

Type of visit: <input type="checkbox"/> Routine visit (week 1,4,6, 8 and every 4 weeks thereafter) <input type="checkbox"/> Non-routine visit (any visit outside of scheduled visit)									
If routine visit, weeks of age: []						Did the child sleep under an ITN last night? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Any medications taken outside the study since last seen? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>if No, skip this section</i>									
Medication		Code	Dose (# of tablets/injections)	Last date given	Medication		Code	Dose (# of tablets/injections)	Last date given
1)					3)				
2)					4)				
Clinical Assessment									
Vital Signs: Weight (kg) [] Height (cm) [] Head circumference [] <i>if requested:</i> Heart rate [] BP (mm Hg) [] / [] Respiratory Rate []									
Parameter	Grade [†]	Duration	Parameter	Grade [†]	Duration	Parameter (specify and code)	Grade [†]	Duration	
Temperature (°C)	[]		Cough			Resp:			
Fever (Y/N)	<input type="checkbox"/> Yes <input type="checkbox"/> No		Dysphagia			GI:			
Chills			Eye:			GU:			
Fatigue/ malaise			Neuro:			Endo:			
Anorexia			MSK:			Other:			
Vomiting			Skin:			Other:			
Diarrhea			CV:			Other:			
[†] Rank on scale of 0-4: absent = 0; mild = 1; moderate = 2; severe = 3; life-threatening =4; N/A = unable to assess									

LABORATORY TESTS					
Phlebotomy done at 12, 28 and 52 week visits or if clinically indicated CBC (purple top): <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined Immunology studies (yellow top): <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined Samples collected every 4 weeks or if clinically indicated (history of fever in past 24 hours or temp ≥ 38.0) Filter paper: <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined Thick blood smear: <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined (if malaria diagnosed do thin smear, Hb)			Labs	Result [grade]	Initials
			WBC (/mm ³)	[]	
			Neutrophils (/mm ³)	[]	
			Platelets(/mm ³)	[]	
			Hemoglobin (g/dL)	[]	
			Other:	[]	
			Other:	[]	
			Other:	[]	
Stool collected at 4 and 52 week visits: <input type="checkbox"/> Not indicated <input type="checkbox"/> Collected <input type="checkbox"/> Forgot to collect <input type="checkbox"/> Declined					
If malaria diagnosed do thin smear and Hb	Urgent Hb	Parasite density (/ul)	Gametocytes	Species (circle all)	Initials
	[]		Present / Absent	PF / PM / PO / PV / Unk	

Malaria status: ☐ No malaria ☐ Uncomplicated (AL) ☐ Complicated malaria (quinine or artesunate) ☐ AL treatment failure (quinine) ☐ Quinine/artesunate treatment failure (quinine+clinda)

If complicated malaria what criteria (pick all that apply): ☐ 1-2 convulsions over 24 hour period ☐ Inability to sit up or stand ☐ Vomiting everything ☐ Lethargy

☐ Unable to breastfeed or drink ☐ Severe anemia ☐ Cerebral malaria ☐ 3 or more seizures over 24 hours ☐ Respiratory distress ☐ Other_____

NEW DIAGNOSIS AND MEDICATION RECORD						
Diagnosis *	Code	Medication†	Code	Dose	Frequency	Duration to be dispensed
* List all new diagnoses made during visit		† List all medications prescribed during visit				

Was the child hospitalized today? ☐ No ☐ Yes If yes, start filling out Hospital Admission Case Record Form

If 6 or 12 month visit, complete Neurodevelopment CRF

Update child Immunization Log (at each visit); if child is not up-to-date, send to MCH clinic.

Date of next scheduled clinic visit: / / Type of next scheduled visit: ☐ Routine ☐ Non-routine If routine, fill out question below
day month year

Age at next routine visit: [] weeks

Chart Notes

Initials: