

A1. Site/Study ID #: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ A2. Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year A3. Study Staff ID/Initials: \_\_\_\_

A4. Follow-up visit (month): 2 Week  1  2  3  6  OR Age: \_\_\_\_ mo/yr To DCC

## BACTERIAL PERITONITIS

B1. Sequence number \_\_\_\_

B2. Date of presentation/onset \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Month Day Year

B3. Date of resolution \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR 1.  Continuing

B4. Patient was hospitalized 1.  No → Go to E1 2.  Yes

a. Date of admission \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Date of discharge \_\_\_\_ / \_\_\_\_ / \_\_\_\_ OR 1.  Continuing  
Month Day Year

E1. Culture 1.  Negative 2.  Positive 8.  ND → Go to E3

a. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

E2. If culture is positive, organism present (*check all that apply*)

a.  Enterococcus

b.  Escherichia coli

c.  Klebsiella species

d.  Streptococcus species

e.  Staphylococcus species

f.  Other: \_\_\_\_\_

E3. Ascites fluid analysis 8.  ND → Go to E4

a. Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

b. Total white blood cell count \_\_\_\_ /ml

c. Total neutrophil count \_\_\_\_ /ml

d. Gram stain 1.  Negative 2.  Positive (Specify: \_\_\_\_\_)

