ChildCount+ Form A: REGISTRATION

Focus on: Household Heads, Children Under 5, and Pregnant Women

CHW Name: _____

CHW Number: _____

GENERAL REGISTRATION: For any household member without a HEALTH ID that needs to be recorded in the CHW data system.

Date [DD/MM]	HEALTH ID	General Registration	Location Code	First Name	Family Name [Sur-name]	Sex (M-F)	Birth Date [DDMMYY] --- or --- Age [m,y]	Household Head HEALTH ID [H = Person is HH Head]	Birth	Mother's HEALTH ID [U = Unknown]	Delivered in Health Facility? (Y-N-U)	Weight at Birth [in KG]	Mobile Phone	Mobile Phone Number
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	
		+NEW							+BIR				+MOB	

DEATH --or-- STILLBORN / MISCARRIAGE: SB = Stillbirth; MC = Miscarriage / Abortion

Death with HEALTH ID

HEALTH ID	Reg	Date of Death [DDMMYY]
	+DDA	
	+DDA	
	+DDA	

Death without HEALTH ID

Reg	First Name	Family Name [Sur-name]	Sex	Birth Date [DDMMYY] or Age [m,y]	Date of Death [DDMMYY]	Household Head HEALTH ID
+DDB						
+DDB						
+DDB						

Stillbirth / Miscarriage

Mother's HEALTH ID	Reg	Date of Death [DDMMYY]	Type (SB-MC)
	+SBM		
	+SBM		
	+SBM		

ChildCount+ Hotline: 0755 947787

ChildCount+ empowering communities to improve child & maternal health [v2.1 - Ruhiira]