SAF/SAR/v2.3/31M	AY10	
Child ID:		

MMM/YY:				
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																														MA	L-E	D
							SL	JR\	/EII	LLA	NA	CE	AS	SE	SS	ME	TME	[F(OR	M ((SA	(F)										
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?																															
	# times																															
-	Field researcher																															
	ent health status. As	k abo	ut all	davs	since	last	visit (Yes=	1. No=	=0, N	1). ¹ C	hoice	s for A	4CTI\	/ITY L	EVE	L (nor	mal=	0, sle	epv=	1, diff	icult to	o awa	ken=	2). ² C	hoice	s for	ORAL	INTA	KE (norma	al or
	e=0, less than normal=																															
05	Illness?																															
06	Activity level? ¹																															
07	Oral intake? ²																															
08	Vomiting?																															
09	Ear pain / pulling?																															
10	Antibiotic use?																															
11	Antibiotic type ³																															
Gast	trointestinal illness. /	Ask a	bout a	all da	ys sin	ice las	st visi	t (Ye	s=1, N	√o=0,	NA).	⁴Cho	ices f	or DE	HYDF	RATE	D (No	ne=0	, Son	ne=1,	Seve	re=2)										
12	Diarrhea?																															
13	# loose stools?																															
14	Blood in stool?																															
15	Dehydrated? ⁴																															
16	ORT administered?																															
17	Sample collected?																															
Res	oiratory illness. Ask a	about	all da	ıys si	nce la	ıst vis	it. If a	answe	r to q	uestic	n 18	or 19	is YE	S in t	he pa	st 24	hours	s, look	for c	hest i	indrav	wing a	and re	cord	respir	atory	rate (breat	hs/mi	nute)	twice	
18	Cough?																															
19	Short of breath?																															
20	Indrawing?																															
21	Respiratory rate 1																															
22	Respiratory rate 2																															
23	ALRI?																															
Othe	er information. Ask ab	out fo	ever o	on all	days	since	last	visit (\	Yes=1	, No=	0, NA	(). If a	ınswe	r to q	uestic	n 24	is YE	S in tl	he pa	st 24	hours	s, reco	ord te	mpera	ature	(XX.X	(°C).					
24	Fever?																															
25	Temperature °C																															
26	Referral made?																															
27	Nursing notes?																															