

5)	Record	<input checked="" type="checkbox"/>	<input type="checkbox"/>	X	Correct/Incorrect						
<table border="1"> <tr> <td>1. All limbs limp</td> <td></td> </tr> <tr> <td>2. Feeding less/stop</td> <td></td> </tr> <tr> <td>3. Cry weak/stopped</td> <td></td> </tr> </table>					1. All limbs limp		2. Feeding less/stop		3. Cry weak/stopped		Yes/No/NA
1. All limbs limp											
2. Feeding less/stop											
3. Cry weak/stopped											
<div style="border: 1px solid black; padding: 5px;"> <p>Routine Newborn Care</p> <p>Whether the task was performed</p> <p>1) Dry the baby Yes/No</p> <p>2) Keep warm, don't bathe, wrap in the cloth, keep closer to mother Yes/No</p> <p>3) Initiate exclusive breastfeeding Yes/No</p> </div>					Yes/No						
6) Anything unusual in baby? Curved limbs/Cleft lip/Other_____					Yes/No						

For Supervisor

Form checked by: Name_____Date_____

Corrections:_____

Unusual or different observation: _____

Whether the form has been completed? Yes/No

Signature _____

Name of ASHA_____Date_____

Name of Trainer_____Total Score_____

Block_____