Census ID	Study ID (Newborn)	
	(Newborn)	
Name of Newborn	Age	MM DD

## **Environmental Enteropathy Matiari**

Department of Paediatrics & Child Health, The Aga Khan University, Karachi

## Newborn Follow up Form

Month/Year:

.0

To be filled by Community Health Worker (CHW).

 

 Codes: Use "01" for "Yes" "02" for 'No" "03" for "Lock" "88" for "Not applicable" "99" for "Don't know" and "77" for "No

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DATE **Key signs** If yes بخار Fever please record below کنگھ Cough Fast breathing تكرّا ساهم Difficult breathing ساهم کڻڻ ۾ تڪليف زكام Runny nose ساهہ م Wheezing سيٽي جو آواز Chest in drawing پاسراٽيون لڳڻ دست Diarrhea If yes, please fill details below Number of stools in last 24 hrs Nature of stools \*plz explain this to caregiver (Watery 1, Lose 2, Soft Presence of blood?