INTEGRATED MANAGEMENT FOR CHILDHOOD ILLNESS OBSERVATION CHECKLIST

Local Government Area:		**CHW ID:**	
Name of Health Facility:		**Date:**	
Observer ID:		**Time:**	

Data Point	
The CHW asked for the age of the patient	☐
The CHW weighed the patient	☐
The CHW took patient's temperature	☐
The CHW asked for the patient's history of convulsion	☐
The CHW asked if the child had a cough	☐
The CHW asked if patient had a runny nose	☐
The CHW asked if the patient has been vomiting	☐
The CHW asked if the patient was feeding normally	☐
The CHW asked if the patient was stooling more than usual	☐
The CHW asked about blood in stool	☐
The CHW examined the neck by tilting the head forward	☐
The CHW asked the patient to open his/her mouth and looked inside	☐
The CHW examined patient's chest with a stethoscope	☐
The CHW counted the patient's breath per minute by using a watch/cell phone	☐

The CHW pinched the skin of the belly and watched it return to normal shape	☐
The CHW examined patient's skin for rashes by exposing the skin on the arms, legs, chest and back	☐
The CHW pushed on the top of both feet and checked if it went inwards making an indentation	☐
The CHW wrapped a MUAC strip around the patient's upper arm	☐
The CHW pulled down the lower eyelids to examine eyes	☐
The CHW looked into the ear and felt for tender swellings behind the ears.	☐

Overall Assessment

CHW ID: