CASE REPORT FORM (CRF) 2012
Norovirus Genogroup Correlation with Acute Diarrhea Severity in Indonesian Pediatric Patients Aged 1-60 Months

Subject Initial: ☐☐☐

Date entering the hospital : _____
Registry number : _____

A. PATIENT IDENTITY		
1	Name	
2	Birthday	___/___/____ (Date/Month/Year)
3	Age when entering the hospital	__ tahun ___ bulan ___ hari
4	Gender	L / P
5	Nutrition Status	Buruk / Kurang / Baik / Overweight / Obesitas

B. HISTORY TAKING		
B.1. History of Disease		
1	When did diarrhea first occur before entering the hospital?	___/____/_____
2	How many days does the patient have diarrhea before entering the hospital?	____ days
3	What is the maximum frequency of patients experiencing diarrhea?	____ times / 24 hour
4	Is the diarrhea followed with fever?	a. Yes b. No → go to number 6 c. Do not know
5	How many days has the patient had a fever?	____ days
6	Is the diarrhea followed with vomitting?	a. Yes b. No → go to number 10 c. Do not know
7	How many days has the patient had vomit?	____ days
8	What is the maximum frequency of patients vomiting?	____ times
9	Is the patient currently vomiting?	a. Yes b. No
10	Can the patient still able to drink now?	a. Yes b. No c. Do not know
11	Has the patient ever been examined at a health facility before entering the hospital?	a. Yes → go to number 13 b. No → go to number 14
12	**If yes,**	
a	What therapies are given by the health facilities?	
	1) Oral rehidration solution (ORS)?	1. Yes

		2. No 3. Do not know
	2) Zinc	1. Yes 2. No 3. Do not know
	3) Antibiotic	1. Yes 2. No 3. Do not know
13	**If not**, what therapy is given at home?	a. Household fluid, such as_____ b. ORS, _____ c. Remedies, _____

B.2 BREASTFEEDING HISTORY		
1	For children aged 0-6 months:	a. Exclusive breastfeeding b. Partial breastfeeding c. Formula milk only d. Others, _____
2	For children aged >6 months:	
	1. Did the patient receive exclusive breastfeeding?	a. Yes b. No
	2. At what age are the patient weaned?	_____ Months old

C. PHYSICAL EXAMINATION		
1	Main Sign	
	1.1 Body temperature	___ °C
	1.2 Pulse	___ x/menit
	1.3 Respiratory rate	___ x/menit
4	Patient awareness when entering the hospital?	a. Good/compos mentis b. Irritable/agitated c. Lethargy / unresponsive
5	Thirst: What is the response when the child is given a drink?	a. Can not drink/not able to drink b. Thirsty/ drank ravenously c. None

D. DIAGNOSIS		
1	Acute watery diarrhea with a degree of dehydration:	a. No dehydration b. Mild dehydration c. Severe dehydration
2	Other diagnosis, if any: (e.g cerebral palsy, epilepsy)	1. _____ 2. _____ 3. _____

F. PATIENT RESUME			
1	Diagnosis:		
2	Anal redness	a. Present	b. Not present
3	Bloating	a. Present	b. Not present
4	Vomit	a. Present	b. Not present

5	Total fever duration	_____ days
6	Total diarrhea duration	_____ days
7	Days of hospitalisation	_____ days
8	Received rehydration theraphy (can be more than one)	1. IV rehydration 2. ORS 3. Others, _____
9	Date of discharge	___ / ___ / _____ (date/month/year)

G. SPECIMEN COLLECTING		
1.	Was the specimen collection successful?	1. Ya 2. No
2.	Specimen volume?	____ ml
3.	Spesimen number?	____

RESUME	
☐ Subjects met the inclusion criteria	☐ CRF ompletely written
☐ ICF completely written	☐ Feces sample collected
_____ Name and sign	_____ Date/Month/Year