






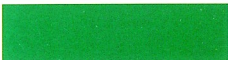



Registration Number:

Mother's ID:

CHILD GROWTH DEVELOPMENT CARD

HEALTH UNIT

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REGISTRATION DETAILS (CONT'D)

Child's Father's Name: Nationality:

Passport Number (for foreign national):

Child's Father's ID:

Child's Father a TC: Yes No Not yet tested

G.P.L.A.

Gravida: Para: Live Births: Abortions: Still Births: Neonatal/Infant Deaths:

Previous Obstetric History (Y/N): Neonatal Death Still birth Neonatal PPH Eclampsia Ceasarian

If Ceasarian: Fetal Maternal Others:

Medical History / High risk: Diabetic Hypertension Asthma Heart Diseases Allergy

Others:

Test results (+/-): HIV VDRL HBsAg Hep C G6PD

Others:

PREGNANT WOMAN RECORD

Antenatal Care

	GA	Date	Weight	BP	Oedema	Hb	Fundus	Presentation* (V/B/T)		Position** (A/P)		FHS I		FHS II		Blood Sugar	Nt. Wt. gain	Urine		
	(Weeks)	(dd/mm/yyyy)	(Kgs)	(mm/Hg)	(Y/N)	(g/dl)	(cm)	I	II	I	II	Y/N	bpm	Y/N	bpm	(mg/dl)	(kgs)	Alb. (-/+/T)	Sugar (+/-)	
ANC 1:																				
ANC 2:																				
ANC 3:																				
ANC 4:																				
ANC 5:																				
ANC 6:																				
ANC 7:																				
ANC 8:																				
ANC 9:																				

* Vertex / Cephalic (V), Breech (B), Transverse (T) **Anterior (A), Posterior (P)

Total TTs received (before this pregnancy): TT1 Date: / / / / / TT 2 Date: / / / / /

TT Booster date: / / / / / Iron Folic Acid Tablets (IFA) : Minimum 100 (Y/N) Usage of Iodized Salt (Y/N):

Pelvic Assessment: Adequate Inadequate Borderline Miscarriage Date: / / / / /

Delivery

Date: / / / / / Type of Delivery: Normal Instrumental Caesarian

Health Unit Code (for place of delivery): / / / Perinium Information: Episiotomy Tear Intact

Place: Institution Home In Transit If Home: Skilled Unskilled

Complications during delivery (Y/N): Delayed 2nd stage PPH PROM MSL Baby's Apgar: 1 min. 5 mins. 10 mins.

PREGNANT WOMAN RECORD (CONT'D)

Death

Maternal Death: Yes No

Date of Death: / /

Cause of death:

Child Death: Still Birth (IUFD) Neonatal Death Death (between 29 days to 1 Year) Death (1 Year - 5 Years)

Cause of death:

Date of Death: / /

Post Natal Care

	Date	Reports						Breastfeeding Counseling (Y/N)
		Fever (Y/N)	Vaginal Discharge (Y/N)	Others	Child Condition			
					Cord (Y/N)	Jaundice (Y/N)	Exclusive Breast-Feeding (Y/N)	
PNC 1:								
PNC 2:								
PNC 3:								

Total No. of PNC visits:

Family Planning (To be filled after 6 weeks of delivery)

Contraception: Yes No

Specify:

Counseling given (Y/N):

CHILD RECORD

Registration Details

Child Name: _____	Birth Weight (Kgs): <input type="text"/>	Blood Group: <input type="text"/>
Temporary ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Hermaphrodite	
National ID: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Breastfed within 1 hour: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Thalassaemia Major: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not yet tested	Gross Congenital Anomaly - GCA: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Immunization Dates

Vaccines	1st Dose	2nd Dose	3rd Dose	4th Dose
BCG	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
OPV	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
DPT	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Hepatitis B	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Measles	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
Vitamin A 1st Dose at 9 months:	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

Immunization Dates

Vaccines	1st Dose	2nd Dose	3rd Dose	4th Dose
BCG	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
OPV	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>
Hepatitis B	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
Pentavalent	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	
Measles	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
MMR	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
Vitamin 'A' 1st Dose at 9 months:	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>		

From the Introduction of Pentavalent vaccine (from 01st January 2013), this sticker has been pasted on this page and is being used.

CHILD RECORD (CONT'D)

Fully Immunized: All vaccines above All Vaccines and Vitamin 'A' Vaccination incomplete

DT Booster: //

MMR: //

Any other vaccines (including dates) :

Vaccine	Date	Vaccine	Date
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

AEFI (Please specify along with vaccine which caused effect) :

Adverse events following immunisation	Caused due to (Name(s) of Vaccine(s))	Adverse events following immunisation	Caused due to (Name(s) of Vaccine(s))

CHILD GROWTH AND DEVELOPMENT: MONTHLY RECORD

0 - 1 YEAR

Month	Birth	1	2	3	4	5	6	7	8	9	10	11	12
Weight (Kgs)													
Height (cms)													
Head Circumference (cms)													
Disease (D/A/M/Others*)	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O	D A M O
Breast Feeding (Y/N)	Breast feeding within 1 hour	Exclusive	Exclusive	Exclusive	Exclusive	Exclusive	Exclusive	Exclusive	Complementary	Complementary	Complementary	Complementary	Complementary
	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>
Development milestones** not accomplished		By 6 month						By 12 month					

* Diarrhea / ARI / Measles / Others. In others, please record Mumps, Chicken Pox, Fever, Dengue, Hepatitis, Conjunctivitis, Febrile Fits (Please enter the details of other diseases in the table given in page 11.)

** Child having problems in one or more of the following categories as per attached checklist.

1. Motor Skills, 2. Sensory and Cognitive Skills, 3. Language and Social Skills (Please enter **Code Number** from the table on Developmental Indicators)

CHILD GROWTH AND DEVELOPMENT: MONTHLY RECORD (CONT'D)

1-2 YEARS

Month	13	14	15	16	17	18	19	20	21	22	23	24
Weight (Kgs)												
Height (cms)												
Disease (D/A/M/Others*)	D	A	M	O	D	A	M	O	D	A	M	O
Contd. Breast Feeding with compl. feeding (Y/N)	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary	Complementary
Vitamin 'A' 2nd Dose at 1½ years												
Vitamin 'A' 3rd Dose at 2 Years												
De-worming 1st Dose upon completion of 2 years												
Development milestones** not accomplished	By 2 years											

* Diarrhea / ARI / Measles / Others. In others, please record Mumps, Chicken Pox, Fever, Dengue, Hepatitis, Conjunctivitis, Febrile Fits
(Please enter the details of other diseases in the table given in page 11.)

** Child having problems in one or more of the following categories as per attached checklist.

1. Motor Skills, 2. Sensory and Cognitive Skills, 3. Language and Social Skills (Please enter Code Number from the table on Developmental Indicators)

CHILD GROWTH AND DEVELOPMENT: MONTHLY RECORD (CONT'D)

2-3 YEARS												
Month	25	26	27	28	29	30	31	32	33	34	35	36
Weight (Kgs)												
Height (cms)												
Disease (D/A/M/Others*)	D	A	M	O	D	A	M	O	D	A	M	O
Vitamin 'A' 4th dose at 2½ years					<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Vitamin 'A' 5th dose at 3 years					<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Deworming 2nd dose upon completion of 2½ years					<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Deworming 3rd dose upon completion of 3 years					<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>
Development milestones** not accomplished	By 3 years											

* Diarrhea / ARI / Measles / Others. In others, please record Mumps, Chicken Pox, Fever, Dengue, Hepatitis, Conjunctivitis, Febrile Fits
(Please enter the details of other diseases in the table given in page 11.)

** Child having problems in one or more of the following categories as per attached checklist.

1. Motor Skills, 2. Sensory and Cognitive Skills, 3. Language and Social Skills (Please enter **Code Number** from the table on Developmental Indicators)

CHILD GROWTH AND DEVELOPMENT: MONTHLY RECORD (CONT'D)

3-5 YEARS																
Month	37-38	39-40	41-42	43-44	45-46	47-48	49-50	51-52	53-54	55-56	57-58	59-60				
Date																
Weight (Kgs)																
Height (cms)																
Disease (D/A/M/Others*)	D	A	M	O	D	A	M	O	D	A	M	O				
Vitamin 'A' Dose	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
	6th Dose at 3½ years				7th Dose at 4 years				8th Dose at 4½ years				9th Dose at 5 years			
Deworming Dose	<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/>			
	4th Dose at 3½ years				5th Dose at 4 years				6th Dose at 4½ years				7th Dose at 5 year			
Development milestones** not accomplished	By 4 years								By 5 years							

* Diarrhea / ARI / Measles / Others. In others, please record Mumps, Chicken Pox, Fever, Dengue, Hepatitis, Conjunctivitis, Febrile Fits (Please enter the details of other diseases in the table given in following page.)

