**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 |
| Pencillin: | 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: |  |  |  |  |  |  | *Place specimen sticker here* |
| Lab ID: |  |  |  |  |  |  |  |

**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)*