow-m	outhed	containers			
4 Othe	r, specify:	MAIN_T	YPE_SPE	EC			
8c. Are conta	iners covered?	No O	Yes 1	Mixed (co	vered a	md uncovered) MAIN_CONTAINC	;ov

CRF 05 – 60 DAY FOLLOW-U	P QUESTIONNAIRE FOR CA	ASES & CONTROLS	
	$ \blacksquare \blacksquare $		∎
Study # 004	Plate # 055	Visit # 002	
Site Center	Child ID		
8d. How is water removed fro WATER_POUR 1 Pour (spigot or spo	om container? ["X" all that app WATER_CUP out) 1 Scoop with cup		
9. Do you usually treat your d [If "No", go to Question 1		No Yes 1 TREAT_WATER	

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

Method reported	Materials observed for method r	eported	No	Yes
1 Leave water in sun	10-20 clear 1-21 bottles on	roof in sun	0	1
2 Boiled	By observation	TRTOBS_BOIL	0	1
3 Filter through a cloth	Cloth observed	TRTOBS_FILTER	0	1
4 Ceramic/other filter	Filter observed	TRTOBS_CRMC	0	1
5 Chlorine	Tablet/liquid/powder obser	vedTRTOBS_CHLR	0	1
6 Alum	Alum observed	TRTOBS_ALUM	0	1
7 Other chemical	Chemical observed	TRTOBS_CHEM	0	1
Specify TRT_SPEC				
8 Other method	Method observed	TRTOBS_OTHR	0	1
Specify TRT_SPEC2				

[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
- • 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.



2 Another place

WASH WHERE

- 11. Where do you usually wash your hands?
 - 1 In or near dwelling/yard
 - [If "Another place", go to Question 13.]

CRF 05 – 60 DAY FOLLOW-UP QUESTIONNAIRE FOR CASES & CONTROLS
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 0 1 Piped water source 0 1 Basin WASH_BASIN 0 1 Non-piped water source without tap 0 1 Soap WASH_SOAP 0 1 Non-piped water source with tap 0 1 Ash, mud or clay WASH_ASH
13. Please show me where you usually dispose of the feces of your child. ["X" one only.]
 Flush toilet Ventilated improved pit (VIP) latrine Bush/Field/Ground/Stream/Open sewer*
3 Traditional pit toilet 6 Other, specify CHILD_FECES_SPEC
[*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 Image: Comparison of the second s
14b. Visible feces observed elsewhere in house or yard 0 1 FECES_ELSE
15. Please show me the facility your household most commonly use to dispose of human fecal waste. ["X" one only.]
HOUSE_FECES 1 Flush toilet
 Ventilated improved pit (VIP) latrine No facility: Bush/Field/Ground/Stream/Open sewer
3 Traditional pit toilet 6 Other, specify
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 QC_DATE2
Quality Control's NameQC_CODE2
VRG Updated 22Aug2011 Staff code Day Month Year
CRF05 17JUL2009 Page 6 of 6

CRF 06 ELIGIBILITY FOR CONTROLS	Variable names are prefaced with F6_
Study # 004 Plate # 061	Visit # 001 F6 DATE
Site Center Child ID (Contro	l) Day Month Year
· · · · ·	2
Index Case's Information CASE_DOB	CASE_AGE Version #
1. Birthdate of index case: Day Month	Year Age: in months
2. Gender of index case: O Boy I Girl CASE_	GENDER
3. Date of enrollment of index case: Day	Month Year
4. Child ID Number of index case:	CASE_ID
Control's Information BIRTH_DATE	AGE
5. Child's birthdate:	Age: in months
6. Child's gender: O Boy I Girl GENDER	
7. Have you been able to identify the child? \bigcirc	YesDied[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	
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	r community as case? 0 1 SAME_VILLA
11. Was the index case enrolled within the past 14 days	S? 0 1 ENROLL_7
12. Has this child been free of diarrhea for the past 7 da	ays? 0 1 9 DRH_FREE7
13. Is the child eligible for enrollment?	0 1 ELIG_ENROLI
(The child is eligible only if the answers to the Questions 8 thr	ough 12 are "Yes".)
13a. If either Questions 8 or 12 are "DK", check the op determine eligibility.	tion that best describes why you were not able to
Caretaker not available.	2 Other, specify_NOT_ELIG_SPEC
(If not eligible, STOP, end the interview by thanking the caretak code, date the form and submit to DCC. If the child is eligible, c	
Interviewer's Name	
Sta	uff code QC_DATE
QC_CODE	
VRG Updated 22Aug2011 Sta	ff code Day Month Year

