

Rule Identifier	Form name	Field name	Description	Query text
RR_ARC10_001	Baseline Assessment Form	Please tick to confirm that child meets eligibility criteria AND parent/guardian has signed consent form	Confirmation should be obtained that all eligibility criteria are met and consent has been obtained for child to participate in study	No response has been provided to confirm that the child meets all eligibility criteria and that consent has been obtained
RR_ARC10_002	Baseline Assessment Form	Date of study entry (Day 1), Date of birth	Child's age at date of baseline assessment should be consistent with eligible age range as specified in the protocol (6 months to 12 years inclusive)	Based upon the date of birth recorded at baseline it would appear the child is outside of the eligible age range for inclusion in the study (6 months to 12 years inclusive)
RR_ARC10_003	Baseline Assessment Form	Date of study entry (Day 1), Date symptoms started	Date of study entry must be within 5 days of onset of symptoms, as specified in the protocol, for the child to be eligible for the study	Based upon the dates provided it would appear that the date of study entry is not within 5 days of the onset of the child's current influenza-like symptoms
RR_ARC10_004	Baseline Assessment Form	At risk category, other (please state)	If other at risk category indicated then detail should be provided to state what the at risk problem is	If it is stated the child has an 'Other' at risk problem but further detail to state the problem has not been provided
RR_ARC10_005	Baseline Assessment Form	Antivirals, If yes give name of antiviral(s)	If Antivirals have been noted as medication taken during the current illness, then the name of the antiviral(s) should be provided	It is stated that the child has taken antiviral(s) during the current illness but the name of the antiviral(s) has not been provided
RR_ARC10_006	Baseline Assessment Form	Antipyretics, If yes give name of antipyretic(s)	If Antipyretics have been noted as medication taken during the current illness, then the name of the antipyretic(s) should be provided	It is stated that the child has taken antipyretic(s) during the current illness but the name of the antipyretic(s) has not been provided
RR_ARC10_007	Baseline Assessment Form	Other medications, If yes give name of medication(s)	If Other medications have been noted as medication taken during the current illness, then the name of the other medication(s) should be provided	It is stated that the child has taken other medication(s) during the current illness but the name of the other medication(s) has not been provided
RR_ARC10_008	Baseline Assessment Form	Temperature	Temperature should be in the range 36-41 °C	Temperature appears to be outside of the normal range 36-41 °C
RR_ARC10_009	Baseline Assessment Form	Heart rate	Heart rate should be in the range 60-150 beats per minute	Heart rate appears to be outside of the normal range 60-150 beats per minute
RR_ARC10_010	Baseline Assessment Form	Respiratory rate	Respiratory rate should be in the range 15-60 breaths per minute	Respiratory rate appears to be outside of the normal range 15-60 breaths per minute
RR_ARC10_011	Baseline Assessment Form	Weight	Weight should be in the range 6-100 kg	Weight appears to be outside of the normal range 6-100 kg
CRF Validation	Baseline Assessment Form	Study Medication ID	Study medication ID should be in the format A10001	The study medication ID provided does not appear to be in the correct format A10001
RR_ARC10_012	Baseline Assessment Form	Please tick to confirm study pack given and explained	Confirmation should be obtained that participant has received a study pack and the study pack has been explained	No response has been provided to confirm that the study pack has been given and explained to the participant
RR_ARC20_001	Week 1 follow up	Has your child had any side effects from his or her study medication? Diarrhoea, Nausea, Vomiting, Thrush, Skin rash, Other(s)	If side effects have been noted, then at least one of the side effects should be selected	The child appears to have experienced side-effects from their study medication however it has not been stated which side-effects they have had
RR_ARC20_002	Week 1 follow up	Side effects: Other(s), other detail	If 'other' side effects are noted then information should be provided to state the details	The child appears to have experienced 'Other' side effects from their study medication however further detail has not been provided
RR_ARC20_003	Week 1 follow up	Side effects: Skin rash, Other(s)	If skin rash or other side-effects have been noted that require completion of an AE form regardless of severity then an email notification should be sent to the study team at archie@phc.ox.ac.uk	
RR_ARC60_001	Week 2 follow up	Has your child had any side effects from his or her study medication? Diarrhoea, Nausea, Vomiting, Thrush, Skin rash, Other(s)	If side effects have been noted, then at least one of the side effects should be selected	The child appears to have experienced side-effects from their study medication however it has not been stated which side-effects they have had
RR_ARC60_002	Week 2 follow up	Side effects: Other(s), other detail	If 'other' side effects are noted then information should be provided to state the details	The child appears to have experienced 'Other' side effects from their study medication however further detail has not been provided
RR_ARC60_003	Week 2 follow up	Side effects: Skin rash, Other(s)	If skin rash or other side-effects have been noted that require completion of an AE form regardless of severity then an email notification should be sent to the study team at archie@phc.ox.ac.uk	
RR_ARC170_001	Child Diary	I have taken my ARCHIE study medication	Number of medication doses should be in the range 0 -10	The number of medication doses entered is outside of the requested range of 0-10 doses
RR_ARC173_001	Medical Notes Review Reconsultations	Reconsultations days 1 to 28 inclusive, Date of Re-Consultation episode	If reconsultations are indicated at least one date of reconsultation should be present	The child appears to have had reconsultations between days 1 and 28 however the date of the reconsultation(s) has not been given
RR_ARC173_002 RR_ARC173_003 RR_ARC173_004 RR_ARC173_005	Medical Notes Review Reconsultations	Same illness episode for which child was recruited to ARCHIE?, Same symptoms as original consultation and documented worsening, Same symptoms as original consultation but not clearly worsening, No further information on symptoms from original consultation	If the reconsultation is due to the same illness episode as child was recruited to ARCHIE then the reason should be present	The reconsultation episode appears to be for the same illness episode as the child was recruited to ARCHIE, but the reason has not been given
RR_ARC173_006 RR_ARC173_007 RR_ARC173_008 RR_ARC173_009	Medical Notes Review Reconsultations	New symptoms?, Runny nose/blocked nose/rhinorrhoea/coryza/nasal congestion, Sore throat/difficult or painful swallowing/inflamed pharynx or tonsils, Earache/ear pain/otalgia/difficulty hearing/ear discharge/red ear, Sinus pain/tenderness, Sputum/phlegm, Chest/shoulder pain, Wheeze, Dyspnoea/Short of breath/difficulty in breathing, Other	If new symptoms are present at the reconsultation then details of the new symptoms (at least one symptom selected) should be present	The reconsultation episode appears to be involved new symptoms, but details of the new symptoms have not been given

RR_ARC173_010 RR_ARC173_011 RR_ARC173_012 RR_ARC173_013	Medical Notes Review Reconsultations	New diagnoses?, Sinusitis, Tonsillitis/pharyngitis/throat abscess/quinsy/peritonsillar cellulitis, Pneumonia/chest infection/lower respiratory tract infection/bronchitis, Exacerbation of asthma/viral wheeze, Otitis media/ear infection, Other	If new diagnoses are apparent from the reconsultation then details of the new diagnoses (at least one diagnosis selected) should be present	New diagnoses seem apparent from the reconsultation episode, however details of the new diagnoses have not been given
RR_ARC173_058 RR_ARC173_059 RR_ARC173_060 RR_ARC173_061	Medical Notes Review Reconsultations	Any medications, investigations or referral to hospital?, Antibiotics given?, Other treatments given, Investigations requested?	If any medications, investigations or referral to hospital is selected then responses should be present to indicate if antibiotics were given, if any other treatments were given and if any investigations were requested	The child appears to have had medications, investigations or referral to hospital in the reconsultation episode however no responses have been provided to indicate if any antibiotics, other treatments or investigations were provided
RR_ARC173_014 RR_ARC173_015 RR_ARC173_016 RR_ARC173_017	Medical Notes Review Reconsultations	Antibiotics given?, Generic name	If antibiotics were given at the reconsultation the generic name of the antibiotic should be present	Antibiotics were given at the reconsultation but the generic name of the antibiotic has not been provided
RR_ARC173_018 RR_ARC173_019 RR_ARC173_020 RR_ARC173_021	Medical Notes Review Reconsultations	Generic name, Dose, Number of doses per day, Duration (days)	If the generic name of the antibiotic is given then full details of dose, number of doses per day and duration (days) should also be present	Antibiotics were given at the reconsultation but full details stating dose, number of doses per day and duration have not been provided
RR_ARC173_022 RR_ARC173_023 RR_ARC173_024 RR_ARC173_025	Medical Notes Review Reconsultations	Other treatments given? Generic name (drug 1), Generic name (drug 2), Generic name (drug 3)	If other treatments were given at the reconsultation the generic name of the drug(s) should be present	Other treatments were given at the reconsultation but the generic name of the treatment/drug has not been provided
RR_ARC173_026 RR_ARC173_027 RR_ARC173_028 RR_ARC173_029 RR_ARC173_030 RR_ARC173_031 RR_ARC173_032 RR_ARC173_033 RR_ARC173_034 RR_ARC173_035 RR_ARC173_036 RR_ARC173_037	Medical Notes Review Reconsultations	Generic name (drug1-3), Dose, Number of doses per day, Duration (days)	If the generic name of the other treatment/drug is given then full details of dose, number of doses per day and duration (days) should also be present	Other treatments/drug were given at the reconsultation but full details stating dose, number of doses per day and duration have not been provided
