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

Mother /Caregiver Name: _____   Surname: _____

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

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

MEDICAL ASSESSMENT FORM (MAF) (The Asenze Study Revision)

Child Name: _____   Surname: _____

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

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

Months ☐☐ *MAF3*

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

Who will answer the question about the child (informant)?   ☐ *MAF5*

Child's mother=1   Child's grandmother=3   Another relative=5
Child's father=2   Child's sibling=4   Other=6 **(specify)**

Contents of the MAF/Assessments	Pages	Examiner Number	Date of Completion (day / month / year)
I. Medical History	2 - 8	_____ *MAF6*	☐☐ / ☐☐ / ☐☐ *MAF7*
II. Observation of Function	8 - 9	_____	__ / __ / __
III. Physical Examination	9 -12	_____	__ / __ / __
IV. Neurological Examination	12 -13	_____	__ / __ / __
V. Physical Measurements (Anthropometry)	14	_____	__ / __ / __
VI. Assessment of the caregiver	14 - 15	_____	__ / __ / __
VII. Hearing Screening and Assessment	16	_____ *MAF8*	☐☐ / ☐☐ / ☐☐ *MAF9*
VIII. Vision Screening and Assessment	17	_____ *MAF10*	☐☐ / ☐☐ / ☐☐ *MAF11*
IX. Summary of investigations	18	_____	__ / __ / __
X.-XIII. Assessment Summaries	19	_____ *MAF14*	☐☐ / ☐☐ / ☐☐ *MAF15*

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 J- 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.

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

1. Completed Fully   ☐   TICK WHICH ONE
2. Partially Completed
        a. Ill/Unwell   ☐
        b. Doesn't understand Zulu   ☐
        c. Got tired/Refused   ☐
        d. Unable to do some of tasks due to disability ☐
3. INCOMPLETE
        a. Postponed by Tester   ☐
        b. Refused/Tired   ☐
        c. Unable due to disability   ☐
        d. Ill/unwell   ☐
        e. Doesn't understand zulu   ☐

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

I. CHILD'S MEDICAL HISTORY

A. PERCEIVED PROBLEMS: Ask the adult:

IS THERE ANYTHING ABOUT THE CHILD THAT WORRIES YOU?

Examiner: If yes, inquire about the problem and complete the table below. After recording the information for one problem area, ask about all other problem-areas and complete the table. When no problem is perceived in an area, circle **No** and leave the remaining box blank for that area. If the answer is no to the first inquiry, still ask specifically about each problem area and complete the table. When more than one options in the table seem to apply, enter the smallest number that is applicable.

PROBLEM AREA		APPROXIMATE AGE AT ONSET IN MONTHS:	EVENT ASSOCIATED	TREATMENT RECEIVED	FAMILY HISTORY
	Does the parent perceive a problem? (Circle No or Yes)	At birth=888 D/K=998 (E.g. at 1 month=001) (Estimate if exact age of onset is not known)	None=1 Prenatal=2 Birth related=3 LBW= 4, Preterm=5 Fever, infection=6 Injury=7 Malnutrition=8 Other, specify=9	None=1 Modern only=2 Folk only=3 Both=4 D/K=8	None=1 Parent=2 Sibling=3 Grandparent=4 1st cousin, aunt, uncle=5 Other blood relative=6 D/K=8
Walking If yes, describe	No Yes MAF18	☐☐☐ MAF19	☐ MAF20	☐ MAF21	☐ MAF22
Hearing If yes, describe:	No Yes MAF23	☐☐☐ MAF24	☐ MAF25	☐ MAF26	☐ MAF27
Vision If yes, describe:	No Yes MAF28	☐☐☐ MAF29	☐ MAF30	☐ MAF31	☐ MAF32
Speech If yes, describe:	No Yes MAF33	☐☐☐ MAF34	☐ MAF35	☐ MAF36	☐ MAF37
Seizures If yes, describe:	No Yes MAF38	☐☐☐ MAF39	☐ MAF40	☐ MAF41	☐ MAF42
Learning: If yes, describe:	No Yes MAF43	☐☐☐ MAF44	☐ MAF45	☐ MAF46	☐ MAF47
Behaviour: If yes, describe:	No Yes MAF48	☐☐☐ MAF49	☐ MAF50	☐ MAF51	☐ MAF52
Other: If yes, describe: (eg. other chronic illnesses)	No Yes MAF53	☐☐☐ MAF54	☐ MAF55	☐ MAF56	☐ MAF57

