ChildTAG #: ☐☐☐☐☐☐☐☐   AdultTAG #: ☐☐☐☐☐☐☐☐

MEDICAL ASSESSMENT FORM SHORT FORM (MAF-SF) (The Asenze Study Revision)

Adult's Name: ☐   Adult's Surname: ☐

Child's Name: ☐   Child's Surname: ☐

Completed by: ☐   Date Completed: ☐☐ / ☐☐ / ☐☐☐☐

Checked by: ☐   Date Checked: ☐☐ / ☐☐ / ☐☐☐☐

Child's Date of Birth:
(don't estimate if not known, enter 99/99/9999): ☐☐ / ☐☐ / ☐☐☐☐ *MAF1*
                                                      Day   Month   Year

Adult's Date of Birth:
(don't estimate if not known, enter 99/99/9999): ☐☐ / ☐☐ / ☐☐☐☐ *MAF1b*
                                                      Day   Month   Year

Child's Age in completed years & months: **Years** ☐ *MAF2* **Months** ☐☐ *MAF3*
(estimate if not known):

Child's Sex: Boy = 1   Girl = 2   ☐ *MAF4*

Who will answer the question about the child (informant)?   ☐ *MAF5*
(If **not** the same adult as Phase 1 then complete adult replacement demographic form)

 Mother = 1   Father = 2   Grandmother = 3   Grandfather = 4   Maternal Aunt = 5 Paternal Aunt = 6
Sister = 7   Brother = 8   Other relative (cousin, etc) = 9   Neighbour/Family Friend = 10
Other e.g. Hired babysitter = 11 (Specify)
                    If 11. _____   *MAF5a*

Contents of the MAF/Assessments	Pages	Examiner Number	Date of Completion (day / month / year)
I. Medical History	2 - 9	_____ *MAF6*	☐☐ / ☐☐ / ☐☐ *MAF7*
II. Observation of Function	10	_____	__ __ / __ __ / __ __
III. Physical Examination	10	_____	__ __ / __ __ / __ __
IV. Neurological Examination	11 -12	_____	__ __ / __ __ / __ __
V. Physical Measurements (Anthropometry)	13	_____	__ __ / __ __ / __ __
VI. Assessment of the caregiver	VCT	_____	__ __ / __ __ / __ __
VII. Hearing Screening and Assessment	14	_____ *MAF8*	☐☐ / ☐☐ / ☐☐ *MAF9*
VIII. Vision Screening and Assessment	15	_____ *MAF10*	☐☐ / ☐☐ / ☐☐ *MAF11*
IX. Summary of investigations	VCT	_____	__ __ / __ __ / __ __
X.-XIII. Assessment Summaries	16-20	_____ *MAF14*	☐☐ / ☐☐ / ☐☐ *MAF15*

TICK WHICH ONE *MAF15a*

1. Completed Fully (Ethnic Zulu) ☐
2. Completed Fully (Fluent in Zulu, from other ethnic group) ☐
3. Partially Completed
    a. Refused (no reason) ☐
    b. Refused (Tired) ☐
    c. Unable to do some of tasks due to disability ☐
    d. Ill/Unwell ☐
    e. Not fluent in Zulu ☐
4. Not started
    a. Postponed by Tester ☐
    b. Refused (no reason) ☐
    c. Refused (Tired) ☐
    d. Unable due to disability ☐
    e. Ill/unwell ☐
    f. Not Zulu speaking ☐

Phase 2 Form Inventory info:
Units of analysis and Respondents:
    Child about Child
    Adult about Adult
    Adult about Child

Instructions:

Part I.   **History:** Administer this questionnaire as a semi-structured interview. Ask all the questions specified in this form. Use local terminology if necessary to ensure that the informant understands the questions. After each question you may probe for additional information and use your clinical judgement to arrive at the answer. (For example, if a mother reports fit, but on questioning it appears that the child fainted without ever actually having a seizure, do not code epilepsy.) But be sure to answer all the questions. Most of the questions should be answered by writing the code in the space provided. Some of the questions required brief answers in words. **(Section G – Clinical Interpretation must be completed only by the doctor)**

Part II, III and IV. The **Examination:** Note special instructions on page 8 (Observation of Function part) for functional observations of the child. You may vary the order in which you carry out the various parts of examination, except that the observation of function **must** come before the neurological examination (because children without problems noticed on the observation of function, may not be given full neurological examination). All children receive all other parts of exam.

Part V. The **Physical Measurements** may either be performed by a doctor or by a health assistant.

Part VI   **Assessment of the caregiver** to be done by a doctor

 Part VII&VIII: **Hearing and Vision Assessment** are performed by a doctor and a health assistant.

Part IX. **Summary of investigations,** Part X: **Clinical Interpretation of Impairment and Disability,** Part XI: **Socio-Environmental Factors,** Part XII: **Assessment of Medical Conditions** and Part XIII: **Summary of Referrals** must be filled out by the doctor after completing the medical assessment with input from the completed psychosocial and cognitive assessment of the adult and child.

See Medical Procedure Manual for further instructions.

Original MAF developed in 1987 by Leslie L. Davidson, Naila Z. Khan, Marigold J. Thorburn, Zaki Hasan & Maureen Durkin,
with help from Zena Stein, Lillian Belmont, Judy Gravel, Victoria Sheffield & Karin Nelson.
MAF 2001 Revision developed by Naila Z. Khan, Abbey Berg, Reaz Mobarak , Shameem Ferdous & Maureen Durkin with help from Shabbir Anwar, Helen McConachie, Monwara Parveen, & Noor Mohamma
MAF 2009 Asenze Revision developed by Marelize Bosman, Omolara Thomas, Murray Craib, Shuaib Kauchali, Meera Chhagan & Stephen Arpadi
with help from Leslie L. Davidson

COMMONLY USED ACRONYMS in the MEDICAL ASSESSMENT FORM

RTHC	**Road to Health Card**
PMTCT	**Prevention of Mother To Child Transmission**
ARV	**Antiretroviral**
TB	**Tuberculosis**
HIV	**Human Immunodeficiency Virus**
BCG	**Bacilli Calmette- Guerin vaccine**
DPT	**Diphtheria whole cell Pertussis and Tetanus vaccine**
HBV	**Hepatitis B vaccine**
Hib	**Haemophilus B vaccine**
Hb	**Haemoglobin**
ART	**Antiretroviral treatment**
WHO	**World Health Organization**
OWFA	**Overweight- for-age**
UWFA	**Underweight-for-age**
OAE	**Oto-Acoustic Emissions**
ICF-CY	**International Classification of Functioning, Disability and Health**
ICD-10	**International Classification of Diseases-Tenth Revision**

ChildTAG #: | | | | | | | | | AdultTAG #: | | | | | | | |

I. CHILD'S MEDICAL HISTORY

A. PHASE 1 SUMMARY: (Section A not to be coded to Phase 2 MAF-SF Database but can be used to code to variables that are blank in Phase 1 MAF database for Participants without ICF-CY and Referral Summary in Phase 1)

CLASSIFICATION OF FUNCTION AND DISABILITY

Using WHO ICF-CY checklist domains outlined below, indicate evidence of impairment and disability in the child.