RR_ARC173_054 RR_ARC173_055 RR_ARC173_056 RR_ARC173_057	Medical Notes Review Reconsultations	Investigations requested?, chest x-ray, other investigations	If investigations are requested then responses should be present to indicate if a chest x ray or other investigations were performed	Investigations were requested at the reconsultation but no details have been provided to indicate if a chest x ray or other investigation was performed
RR_ARC173_038 RR_ARC173_039 RR_ARC173_040 RR_ARC173_041	Medical Notes Review Reconsultations	Chest X-ray, Date chest X ray performed, Result of chest X ray	If a chest X ray was performed then the date of the chest X ray and the result should be present	A chest X ray was performed at the reconsultation but full details of the date and the result of the Chest X ray have not been provided
RR_ARC173_042 RR_ARC173_043 RR_ARC173_044 RR_ARC173_045 RR_ARC173_046 RR_ARC173_047 RR_ARC173_048 RR_ARC173_049 RR_ARC173_050 RR_ARC173_051 RR_ARC173_052 RR_ARC173_053	Medical Notes Review Reconsultations	Other investigations, type of other investigation 1, date performed (1), result (1), type of other investigation 2, date performed (2), result (2)	If other investigations were performed then the type, date and result of the investigation should be present	Other investigations were performed at the reconsultation but full details of the type of investigation, date performed and the result have not been provided
RR_ARC174_054	Medical Notes Review Hospital Admissions	Hospital admissions days 1-28, Date admitted	If the child was admitted to hospital for one or more nights the date of admission should be present	The child was admitted to hospital for one or more nights however the date of admission has not been provided
RR_ARC174_055 RR_ARC174_056 RR_ARC174_057 RR_ARC174_058	Medical Notes Review Hospital Admissions	Antibiotics given?, Generic name	If antibiotics were given at the hospital admission the generic name of the antibiotic should be present	Antibiotics were given at the hospital admission but the generic name of the antibiotic has not been provided
RR_ARC174_059 RR_ARC174_060 RR_ARC174_061 RR_ARC174_062	Medical Notes Review Hospital Admissions	Generic name, Dose, Number of doses per day, Route of administration, Duration (days)	If the generic name of the antibiotic is given then full details of the dose, number of doses per day, route of administration and duration should also be present	Antibiotics were given at the hospital admission but full details of the dose, number of doses per day, route of administration and duration have not been provided
RR_ARC174_063 RR_ARC174_064 RR_ARC174_065 RR_ARC174_066	Medical Notes Review Hospital Admissions	Other treatments given?, generic name (drug 1), generic name (drug 2), generic name (drug 3)	If other treatments were given at the hospital admission the generic name of the drug(s) should be present	Other treatments were given at the hospital admission but the generic name of the treatment/drug have not been provided
RR_ARC174_067 RR_ARC174_068 RR_ARC174_069 RR_ARC174_070 RR_ARC174_071 RR_ARC174_072 RR_ARC174_073 RR_ARC174_074 RR_ARC174_075 RR_ARC174_076 RR_ARC174_077 RR_ARC174_078	Medical Notes Review Hospital Admissions	Generic name (drug1-3), Dose, Number of doses per day, Route of administration, Duration (days)	If the generic name of the other treatment given at the hospital admission is provided then full details of the dose, number of doses per day, route of administration and duration should also be present	Other treatments were given at the hospital admission but full details of the dose, number of doses per day, route of administration and duration have not been provided
RR_ARC174_091 RR_ARC174_092 RR_ARC174_093 RR_ARC174_094	Medical Notes Review Hospital Admissions	Investigations requested?, chest x ray, other investigation	If investigations are requested at the hospital admission then responses should be provided to state if a chest x ray or other investigation was performed	Investigations were requested at the hospital admission but no details have been provided to indicate if a chest x ray or other investigation was performed
RR_ARC174_079 RR_ARC174_080 RR_ARC174_081 RR_ARC174_082	Medical Notes Review Hospital Admissions	Chest X-ray, Date chest X ray performed, Result of chest X ray	If a chest X ray was performed then the date of the chest X ray and the result should be present	A chest X ray was performed at the hospital admission but full details of the date and the result of the Chest X ray have not been provided

RR_ARC174_083 RR_ARC174_084 RR_ARC174_085 RR_ARC174_086	Medical Notes Review Hospital Admissions	Other investigations, type of other investigation, date performed, result	If other investigations were performed then the type, date and result of the investigation should be present	Other investigations were performed at the hospital admission but full details of the type of investigation, date performed and the result have not been provided
RR_ARC174_087 RR_ARC174_088 RR_ARC174_089 RR_ARC174_090	Medical Notes Review Hospital Admissions	Admitted to Intensive Care Unit, Date admitted	If the child was admitted to Intensive Care Unit then the date of admission should be present	The child was admitted to Intensive Care Unit however the date of admission has not been provided
RR_ARC175_091	Medical Notes Review Death	Death?, Date of death, Reason for death	If the child has died between days 1-28 then the date and reason for death should be present	It has been stated that the child has died since the baseline assessment but the date and reason for death have not been provided
RR_ARC176_092	Medical Notes Review Medical History	Other neurological or neuromuscular disorder, please specify	If Other neurological or neuromuscular disorder is specified then further detail should be present	It has been stated that the child has Other neurological or neuromuscular disorder in their medical history but further information to specify the disorder have not been provided
RR_ARC176_093	Medical Notes Review Medical History	Liver disease, please specify	If liver disease is specified then further detail should be present	It has been stated that the child has Liver disease in their medical history but further information to specify the disease have not been provided
RR_ARC176_094	Medical Notes Review Medical History	Other genetic abnormality, please specify	If Other genetic abnormality is specified then further detail should be present	It has been stated that the child has Other genetic abnormality in their medical history but further information to specify the abnormality have not been provided
RR_ARC176_095	Medical Notes Review Medical History	Malignancy, please specify	If Malignancy is specified then further detail should be present	It has been stated that the child has Malignancy in their medical history but further information to specify the malignancy has not been provided
RR_ARC176_096	Medical Notes Review Medical History	Other, please specify	If Other is specified then further detail should be present	It has been stated that the child has another 'At risk' medical problem in their medical history but further information to specify the problem have not been provided
RR_ARC176_097	Medical Notes Review Medical History	Regular medications at time of study entry, Generic name	If regular medications at time of study entry were taken then the generic name of the medication should be present	It appears the child was taking regular medications at the time of study entry but detail of the generic name of the medication(s) have not been provided
RR_ARC176_098	Medical Notes Review Medical History	Regular medications at time of study entry; Generic name, Dose, Number of doses per day	If the generic name of medication has been stated then further details of dose, dose units and number of doses per day should be present	The child was taking regular medications at the time of study entry but further details of the dose, dose units or number of doses per day have not been provided
RR_ARC176_099	Medical Notes Review Medical History	Vaccinations; Hib, Dose 1	If a Hib vaccination has been recorded then at least one date of dosage should be present	A Hib vaccination has been recorded but the date of dosage has not been provided
RR_ARC176_100	Medical Notes Review Medical History	Vaccinations; PCV, PCV type	If a PCV vaccination has been recorded then a response should be provided to state the PCV type	A PCV vaccination has been recorded but the PCV type has not been provided
RR_ARC176_101	Medical Notes Review Medical History	Vaccinations; PCV, Dose 1	If a PCV vaccination has been recorded then at least one date of dosage should be present	A PCV vaccination has been recorded but the date of dosage has not been provided
RR_ARC176_102	Medical Notes Review Medical History	Vaccinations; Seasonal flu (SAME season as when child recruited), Dose 1	If a seasonal flu (same season) vaccination has been recorded then at least one date of dosage should be present	A Seasonal flu (Same season) vaccination has been recorded but the date of dosage has not been provided
RR_ARC176_103	Medical Notes Review Medical History	Vaccinations; Seasonal flu (season BEFORE child recruited), Dose 1	If a seasonal flu (season before) vaccination has been recorded then at least one date of dosage should be present	A Seasonal flu (Season before) vaccination has been recorded but the date of dosage has not been provided
RR_ARC176_104	Medical Notes Review Medical History	Vaccinations; Pandemic flu, Dose 1	If a pandemic flu vaccination has been recorded then at least one date of dosage should be present	A Pandemic flu vaccination has been recorded but the date of dosage has not been provided
RR_ARC176_105	Medical Notes Review Medical History	Acute consultations during 12-month period before study entry, date of consultation	If acute consultations have been specified then at least one date of consultation should be present	It appears the child attended acute consultation(s) during the 12 months prior to study entry, but the date of these consultation(s) have not been provided
RR_ARC176_106	Medical Notes Review Medical History	Acute consultations during 12-month period before study entry; date of consultation, Reason for consultation	If a date of acute consultation has been provided then the reason for consultation should also be present	The child attended acute consultation(s) in the 12 months prior to study entry, but the reason for these consultation(s) have not been provided