CRF 06 ELIGIBILITY FOR CONTROLS	
Study # 004 Plate # 062 Visit # 001	
Site Center Child ID (Control)	
No Yes	
14. Was consent obtained?01CONSENT	Г
15. Was a stool sample collected from the child?01STOOL_S	MPL
16. Was the child enrolled?Image: Image:	D
17. If eligible but not enrolled, what was the reason? ["X" one of the two main reason NOT_ENROLL	ons.]
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 <u>NO_INVITE_SPEC</u>	
2 Refused by parent/caretaker for one of the following reasons:	
1 Parent/caretaker too busy	
REFUSED 2 Does not like research	
3 Other, specify REFUSED_SPEC	
DAT 18. If child is enrolled into the study, enter the date of enrollment:	E_ENROLL Month Year
Notes or comments [Initial and date notes.]	
INT_CODE2	
Interviewer's Name Staff code	
~~ QC_D	DATE2



CRF 07 – ENROLLMENT QUESTIONNAIRE FOR CONTROLS
Study # 004 CHILDID Plate # 071 Visit # 001 F7_DATE
Site Center Control ID Day Month Year
CASE_ID
Index Case ID
Section 1: Demographic and Epidemiological Information
1. Who is [Child's Name]'s primary caretaker? PRIMCARE
1Mother2Father3Sister4Brother
5Grandmother6Grandfather7Aunt8Uncle
9 No relation 10 Other relation by blood or marriage, specify PRIMCARE_SPEC
2. What is your relationship to [Child's Name]? RELATION
1Mother2Father3Sister4Brother
5Grandmother6Grandfather7Aunt8Uncle
9 No relation 10 Other relation by blood or marriage, specify <u>RELATION_SPEC</u>
3. Where does [Child's Name]'s mother live? MOM_LIVE
1Living in household3Abroad5Died
2Lives outside of household4Whereabouts unknown
4. Where does [Child's Name]'s father live? DAD_LIVE
1 Living in household 2 Abroad 3 Died
4 Lives outside of household 5 Whereabouts unknown
5. How far did the child's primary caretaker go in school?
I No formal schoolingPRIM_SCHLI No formal schoolingI Completed secondary
2 Less than primary5 Post-secondary
3 Completed primary 6 Religious education only
7 Don't know PPL_HOUSE
6. How many people have been living regularly in your household for the past 6 months?
7. How many people have been sleeping regularly in your household for the past 6 months?

CRF 07 – ENROLLMENT QUE	STIONNAIRE FOR CONTROLS	8
Study # 004	Plate # 072	Visit # 001
Site Center	Control ID	
8. How many children young	er than 60 months live in the ho	ousehold? YNG_CHILDRN
9. How many rooms in your h	ousehold are used for sleeping	? SLP_ROOMS
10. What is the predominant f	loor in the house of [Child's Na	ame]? FLOOR
<u>Natural Floor</u>	<u>Rudimentary Floor</u>	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 FLOC	DR_SPEC	
11. Does your household have	the following? [Must be function	
HOUSE_ELEC Electricity	HOUSE_BIKE Bicycle/rickshaw	HOUSE_PHONE Telephone (mobile or non-mobile)
HOUSE_TELE 1 Television	HOUSE_CAR 1 Car/truck	1 Animal-drawn cart HOUSE_CART
HOUSE_SCOOT Motorcycle/scooter	HOUSE_FRIDGE 1 Refrigerator	1 Agricultural land HOUSE_AGLAND
1 Radio HOUSE_RADIO	HOUSE BOAT Boat with a motor	1 None of the above HOUSE_NONE
• • • •	does your household use? ["X	all that apply.] FUEL_GRASS
FUEL_ELEC 1 Electricity	1 Biogas FUEL_BIOGAS	1 Straw/shrubs/grass
EVEL PROPAN 1 Liquid Propane Gas	FUEL_COAL 1 Coal/lignite	FUEL_DUNG FUEL CROP
FUEL_NATGAS 1 Natural Gas	FUEL_CHARCOAL Charcoal	1 Agricultural crop residue
FUEL_KERO 1 Kerosene	1 Wood FUEL_WOOD	Image: Full_other FUEL_OTHER FUEL_OTHER_SPEC Image: Specify FUEL_OTHER_SPEC

CRF 07	– ENROLLMENT Q	UESTIONNAIRE	FOR CONTR	OLS	
St	udy # 004	Plate # 073		Visit # 001	
	Site Center	Con	trol ID		
13. Do	the following anima	als live in the com	pound where	e [Child's Name] lives? ["X	" all that apply.]
ANI_GOAT	1 Goat	ANI_COW	1 Cow	ANI_NO 1 No	Animals
ANI_SHEEP	1 Sheep	ANI_RODENTS	1 Rodents		
ANI_DOG	1 Dog	ANI_FOWL	1 Fowl (ch	nicken, duck or other birds)	
ANI_CAT	1 Cat	ANI_OTHER	1 Other, sp	pecify ANI_SPEC	
sou	rces? ["X" all that ap	ply.]	ehold ever o	btained drinking water from	
[1]	Piped into house W				or yard WATER_COVWELL WATER_COVPWELL
	r ip ca into j ma	ATER_YARD		1 Covered public well	WATER_PROSPRING
1	r done dap	ATER_PUBTAP		1 Protected spring	WATER_UNSPRING
1	Open well in house	-	'ELL	1 Unprotected spring	_
1	Open public well ^W			1 River or stream	WATER_RIVER
1	I ond of lake	ATER_POND		1 Dam or earth pan	WATER_DAM
1	Deep tube well W	ATER_DEEPWELL		1 Rainwater	WATER_RAIN
1	Shallow tube well ^V	VATER_SHALLWELI	-	1 Bought (tank, bottles, e	tc) WATER_BOUGHT
1	Other, specify WATE	R_OTHR WATE	ER_SPEC	1 Bore hole	WATER_BORE
	-		s to the main s	e of drinking water for the m ource of drinking water.]	embers of your

1 Piped into house	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 MS_SPEC	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.]

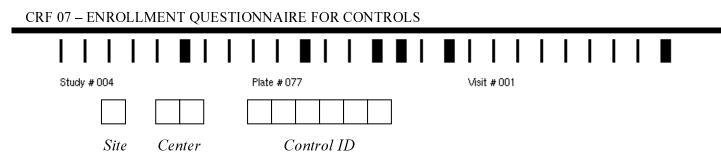
CRF 07 – ENROLLMENT QUESTIONNAIRE FO	R CONTROLS
Study # 004 Plate # 074	Visit # 001
Site Center Contro	l ID
16. How long does it take to go there, get water	
TIME_WAT 1 Less than 15 minutes	4 1 to 3 hours
2 15 to 29 minutes	5 More than 3 hours
3 30 to 59 minutes	
 17. Do you or other members from your housel water for the household every day? <i>[If "Yes", go to Question 17a, if "No" go to Question</i> 17a. On average, how many trips do you a from your household make to fetch water to fetch wa	on 17b.] In the second
17b. On average, how many trips do you a your household make to fetch water of [If no trips are made, complete as "00".]	
18. In the last two weeks, how often has water l	been available from this main source?
1All the time3	few times per week WATER_AVAIL
2Several hours everyday4Let	ess frequent than a few times per week
19. In the last two weeks, did you give [Child's	STORE WATER
20. Do you usually treat drinking water at home [If "No", go to Question 23.]	e? TRT_WATER 0 1
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	TRT_METHOD
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 TR	_METHOD_SPEC
[If chlorine is not used, go to Question 22]	
21a. If you use chlorine liquid, powder or tables <i>response.]</i> CHLORINE	ts, which type do you most commonly use? ["X" only one
1 Certeza	5 Watermaker
2 Aquatabs	6 PurR
3 AquaGuard	7 Don't know
4 WaterGuard	8 Other, specify CHLORINE_SPEC