1. Firstly code any existing impairments in the body function or structures of the child seen in Phase 1 .
2. Secondly code any existing limitations in activity or restriction in participation seen in Phase 1.
3. With this information, provide a detailed description of the impairments noted .
4. Utilize the appropriate ICF-CY chapters with qualifiers.

Codes for *MAF724, MAF660-MAF685* and *MAF691-MAF695*	Yes=1	No=2	Unknown=8

Did this child have any impairments of body function or structure, limitations in activity or restriction of participation? (If yes specify affected domains below.) ☐ *MAF724*

PART 1a: BODY FUNCTIONS
Using the domains below, does this child have any impairments in body function?

b1. MENTAL FUNCTIONS ☐ *MAF660*

b2. SENSORY FUNCTIONS AND PAIN ☐ *MAF661*

b3. VOICE AND SPEECH FUNCTIONS ☐ *MAF662*

b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS ☐ *MAF663*

b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS ☐ *MAF664*

b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS ☐ *MAF665*

b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS ☐ *MAF666*

b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES ☐ *MAF667*

Part 1 b: BODY STRUCTURES
Using the domains below, does this child have any impairments in body structure?

s1. STRUCTURE OF THE NERVOUS SYSTEM ☐ *MAF668*

s2. THE EYE, EAR AND RELATED STRUCTURES ☐ *MAF669*

s3. STRUCTURES INVOLVED IN VOICE AND SPEECH ☐ *MAF670*

s4. STRUCTURE OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS ☐ *MAF671*

s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS ☐ *MAF672*

s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM ☐ *MAF673*

s7. STRUCTURE RELATED TO MOVEMENT ☐ *MAF674*

s8. SKIN AND RELATED STRUCTURES ☐ *MAF675*

PART 2: ACTIVITY & PARTICIPATION
Using the domains below, does this child have any limitations in activity and/or restriction of participation?

d1. LEARNING AND APPLYING KNOWLEDGE ☐ *MAF676*

d2. GENERAL TASKS AND DEMANDS ☐ *MAF677*

d3. COMMUNICATION ☐ *MAF678*

d4. MOBILITY ☐ *MAF679*

d5. SELF CARE ☐ *MAF680*

d6. DOMESTIC LIFE ☐ *MAF681*

ChildTAG #: ☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐

Using the ICF-CY Environmental factor domains below, does this child have any barriers or facilitators related to the above impairments?

e1. PRODUCTS AND TECHNOLOGY ☐ *MAF691*

e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT ☐ *MAF692*

e3. SUPPORT AND RELATIONSHIPS ☐ *MAF693*

e4. ATTITUDES ☐ *MAF694*

e5. SERVICES, SYSTEMS AND POLICIES ☐ *MAF695*

Is this child disabled? ☐ *MAF685*

(Use ICF-CY definition: Disability = Impairment + Restriction/Limitation)

Codes for *MAF725-MAF730*	Yes=1	No=2	No, but indicated=3	Unknown=8

Specify impairments, limitations and restrictions according to ICF-CY chapters with qualifiers.

ICF CODES	DESCRIPTION
☐☐☐☐☐.☐☐ *MAF686*	
☐☐☐☐☐.☐☐ *MAF687*	
☐☐☐☐☐.☐☐ *MAF688*	
☐☐☐☐☐.☐☐ *MAF689*	
☐☐☐☐☐.☐☐ *MAF690*	

Specify socio-environmental barriers or facilitators related to above impairment and disability according to ICF-CY chapters with corresponding qualifiers.

ICF CODES	DESCRIPTION
☐☐☐☐☐.☐☐ *MAF696*	
☐☐☐☐☐.☐☐ *MAF697*	
☐☐☐☐☐.☐☐ *MAF698*	

ICD-10 Diagnoses from Phase 1

☐☐☐.☐   ☐☐☐.☐   ☐☐☐.☐   ☐☐☐.☐

ChildTAG #: | | | | | | | | | | AdultTAG #: | | | | | | | | | |

SUMMARY OF REFERRALS from Phase 1   (Yes=1 and then specify below   No=2)

Were any referrals for further evaluation or treatment made for the child?   ☐ *MAF706*

If yes to *MAF706*, then specify the reason and destination of the referral/s

Codes for reasons: *(MAF707-MAF710)*
1= Anaemia
2= ENT
3= Vision
4= Occupational, Physical or Speech Therapy
5= Mental health
6= HIV
7= Developmental Delay
8= Dental
9= Other (specify in referral description)

Codes for Destinations: *(MAF711-MAF714)*
1= Local Clinic
2= Kwadebeka
3= RK Khan
4= Don Mackenzie
5= Other (specify in referral description)

	CHILD referred for:	CHILD referred to:	Specify reason if other	Specify Destination if other:
Referral 1	*MAF707*	*MAF711*		
Referral 2	*MAF708*	*MAF712*		
Referral 3	*MAF709*	*MAF713*		
Referral 4	*MAF710*	*MAF714*		

Were any referrals for further evaluation or treatment made for the Adult?   *MAF715*
If yes to *MAF714*, then specify the reason and destination of the referral/s   ☐

Codes for Reasons: *(MAF716-MAF719)*
1= Grants (Child Support)
2= Social worker
3= Vision
4= Occupational or Physical Therapy
5= Mental Health
6= HIV
7= Dental
8= Other (specify in referral description)

Codes for Destinations: *(MAF720-MAF723)*
1= Local Clinic
2= Kwadebeka
3= RK Khan
4= Don Mackenzie
5= SASSA Pinetown
6= Child Welfare Pinetown
7= Dept. Social Development Pinetown
8= Other (specify in referral description)

	ADULT referred for:	ADULT referred to:	Specify reason if other	Specify Destination if other:
Referral 1	*MAF716*	*MAF720*		
Referral 2	*MAF717*	*MAF721*		
Referral 3	*MAF718*	*MAF722*		
Referral 4	*MAF719*	*MAF723*		

Doctor feels that there were problems and referrals necessary in Phase 1: (For Clinical Assistant to check before asking questions in Section B on next page☺
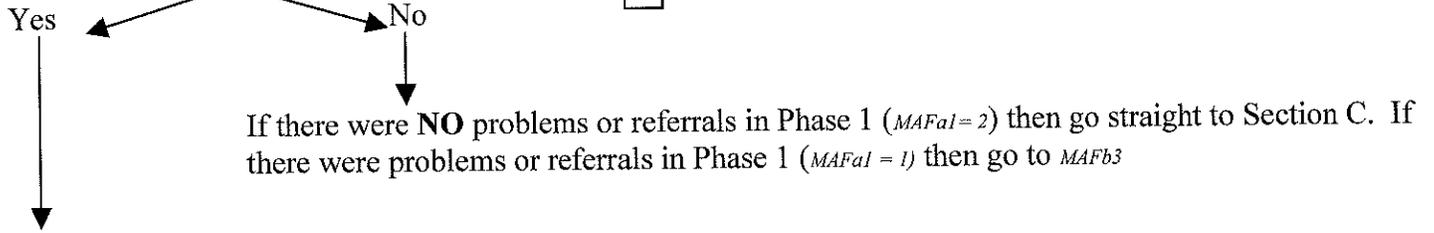(Yes = 1 and No = 2)   ☐ *MAFa1*