RR_ARC176_210	Medical Notes Review Medical History	Antibiotics given during 3 month period before study entry, penicillin, penicillin beta-lactamase inhibitor, cephalosporin, macrolide, quinolone, other antibiotics prescribed	If antibiotics were prescribed in the 3 month period before study entry then responses should be provided for each of the given groups of antibiotics	It appears the child was prescribed antibiotics in the 3 month period before study entry but no responses have been provided to indicate which group of antibiotics they were prescribed
RR_ARC176_107	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry; Penicillin, Amoxicillin, Ampicillin, Penicillin V, Other	If Penicillin has been recorded then at least one type of Penicillin medication should be selected	The child appears to have taken Penicillin in the 3 months prior to study entry, but it has not been stated which Penicillin medication was prescribed
RR_ARC176_108	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry; Penicillin Other (please write name below)	If Other Penicillin medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Penicillin medication in the 3 months before study entry but the name of the medication has not been provided
RR_ARC176_109 RR_ARC176_110	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry Amoxicillin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Amoxicillin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Amoxicillin was prescribed in the 3 months before study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided

RR_ARC176_177 RR_ARC176_178	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry <i>Quinolone</i> Moxifloxacin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Moxifloxacin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Moxifloxacin was prescribed in the 3 months before study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC176_182 RR_ARC176_183	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry <i>Quinolone</i> Ciprofloxacin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Ciprofloxacin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Ciprofloxacin was prescribed in the 3 months before study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC176_187 RR_ARC176_188	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry <i>Quinolone</i> Other Quinolone Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Other Quinolone medication has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other Quinolone medication was prescribed in the 3 months before study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC176_192	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry Other antibiotics prescribed, Generic name	If Other antibiotics have been specified then the Generic name of the medication should be provided	Other antibiotics were prescribed in the 3 months before study entry but the generic name of the antibiotic(s) have not been provided
RR_ARC176_193 RR_ARC176_194 RR_ARC176_198 RR_ARC176_199 RR_ARC176_203 RR_ARC176_204 RR_ARC176_208 RR_ARC176_209	Medical Notes Review Medical History	Antibiotics given during 3-month period before study entry Other antibiotics prescribed, Generic name, date(s) prescribed, Dose, dose units, Number of doses per day, Duration (days)	If the Generic name of other antibiotics have been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be present	Other Antibiotics were prescribed in the 3 months before study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_001	Additional Medical Notes Review	3 month swab taken?, Date swab taken	If specified that the 3 month swab was taken then the date the swab was taken should be present	The 3 month swab was taken but the date has not been provided
RR_ARC180_002	Additional Medical Notes Review	6 month swab taken? Date swab taken	If specified that the 6 month swab was taken then the date the swab was taken should be present	The 6 month swab was taken but the date has not been provided
RR_ARC180_003	Additional Medical Notes Review	12 month swab taken? Date swab taken	If specified that the 12 month swab was taken then the date the swab was taken should be present	The 12 month swab was taken but the date has not been provided
RR_ARC180_210	Additional Medical Notes Review	Antibiotics given during 12 month period after study entry, penicillin, penicillin beta-lactamase inhibitor, cephalosporin, macrolide, quinolone, other antibiotics prescribed	If antibiotics were prescribed in the 12 month period after study entry then responses should be provided for each of the given groups of antibiotics	It appears the child was prescribed antibiotics in the 12 month period after study entry but no responses have been provided to indicate which group of antibiotics they were prescribed
RR_ARC180_107	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Penicillin, Amoxicillin, Ampicillin, Penicillin V, Other	If Penicillin has been recorded then at least one type of Penicillin medication should be selected	The child appears to have taken Penicillin in the 12 months after study entry, but it has not been stated which Penicillin medication was prescribed