** Child having problems in one or more of the following categories as per attached checklist.

1. Motor Skills, 2. Sensory and Cognitive Skills, 3. Language and Social Skills (Please enter **Code Number** from the table on Developmental Indicators)

DETAILS OF OTHER DISEASES

(Please enter the details of other diseases in the table given below)

Sl. No.	Name of Disease	Month in which occurred	Sl. No.	Name of Disease	Month in which occurred
1.			7.		
2.			8.		
3.			9.		
4.			10.		
5.			11.		
6.			12.		

DISABILITY

Types : **Visual** Impairment, **Hearing** Impairment, **Mental** Retardation, **Orthopedic** Handicapped, **Autism**, and any other **deformities** (e.g Cleft Pallate etc.)
 If the disability is diagnosed by a doctor, only then the family health worker will fill in the disability type and confirmation date.

1. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
4. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
5. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
6. Disability:.....	Confirmation date: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

DEVELOPMENTAL INDICATORS

SL No.	Code No.		Type of development
By 6 months			
1	1.1	Holds the head up	M
2	1.2	Wiggles and kicks with arms and legs	M
3	1.3	Rolls over	M
4	1.4	Sits with some support	M
5	2.5	Turns head to sounds	S & C
6	2.6	Turns head towards bright lights/colours	S & C
7	3.7	Make simple sounds	L & So
8	3.8	Smiles when smiled at	L & So
9	3.9	Recognizes caregivers	L & So
10	3.10	Communicates hunger, fear, discomfort-through crying or facial expressions	L & So
By 12 months			
11	1.1	Crawls on hands and knees	M
12	1.2	Sits well without support	M
13	1.3	Stands without support	M
14	1.4	Walks with support	M
15	2.5	Understands simple words	S & C
16	3.6	Responds to own name	L & So
17	3.7	Enjoys social play	L & So
18	2.8	Eyes tracks moving objects	S & C
19	2.9	Begins placing objects in and out of a container	S & C
By 2 years			
20	1.1	Walks alone	M
21	1.2	Asks for things by pointing at or by using one word	M
22	2.3	Matches up a round lid with a round pot	S & C
23	2.4	Scribbles spontaneously	S & C
24	3.5	Recognizes self in a mirror or in photographs	L & So
25	2.6	Recognizes an object in a picture book	S & C
26	2.7	Follows simple instructions (like 'bring a toy')	S & C
27	3.8	Says 'hi', 'bye', etc.	L & So
28	3.9	Asks specifically for mother or father	L & So
29	3.10	Becomes anxious when separated from parents	L & So

SL No.	Code No.		Type of development
By 3 years			
30	1.1	Walks up steps with help	M
31	3.2	Uses simple sentences (two to three words)	L & So
32	3.3	Verbalizes his/her needs ('I want a biscuit')	L & So
33	3.4	Does simple things when asked	L & So
34	2.5	Points to body parts when asked	S & C
35	3.6	Repeats words others say	L & So
36	2.7	Sorts out objects by shape and colour	S & C
37	2.8	Copies a circle	S & C
38	3.9	Smiles, hugs, runs into arms to express love and affection	L & So
By 4 years			
39	1.1	Walks up and down stairs with alternating feet	M
40	1.2	Kicks Ball	M
41	1.3	Runs easily	M
42	1.4	Screws and unscrews jar and lids	M
43	2.5	Draws circles, crosses and squares independently	S & C
44	2.6	Cuts cards with scissors	S & C
45	3.7	Understands physical relationships "on", "in", "under"	L & So
46	3.8	Uses sentences (3-5 words)	L & So
47	2.9	Retells a familiar story	S & C
48	3.10	Cooperates with other children	L & So
49	2.11	Names at least two colours	S & C
By 5 years			
50	1.1	Becomes more independent	M
51	1.2	Hops and jumps	M
52	1.3	Catches a bouncing ball most of the time	M
53	3.4	Tells stories	L & So
54	2.5	Begins to distinguish between fantasy and reality	S & C
55	3.6	Plays mom and dad	L & So