CRF 07 – ENROLLMENT QUESTIONNAIRE FOR CONTROLS
Study # 004 Plate # 075 Visit # 001
Site Center Control ID
NOTRT_WATERNoYes22. In the last two weeks did you give [Child's Name] water which was not treated?01
23. How do you usually dispose of [Child's Name]'s feces? ["X" only one response.]
1Scatter in yardDISP_FECES2Bury55Do nothing
3 Toilet, latrine 6 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.] 1 Flush toilet FAC_WASTE 2 Ventilated improved pit (VIP) latrine 3 Traditional pit toilet 7 Ventilated improved pit w/water seal 6 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.]
1 Before eating WASH_EAT WASH_ANIMAL 1 After handling domestic animals
1 Before cookingWASH_COOK WASH_CHILD 1 After cleaning child who defecated
WASH_NURSE WASH_NEVER 1 Before you nurse or prepare baby's food 1
WASH_DEF WASH_OTHR 1 Other, specify WASH_SPEC
27. When you wash your hands, what do you usually use? ["X" only one.] WASH_USE
1Water only2Water and soap3Water and ashes4Water and mud or clay
Section 2: Clinical Information
Section 2: Clinical Information 28. Is [Child's Name] currently breastfed? BREASTFED

CRF 07 – ENROLLMENT QUESTIONNAIRE FOR C	ONTROLS
Study # 004 Plate # 076	Visit # 001
Site Center Control ID	
29. During the last 7 days, did [Child's Name] have	e any of the following?
a. Blood in stools	No Yes Image: 1 BLOOD
b. Fever measured at least 38 °C or parental	perception 0 1 FEVER
c. Vomiting 3 or more times per day	
30. Is the child currently receiving any medicine?	No Yes
[If "No", go to Question 31.]	0 1 CUR_MED
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 I MED_ONGOING
30b. What are the medicines that the child is curre	ently receiving? ["X" all that apply.]
MED_ORS	1 Ampicillin MED_AMPI
MED IV	
1 Intravenous fluids MED_COTR	MED CIPRO
Cotrimoxazole MED_NOFOOD	1 Ciprofloxacin/Norfloxacin/other fluoroquinolone
1 Normal food withheld for ≥ 1 day MED GENT	Selexid/Pivmecillinam MED_SELE
1 Gentamycin	MED_OTHERANT 1 Other antibiotic, specify MED_ANT_SPEC
MED_CHLOR Chloramphenicol/Thiamphenicol	1 Zinc MED_ZINC
MED_ERYTH 1 Erythromycin	MED_GOVFLUID A (government recommended) homemade fluid
MED_AZITH 1 Azithromycin	1 An antimalarial drug MED_ANTIMAL
MED_OMACR 1 Other macrolides MED_PENI	MED_OTHER1 MED_OTHER1 Other medicine, specify MED_OTH1_SPEC MED_OTHER2
Penicillin	1 Other medicine, specify <u>MED_OTH2_SPEC</u>
1 Amoxycillin	MED_OTHER3 1 Other medicine, specify MED_OTH3_SPEC
1 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.		No	Yes	Never had diarrhea
If the child never had diarrhea, go to Question 35.]	SEEKCARE	0	1	2



