

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 ($\geq 38^{\circ}\text{C}$) 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

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: - 20
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: - 20
Day(XX) Month(XXX) Year(XXXX)

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

Notes and Comments:

(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:													
	<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
----------------	----------	----------	----

Bacteria:

Campylobacter jejuni:	Pos	Neg	N T	Campylobacter coli:	Pos	Neg	N T	Campylobacter unspecified:	Pos	Neg	NT
-----------------------	-----	-----	-----	---------------------	-----	-----	-----	----------------------------	-----	-----	----

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

Shigella dysenteriae:	Pos	Neg	N T	Shigella flexneri:	Pos	Neg	NT	Shigella boydii:	Pos	Neg	NT
Shigella sonnei:	Pos	Neg	N T	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	N T	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)