

CBA ID no. C01202-01

Community Based Newborn and Maternal, Child Health Initiative  
(CBNB & MCHI)

6) Please tick the right answer in the box

	Better	Same	Worse
How was baby on D1 of treatment			
How was baby on D3 of treatment			
How was baby on D7 of treatment			
How was baby on D__ other (specify of treatment)			

7) Was the baby completely cured by CBA? Yes  No

8) Was baby referred to Health Centre after treatment from CBA started? Why?

\_\_\_\_\_

9) When baby was referred day of illness? (*circle right one*)

**D1 D2 D3 D4 D5 D6 D7 other, specify \_\_\_\_\_**

10) What was outcome of referral? Baby cured at Health Centre  Baby died

**Part 2: Serious Infection Information**

1) How many danger signs does baby have at this visit? Mama P1 \_\_\_\_\_

2) What are the danger signs? (*circle all danger signs baby has*)



Too hot or too cold



Poor feeding



Fast breathing & Severe chest indrawing



" Move less



Convulsion

Other? specify \_\_\_\_\_

3) When did illness and signs start? Date \_\_\_\_\_