ChildTAG #: ☐☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐

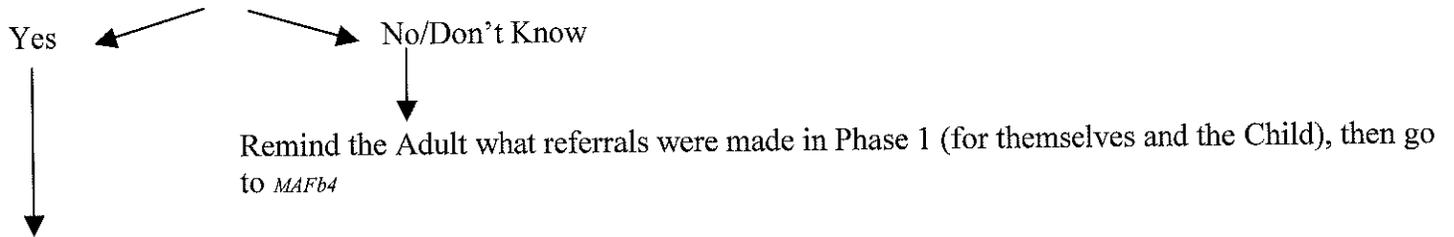## B. PERCEIVED PROBLEMS SINCE PHASE 1 VISIT:

Ask the adult: (for Section B - Yes = 1   No = 2   Don't Know = 8   Not applicable = 9   Remember: *MAFb4- MAFb11* have their own codes)

IS THERE ANY CHANGE IN CHILD'S HEALTH, BEHAVIOUR, SCHOOL PERFORMANCES OR FAMILY CIRCUMSTANCES SINCE YOUR LAST VISIT TO ASENZETHAT WORRIES YOU?

☐ *MAFb1*

Yes ←   → No

If there were **NO** problems or referrals in Phase 1 (*MAFa1= 2*) then go straight to Section C. If there were problems or referrals in Phase 1 (*MAFa1 = 1*) then go to *MAFb3*

MAFb2: Details (If event is **NOT** related to Asenze Referral then go to *MAFb4*. If event **IS** related to Asenze Referral then go to *MAFb3*

_____

_____

Did we send you for help for you or your child in Phase 1   ☐   *MAFb3*

Yes ←   → No/Don't Know

Remind the Adult what referrals were made in Phase 1 (for themselves and the Child), then go to *MAFb4*

What happened regarding any referrals/problems reported?
(Use *MAFb4* for first Phase 1 referral or perceived problem, **MAFb5** for 2nd problem, *MAFb6* for 3rd problem etc.)

Codes: (Person must choose code 1 - 3 option for box A)
(Person must choose code 4 - 7 option for box B)
(Person must choose code 8 - 12 option for box C)
(Person must choose code 13 - 16 option for box D)

a	b	c	d	
☐	☐	☐	☐	*MAFb4a-d*
☐	☐	☐	☐	*MAFb5a-d*
☐	☐	☐	☐	*MAFb6a-d*
☐	☐	☐	☐	*MAF7a-d*
☐	☐	☐	☐	*MAFb8a-d*
☐	☐	☐	☐	*MAFb9a-d*
☐	☐	☐	☐	*MAFb10a-d*
☐	☐	☐	☐	*MAFb11a-d*

1=Didn't attend referral centre
2=Attended,
3=Dicided to get help for this problem from a **different** place (If Section B problem is unrelated to Asenze referral 1st box answer can only be this one.
4=difficulty with attending related to finances to pay referral centre fees at clerk to open a file
5=transport affordable but participant had NO money
6=participant did have some money but transport to referral centre very expensive
7=difficulty attending referral centre due to a disability of the participant or shaperone
8=helped with assitive device (eg. glases, hearing aid, wheel chair, cutches, special shoes or other
9=Attended, helped with more tests done (eg. blood tests, Xrays/Ultrasound, electric devices ,vision or hearing tests)
10= Attended, helped with operation
11=Attended, helped and sent to Therapist (occupational-,Physio-,Speech Therapist, Other Non-doctor giving therapy)
12= Attended, helped with another referral to other healthcare Centre (Clinic, Hospital, other Government, other NGO)
13=Satisfied with help and it made a difference to the problem
14=Satisfied with help but no difference
15=Dissatisfied with Help, it made no difference
16=Helped but staff at referral Centre were disrespectful/rude

If Participant decided to get help for any problem from a **different** place to the one we sent her then list type of problem and what place Adult chose for help (To help build resource list)

Place_____ *MAFb12a* Problem: _____ *MAFb12b*

ChildTAG #: ☐☐☐☐☐☐☐☐   AdultTAG #: ☐☐☐☐☐☐☐☐☐

C. DEVELOPMENTAL DOMAIN DIFFICULTIES SINCE PHASE 1 VISIT:

IS THERE ANY CHANGE IN CHILD'S HEALTH, BEHAVIOUR, SCHOOL PERFORMANCES OR FAMILY CIRCUMSTANCES IN THESE DOMAINS WE ASKED ABOUT LAST TIME?

Examiner: If yes to any domain, inquire about the problem and complete the row for that problem. When no problem is perceived in any domain, leave the remaining box blank in that row. When more than one options in the table seem to apply in Family History then enter the smallest number that is applicable. In Treatment received you can enter up to 2 types.

PROBLEM AREA/ Domain		APPROXIMATE AGE AT ONSET IN MONTHS:	EVENT ASSOCIATED	TREATMENT RECEIVED	FAMILY HISTORY
	Does the parent perceive a problem since Phase 1 visit? Yes = 1 No = 2	D/K=998 Use age in months OR Month and Year (E.g. at 82 months=082) (Estimate if exact age of onset is not known or Date as Month and Year e.g. 07/2009)	None=1 Fever, infection=6 Injury=7 Malnutrition=8 Other, specify=9	None=1 Assistive device = 2 Medication at clinic= 3 Medication at GP = 4 Medication as hospital outpatient = 5 Hospitalization < 1week = 6 Hospitalization > 1week = 7 Traditional Healer/ Traditional medicine = 8 D/K=9	None=1 Parent=2 Sibling=3 Grandparent=4 1st cousin, aunt, uncle=5 Other blood relative=6 D/K=8
Walking If yes, describe	☐ MAF18a	☐☐☐ MAF19a ☐☐/☐☐☐☐ MAF19b	☐ MAF20	☐ MAF21a ☐ MAF21b	☐ MAF22
Hearing If yes, describe:	☐ MAF23a	☐☐☐ MAF24a ☐☐/☐☐☐☐ MAF24b	☐ MAF25	☐ MAF26a ☐ MAF26b	☐ MAF27
Vision If yes, describe:	☐ MAF28a	☐☐☐ MAF29a ☐☐/☐☐☐☐ MAF29b	☐ MAF30	☐ MAF31 ☐ MAF31b	☐ MAF32
Speech If yes, describe:	☐ MAF33a	☐☐☐ MAF34a ☐☐/☐☐☐☐ MAF34b	☐ MAF35	☐ MAF36a ☐ MAF36b	☐ MAF37
Seizures If yes, describe:	☐ MAF38a	☐☐☐ MAF39a ☐☐/☐☐☐☐ MAF39b	☐ MAF40	☐ MAF41a ☐ MAF41b	☐ MAF42
Learning: If yes, describe:	☐ MAF43a	☐☐☐ MAF44a ☐☐/☐☐☐☐ MAF44b	☐ MAF45	☐ MAF46a ☐ MAF46b	☐ MAF47
Behaviour: If yes, describe:	☐ MAF48a	☐☐☐ MAF49a ☐☐/☐☐☐☐ MAF49b	☐ MAF50	☐ MAF51a ☐ MAF51b	☐ MAF52

If yes to 18a above, specify : _____
_____ (MAF18b)

If yes to 23a above, specify: _____
_____ (MAF23b)

If yes to 28a above, specify: _____
_____ (MAF28b)

If yes to 33a above, specify:

ChildTAG #: ☐☐☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐☐

If yes to 38a above, specify: _____

_____ (MAF38b)

If yes to 43a above, specify: _____

_____ (MAF43b)

If yes to 48a above, specify: _____

_____ (MAF53b)

D. QUESTIONS ABOUT OTHER POSSIBLE HEALTH PROBLEMS SINCE THE LAST VISIT:

PROBLEM		APPROXIMATE AGE AT ONSET IN MONTHS:	EVENT ASSOCIATED	TREATMENT RECEIVED (up to 2 types can be named for each problem	Discription of problem if there was an incident recalled in first column.
	Does the parent recall an incident since Phase 1 visit with the child, regarding the following? **Yes = 1 No = 2**	D/K=998 Use age in months OR Month and Year (E.g. at 82 months=082) (Estimate if exact age of onset is not known or Date as Month and Year e.g. 07/2009)	None=1 Fever, infection=6 Injury=7 Malnutrition=8 Other, specify=9	None=1 Assistive device = 2 Medication at clinic= 3 Medication at GP = 4 Medication as hospital outpatient = 5 Hospitalization < 1week = 6 Hospitalization > 1week = 7 Traditional Healer/ Traditional medicine = 8 D/K=9	
Meningitis or Encephalitis If yes, describe MAF135a	☐	☐☐☐ MAF136a ☐☐/☐☐☐☐ MAF136b	☐ MAF136c	☐ MAF136d ☐ MAF136d	MAF136b
Motor Vehicle Accident If yes, describe: MAF137a	☐	☐☐☐ MAF138a ☐☐/☐☐☐ MAF138b	☐ MAF138c	☐ MAF138d ☐ MAF138e	MAF137b
Near drowning If yes, describe: MAF141a	☐	☐☐☐ MAF142a ☐☐/☐☐☐ MAF142b	☐ MAF142c	☐ MAF142d ☐ MAF142e	MAF141b
Fall If yes, describe: MAF143a	☐	☐☐☐ MAF144a ☐☐/☐☐☐ MAF144b	☐ MAF144c	☐ M AF144d ☐ MAF144e	MAF143b
Significant Burns If yes, describe: MAF145a	☐	☐☐☐ MAF146a ☐☐/☐☐☐ MAF146b	☐ MAF146c	☐ MAF146d ☐ MAF146e	MAF145b
Loss of consciousness after a Head injury: If yes, describe: MAF151a	☐	☐☐MAF152a ☐☐/☐☐☐ MAF152b	☐ MAF152c	☐ MAF152d ☐ MAF152e	MAF151b
Tuberculosis: If yes, describe: MAF153a	☐	☐☐☐ MAF154a ☐☐/☐☐☐ MAF154b	☐ MAF154c	☐ MAF154d ☐ MAF154e	MAF153b
Measles If yes, describe: MAF157a	☐	☐☐MAF158a ☐☐/☐☐☐ MAF158b	☐ MAF158c	☐ MAF158d ☐ MAF158e	MAF157b

ChildTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]   AdultTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]

Pneumonia:
If yes, describe: ☐ MAF163a   [ ][ ][ ] MAF164a   ☐ MAF164c   ☐ MAF164d   MAF163b
[ ][ ] / [ ][ ] MAF164b   ☐ MAF164e

Expelled Worms:
If yes, describe: ☐ MAF165a   [ ][ ][ ] MAF166a   ☐ MAF166c   ☐ MAF166d   MAF165b
[ ][ ] / [ ][ ] MAF166b   ☐ MAF166e

Been very ill with Diarrhoea or Vomiting an Dehydration:
If yes, describe   ☐ MAF167a   [ ][ ][ ] MAF168a   ☐ MAF168c   ☐ MAF168d   MAF167b
[ ][ ] / [ ][ ] MAF168b   ☐ MAF168e

Other:
If yes, describe:
(eg. other major illness or change since Phase 1)   ☐ MAF53a   [ ][ ][ ] MAF54a   ☐ MAF55   ☐ MAF56a   MAF53b
[ ][ ] / [ ][ ][ ] MAF54b   ☐ MAF56b

Other:
If yes, describe:
(eg. other major illness or change since Phase 1)   ☐ MAF169a   [ ][ ][ ] MAF170a   ☐ MAF170c   ☐ MAF170d   MAF169b
[ ][ ] / [ ][ ][ ] MAF170b   ☐ MAF170e

E. ROAD TO HEALTH CARD (RTHC) (Photocopy all RTHC from Molweni, Ngcolosi and Nyuswa in Phase 2 as this was not done in Phase 1.)

