

(1)	(2)						(3)	(4)	(5)	(6)	(7)	(8)	(9)			(10)	(11)	(12)		
SERIAL NUMBER	NIN						NAME	AGE	SEX (M/F)	CLIENT CATEGORY (WRITE N/R/F)	RESIDENCE	NEXT OF KIN NAME AND CONTACT	NUTRITION ASSESSMENT			BLOOD PRESSURE (mmHg)	NEED FOR PALLIATIVE CARE	Tobacco Use		
													MUAC (cm + (R-O/R-WO/Y/G))	BMI(SU/MU/MiU/N/OW/O) BMI FOR AGE (SU/U/N/OW/O)	WEIGHT FOR HEIGHT Z SCORE (R-O/R-WO/Y/G)					
													WEIGHT (Kg)		WEIGHT FOR AGE Z SCORE (SU/U/N/OW/O)	BLOOD SUGAR (mm/l)				
													HEIGHT/ LENGTH (cm)		HEIGHT/ LENGTH FOR AGE Z SCORE (N/S)					
	N	I	N									SURNAME	VILLAGE	SURNAME	cm (R-O/R-WO/Y/G)	SU/MU/MiU/N/OW/O	Z-score (R-O/R-WO/Y/G)	mmHg	(YES/NO)	TOBACCO USE
								M/F	N/R/F			GIVEN NAME	PARISH	GIVEN NAME	(SU/U/N/OW/O)					TOBACCO EXPOSURE
												PHONE CONTACT	SUBCOUNTY	PHONE CONTACT	Kg	Z-Score (SU/U/N/OW/O)		mm/l		ALCOHOL USE
												PHONE CONTACT	DISTRICT	RELATIONSHIP	cm	N/S				

(13)			(14)				(15)		(16)	(17)	(18)	(19)	(20)
MALARIA TEST			TB				TICK CLASSIFICATION		DIAGNOSIS	PRESCRIPTION	DISABILITY (Write code of disability)	REF. IN (Yes/No)	REF.OUT (Yes/No)
FEVER (YES/NO)	TESTS DONE (B/S, RDT/ND)	RESULTS (POS/NEG/NA)	PRESUMED TB CASE (Y/N)	PATIENT SENT TO THE LAB (Y/N)	LAB. TB RESULT (POS/NEG/NA)	LINKED TO TB CLINIC (Y/N)	NEW - ATTENDANCE	RE - ATTENDANCE					
(YES/NO)	(B/S, RDT/ND)	(POS/NEG/NA)	(Y/N)	(Y/N)	(POS/NEG/NA)	(Y/N)						(Yes/No)	(Yes/No)
						Where							
						Unit TB No.							