Lata Medical Research Foundation, Nagpur

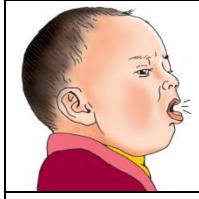
Global Network – Household Air Pollution

Name of Participant –

MNH ID – |___|___|___|___|___|___|___|___|___|___|___| Date of Delivery – / / Visit No.

Name of ASHA worker – Duration of follow up – Date / / - Date / /

Place √ mark or **Bindi** in appropriate box, if any of the following signs are present.

	Fever	Wk 1 / Wk 2	Wk 3 / Wk 4
	Cough	Wk 1 / Wk 2	Wk 3 / Wk 4
	Difficult breathing	Wk 1 / Wk 2	Wk 3 / Wk 4
	Runny nose	Wk 1 / Wk 2	Wk 3 / Wk 4
	Diarrhea	Wk 1 / Wk 2	Wk 3 / Wk 4
	Blood in stool	Wk 1 / Wk 2	Wk 3 / Wk 4