



## IMCI BSL CENSUS FORM FOR MORBIDITY

Name of Governorate:

Name of District:

Name of Village/ Neighborhood:

Urban / Rural ( circle)

Date: / /

Surveyor Code:

Supervisor Code:

- Introduce yourself. We are from MOHP. We are working on IMCI strategy concerned with child health, particularly for those children who are less than five years of age. We appreciate if you can spare time about the household children.**
- If there is agreement, proceed. If not, ask the person you are speaking with if another time would be better. Make note of the suggested time and move on to the next household. Later, check with your supervisor to see if you should return to the household. In case of refusal, put the letter "R" beside the household serial number.*

**NOTE: In an extended household, interview each mother (or respective caretaker) as a single household.**

- If the caretaker has agreed to interview ask:*

- 1. Are there any children less than 5 years old, including newborns, living in this household?**  
*Write the response (Yes = Y and No = N) in the second row of the table below.  
If No, enter 0 in the second question and draw an oblique line in third question, then go to the next household*
- 2. How many children less than 5 years old live in this household?**  
*Record the number of children less than 5 years old.*
- 3. What is your relation to target children ?**  
**Mother = M          Father = F          Grandmother = G          Other = O**

*Use a column for every household visited.*

Household Serial Number																			TOTAL
1. Household with children < 5 years ?																			Y:
2. Number of children < 5 years in household																			# :
3. Relation of interviewee to the child																			M:

Household Serial Number																			TOTAL
1. Household with children < 5 years?																			Y:
2. Number of children < 5 years in household																			# :
3. Relation of interviewee to the child																			M:

Household Serial Number																			TOTAL
1. Household with children < 5 years?																			Y:
2. Number of children < 5 years in household																			# :
3. Relation of interviewee to the child																			M:

Page Totals :

Household Serial Number																			TOTAL
1. Household with children < 5 years?																			Y:
2. Number of children < 5 years in household																			# :
3. Relation of interviewee to the child																			M:

***If there are no children, thank the respondent and move to next household. If there are children, record the family number on next page, ID information of the child(ren), and ask Q.1***

*The following question is considered as Q.1 in Module 5.*

	<b>Household Serial Number</b>									<b>Total</b>
	<b>Child's Name</b>									
	<b>Sex : M = Male    F = Female</b>									<b>M: F:</b>
	<b>Age: by completed Months ( if less than 1 month = 0)</b>									
<b>1</b>	<b>In the last 2 weeks ( that is since 2 weeks from today), did (child's name) had any of the following symptoms or problems ?</b> <i>Prompt.</i>									
	<b>Vomiting everything</b>									<b>Y</b>
	<b>Not able to drink</b>									
	<b>Convulsions</b>									
	<b>Unconsciousness / lethargy</b>									
	<b>Cough</b>									<b>Y</b>
	<b>Fast breathing</b>									
	<b>Difficult breathing</b>									
	<b>Pneumonia (cultural term)</b>									
	<b>Wheezes</b>									
	<b>Diarrhea</b>									<b>Y</b>
	<b>Blood in stool</b>									<b>Y</b>
	<b>Sore throat</b>									
	<b>Ear pain or discharge</b>									<b>Y</b>
	<b>Fever</b>									
	<b>Measles</b>									<b>Y</b>
	<b>Generalized skin rash</b>									
	<b>Runny nose</b>									
	<b>Eye redness or discharge</b>									<b>Y</b>
	<b>Loss of appetite</b>									
	<b>Loss of weight</b>									
	<b>Pallor (facial and/or palmar)</b>									
	<b>Oedema of both feet</b>									
	<b>Bloated (swollen) abdomen</b>									
	<b>Other (specify )</b>									
<b>2</b>	<b>Is the child sick ?</b> <i>Yes if at least one of the responses to above list is Yes</i>									

*If there are no sick children, thank the respondent and move to the next household.*

EGYPT, Ministry of Health & Population  
PHC Sector, I M C I Strategy

*If there are sick children, copy the ID information in Module 5 and complete interviewing the caretaker.*

*If there are no sick children, thank the respondent and move to the next household*