If yes to above, specify: _____

Summary of Developmental problems on history as perceived by caregiver:

1=No problems   2=Problem with 1 domain   3=Problem with more than 1 domain

4=Problem with other chronic illness   5=No reliable history   6=Unknown   ☐ MAF628

B. SEIZURES: *Ask these questions even if no seizure history is reported in the perceived problems' section (MAF page 2). Probe to determine seizure frequency, associated conditions; & settings in which seizures occur.*

Has your child ever had <u>seizures</u>, <u>epilepsy</u>, fits <u>with</u> or <u>without</u> fever, <u>convulsions</u>, <u>uncontrolled movements</u> of all or part of the body, or unexplained <u>changes in consciousness?</u> ⬚ *MAF59*
      No=1   Yes=2   8=don't know

*If **no**, please proceed to Section C below* (MAF83). *If **yes**, ask the SEIZURE QUESTIONS below* (MAF60-MAF82).

Does the child have or has the child ever had *febrile fits* (Fits with fever)?   <u>Age in months</u>
      No=1   Yes=2   Don't know (DK) =8   Not Applicable= 88   ⬚ *MAF60* ⬚⬚ *MAF61*

<u>If yes, ask</u>: What is the *total number of fits* he/she has ever had?
- any fits   (write exact number or estimate if necessary)   ⬚⬚ *MAF62*

Does the child have/or ever had *breath-holding spells?*
(Change of colour, convulsions, or loss of consciousness in settings of anger, pain, frustration or crying)
      No=1   Yes=2   DK=8   Not Applicable= 88   ⬚ *MAF67* ⬚⬚ *MAF68*

Has the child ever had an ***<u>unprovoked afebrile</u>*** seizure?
      No=1   Yes=2   DK=8   Not Applicable= 88   ⬚ *MAF69* ⬚⬚ *MAF70*

<u>If yes, ask</u>: How frequent are the ***unprovoked*** seizures?
      Only one ever=1   >1 ever and >=1 in past 12 months=3
      >1 ever but none in past 12 months=2   DK=8   Not Applicable= 88   ⬚ *MAF71*

What is the usual duration of the *unprovoked* seizures?
      <=1 minute=1   >10 minutes=3
      >1 minute & <=10 minutes=2   DK=8   Not Applicable= 88   ⬚ *MAF72*

Is the child on any medications or treatment that were prescribed from a clinic/ hospital, medical doctor or traditional healer?
      Please answer each, using codes: No=1   Yes=2   Unknown=99   Not Applicable= 88

Phenobarbitone	⬚	*MAF73*
Phenytoin	⬚	*MAF74*
~~NTZ~~		~~MAF75~~
~~CNZ~~		~~MAF76~~
Valproic acid	⬚	*MAF77*
Carbamazepine	⬚	*MAF78*
Traditional healing	⬚	*MAF79*

To what <u>cause</u> do the parents attribute the child's seizures? _____ *MAF81*

Has your child ever had any ***<u>big seizures</u>*** or ***<u>grand mal seizures?</u>***
  Where he/she lost consciousness and his/her whole body shook?   ⬚ *MAF82*

C. ROAD TO HEALTH CARD (RTHC)
Is a RTHC available to the clinician at the time of this assessment?   ⬚ *MAF543*
      Codes: Yes = 1   No = 2

D. PREGNANCY HISTORY (For birth of this child):
Gravidity *(How many times has the mother been pregnant at the time of this child's birth, including any children who were stillborn or died later?)*   ___ ___ *MAF83*
Parity *(How many children were born alive to the mothed at the time of this child's birth?)* ___ ___ *MAF84*
Stillbirths   ___ ___ *MAF85*
Miscarriages   ___ ___ *MAF86*

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

When the mother was pregnant with <u>this child</u> did she have?