Is a RTHC available to the clinician at the time of this assessment?   ☐ MAF543
    Codes: Yes = 1   No = 2

If **RTHC** available, assess adequacy of documentation: ☐ MAF544
Codes for *MAF544a*:
    1 = Immunizations still incomplete
    2 = Immunizations complete
    3 = Birth weight entered (If available enter in grams at *MAF110*)   [ ][ ][ ][ ] MAF110
    4 = Deworming and Vitamin A given in last 6 months
    5 = 2 & 3 & 4 above   6 = 3 & 4 above   7 = 2 & 4 above
    8 = 1 & 3 & 4 above   9 = 1 & 2 & 4 above

Was the child's weight below 3rd percentile at any stage?   ☐ MAF545
Codes: Yes = 1 No = 2 Unknown = 3

F. BEHAVIOUR

Codes: No=1 Yes=2 Unknown=8

Does the child:

Show odd repetitive movement?   ☐ MAF176   Have Night wetting (enuresis)   ☐ MAF177

Have episodes of Day wetting   ☐ MAF178   Have episodes of soiling(encopresis) ☐ MAF179

History taker:
In your opinion, was the informant able to give an accurate history?   ☐ MAF181
Codes: No, did not know child or child's history well=1   No, did not remember=2 Yes=3 Uncertain=8

G. Clinical Interpretation of History: (Codes: No=1 Yes=2 Unknown=8)

Physician: Using the history provided above, is there concern for developmental impairment or disability in this child for events since the last Asenze Assessment?   ☐ MAF630
Delay or regression in developmental milestones? (Specify _____)   ☐ MAF634

Major illness (chronic or acute)? (Specify _____)   ☐ MAF635

ChildTAG #: ☐☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐

II. OBSERVATION OF FUNCTION (Complete for all children.)

<u>Instructions</u>: Observe the child carry out 7 tasks listed below:

1. Observe the child walking at least 5 steps into room. Watch carefully, looking for limp, asymmetry of gait, toe walking, ataxia, involuntary movement, and atrophy or contracture.
2. Welcome the child and observe the response: Does he or she hear, make an appropriate social response, smile, act shy, speak ?
3. Invite the child to squat and pick up a tiny object, such as a bead, coin or raisin (defined size) using each hand in turn. Observe carefully for fisting, in grasp, absence of pincer grasp or difficulty in seeing the object.
4. Observe the child as he/she stands up: Does he/she need to use hands to get to an upright position ? (proximal muscle weakness)
5. Elicit speech by asking the child questions such as: "What did you pick up? " What is that?" (point to a raisin, chair etc.) " What is this called?" (point to nose, ear, tooth etc.) "What is your name?" Watch for problems in hearing, speech and comprehension.
6. Ask the child to point to body parts (eyes, mouth etc.) Observe for problems in hearing and comprehension.
7. Give the child paper and a pencil and ask him or her to draw something. Scribble (for 2 year old) or draw shapes: circle (for 3 year old), square (for 4 through 6 years' old), diamond (for 7 through 9 years' old). Observe the motor function and comprehension.

Rate the child in the following areas after observing the above 7 tasks:

<u>Codes:</u> Pass=1 Fail=2 Uncertain=3 Not co-operating=4

Gross motor	☐ *MAF182*		Hearing	☐ *MAF183*
Vision	☐ *MAF184*		Speech (motor)	☐ *MAF185*
Speech (language)	☐ *MAF186*		Comprehension	☐ *MAF187*
Fine motor	☐ *MAF188*			

Additional comments on the Observation of Function:_____

III. PHYSICAL EXAMINATION (Complete for all children)

Codes for *MAF 229- 242* Otoscopy and Mouth:	No=1	Yes=2	Uncertain=8

<u>Otoscopy:</u>

Draining: (Suppurative) ☐ *MAF229R* ☐ *MAF229L*   Perforated ☐ *MAF230R* ☐ *MAF230L*

Inflamed: (Acute otitis) ☐ *MAF231R* ☐ *MAF231L*   Fluid: (Serous otitis) *MAF232R* ☐ ☐ *MAF232L* ☐

<u>Mouth:</u>

Missing many teeth	☐	*MAF236*
Many carious teeth	☐	*MAF237*
Drooling	☐	*MAF238*
Protruded tongue	☐	*MAF241*

Additional comments on the physical examination:_____

Physician:

For any reason was this an *inadequate* physical examination of the child? ☐ *MAF283*
  <u>Codes:</u> No=1 Yes, uncooperative child=2 Yes, not enough time=3 Not sure=8

Interpretation of general physical examination (Classify 1, 3, 4 and 7 with IMCI guidelines):

1. Nutritional status: **1=0WFA, 2=Normal, 3=UWFA, 4=Severe malnutrition, 5=Unknown** ☐ *MAF624*

2. Assessment of coughing/ difficulty breathing: ☐ *MAF626*
   Codes: 1=No pneumonia, 2=Pneumonia, 3=severe pneumonia/ severe illness, 4=Unknown

3. Problem(s) on observation of function 1=No, 2=Yes ☐ *MAF637*

4. Signs of suspected symptomatic HIV infection **(at least 3 out of 8 criteria) 1=No, 2=Yes** ☐ *MAF639*

ChildTAG #: ⬚⬚⬚⬚⬚⬚⬚ AdultTAG #: ⬚⬚⬚⬚⬚⬚⬚⬚

Use the criteria outlined below to determine whether or not to complete the neurological examination.
Criteria for determining which children must have neurological examination:

Give the neurological examination if:
1. The child fails or scores "uncertain" in any of the 7 areas rated above, or
2. Any of the following are true:
    a) the informant mentions the child has had any neurological, sensory or cognitive problem.
    b) the physician notes microcephaly, macrocephaly or any atrophy on the physical examination.
    c) the physician suspects hearing or visual impairment.

Does the child get a full neurological examination based on results from observation ☐ *MAF284*
of function, physical examination or history?
    <u>Codes:</u>   No=1   Yes=2

IV. NEUROLOGICAL EXAMINATION
FOR ALL CHILDREN WHO FAIL OR SCORE UNCERTAIN ON THE OBSERVATION OF THE FUNCTION:

<u>MOTOR EXAM:</u>

Mobility/Gait: ☐ *MAF285*

<u>Codes:</u>	Normal gait=1
	Not normal, but ambulant, no aid, independent=2
	Ambulant with aid, independent=3
	Ambulant with aid, limited=4,
	Not ambulant, wheel chair only, but independent=5
	Not ambulant, wheel chair only, limited=6,
	Not ambulant, bed-ridden or wheel chair =7
	Uncertain=8

<u>MANUAL DEXTERITY:</u> (Observed during observation of function)

Right Hand: ☐ *MAF286*
Left Hand: ☐ *MAF287*

<u>Codes:</u>	Normal=1	Slight impairment=2
	Moderate impairment=3	Marked impairment=4
	No useful function=5	Unknown=8

Codes for the remaining questions in Part IV (unless otherwise indicated): No=1   Yes=2   Uncertain=8

Is the child in a frogged position when lying down? ☐ *MAF288*

When you pick the child up under the arms do his/her legs scissor? ☐ *MAF289*

   (Code 7 if the child is too heavy to lift)

Move each of the four limbs around the major joints- (shoulders, elbows, wrists, hips, knees & ankles):

<u>Hypotonia:</u> Right Arm ☐ *MAF290*   <u>Hypertonia:</u> Right Arm ☐ *MAF294*
         Left Arm ☐ *MAF291*   Left Arm ☐ *MAF295*
         Right Leg ☐ *MAF292*   Right Leg ☐ *MAF296*
         Left Leg ☐ *MAF293*   Left Leg ☐ *MAF297*

Do you notice any involuntary movement? ☐ *MAF298*

Does the child seem unstable, ataxic or show titutbation? ☐ *MAF299*

Can the child sit unaided? ☐ *MAF300*

Tap out <u>reflexes</u> at biceps, knees and ankles:

Reflexes <u>Completely Absent:</u> Right Arm ☐ *MAF301*   Reflexes <u>Exaggerated:</u> Right Arm ☐ *MAF305*
                 Left Arm ☐ *MAF302*   Left Arm ☐ *MAF306*
                 Right Leg ☐ *MAF303*   Right Leg ☐ *MAF307*

ChildTAG #: ☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐

Based on your observation of the child walk, stoop & stand up:

Is there any evidence of: <u>Proximal</u> muscle weakness? ☐ *MAF309*

<u>Distal</u> muscle weakness? ☐ *MAF310*

Does the child have <u>cerebral palsy</u>? ☐ *MAF311*

If cerebral palsy is diagnosed, enter ICD-10 code on summary page

(see MAF procedure manual for coding)

<u>CRANIAL NERVES</u>
Are there any deficits noted on any of the following?

Visual field examination	☐ *MAF641*	Facial muscle strength	☐ *MAF642*
Extraocular movement	☐ *MAF643*	Notes finger rub at both ears	☐ *MAF644*
Pupillary light reflex	☐ *MAF645*	Symmetric palatal elevation	☐ *MAF646*
Facial sensation or corneal reflex	☐ *MAF647*	Normal tongue protrusion	☐ *MAF648*
Clenching of teeth	☐ *MAF649*	Lateral head movement or shoulder shrug	☐ *MAF650*

If yes, specify_____

<u>CEREBELLAR FUNCTION</u>
Are there any deficits noted on any of the following?

Rapid repetitive movements ☐ *MAF651*   Heel to toe walk ☐ *MAF652*

Evidence of dystonia, chorea, athetosis, or tremor ☐ *MAF653*

If yes, specify_____

<u>SENSORY EXAM:</u>
Test sensory function only if indicated by the nature of the motor exam, i.e. only if there are motor deficit in the distribution of peripheral nerves (peripheral neuropathy), or at spinal level such as meningomylocele.
If not applicable, code=9
Is there any sensory loss? ☐ *MAF312*
If yes, describe:_____

Physician: Is your opinion was this an *inadequate* neurological examination of the child? ☐ *MAF313*
Codes: No=1   Yes, uncooperative child=2   Yes, not enough time=3   Not sure=8

Additional comments on the neurological examination: _____

Physician interpretation of Neurological Examination:
Using the neurological exam above, are there exam findings of concern for developmental impairment or disability in this child? ☐ *MAF654*
Codes for *MAF654 –MAF 659*:   No=1   Yes=2   Unknown=8
If yes, does this include:
Motor weakness or abnormal muscle tone?
(Specify _____) ☐ *MAF655*
Cranial nerve deficits?
(Specify_____) ☐ *MAF656*
Abnormal cerebellar function?
(Specify_____) ☐ *MAF657*
Abnormalities in sensation?
(Specify _____) ☐ *MAF658*

ChildTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]   AdultTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]

V. Physical Measurements (Anthropometry):

Complete for all children and their caregivers (999.9=if mom/child refuses to be measured)

A. PHYSICAL MEASUREMENTS: (Required for all children)

		QC
Child's height (cm)	[ ][ ][ ].[ ]	*MAF314* [ ][ ][ ].[ ]
Child's weight (kg)	[ ][ ][ ].[ ]	*MAF315* [ ][ ][ ].[ ]
Child's mid-upper-arm circumference (cm)	[ ][ ][ ].[ ]	*MAF317* [ ][ ][ ].[ ]
Adult's height (cm)	[ ][ ][ ].[ ]	*MAF318* [ ][ ][ ].[ ]
Adult's weight (kg)	[ ][ ][ ].[ ]	*MAF319* [ ][ ][ ].[ ]
Adult's mid-upper-arm circumference (cm)	[ ][ ][ ].[ ]	*MAF321* [ ][ ][ ].[ ]

DIGITAL PICTURE OF CHILD WITH CAREGIVER:

Permission for photograph to be taken by caregiver: _____

Signature and Name

DD / MM / YYYY

Picture taken:

Time: [ ][ ] **H** [ ][ ]

Code for picture on camera: _____

Picture saved on computer: Yes [ ]   No [ ]

When saved on computer add CHILDTAG to Photo's File Name!

VII. HEARING ASSESSMENT

OAE & Tympanometry Form

Tester's ID: _____

Tester's Category: *circle one:*   Midwife   Physician   Audiologist   Other, specify _____

Test Setting: *circle one:*   Urban (Specify _____) Rural (Specify _____) Other (Specify _____)

OAE - RIGHT EAR	TYMPANOMETRY - RIGHT EAR
Place Label Below if Available - *If Printed Label Not Available, Circle One* OAE1 *Final Result* 1. Pass 2. Refer - Test by Tympanometry 3. Invalid test (ex: Refit & Retry, noise) - Test by Tympanometry 4. Untestable, sores on ear, drainage, impacted wax 5. Untestable, child shy, uncooperative, crying 6. Child not present (Specify _____) 7. Refused (Specify _____)	*If Referred or Invalid Test by OAE, Test Tympanometry – Circle One* OAE6 1. Pass 2. Refer 3. Untestable – impacted wax 4. Untestable (ex: sores on ear, drainage) 5. Untestable (ex: child shy, uncooperative, crying) 6. Child not present (Specify:_____) 7. Refused (Specify: _____)

If Printed Label Not Available, Enter Results Below – Mid-level physician/professional only

Freq.	Circle Results Below For Frequencies Tested			DP	NF	DP-NF	
5000	Pass	Noisy	Refer	____	____	____	OAE2
4000	Pass	Noisy	Refer	____	____	____	OAE3
3000	Pass	Noisy	Refer	____	____	____	OAE4
2000	Pass	Noisy	Refer	____	____	____	OAE5

OAE - LEFT EAR	TYMPANOMETRY - RIGHT EAR
Place Label Below if Available - *If Printed Label Not Available, Circle One* OAE1 *Final Result* 1. Pass 2. Refer - Test by Tympanometry 3. Invalid test (ex: Refit & Retry, noise) - Test by Tympanometry 4. Untestable, sores on ear, drainage, impacted wax 5. Untestable, child shy, uncooperative, crying 6. Child not present (Specify _____) 7. Refused (Specify _____)	*If Referred or Invalid Test by OAE, Test Tympanometry – Circle One* OAE6 1. Pass 2. Refer 3. Untestable – impacted wax 4. Untestable (ex: sores on ear, drainage) 5. Untestable (ex: child shy, uncooperative, crying) 6. Child not present (Specify:_____) 7. Refused (Specify: _____)

If Printed Label Not Available, Enter Results Below – Mid-level physician/professional only

Freq.	Circle Results Below For Frequencies Tested			DP	NF	DP-NF	
5000	Pass	Noisy	Refer	____	____	____	OAE2
4000	Pass	Noisy	Refer	____	____	____	OAE3
3000	Pass	Noisy	Refer	____	____	____	OAE4
2000	Pass	Noisy	Refer	____	____	____	OAE5

ChildTAG #: ☐☐☐☐☐☐☐☐   AdultTAG #: ☐☐☐☐☐☐☐☐

VIII. VISION ASSESSMENT (Acuity Test)

Use *Tumbling E* chart *to test vision acuity. For each eye and for both eyes, repeat with pinhole for each eye as well to assess for refractory problems.* **Circle** best test result obtained or reason for referral if not tested.

