Child ID: ☐☐☐☐☐☐☐   MMM/YY: ☐☐☐ / ☐☐

MAL-ED

	SURVEILLANCE ASSESSMENT FORM (SAF)																															
01	Date	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
02	Visit today?																															
03	# times																															
04	Field researcher																															

Current health status. Ask about all days since last visit (Yes=1, No=0, NA). [1]Choices for ACTIVITY LEVEL (normal=0, sleepy=1, difficult to awaken=2). [2]Choices for ORAL INTAKE (normal or more=0, less than normal=1). [3]Choices for ANTIBIOTICS (Penicillin=1; Cephalosporins=2; Sulfonamides=3; Macrolides=4; Tetracyclines=5; Fluoroquinolones=6; Unknown=7; Metronidazole=8; Other=9).

05	Illness?																															
06	Activity level?[1]																															
07	Oral intake?[2]																															
08	Vomiting?																															
09	Ear pain / pulling?																															
10	Antibiotic use?																															
11	Antibiotic type[3]																															

Gastrointestinal illness. Ask about all days since last visit (Yes=1, No=0, NA). [4]Choices for DEHYDRATED (None=0, Some=1, Severe=2).

12	Diarrhea?																															
13	# loose stools?																															
14	Blood in stool?																															
15	Dehydrated?[4]																															
16	ORT administered?																															
17	Sample collected?																															

Respiratory illness. Ask about all days since last visit. If answer to question 18 or 19 is YES in the past 24 hours, look for chest indrawing and record respiratory rate (breaths/minute) twice.

18	Cough?																															
19	Short of breath?																															
20	Indrawing?																															
21	Respiratory rate 1																															
22	Respiratory rate 2																															
23	ALRI?																															

Other information. Ask about fever on all days since last visit (Yes=1, No=0, NA). If answer to question 24 is YES in the past 24 hours, record temperature (XX.X $^{\circ}$C).

24	Fever?																															
25	Temperature $^{\circ}$C																															
26	Referral made?																															
27	Nursing notes?																															

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