

5. NEWBORNS (ALWAYS FILL IN)

- 5.1. Place of Investigation ☐ Korogwe Town Council hospital ☐ Home
☐ Other Dispensary ☐ Other
- 5.1.1. If other dispensary/other, specify: _____
- 5.2. Date of investigation (dd/mm/yyyy) ____/____/____ ☐ Not done
- 5.3. Time of investigation ____:____
- 5.4. Name of midwife/nurse/auxiliary worker: _____

5.5 Sex	<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Unknown			
	1 st measurement	2 nd measurement	Diff. between 1 st and 2 nd	Tolerance	Diff. greater than tolerance?	3 rd measurement
5.6 Weight (g) <input type="checkbox"/> not done	5.6.1 ____g	5.6.2 ____g	5.6.3 ____g	50g	<input type="checkbox"/> Yes →	5.6.4 ____g
5.7 Length (cm) <input type="checkbox"/> not done	5.7.1 ____.____cm	5.7.2 ____.____cm	5.7.3 ____.____cm	0.7cm	<input type="checkbox"/> Yes →	5.7.4 ____.____cm
5.8 Head circ. (cm) <input type="checkbox"/> not done	5.8.1 ____.____cm	5.8.2 ____.____cm	5.8.3 ____.____cm	0.5cm	<input type="checkbox"/> Yes →	5.8.4 ____.____cm
5.9 Chest circ. (cm) <input type="checkbox"/> not done	5.9.1 ____.____cm	5.9.2 ____.____cm	5.9.3 ____.____cm	0.5cm	<input type="checkbox"/> Yes →	5.9.4 ____.____cm
5.10 Abd umbil circ. (cm) <input type="checkbox"/> not done	5.10.1 ____.____cm	5.10.2 ____.____cm	5.10.3 ____.____cm	0.5cm	<input type="checkbox"/> Yes →	5.10.4 ____.____cm
5.11 MUAC (cm) <input type="checkbox"/> not done	5.11.1 ____.____cm	5.11.2 ____.____cm	5.11.3 ____.____cm	0.2cm	<input type="checkbox"/> Yes →	5.11.4 ____.____cm
5.12 Skinfold thickness triceps (mm) <input type="checkbox"/> not done	5.12.1 ____.____mm	5.12.2 ____.____mm	5.12.3 ____.____mm	0.4mm	<input type="checkbox"/> Yes →	5.12.4 ____.____mm
5.13 Skinfold thickness suprailiac (mm) <input type="checkbox"/> not done	5.13.1 ____.____mm	5.13.2 ____.____mm	5.13.3 ____.____mm	0.4mm	<input type="checkbox"/> Yes →	5.13.4 ____.____mm
5.14 Skinfold thickness subscapular (mm) <input type="checkbox"/> not done	5.14.1 ____.____mm	5.14.2 ____.____mm	5.14.3 ____.____mm	0.4mm	<input type="checkbox"/> Yes →	5.14.4 ____.____mm
5.15 Skinfold thickness quadriceps (mm) <input type="checkbox"/> not done	5.15.1 ____.____mm	5.15.2 ____.____mm	5.15.3 ____.____mm	0.4mm	<input type="checkbox"/> Yes →	5.15.4 ____.____mm

5.16. APGAR score

- 5.16.1. 1 min ____ ☐ Not done
- 5.16.2. 5 min ____ ☐ Not done
- 5.16.3. 10 min ____ ☐ Not done
- 5.17. Appearance of amniotic fluid: ☐ Clear ☐ Bloody ☐ Opaque ☐ NA
☐ Tar-like/green (meconium) ☐ Unspecified
- 5.18. Malformations/ congenital disease ☐ yes ☐ no ☐ Unspecified
- 5.18.1. If yes, details : _____

DATA ENTRY:

1st entry done by: _____ Signature: _____ date: ____/____/____

2nd entry done by: _____ Signature: _____ date: ____/____/____