	Codes	Right Eye *MAF375*	Left Eye *MAF376*	Both Eyes *MAF377*
Pass	1	6 / 3	6 / 3	6 / 3
	2	6 / 4.5	6 / 4.5	6 / 4.5
	3	6 / 6	6 / 6	6 / 6
	4	6 / 7.5	6 / 7.5	6 / 7.5
	5	6 / 9	6 / 9	6 / 9
	6	6 / 15	6 / 15	6 / 15
	7	6 / 21 or worse	6 / 21 or worse	6 / 21 or worse
Not Pass*	8	No Vision (blind)	No Vision (blind)	No Vision (blind)
(Refer)	9	Missing Eye	Missing Eye	Missing Eye
	10	Untestable – Shy, Uncooperative	Untestable – Shy, Uncooperative	Untestable – Shy, Uncooperative
	11	Untestable – Developmental Delay	Untestable – Developmental Delay	Untestable – Developmental Delay
	12	Child Not Present	Child Not Present	Child Not Present

	Codes	Right Eye with Pinhole *MAF609*	Left Eye with Pinhole *MAF610*
Pass	1	6 / 3	6 / 3
	2	6 / 4.5	6 / 4.5
	3	6 / 6	6 / 6
	4	6 / 7.5	6 / 7.5
	5	6 / 9	6 / 9
	6	6 / 15	6 / 15
	7	6 / 21 or worse	6 / 21 or worse
Not Pass*	8	No Vision (blind)	No Vision (blind)
(Refer)	9	Missing Eye	Missing Eye
	10	Untestable – Shy, Uncooperative	Untestable – Shy, Uncooperative
	11	Untestable – Developmental Delay	Untestable – Developmental Delay
	12	Child Not Present	Child Not Present

* If visual acuity improved with pinhole = indicates refractory problem
Refer child

Note:
*All children **NOT** passing the vision screening must be referred for assessment*

IX. SUMMARY OF INVESTIGATIONS

(Together with MAE, Refer to VCT form and Psychology assessment to populate Sections X - XIII)

ChildTAG #: ☐☐☐☐☐☐☐☐   AdultTAG #: ☐☐☐☐☐☐☐☐

X. CLASSIFICATION OF FUNCTION AND DISABILITY

Using WHO ICF-CY checklist domains outlined below, indicate evidence of impairment and disability in the child.
1. First identify any existing impairments in the body function or structures of the child from all Instruments.
2. Secondly identify any existing limitations in activity or restriction in participation from all Instruments.
3. Utilize the appropriate ICF-CY chapters with qualifiers to provide a coded description of the impairments noted.

Codes for *MAF724, MAF660-MAF685* and *MAF691-MAF695 (Presence of Impairment, Disability and Socio-Environmental factors, excluding MAF725-MAF730 - the section on assistive devices)* Yes=1 No=2 Unknown=8

Does this child have any impairments of body function or structure, limitations in activity or restriction of participation? (If yes specify affected domains below.) ☐ *MAF724*

PART 1a: BODY FUNCTIONS
Using the domains below, does this child have any impairments in body function?

b1. MENTAL FUNCTIONS	☐ *MAF660*
b2. SENSORY FUNCTIONS AND PAIN	☐ *MAF661*
b3. VOICE AND SPEECH FUNCTIONS	☐ *MAF662*
b4. FUNCTIONS OF THE CARDIOVASCULAR, HAEMATOLOGICAL, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS	☐ *MAF663*
b5. FUNCTIONS OF THE DIGESTIVE, METABOLIC AND ENDOCRINE SYSTEMS	☐ *MAF664*
b6. GENITOURINARY AND REPRODUCTIVE FUNCTIONS	☐ *MAF665*
b7. NEUROMUSCULOSKELETAL AND MOVEMENT RELATED FUNCTIONS	☐ *MAF666*
b8. FUNCTIONS OF THE SKIN AND RELATED STRUCTURES	☐ *MAF667*

Part 1 b: BODY STRUCTURES
Using the domains below, does this child have any impairments in body structure?

s1. STRUCTURE OF THE NERVOUS SYSTEM	☐ *MAF668*
s2. THE EYE, EAR AND RELATED STRUCTURES	☐ *MAF669*
s3. STRUCTURES INVOLVED IN VOICE AND SPEECH	☐ *MAF670*
s4. STRUCTURE OF THE CARDIOVASCULAR, IMMUNOLOGICAL AND RESPIRATORY SYSTEMS	☐ *MAF671*
s5. STRUCTURES RELATED TO THE DIGESTIVE, METABOLISM AND ENDOCRINE SYSTEMS	☐ *MAF672*
s6. STRUCTURE RELATED TO GENITOURINARY AND REPRODUCTIVE SYSTEM	☐ *MAF673*
s7. STRUCTURE RELATED TO MOVEMENT	☐ *MAF674*
s8. SKIN AND RELATED STRUCTURES	☐ *MAF675*

PART 2: ACTIVITY & PARTICIPATION
Using the domains below, does this child have any limitations in activity and/or restriction of participation?

d1. LEARNING AND APPLYING KNOWLEDGE	☐ *MAF676*
d2. GENERAL TASKS AND DEMANDS	☐ *MAF677*
d3. COMMUNICATION	☐ *MAF678*
d4. MOBILITY	☐ *MAF679*
d5. SELF CARE	☐ *MAF680*
d6. DOMESTIC LIFE	☐ *MAF681*
d7. INTERPERSONAL INTERACTIONS AND RELATIONSHIPS	☐ *MAF682*

ChildTAG #: ⬚⬚⬚⬚⬚⬚⬚⬚⬚

AdultTAG #: ⬚⬚⬚⬚⬚⬚⬚⬚⬚

⬚ *MAF685*

Is this child disabled?
(Use ICF-CY definition: Impairment + Restriction/Limitation = Disability)

Codes for *MAF725-MAF730*	Yes=1	No=2	No, but indicated=3	Unknown=8

Does this child use any assistive devices ⬚ *MAF725*

If yes to *MAF725* specify what type:

Glasses	⬚	*MAF726*
Hearing Aid	⬚	*MAF727*
Crutches	⬚	*MAF728*
Wheelchair	⬚	*MAF729*
Other	⬚	*MAF730*

Specify impairments, limitations and restrictions according to ICF-CY chapters with qualifiers.

