

**CHILD SURVIVAL EVENT:** DATE: VILLAGE: LGA: STATE: TEAM LEADER SIGNATURE:

**Instructions:**  
 Register women and children on this form and distribute individual sheets, one per person. Assess all applicable categories, filling spaces in order. Explain results and action required. Use individual sheets for documentation of positive findings on screening exams and follow-up plans. Record all pertinent findings and attach report to this log.

FIRST AND LAST NAME

SEX M/F  
 DAY - Birth  
 MONTH - Birth  
 YEAR - Birth  
 AGE in YEARS completed since Birth  
 AGE in MONTHS completed since Birth or last Birthday  
 YES Pregnant  
 NO  
 YES Breast feeding  
 NO

WEIGHT in Kilograms (kg) to .1  
 HEIGHT in centimeters (cm) to .1  
 ARM MEASURE (MUAC) cm to .1  
 BMI: (kg/m<sup>2</sup>) or Estimate from BMI table  
 BLOOD PRESSURE after age 19, and all pregnant women

Hg Estimate to nearest 1 g/dL (Haemoglobin Colour Scale)  
 C-Reactive Protein

**MOTOR DEVELOPMENT**  
 4-24 months If walking, skip other questions. If not achieving milestones, or not walking by 24mo: counsel mother, record findings & plan close followup

YES	NO	YES	NO	YES	NO	YES	NO
Sitting without support 4-9 1/2		Standing with assistance 5-11 1/2		Hands-and-knees crawling 5-14		Walking with assistance 6-17	
				Standing Alone 7-17		Walking Alone 8-17	

**MALNUTRITION:  
SEVERE/MODERATE/NORMAL**

Wasting Too thin ACUTE			Stunting Failure to grow CHRONIC			Under Weight ACUTE or CHRONIC			Anaemia: ACUTE or CHRONIC			Oedema ACUTE or CHRONIC	
Weight for Ht 0-5 yrs or BMI for Age 5-19 yrs			Height for Age 0-19 yrs			Weight for Age 0-10 yrs			Malnutrition, bleeding, parasites, malaria, infections Hg for Age & Sex			Are feet swollen? Indicates low protein <b>SEVERE</b> malnutrition in children	
									S	M	N	S	M

For records, label and date daily, monthly, quarterly, and annual totals: