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
	Day(XX)		*Month(XXX)*		*Year(XXXX)*						*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

(TNTC –too numerous to count)

Other symptoms:

Fever (≥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

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"

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

Referred:	Yes	No	-	Admitted:	Yes	No

Zinc prescribed:	Yes	No	-	Oral rehydration:	Yes	No	-	IV rehydration:	Yes	No

Antibiotics prescribed:	Yes	No

Antibiotics

Amoxycillin:	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:			-				-	2	0		
	Day(XX)			*Month(XXX)*					*Year(XXXX)*			

Lab Collection Information

Specimen ID:							
Lab ID:							

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

Notes and Comments:

(Initial and date any notes or comments)

Interviewer's Name/Signature: _____

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

Lab Results Form

Specimen ID:							
Lab ID:							

Time results reported:					-	Date results reported:			-				-	2	0			

Time in 24 hours *Day(XX)* *Month(XXX)* *Year(XXXX)*

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

Bacteria:

Campylobacter jejuni:	Pos	Neg	NT	Campylobacter coli:	Pos	Neg	NT	Campylobacter unspecified:	Pos	Neg	NT

Salmonella Typhi:	Pos	Neg	NT	Salmonella enterica non-Typhi:	Pos	Neg	NT

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.parahaemolyticus:	Pos	Neg	NT	V. non-cholera/non-paraheamolyticus:	Pos	Neg	NT				

E. coli:	Pos	Neg	NT	PCR Results:					

No bacteria isolated:	Yes	No	No growth:	Yes	No

Pos: Positive; Neg: Negative

Notes and Comments:

(Initial and date any notes or comments)