- 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.]
 - 1 Pharmacy SEEK_PHARM

1 Friend/relative SEEK_FRIEND

1 Traditional healer **SEEK_HEALER**

1 Unlicensed practitioner/village doctor/bush doctor/village health worker **SEEK DOC**

1 Licensed practitioner/private doctor (not at hospital) SEEK_PRIVDOC

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

 Image: Second choice
 SEEK_CTR1_CODE
 SEEK_CTR1_SHC 1=SHC, 0_NonSHC

 Image: Second choice
 SEEK_CTR2_CODE
 SEEK_CTR2_SHC 1=SHC, 0_NonSHC

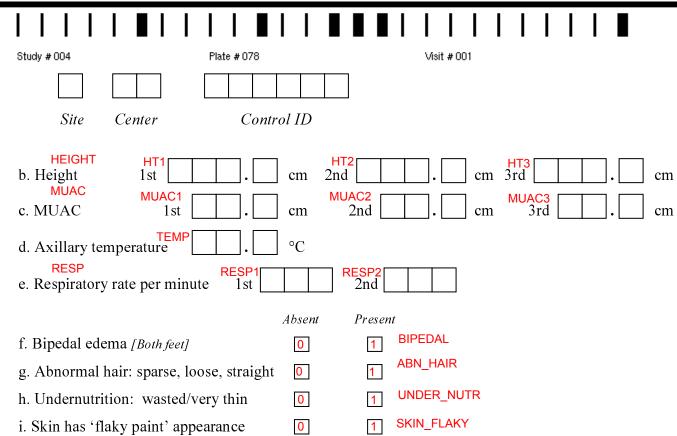
 Image: Second choice
 SEEK_CTR2_CODE
 SEEK_CTR2_SHC 1=SHC, 0_NonSHC

 Image: Second choice
 SEEK_CTR3_CODE
 SEEK_CTR3_SHC 1=SHC, 0_NonSHC

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

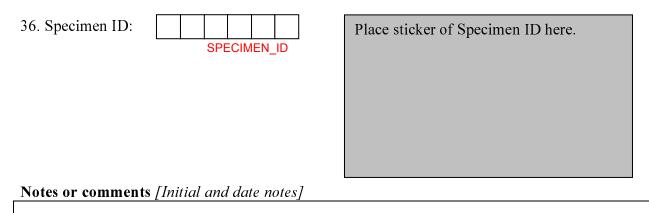
OFFR DRINK 1 More than usual 4 Much less than usual **2** Usual **5** Nothing to drink 3 Somewhat less than usual 34. The last time [Child's Name] had diarrhea, how much did you offer [Child's Name] to eat? OFFR EAT 1 More than usual 4 Much less than usual 2 Usual **5** Nothing to eat **3** Somewhat less than usual **Section 3: Physical Findings** 35. Physical findings: WT CHILD WT CARE **WEIGHT** a. Weight **0-23 months old:** (Weight of caretaker with and without child): kg kg Caretaker + childCaretaker alone 24-59 months old: (Weight of child alone): kg

CRF 07 – ENROLLMENT QUESTIONNAIRE FOR CONTROLS



END OF INTERVIEW

THANK RESPONDENT(S) FOR THEIR COOPERATION



Interviewer 's Name	INT_CODE	Staff code		QC_DATE	
Quality Control's Name	QC_CODE	Staff code	Day	Month	Year
VRG Updated 22Aug2011					

CRF07 17JUL Y2009

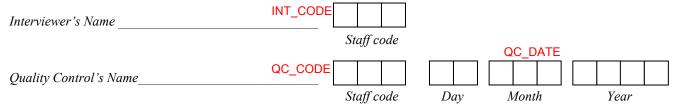
CR	CRF 09 – MEMORY AID SCORE SHEET			Variable names are prefaced with F9_			
	Study # 004 CHILDID	Plate # 091			Vis	sit # 002 F9_DA1	ΓE
	Site Center	C	Child ID		Day	Month	Year
			No	Yes	Partial		
1.	Was the Memory Aid comple	ted?	0	1	2 MEM	ORY_AID	
	[If "No", "X" and sign the form a	nd hand ove	r to superv	visor.]			