Codes: No=1   Yes=2   Don't know=8   Not Applicable=9

Antenatal care ☐ MAF87	High Blood Pressure ☐ MAF88
Bleeding in 1st trimester ☐ MAF89	Bleeding in 2nd or 3rd trimester ☐ MAF90
Diabetes ☐ MAF91	Infection/Fever in 1st trimester ☐ MAF92
Injuries resulting from violence ☐ MAF93	Poor nutrition ☐ MAF94

*Other health problems ☐ MAF95

Specify: _____ MAF622

Did she use any type of procedure, medicine prescribed by a doctor or

Isihilambezo in order to end the pregnancy early? ☐ MAF96

Did she use any alcohol or drugs during the pregnancy? ☐ MAF533

Did she use any medication during the pregnancy, including medicines to control

seizures, high blood pressure or elevated blood sugar)? ☐ MAF534

Specify *(referring to MAF533 or MAF534)* _____ MAF535

Opportunity to participate in the PMTCT programme ☐ MAF536

If yes

Did the mom receive Nevirapine ☐ MAF537

Did the mom receive any other ARV's ☐ MAF538

If yes, specify _____ MAF539

Did the child receive Nevirapine ☐ MAF540

Did the child receive any other ARV's ☐ MAF541

If yes, specify _____ MAF542

(Do not include here problems with veins, pyelonephritis, moderate vomiting or mild conditions)

~~Has the mother ever had a goiter?~~ ~~MAF97~~
~~No=1   Yes=2   Unknown=8~~

E. BIRTH HISTORY (for this child):

Where was the child born? ☐ MAF98
Codes: Home=1   Hospital=2   Clinic/Birthing Center=3   Other=4   Unknown=8

Was it a single birth? ☐ MAF99
Codes: Single birth=1   Twins=2   Triplets or more=3   Unknown=8

Was the baby born at term (between 37-42 weeks or at about 9 months)? ☐ MAF100
Codes: Yes=1   No, >3 weeks early=2   No, > 2 weeks late=3   Unknown=8

How long was the labour?
(If mother had C- section but had labor beforehand, use code pertaining to length of labour that occurred) ☐ MAF101
Codes: <24 hours=1   >=24 hours=2   No labour, C-Section= 3   Unknown=8

Who assisted in delivering the baby? ☐ MAF102
Codes: Trained midwife=1   Untrained midwife=2   Doctor=3,
Family member=4   Other=5   Don't know=8

Were there any difficulties with labour and/or delivery? ☐ MAF103
Codes: No=1   Yes=2 (Specify _____)   Don't know=8

In what position was the baby born? ☐ MAF104
Codes: Head first=1   Feet or buttocks first=2   C-Section=3   Unknown=8

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

Did the baby cry immediately after birth?   ☐ MAF105
Codes: Yes=1   No, but in <5 min.=2   No, after>5 minutes=3   Unknown=8

~~What was the colour of the baby at birth when the child was born?~~   ~~MAF106~~
~~Codes: Normal=1   Blue=2   White=3~~

Did the birth attendant have to do anything to the baby to make her/him breathe?   ☐ MAF107
Codes: No=1   Yes=2   Unknown=8
     If yes, describe why and how breathing was assisted: _____

Was the baby taken away from the mother immediately after birth?   ☐ **MAF108**
Codes: No=1   Yes=2   Unknown=8
     If yes, describe circumstances: _____

What is the Apgar score on the RTHC?
Codes: Born before arrival=997   Not Noted on Card=998   No RTHC available=999

          At 1 min: ☐☐   MAF622

          At 5 min: ☐☐   MAF623

If the baby was kept in a hospital, for how many days was kept there?   ☐☐ MAF109
     (Enter 00 if child was not admitted to hospital; Enter 99 if Unknown)

Interviewer:
For MAF 110. Use the RTHC card only. If weight not recorded or card unavailable, record 9999.
For MAF 111: Ask the respondent for their opinion about the baby's size at birth.

What was the birth weight, **in grams**?   ☐☐☐☐ MAF110

How big was the baby at birth?   ☐ MAF111
Codes: About the size of most babies=1   Bigger than most babies=3
           Smaller than most babies =2   Don't know=8

Did the child have any difficulties in the first four weeks after birth?
     Codes: No=1   Yes=2   Don't know=8

  Seizures   ☐ MAF112   Infection   ☐ MAF113   ~~Tetanus~~   ~~MAF115~~

  Trouble feeding ☐ MAF114   Difficult breathing ☐ MAF118

  Deep jaundice   ☐ MAF116   Diarrhoea   ☐ MAF117

Interviewer:
For MAF 119: First ask "was child was ever breast fed?" if answer is yes, then ask "for how long?"

F. NUTRITIONAL HISTORY:
Was the child ever breast-fed and for how long?   ☐ MAF119
Codes: No, never=1   Yes, 1-6 mo=3   Yes, 13-18 m=5   Yes, >24 mo=7
         Yes, <1 mo=2   Yes, 7-12 mo=4   Yes, 19-24 mo=6   Unknown =8

At what age in months did the child first start formula feeds?   ☐ MAF120
Codes: Never=1   1-6 mo=3   13-18 mo=5   After 24 mo=7
           <1 mo=2   7-12 mo=4   19-24 mo=6   Unknown=8

At what age in months was solid food introduced?   ☐☐ MAF121
     (Enter 77 if not yet, 88 if unknown)

If **RTHC** available, assess adequacy of weight monitoring: ☐ MAF544
     Codes: 1 = Adequate up to 18 months (at each immunization visit)
              2 = Adequate beyond 18 months (at least 2 measurements after 18 months)
              3 = Inadequate
              4 = RTHC not available or insufficient information recorded

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

☐ MAF545

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

G. DEVELOPMENTAL MILESTONES HISTORY:

At what age did the child walk without help or holding on?
Codes: By 18 mo=1   By 2 years=2   After 2 years=3   Not yet=4   Unknown=8

☐ MAF122

Can the child feed himself or herself?
(Assess in accordance to local cultural norms)
Codes: Yes, skillfully (with spoon/fork or fingers) =1   No, must be fed=3
Yes, but unskilled (i.e. like a baby) =2   Unknown=8

☐ MAF123

At what <u>age in months</u> did the child first babble?
(Enter 77 if not yet, 88 if unknown)

☐☐ MAF124

At what age in months did the child first use single words with
meaning (other than names, hello, bye)? (Enter 77 if not yet, 88 if unknown)

☐☐ MAF125

H. ADDITIONAL MEDICAL HISTORY:

For immunization history, refer to child's RTHC brought by parent.
Has the child ever been immunized the following conditions?

BCG	☐ MAF126	
DPT	☐ MAF127	
Polio	☐ MAF128	
Measles	☐ MAF129	
HBV	☐ MAF130	
Hib	☐ MAF131	
Other	☐ MAF133	

Codes: No, never =1

Yes, but not up-to-date =2

Yes, up-to-date =3

Unknown=8

[handwritten: Get at same time]

[handwritten: 2 → code as no or unknown   Possible   Possible]

Ask MAF134 even if information on specific immunization is recorded above.
Has the child had any immunization?
Codes: No=1   Yes=2   Unknown=8

☐ MAF134

Interviewer:
For MAF 135-172:
If the answer is yes, indicate <u>type of treatment</u> and enter <u>the approximate age of child in months</u> when the event occurred. If event occurred in perinatal period (in the first few days after birth, enter 01 for age. If approximate age is not known enter 88 for age. If the answer is not yes, leave the spaces for age in months blank.

REMEMBER TO WRITE RESPONSE IN THE COLUMN "EVENT ASSOCIATED" IN SECTION 2, if the mother answers yes to any of the medical problems below AND an event was the cause.

Codes: No=1   Yes, OPD (outpatient) =3   Unknown=8
Yes, in hospital treatment=2   Yes, homecare=4   Yes, Traditional healer=5

Has the child ever had a bad infection in the brain, meningitis
or encephalitis?

Age in months
☐ MAF135   ☐☐ MAF136

If yes, describe: _____

Has the child ever had a major injury, such as following?

Motor vehicle accident	☐ MAF137	☐☐ MAF 138	Other vehicle accident	☐ MAF139	☐☐ MAF140
Near drowning	☐ MAF141	☐☐ MAF142	Fall	☐ MAF143	☐☐ MAF144
Burn (not minor)	☐ MAF145	☐☐ MAF146			

Other (Specify) :_____ MAF147 _____ MAF148

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

Has the child ever taken any poisons (either by accident or deliberately) such as, any chemicals, cleaning solutions, or medicine? ☐ MAF149 ☐☐ MAF150

Has the child ever lost consciousness after a head injury?
Codes: No, never=1   Yes, < 1 week=3   Yes >1 month=5
     Yes, < 10 mts. =2   Yes, <1 month =4   Unknown=8   ☐ MAF151 ☐☐ MAF152
    If yes, describe: _____

Has the child had Tuberculosis?
Codes: No=1   Yes=2   Unknown=8   ☐ MAF153 ☐☐ MAF154

    If yes, has he/she received treatment for TB? ☐ MAF155 ☐☐ MAF156

    Please describe: _____

> **Interviewer:**
> **For MAF 157-168: *Use codes:* No=1   Yes, Mild=2   Yes, severe=3   Unknown=8.**
> If the answer is **yes**, enter the approximate age of child in months when the event occurred. If event occurred in perinatal period, enter 01 for age. If approximate age is not known enter 88 for age. If the answer is not yes, leave the spaces for age in months blank.

