**DCF02b – Child treatment at health facility**

 Date *required*

 Is the medication barcode code available? *required*

* Yes
* No

 Bottle barcode *required*

 Bottle number *required*

 Actual medication code *required*

 Was the child given study medication? *required*

* Yes
* No, the child was sick
* No, the child refused
* No, the caregiver changed his/her mind
* No, there was no drug available
* No, other reason
* If other reason, explain *required*

 Actual dose administered: *required*

 Time dose administered (24-hour format): *required*

 Record any general comments below: *required*