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 Memor	y Aid, Column 1]

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





CRF 11 – STOOL COLLECTION	Variable names are prefaced with F11_
Study # 004 CHILDID Plate #	Visit # 001 F11_DATE
Site Center	Child ID Day Month Year
1. Time and date when whole stool passe	ed/excreted: Version 3
a. Date first whole stool passed/excr	eted: DATESTOOL Day Month Year
b. Time first whole stool passed/exc	reted: TIMESTOOL (24 hour clock)
2. Consistency of whole stool sample: (s	elect one) CONSISTENCY
1 grade 1 (formed)	2 grade 2 (soft) 3 grade 3 (thick liquid)
grade 4 (opaque watery)	5 grade 5 (rice water-clear watery)
3. Characterization of whole stool sampl	e: PUS MUCUS
Blood 0 No 1 Yes BLOOD	POSMOCOSPusImage: No image: No ima
	ntibiotics after arriving at the health center but before producing the a control, did s/he receive antibiotic during the 4 hours prior to stool ANTIBIOTIC
0 No	$1 Yes \qquad 9 DK$
[If 'Yes', check the appropriate boxes ("X"	all that apply). If 'No', go to Question 7.]
ANTI_AMPI 1 Ampicillin	ANTI_NALI 1 Nalidixic acid
ANTI_COTR 1 Cotrimoxazole	ANTI_CIPR 1 Ciprofloxacin/Norfloxacin/other fluoroquinolone
ANTI_SELE 1 Selexid/Pivmecillinam	ANTI_GENT 1 Gentamycin
ANTI_CHLO 1 Chloramphenicol/Thiamphenic	ol ^{ANTI_ERYT} 1 Erythromycin
ANTI_AZIT 1 Azithromycin	ANTI_MACR 1 Other macrolides
ANTI_PENI 1 Penicillin	ANTI_OTHER 1 Other antibiotic, specifyANTI_SPEC
ANTI_AMOX 1 Amoxycillin	
5. If antibiotic was given:	
a. Date of first antibiotic:	Day Month 2 0 ANTI_DATE
b. Time of first antibiotic:	(24 hour clock) ANTI_TIME

CRF 11 – STOOL C	OLLECTION							
Study # 004		Plate #114			Visit # 001			
Site	Center	Child I	ID					
RECTAL	re rectal swabs co	ellected from the	e child befo	re the child	d received <i>f 'No', go to</i>	antibiotics	?	
b. T	ime rectal swabs	obtained:			24 hour clock		SWAB_TIM	1E
a. D	when whole stoo ate whole stool/re ime whole stool/r	ectal swab place	ed in transpo	ort media:	Day	Month	DATESTAF 20 Year TIMESTAF	r
8. Swab (rectal s	wab/whole stool)	in Cary Blair:		0 No	1 Yes	CARYBL	AIR	
9. Swab (rectal s		in Buffered Gly	ycerol Salin	e: 0 No	1 Yes	GLYCER	OL	
10. Specimen ID:			Р	lace stick	er of Spec	imen ID h	ere.	
11. Time and date	when sample rec	eived by lab per	rsonnel:			-		
a. D	ate sample receiv	red by lab person	nnel:		N_LABDAT	2	0 Year]
b. T	ime sample recei	ved by lab perso		SPECIME	LABTIME	(24 hour cloc	:k)	
Interviewer's Name		INT_CODE	Staff cod	e	QC_DATE	E		
Quality Control's Nan	1e	QC_CODE					20	
VRG Updated 22Aug2	011		Staff cod	e L	Day I	Month	Year	