Has the child had Measles? ☐ MAF157 ☐☐ MAF158   Has the child had Croup? ☐ MAF159 ☐☐ MAF160

Has the child had Wheezy Chest? ☐ MAF161 ☐☐ MAF162   Has the child had Pneumonia? ☐ MAF163 ☐☐ MAF164

Has the child expelled worms? ☐ MAF165 ☐☐ MAF166

    If yes, to any above (*MAF157–MAF165*), describe treatment:

_____

Has your child ever been very ill with diarrhoea, vomiting & dehydration? ☐ MAF167 ☐☐ MAF168
    If yes, describe treatment: _____

Has the child ever had any other major illness? ☐ MAF169 ☐☐ MAF170
    If yes, describe: _____

Has the child ever been hospitalised (overnight, as inpatient, other than at birth)? ☐ MAF171 ☐☐ MAF172
Codes: No=1   Yes, once =2   Yes, > once=3   Unknown=8

> **Interviewer:**
> **For MAF 546-553: *Use codes* : No=1   Yes=2   Unknown=8.**
> Ask the caregiver about the child's health in the past 6 months. If yes to any, describe in MAF 552

In the past 6 months,

Has the child lost weight? ☐ MAF546

Has the child had diarrhoea for more than 14 days? ☐ MAF547

Has the child been coughing for more than 14 days? ☐ MAF548

Has the child been admitted to hospital? ☐ MAF549

Has the child received any treatment (medical, traditional, homecare)? ☐ MAF550

Has the child received deworming medication? ☐ MAF551

Describe: _____ MAF552

Has the child ever been tested for HIV? ☐ MAF553

If yes: Age in months ☐ MAF554

    Result of testing ☐ MAF555
    Codes: Positive = 1   Negative = 2   Didn't receive result or don't know = 3

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

If known HIV positive child (use medical record to document, if not available use report from caregiver):

~~When diagnosed (Age in months?)~~   *~~MAF556~~*

Last CD4 count   ☐☐☐   *MAF557*

Last CD4 percentage: ☐☐   *MAF629*

Is the child on Bactrim prophylaxis?   ☐   *MAF558*

Is the child on ART?   ☐   *MAF559*

If yes, (*to MAF559*)

Note the date started (DD / MM / YYYY):   *MAF560*

Medication used: _____   *MAF561*

                       _____   *MAF562*

                       _____   *MAF563*

Is the child on any other medication (not mentioned above)   ☐   *MAF564*

I. BEHAVIOUR

<u>Codes:</u> No=1 Yes=2 Unknown=8

~~Does your child have any problem with behaviour?~~   *~~MAF173~~*

Does he/she:

Act very aggressively toward other people?	☐ *MAF174*	Act extremely withdrawn and shy?	☐ *MAF175*
Show odd repetitive movement?	☐ *MAF176*	Night wetting (enuresis)	☐ *MAF177*
Day wetting	☐ *MAF178*	Soiling (encopresis)	☐ *MAF179*

Other, specify: _____ _____ *MAF180*

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

J. 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?   ☐   *MAF630*

If yes, is this related to:
Antenatal problems? (Specify _____) ☐ *MAF631*

Perinatal problems? (Specify_____) ☐ *MAF632*

Neonatal problems? (Specify_____) ☐ *MAF633*

Delay or regression in developmental milestones? (Specify _____) ☐ *MAF634*

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

Other? (Specify_____) ☐ *MAF636*

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*		

<u>**Physician:**</u> Do you think that the child has a neuromuscular, vision, hearing or cognitive impairment, based on the interview with the informant and this brief observation?   ☐ *MAF189*
<u>Codes:</u> No=1   Yes=2   Uncertain=8

Please do not change your answer to the last question after completing the rest of the examination.

