

## Clinical Data Collection Tool

Health facility ID:				-	Individual ID:					-	Date:							-	2	0		
											Day(XX)		Month(XXX)			Year(XXXX)						

Patients' village of residence:

Date of Birth:				-				-	Age :				-	Gender:	Male	Female
									Years (If less than 1 year, record age in months)							

Number of days since diarrheal episode:

Number of days diarrheal episode lasted:

Number of stools in a 24 hours:	3	4	5	6	7	>7	TNTC
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(TNTC -too numerous to count)

Other symptoms:

Fever ( $\geq 38C$ ) by caregiver report:	Yes	No	-	Loss of consciousness:	Yes	No	-	Convulsions:	Yes	No	-
Vomiting:	Yes	No	-	Abdominal (belly) pain:	Yes	No	-	Unable to drink:	Yes	No	-
Difficulty breathing:	Yes	No	-	Weight loss:	Yes	No	Unknown	Bloody stools:	Yes	No	-

Received antibiotics before coming to the health facility:	Yes	No	Don't know					
If yes, how many days of antibiotics:	1	2	3	4	5	6	7	Don't know
If less than 1 day, has it been less than 12 hours:	Yes	No						
Antibiotic name: _____								

If the child is <5 years old, did they receive the rotavirus vaccine?	Yes	No	Don't know
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If yes please record the following information from the vaccine card, received rotavirus vaccine:	Yes	Not recorded	If not recorded skip to "Clinic Visit Information"
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If yes, how many doses:	1	Date:							-	2	0	
	2	Date:							-	2	0	
	> 2	Date:							-	2	0	
Day(XX) Month(XXX) Year(XXXX)												

Clinic Visit Information (information provided by nurse/study coordinator):

Temperature:	_____	C	Not collected	-	Weight :	_____	Kg	Not collected
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Referred :	Yes	No	-	Admitted:	Yes	No
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Zinc	Yes	No	-	Oral rehydration:	Yes	No	-	IV rehydration:	Yes	No
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prescribed:

Antibiotics prescribed:  Yes  No

**Antibiotics**

Amoxicillin:	Yes	No	-	Ampicillin:	Yes	No	-	Azithromycin:	Yes	No
Chloramphenicol/Thiamphenicol:	Yes	No	-	Ciprofloxacin:	Yes	No	-	Clotrimoxazole/Spetrin:	Yes	No
Erythromycin:	Yes	No	-	Gentamycin:	Yes	No	-	Nalidixic acid	Yes	No
Penicillin:	Yes	No	-	Selexid/Pivmecillinam	Yes	No	-	Other: _____		

Collection time:     - Collection date:   -   - 2 0      
*Time in 24 hours Day(XX) Month(XXX) Year(XXXX)*

Stool collected from:  Directly  Part of already collected specimen  Diaper

Specimen ID:            
 Lab ID:

*Place specimen sticker here*

**Notes and Comments:**

*(Initial and date any notes or comments)*

Interviewer's Name/Signature: \_\_\_\_\_

Quality Reviewer's Name/Signature: _____	Quality Review Date: <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> - 2 0 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<i>Day(XX) Month(XXX) Year(XXXX)</i>

**Lab Collection Information**

Specimen ID:									
Lab ID:									

Collection time:					-	Collection date:			-			-	2	0		
	<i>Time in 24 hours</i>						<i>Day(XX)</i>		<i>Month(XXX)</i>			<i>Year(XXXX)</i>				

Stool collected from:	Directly	Part of already collected specimen	Diaper
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**Notes and Comments:**

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*(Initial and date any notes or comments)*

Interviewer's Name/Signature: \_\_\_\_\_

Quality Reviewer's Name/Signature: _____	Quality Review Date:			-			-	2	0		
		<i>Day(XX)</i>		<i>Month(XXX)</i>			<i>Year(XXXX)</i>				

**Lab Results Form**

Specimen ID:									
Lab ID:									

Time results reported:					-	Date results reported:												2	0				
	<i>Time in 24 hours</i>						<i>Day(XX)</i>		<i>Month(XXX)</i>			<i>Year(XXXX)</i>											

**Parasites:**

Cryptosporidium:	Pos	Neg	NT	Giardia:	Pos	Neg	NT
Ascaris:	Pos	Neg	NT	Hookworm:	Pos	Neg	NT
No parasites isolated:	Yes	No		E. histolytica			

Pos: Positive; Neg: Negative; NT; Not Tested

**Virus:**

Rotavirus EIA:	Positive	Negative	NT
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**Bacteria:**

Campylobacter jejuni:	Pos	Neg	NT	Campylobacter coli:	Pos	Neg	NT	Campylobacter unspecified:	Pos	Neg	NT
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Salmonella Typhi:	Pos	Neg	NT	Salmonella enterica non-Typhi:	Pos	Neg	NT
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Shigella dysenteriae:	Pos	Neg	NT	Shigella flexneri:	Pos	Neg	NT	Shigella boydii:	Pos	Neg	NT
Shigella sonnei:	Pos	Neg	NT	Shigella non-typable:	Pos	Neg	NT				

Vibrio cholerae O1:	Pos	Neg	NT	V. cholerae O139:	Pos	Neg	NT	V. cholerae non-O1/non-O139:	Pos	Neg	NT
V.cholerae Ogawa:	Pos	Neg	NT	V. cholerae Inaba:	Pos	Neg	NT				
V.paraheamolyticus:	Pos	Neg	NT	V. non-cholera/non-paheamolyticus:	Pos	Neg	NT				

E. coli:	Pos	Neg	NT	PCR Results:					
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No bacteria isolated:	Yes	No	No growth:	Yes	No
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Pos: Positive; Neg: Negative

**Notes and Comments:**

*(Initial and date any notes or comments)*