Questionnaire Day 1 Date (ddmmyy) _____

Are you cured: Yes □, You do not have to fill the next pages

No □, Please complete below and the following day

Number of stools a day _____(numbers)

I have taken the study medication ☐ (tick)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 2 Date (ddmmyy) _____

Are you cured: Yes □, You do not have to fill the next pages

No □, Please complete below and the following day

Number of stools a day _____(numbers)

I have taken the study medication ☐ (tick)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 3 Date (ddmmyy) _____

Are you cured: Yes □, You do not have to fill the next pages

No □, Please complete below and the following day

Number of stools a day _____(numbers)

I have taken the study medication ☐ (tick)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 4 Date (ddmmyy) _____

Are you cured: Yes ☐, You do not have to fill the next pages

No ☐, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 5 Date (ddmmyy) _____

Are you cured: Yes □, You do not have to fill the next pages

No □, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 6 Date (ddmmyy) _____

Are you cured: Yes ☐, You do not have to fill the next pages

No ☐, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 7 Date (ddmmyy) _____

Are you cured: Yes ☐, You do not have to fill the next pages

No ☐, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 8 Date (ddmmyy) _____

Are you cured: Yes ☐, You do not have to fill the next pages

No ☐, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 9 Date (ddmmyy) _____

Are you cured: Yes ☐, You do not have to fill the next pages

No ☐, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____

Questionnaire Day 10 Date (ddmmyy) _____

Are you cured: Yes □, You do not have to fill the next pages

No □, Please complete below and the following day

Number of stools a day _____(numbers)

Have you had:	No	Yes	Further comments
Watery stools	☐	☐	_____
Mucus in stools	☐	☐	_____
Blood in stools	☐	☐	_____
Noctural diarrhoea	☐	☐	_____
Fever	☐	☐	Temperatur_____C°
Chills	☐	☐	_____
Nausea	☐	☐	_____
Vomiting	☐	☐	Numbers_____
Headache	☐	☐	_____
Dizziness	☐	☐	_____
Abdominal pain	☐	☐	_____
Muscle aches	☐	☐	_____
Weight loss	☐	☐	If yes, write weight _____kg

Other symptoms

_____

Side effects ☐ Yes ☐ No ☐ Please explain:

_____

_____