RR_ARC180_108	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Penicillin Other (please write name below)	If Other Penicillin medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Penicillin medication in the 12 months after study entry but the name of the medication has not been provided
RR_ARC180_109 RR_ARC180_110	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Amoxicillin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Amoxicillin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Amoxicillin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_114 RR_ARC180_115	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Ampicillin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Ampicillin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Ampicillin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_119 RR_ARC180_120	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Penicillin V Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Penicillin V has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Penicillin V was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_124 RR_ARC180_125	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Other penicillin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Other Penicillin medication has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other penicillin medication was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_129	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Penicillin/beta-lactamase inhibitor, Co-Amoxiclav, Other	If Penicillin/beta-lactamase inhibitor has been recorded then at least one type of Penicillin/beta-lactamase inhibitor medication should be selected	The child appears to have taken Penicillin/beta-lactamase inhibitor medication in the 12 months after study entry, but it has not been stated which medication was prescribed
RR_ARC180_130	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Penicillin/beta-lactamase inhibitor Antibiotic prescribed?, Other (please write name below)	If Other Penicillin/beta-lactamase inhibitor medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Penicillin/beta-lactamase inhibitor medication in the 12 months after study entry but the name of the medication has not been provided
RR_ARC180_131 RR_ARC180_132	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Penicillin/beta-lactamase inhibitor Co-amoxiclav Antibiotic prescribed?, Date(s) prescribed, Strength, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Co-amoxiclav has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Co-amoxiclav was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_136 RR_ARC180_137	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Penicillin/beta-lactamase inhibitor Other penicillin/beta-lactamase inhibitor Antibiotic prescribed?, Date(s) prescribed, Strength, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of other penicillin/beta-lactamase inhibitor has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other penicillin/beta-lactamase medication was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided

RR_ARC180_141	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Cephalosporin, Cefalexin, Cefradine, Other	If Cephalosporin has been recorded then at least one type of Cephalosporin medication should be selected	The child appears to have taken Cephalosporin medication in the 12 months after study entry, but it has not been stated which medication was prescribed
RR_ARC180_142	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Cephalosporin Antibiotic prescribed?, Other (please write name below)	If Other Cephalosporin medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Cephalosporin medication in the 12 months after study entry but the name of the medication has not been provided
RR_ARC180_143 RR_ARC180_144	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Cephalosporin Cefalexin Antibiotic prescribed?, Date(s) prescribed, Strength, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Cefalexin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Cefalexin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_148 RR_ARC180_149	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Cephalosporin Cefradine Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Cefradine has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Cefradine was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_153 RR_ARC180_154	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Cephalosporin Other Cephalosporin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Other Cephalosporin medication has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other Cephalosporin medication was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_158	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Macrolide, Erythromycin, Clarithromycin, Other	If Macrolide has been recorded then at least one type of Macrolide medication should be selected	The child appears to have taken Macrolide medication in the 12 months after study entry, but it has not been stated which medication was prescribed
RR_ARC180_159	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Macrolide, Other (please write name below)	If Other Macrolide medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Macrolide medication in the 12 months after study entry but the name of the medication has not been provided