ICF CODES

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF686

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF687

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF688

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF689

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF690

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF686B

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF687B

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF688B

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF689B

⬚⬚⬚⬚⬚.⬚⬚⬚
MAF690 B

DESCRIPTION

MAF686A _____

MAF686A _____

MAF686A _____

MAF686A _____

MAF686A _____

MAF686C _____

MAF687C _____

MAF688C _____

MAF689C _____

MAF690C _____

ChildTAG #: ☐☐☐☐☐☐☐☐ AdultTAG #: ☐☐☐☐☐☐☐☐☐

XI. SOCIO-ENVIRONMENTAL FACTORS

Using the ICF-CY Environmental factor domains below, does this child have any barriers or facilitators related to the above impairments?

☐ *MAF691*

e1. PRODUCTS AND TECHNOLOGY

☐ *MAF692*

e2. NATURAL ENVIRONMENT AND HUMAN MADE CHANGES TO ENVIRONMENT

☐ *MAF693*

e3. SUPPORT AND RELATIONSHIPS

☐ *MAF694*

e4. ATTITUDES

☐ *MAF695*

e5. SERVICES, SYSTEMS AND POLICIES

Specify socio-environmental barriers or facilitators related to above impairment and disability according to ICF-CY chapters with corresponding qualifiers.

ICF CODES	DESCRIPTION
☐☐☐☐☐.☐☐☐ *MAF696*	*MAF696A* _____
☐☐☐☐☐.☐☐☐ *MAF697*	*MAF697A* _____
☐☐☐☐☐.☐☐☐ *MAF698*	*MAF698A* _____
☐☐☐☐☐.☐☐☐ *MAF696B*	*MAF696C* _____
☐☐☐☐☐.☐☐☐ *MAF697B*	*MAF697C* _____
☐☐☐☐☐.☐☐☐ *MAF698B*	*MAF698C* _____

ChildTAG #: □□□□□□□   AdultTAG #: □□□□□□□□

XII. ASSESSMENT OF MEDICAL CONDITIONS   (Yes=1 No=2   Unknown=8)

Does this child have any health conditions that contribute to impairment and/or disability?   □ MAF699

For each Category of Impairment listed below indicate whether you think impairment is present or not. If impairment is present, indicate the diagnosis and ICD & ICF codes, the degree of disability & whether the child has an unfulfilled need for treatment (including rehabilitation, medication or referral for further professional evaluation &/or therapy.)

'OTHER' types of Impairment *(MAF527 to MAF532 and MAF700 to MAF705)* are for evaluation of any Medical/Health Condition that don't fall under the specified Neurodevelopmental Categories.

CATEGORIES OF IMPAIRMENT	ASSOCIATED DIAGNOSIS & ICD-10 Codes	ASSOCIATED WHO ICF-CY	DISABILITY	TREATMENT NEEDS
Is there impairment? Circle applicable answer. No=No or probably no Yes=Yes or probably yes DK=Don't know			None=1 Mild=2 Moderate=3 Severe=4 Uncertain=8	None=1 CBR=2 Prof. Eval=3 Medication=4 2+3=5 2+4=6 2+3+4=7 Others=8
Gross Motor No Yes DK MAF473	___ MAF474 □□□.□ MAF475	□□□□□.□□ MAF476	□ MAF477	□ MAF478
Fine Motor No Yes DK MAF479	___ MAF480 □□□.□ MAF481	□□□□□.□ MAF482	□ MAF483	□ MAF484
Hearing No Yes DK MAF485	___ MAF486 □□□.□ MAF487	□□□□□.□□ MAF488	□ MAF489	□ MAF490
Vision No Yes DK MAF491	___ MAF492 □□□.□ MAF493	□□□□□.□□ MAF494	□ MAF495	□ MAF496
Speech No Yes DK MAF497	___ MAF498 □□□.□ MAF499	□□□□□.□□ MAF500	□ MAF501	□ MAF502
Seizures No Yes DK MAF503	___ MAF504 □□□.□ MAF505	□□□□□.□□□ MAF506	□ MAF507	□ MAF508
Cognition No Yes DK MAF509	___ MAF510 □□□.□ MAF511	□□□□□.□□□ MAF512	□ MAF513	□ MAF514
Behaviour No Yes DK MAF515	___ MAF516 □□□.□ MAF517	□□□□□.□□□ MAF518	□ MAF519	□ MAF520
Other No Yes DK MAF527	___ MAF528 □□□.□ MAF529	□□□□□.□□□ MAF530	□ MAF531	□ MAF532
Other			□	□

ChildTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]   AdultTAG #: [ ][ ][ ][ ][ ][ ][ ][ ]

XIII. SUMMARY OF REFERRALS   (Codes for *MAF706* & *MAF715*: Yes=1 and then specify below   No=2)

Were any referrals for further evaluation or treatment made for the child?   [ ] *MAF706*

If yes to *MAF706*, then specify the reason and destination of the referral/s

Codes for reasons: *(MAF707-MAF710)*
1= Anaemia
2= ENT
3= Vision
4= Occupational, Physical or Speech Therapy
5= Mental health
6= HIV
7= Developmental Delay
8= Dental
9= Other (specify in referral description)

Codes for Destinations: *(MAF711-MAF714)*
1= Local Clinic
2= Kwadebeka
3= RK Khan
4= Don Mackenzie
5= Other (specify in referral description)

	CHILD referred for:	CHILD referred to:	Specify reason if other	Specify Destination if other:
Referral1	*MAF707*	*MAF711*	*MAF707A*	*MAF711A*
Referral2	*MAF708*	*MAF712*	*MAF708A*	*MAF712A*
Referral3	*MAF709*	*MAF713*	*MAF709A*	*MAF713A*
Referral4	*MAF710*	*MAF714*	*MAF710A*	*MAF714A*
Referral5	*MAF724*	*MAF726*	*MAF724A*	*MAF726A*
Referral6	*MAF725*	*MAF727*	*MAF725A*	*MAF727A*

Were any referrals for further evaluation or treatment made for the Adult?   [ ] *MAF715*

If yes to *MAF715*, then specify the reason and destination of the referral/s

Codes for Reasons: *(MAF716-MAF719)*
1= Grants (Child Support)
2= Social worker
3= Vision
4= Occupational or Physical Therapy
5= Mental Health
6= HIV
7= Dental
8= Other (specify in referral description)

Codes for Destinations: *(MAF720-MAF723)*
1= Local Clinic
2= Kwadebeka
3= RK Khan
4= Don Mackenzie
5= SASSA Pinetown
6= Child Welfare Pinetown
7= Dept. Social Development Pinetown
8= Other (specify in referral description)

	ADULT referred for:	ADULT referred to:	Specify reason if other	Specify Destination if other:
Referral1	*MAF716*	*MAF720*	*MAF716A*	*MAF720A*
Referral2	*MAF717*	*MAF721*	*MAF717A*	*MAF721A*
Referral3	*MAF718*	*MAF722*	*MAF718A*	*MAF722A*
Referral4	*MAF719*	*MAF723*	*MAF719A*	*MAF723A*
Referral5	*MAF728*	*MAF730*	*MAF728A*	*MAF730A*
Referral6	*MAF729*	*MAF731*	*MAF729A*	*MAF731A*