

**WIHS MEDICAL RECORD ABSTRACTION FORM
DIARRHEA/GASTROENTERITIS**

**FORM M7
FORM VERSION 04/15/96**

RECORD NUMBER: <input type="text"/>	WIHS ID NUMBER: <input type="text"/>	SEQUENCE FORM # <input type="text"/> OF <input type="text"/>
DATE OF HOSPITAL ADMISSION OR OFFICE VISIT: <input type="text"/> M / <input type="text"/> D / <input type="text"/> Y	ABSTRACTOR'S INITIALS: <input type="text"/>	

**PROMPT: IF ENDOSCOPY PERFORMED COMPLETE FORM CA3
IF BIOPSY OBTAINED COMPLETE FORM CA4
IF A TISSUE CULTURE FROM A BIOPSY WAS SENT, COMPLETE FORM CA5**

A1. Date of abstraction M / D / Y

<u>SECTION B:</u>	<u>YES</u>	<u>NO</u>
B1. Were stool specimens sent to the lab?	1	2 (END)
B2. Diarrhea or loose stool noted?	1	2
B3. Blood in stool or guaiac positive noted?.....	1	2
B4. Positive stool for ova and parasites?.....	1	2 (END)

Organisms Identified:

a. Cryptosporidia	1	2
b. Isospora.....	1	2
c. Microsporidia.....	1	2
d. Other	1	2 (END)
i (Specify) _____		