RR_ARC180_160 RR_ARC180_161	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Macrolide Erythromycin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Erythromycin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Erythromycin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_165 RR_ARC180_166	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Macrolide Clarithromycin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Clarithromycin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Clarithromycin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_170 RR_ARC180_171	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Macrolide Other Macrolide Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Other Macrolide medication has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other Macrolide medication was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_175	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Quinolone, Moxifloxacin, Ciprofloxacin, Other	If Quinolone has been recorded then at least one type of Quinolone medication should be selected	The child appears to have taken Quinolone medication in the 12 months after study entry, but it has not been stated which Quinolone medication was prescribed
RR_ARC180_176	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry; Macrolide, Other (please write name below)	If Other Quinolone medication has been stated then further detail to provide the name of medication should be provided	The child appears to have taken other Quinolone medication in the 12 months after study entry but the name of the medication has not been provided
RR_ARC180_177 RR_ARC180_178	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Quinolone Moxifloxacin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Moxifloxacin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Moxifloxacin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_182 RR_ARC180_183	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Quinolone Ciprofloxacin Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Ciprofloxacin has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Ciprofloxacin was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_187 RR_ARC180_188	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Quinolone Other Quinolone Antibiotic prescribed?, Date(s) prescribed, Dose, Dose units, Number of doses per day, Duration (days)	If prescription of Other Quinolone medication has been specified then further details of date(s) prescribed, dose, dose units, number of doses per day and duration (days) should be provided	Other Quinolone medication was prescribed in the 12 months after study entry, but further details of the date(s) prescribed, dose, dose units, number of doses per day and duration (days) have not been provided
RR_ARC180_192 RR_ARC180_193 RR_ARC180_194 RR_ARC180_198 RR_ARC180_199 RR_ARC180_203 RR_ARC180_204 RR_ARC180_208 RR_ARC180_209	Additional Medical Notes Review	Antibiotics given during 12-month period after study entry Other antibiotics prescribed, Generic name, date(s) prescribed, Dose, dose units, Number of doses per day, Duration (days)	If Other antibiotics have been specified then the Generic name of the medication should be provided	Other antibiotics were prescribed in the 12 months after study entry but the generic name of the antibiotic(s) have not been provided
CRF Required fields	Adverse Event Report Form	Adverse Event, Date of Onset	If an adverse event is specified then the date of onset should be present	An adverse event has been specified but the date of onset has not been provided
RR_ARC185_001	Adverse Event Report Form	Outcome, date of resolution	If the outcome of the adverse event is resolved then a date of resolution should be provided	The outcome of the Adverse Event is described as Resolved but a date of resolution has not been provided
CRF Required field	Adverse Event Report Form	Adverse Event, Severity	If an adverse event is specified then the severity of the event should be provided	An adverse event has been specified but the severity of the event has not been provided

RR_ARC185_004	Adverse Event Report Form	Adverse Event, Plausibl relationship to study drug	If an adverse event is specified then the plausible relationship of the event to the study drug should be provided	An adverse event has been specified but the plausible relationship to the study drug has not been provided
CRF Required field	Adverse Event Report Form	Adverse Event, Is the adverse event serious?	If an adverse event is specified then the seriousness of the event should be provided	An adverse event has been specified but the seriousness of the event has not been provided
RR_ARC185_002	Adverse Event Report Form	Is the adverse event serious?	If the adverse event entered is specified as serious (response options 2-7) then an email notification should be sent to the study team at archie@phc.ox.ac.uk	
RR_ARC185_003	Adverse Event Report Form	Severity	If the severity of the adverse event is given as response option 3-Severe, then an email notification should be sent to the study team at archie@phc.ox.ac.uk	