

Form 1. Direct Observation checklist – child (2 months-5 years)

Date:/...../.....
 Evaluator ID:.....
 Child No.:
 Child: Sex: (1) M (2) F
 Age (in months):

District ID:
 HSA ID:
 Time to Start:
 Time to End:
 Caretaker: Sex: (1) M (2) F
 Relationship (1) Biological Mother (2) Father (3) Other.....

ASSESSMENT MODULE

→ Record what you hear or see.

A1. What problems does the caretaker state the child has? Circle all signs mentioned.

- a. Fast/difficult breathing (1) mentioned (2) not mentioned
 b. Cough (1) mentioned (2) not mentioned
 c. Pneumonia (1) mentioned (2) not mentioned
 d. Diarrhoea (loose stools) (1) mentioned (2) not mentioned
 e. Fever (1) mentioned (2) not mentioned
 f. Malaria (1) mentioned (2) not mentioned
 g. Convulsions (1) mentioned (2) not mentioned
 h. Difficulty drinking or feeding (1) mentioned (2) not mentioned
 i. Vomiting (1) mentioned (2) not mentioned
 j. Red eyes (1) mentioned (2) not mentioned
 k. Any other problems (1) mentioned (2) not mentioned →Specify

Note: if the following have already been mentioned by the caretaker, it is considered a "Yes" response.

A2	Does the HSA ask if the child has cough?	(1) Yes	(2) No	
A3	→If cough, did the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A4	Does the HSA ask for diarrhoea (loose stools)?	(1) Yes	(2) No	
A5	→If diarrhoea, did the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A6	Does the HSA ask if there is blood in the stool?	(1) Yes	(2) No	
A7	Does the HSA ask for fever (reported or now)?	(1) Yes	(2) No	
A8	→If fever, does the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A9	Does the HSA ask whether the child has convulsions/history of convulsions?	(1) Yes	(2) No	
A10	Does the HSA ask if the child has difficulty drinking or feeding?	(1) Yes	(2) No	
A11	→If difficulty drinking or feeding, does the HSA ask if the child is NOT able to drink or feed ANYTHING?	(1) Yes	(2) No	(7) NA
A12	Does the HSA ask whether the child is vomiting?	(1) Yes	(2) No	
A13	→If vomiting, did the HSA ask if the child is vomiting EVERYTHING?	(1) Yes	(2) No	(7) NA
A14	Does the HSA ask if the child has red eyes?	(1) Yes	(2) No	
A15	→If red eyes, does the HSA ask for how long? days	(1) Yes	(2) No	(7) NA
A16	→If has red eyes, does the HSA ask if there is difficulty in seeing?	(1) Yes	(2) No	(7) NA
A17	Does the HSA ask if there are any "other problems"?	(1) Yes	(2) No	
A18	Does the HSA look for chest indrawing?	(1) Yes	(2) No	
A19	If cough, does the HSA count breaths in 1 minute?	(1) Yes	(2) No	(7) NA
A20	→If yes, how many breaths counted? bpm	(1) Yes	(2) No	(7) NA
A21	Is the child visibly awake (smiling, playing, crying with energy)?	(1) Yes	(2) No	
A22	→If not visibly awake, does the HSA check for lethargy or unconsciousness (try to wake up the child)?	(1) Yes	(2) No	(7) NA
A23	Does the HSA look for palmar pallor?	(1) Yes	(2) No	
A24	For a child 6 months to 5 years, does the HSA check for MUAC tape colour? Colour:.....	(1) Yes	(2) No	(7) NA
A25	Does the HSA look for swelling of both feet?	(1) Yes	(2) No	
A26	Does the HSA use the Sick Child Recording Form at any time during the encounter with the child?	(1) Yes	(2) No	

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