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	$\blacksquare \blacksquare $		
Study # 004	Plate # 151		Visit # 001
Г	SPECIMEN_ID		2 VERSION
L	Specimen ID		Version #
COLLECT_REC	ТТ	COLLECT_	STOOL
Rectal swab sample col	lected? 0 No 1 Yes	Whole stool sa	mple collected? O <i>No</i> 1 <i>Yes</i>
Specimen receipt:			TEST_TIME
Time processed	in laboratory (24 hour cl	ock)	
Date Day	Month Year	TEST_DATE	
Properly labeled?		0 No 1 Yes	LABELED
Container tightly shut?		$\begin{bmatrix} 0 & No & 1 \end{bmatrix} Yes$	TIGHTSHUT
Temperature okay (cold	l pack frozen)?		COLD WT_VOL_ACT
Sufficient weight/volun	ne (minimum 3 g/ml)?	0 No 1 Yes	WT_VOLUME Actual weight:
Acceptable for accessi	on?	0 No 1 Yes	ACCEPTABLE
Aliquoted for: VIRUSES Viruses ARCHIVE1 Archive	0 No 1 Yes 1 0 No 1 Yes	PARASITES Parasite ARCHIVE2 Archive	
MaC MAC 0 No [TCBS 1 Yes TTGA/TCBS APW 1 Yes BP/APW 1 Yes	0 No 1 Yes 0 No 1 Yes	CAMPY CAMPY O No 1 Yes RYAN ABA/CIN/RYAN O No 1 Yes
Technician:		TECH_SIG	TECH_DATE
QC/Supervisor:		QC_SIG	REVIEW_DATE Date Reviewed Image: Day display disp

CRF 16 – STOOL CULTURE	Variable names are prefaced with F16_
Study # 004 SPECIMEN_ID Plate # 161	Visit # 001 Date of Test
	TEST_DATE
Specimen ID	Day Month Year
acteria Isolated	VERSION # 2
1 Aeromonas spp.	AEROMONAS
1 Campylobacter jejuni	CAMPY_JEJUNI
1 <i>Campylobacter coli</i>	CAMPY_COLI
1 Campylobacter (not jejuni or co	(i)CAMPY_NONJEJ
1 Campylobacter (non-speciated)	
1 Salmonella Typhi	SALM_TYPHI
1 Salmonella enterica non-Typhi s	SALM_NONTYPHI erovarS_NONTYPE
	S_DYSENT S_FLEXNERI S_BOYDII S_SONNEI Non- dysenteriae S. flexneri S. boydii S. sonnei typeable
1 Shigella spp. Serogroup	A 1 B 1 C 1 D 1 1
1 Shigella dysenteriae 1 SHIG DYS	18 $2A$ $2B$ $3A$ $3B$ $4A$ $4B$ $4C$ $5A$ $5B$ 0 A 1 C
	Ib $2a$ $2b$ $3a$ $3b$ $4a$ $4b$ $4c$ $5a$ $5b$ 6 X Y $typeable$ 1 1 1 1 1 1 1 1 1 1
VIB_CHOLERAE VIB_01 1 Vibrio cholerae 01 1 VIB_INABA 1 Inaba 1	VIB_OGAWA
1 Vibrio parahaemolyticus	VIB_PARAHAEM
1 Vibrio (other species)	VIB_OTHER
1 None of the above pathogens iso	lated NONEPATHOS
1 <i>E. coli</i> isolated	ECOLI
1 No growth	NOGROWTH
	TECH_DATE
echnician:TECH_SIG 1=Signature pre	Day Month Year
QC_SIG 1=Signature pre	esent
/RG Updated 22Aug2011	Day Month Year

CRF 16 Revised 18NOV2008

CRF 17 – <i>E. coli</i> P	OLYMERAS	SE CHAIN REA	CTION	Variable names are prefaced with F17_
Study # 004 SPECIMEI		Plate # 171		Visit # 001 TEST_DATE Date of Test Day Month Year
<u>Results</u>				
estA (ST)	(approx.	147 bp)	1 Positive	e <u>O</u> Negative RESULT_ESTA
<i>eltB</i> (LT)	(approx. :	508 bp)	1 Positive	e O Negative RESULT_ELTB
bfpA	(approx. 2	367 bp)	1 Positive	e O Negative RESULT_BFPA
aatA	(approx.	630 bp)	1 Positive	e O Negative RESULT_AATA
aaiC	(approx. 2	215 bp)	1 Positive	e O Negative RESULT_AAIC
eae	(approx.	881 bp)	1 Positive	e O Negative RESULT_EAE
		eae^+ only $bfpA^+$ (with or ETEC ST ⁺ only ETEC ST ⁺ /LT ETEC LT ⁺ only EAEC $aatA^+$ or EAEC $aaiC^+$ or EAEC $aatA/aaa$ Negative for difference	y + y nly nly <i>iC</i> ⁺	Typical EPEC E.coli
Technician:	TECH_SIG	1=Signatur	e present	TECH_DATE
QC/Supervisor:	QC_SIG	1=Signature	present	
VRG Updated 22Aug CRF 17 09OCT2007	2011			Day Month Year Page 1 of 1

CRF 17A – EPEC	POLYMERASE CHAIN RE	Variable names are prefaced with F17A_		
Study # 004 SPECIME	Plate # 175 EN_ID		Visit # 001 TEST_DATE Date of Test	
Specim	en ID		Day Month Year	
<u>Results</u>				
Stx-2	(approx. 443 bp)	1 Positive	0 Negative STX2	
eae	(approx. 377 bp)	Positive	<i>Negative</i> Internal use only	
Sen	(approx. 310 bp)	1 Positive	• Negative SEN	
Stx-1	(approx. 220 bp)	1 Positive	0 Negative STX1	
Efa-1	(approx. 165 bp)	1 Positive	0 Negative EFA1	

			TECH_DAT	ГE	
Technician:	TECH_SIG	1=Signature present			
			Day REVIEW_D	Month DATE Date Review	Year wed
QC/Supervisor: _	QC_SIG	1=Signature present			
VRG Updated 04Oct	2011		Day	Month	Year
CRF 17A 190CT2009					Page 1 of 1

CRF 18 – PROTOZOAL & VIR	AL IMMUNOASSAYS	Variable names are prefaced with F18_
Study # 004 SPECIMEN_ID	Plate #181	TEST_DATE Date of Test Day Month Year
PROTOZOAL ELISA IMMU		
Entamoeba histolytica	COMP_ENT/ [1] Test com COMP_GIAF	mpleted 1 Positive 0 Negative
Giardia lamblia	1 Test con	mpleted 1 Positive 0 Negative
Cryptosporidium spp.	COMP_CRY 1 Test control	
Technician: TECH_SIG1	1=Signature present	TECH_DATE1 Day Month Year
VIRAL ELISA IMMUNOAS	SAY	
Rotavirus	COMP_ROTAVIRUS 1 Test completed	RES_ROTAVIRUS1Positive0Negative
Adenovirus	COMP_ADENOVIRUS 1 Test completed	RES_ADENOVIRUS1Positive0Negative
Adenovirus 40/41	COMP_ADENO4041 1 Test completed	RES_ADENO40411Positive0Negative3N/A
Technician: TECH_SIG2	1=Signature present	TECH_DATE2
		Day Month Year
		REVIEW DATE Date Reviewed

QC/Supervisor: QC_SIG	1=Signature present			
VPC Lindated 22Aug2011		Day	Month	Year

