Q	uesti	onnai	re Day	<i>1</i>
-				_

Date	(ddmmyy)	

Are you cured: Yes	es \Box , You do not have to fill the next pages					
No	□, Please	e com	plete below and the following day			
Number of stools a day _			(numbers)			
I have taken the study m	I have taken the study medication \square (tick)					
Have you had:	No	Yes	Further comments			
Watery stools						
Mucus in stools						
Blood in stools						
Noctural diarrhoea						
Fever			TemperaturC°			
Chills						
Nausea						
Vomiting			Numbers			
Headache						
Dizziness						
Abdominal pain						
Muscle aches						
Weight loss			If yes, write weightkg			
Other symptoms						
Side effects ☐ Yes ☐ No ☐			Please explain:			

Questionna	aire Day	2
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Date (ddmmyy) _	
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re you cured: Yes □, You do not have to fill the next pages				
No	□, Please	e com	plete below and the following day	
Number of stools a day			(numbers)	
I have taken the study mo	edication	□ (t	ick)	
Have you had:	No	Yes	Further comments	
Watery stools				
Mucus in stools				
Blood in stools				
Noctural diarrhoea				
Fever			TemperaturC°	
Chills				
Nausea				
Vomiting			Numbers	
Headache				
Dizziness				
Abdominal pain				
Muscle aches				
Weight loss Other symptoms			If yes, write weightkg	
Side effects ☐ Yes	□ No		Please explain:	

Questionna	ire Day	3
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Date (ddmmyy) _	
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Are you cured: Yes □, You do not have to fill the next pages						
No [□, Please	e com	plete below and the following day			
Number of stools a day			(numbers)			
I have taken the study med	I have taken the study medication \square (tick)					
Have you had:	No	Yes	Further comments			
Watery stools						
Mucus in stools						
Blood in stools						
Noctural diarrhoea						
Fever			TemperaturC°			
Chills						
Nausea						
Vomiting			Numbers			
Headache						
Dizziness						
Abdominal pain						
Muscle aches						
Weight loss Other symptoms			If yes, write weightkg			
Side effects Yes	□ No		Please explain:			

Questionnaire Da	y 4		Da	ate (ddmmyy)
Are you cured: Yes		□, You o	do not	have to fill the next pages
	No	□, Pleas	e com	olete 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				TemperaturC°
Chills				
Nausea				
Vomiting				Numbers
Headache				
Dizziness				
Abdominal pain				

If yes, write weight ____kg

Please explain:

 \square No \square

Muscle aches

Weight loss

Side effects

☐ Yes

Other symptoms

Questionna	aire	Day	5
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Date	(ddmmyy)	
Date	(uuiiiiiyy <i>)</i>	

Are you cured: Yes	□, You c	□, You do not have to fill the next pages			
No	□, Please	□, 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			TemperaturC°		
Chills					
Nausea					
Vomiting			Numbers		
Headache					
Dizziness					
Abdominal pain					
Muscle aches					
Weight loss Other symptoms			If yes, write weightkg		
			Plance evaluing		
Side effects \square Yes	□ No		Please explain:		

Questionn	aire	Day	6
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Date	(ddmmyy)	
Date	(uuiiiiiyy <i>)</i>	

Are you cured:	Yes	□, You do not have to fill the next pages		
	No	\square , 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				TemperaturC°
Chills				
Nausea				·
Vomiting				Numbers
Headache				
Dizziness				
Abdominal pain				
Muscle aches				
Weight loss Other symptoms				If yes, write weightkg
Side effects	es	□ No		Please explain:

Questionnaire Day 7		Date (ddmmyy)			
	-				
Are you cured:	Yes	☐ You do not have to fill the next pages			

Are you cured: Yes	\square , 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			TemperaturC°	
Chills				
Nausea				
Vomiting			Numbers	
Headache				
Dizziness				
Abdominal pain				
Muscle aches				
Weight loss			If yes, write weightkg	
Other symptoms				
Side effects Yes	□ No		Please explain:	

Question	naire	Day	8
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Date	(ddmmyy)	
Date	(uuiiiiiyy <i>)</i>	

Are you cured:	Yes	□, You do not have to fill the next pages		
	No	\square , 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				TemperaturC°
Chills				
Nausea				·
Vomiting				Numbers
Headache				
Dizziness				
Abdominal pain				
Muscle aches				
Weight loss Other symptoms				If yes, write weightkg
Side effects	es	□ No		Please explain:

Questionn	aire	Day	9
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Date	(ddmmyy)	
Date	(uuiiiiiyy <i>)</i>	

Are you cured:	Yes	□, You do not have to fill the next pages		
	No	\square , 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				TemperaturC°
Chills				
Nausea				·
Vomiting				Numbers
Headache				
Dizziness				
Abdominal pain				
Muscle aches				
Weight loss Other symptoms				If yes, write weightkg
Side effects	es	□ No		Please explain:

Questionnaire Day 10	0
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Date (ddmmyy) _____

Are you cured: Yes	\square , You do not have to fill the next pages				
No	\square , 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			TemperaturC°		
Chills					
Nausea					
Vomiting			Numbers		
Headache					
Dizziness					
Abdominal pain					
Muscle aches					
Weight loss Other symptoms			If yes, write weightkg		
Side effects ☐ Yes	□ No □		Please explain:		