Additional comments on the Observation of Function:_____

III. PHYSICAL EXAMINATION (Complete for all children)

Have the child undressed for the rest of the examination.
Rate the child's general appearance as: ☐ *MAF190*
<u>Codes:</u>   Over-nourished=1   No subcutaneous fat=3   Oedematous=5
Well-nourished=2   Diminished muscle mass=4   Uncertain=8

Rate the presence of the following conditions: <u>**Codes:**</u> **No=1, Yes=2, Uncertain=8**

<u>General:</u>	Jaundice	☐ *MAF565*	Anaemia	☐ *MAF566*	
	Clubbing	☐ *MAF567*	Cyanosis	☐ *MAF568*	
	Oedema	☐ *MAF569*	Lymphadenopathy	☐ *MAF570*	
	Dehydrated	☐ *MAF571*			
<u>Hair:</u>	Brittle/Discoloured	☐ *MAF191*			
	Sparse	☐ *MAF192*	Flag sign	☐ *MAF193*	
<u>Skin:</u>	Scars (Burns)	☐ *MAF194*	Weeping	☐ *MAF195*	
	Ulcers	☐ *MAF196*	Cheilosis	☐ *MAF197*	
	Coarseness	☐ *MAF198*	Hyperkeratosis	☐ *MAF199*	
	Dry, scaly skin	☐ *MAF200*	Scabies	☐ *MAF201*	
	Signs of gangrene	☐ *MAF202*			

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

Head:	Microcephaly	☐	MAF203	Macrocephaly	☐	MAF204
	Frontal bossing	☐	MAF205	Open fontanelle	☐	MAF206
	Boat shaped	☐	MAF207	Hydrocephalus	☐	MAF208
Face:	Hypertelorism	☐	MAF209	Epicanthic folds	☐	MAF210
	Flat midface	☐	MAF211	Micrognathia	☐	MAF212
	Malar prominence	☐	MAF213	Facial weakness	☐	MAF214
Eyes:	Ptosis	☐	MAF215	Retinitis (Fundoscopy)	☐	MAF216
	Red or inflamed	☐	MAF378	Conjuntivitis	☐	MAF217
	Wear glasses	☐	MAF384	Disc pale/Atrophic	☐	MAF218
	Squint	☐	MAF219	Nystagmus	☐	MAF220
	Cataract	☐	MAF221	Conjunctival pallor	☐	MAF222
	Corneal opacity	☐	MAF223	Others	☐	MAF224

Xerophthalmia: For *(MAF225 & MAF226)*, use WHO codes:

WHO Codes: Normal=1

Night blindness=2   Right Eye ☐ MAF225

Conjunctival xerosis=3   Left Eye ☐ MAF226

Bitot spot=4

Corneal xerosis=5

Keratomalacia, 1/3 Corneal surface=6

Keratomalacia/Corneal ulcer>1/3 corneal surface=7

Corneal scar=8

N/A or missing data=9

External Ears:

Codes: Normal=1   Abnormal=2   Not Present=8

Right Ear ☐ MAF227   Left Ear ☐ MAF228

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

Otoscopy:

	Draining: (Suppurative)	☐	MAF229	Perforated	☐	MAF230
	Inflamed: (Acute otitis)	☐	MAF231	Fluid: (Serous otitis)	☐	MAF232
	Low set or deformed	☐	MAF233			

Mouth:	Cleft palate	☐	MAF234	Diminishing gag	☐	MAF235
	Missing many teeth	☐	MAF236	Many carious teeth	☐	MAF237
	Drooling	☐	MAF238	Gingivitis	☐	MAF239
	Gum bleeding	☐	MAF240	Protruded tongue	☐	MAF241
	Oral candidiasis	☐	MAF242			

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

Code for MAF243 use **WHO Goitre Classification Codes:**

1. Thyroid not palpable or if palpable not larger than normal
2. Thyroid distinctly palpable & larger than normal but not
3. easily visible with head in normal or extended position
4. Thyroid easily palpable, visible when head is in extended position; or presence of a discrete nodule
5. Thyroid easily visible with the head in a normal position
6. Goitre visible at a distance
7. Monostrous goiter
8. Unknown

Thyroid: ☐   *MAF243*
(Enter WHO Goitre Code)

Codes for *MAF244-MAF250* (Chest):   No=1   Yes=2   Unknown=8

Rales/crepitations ☐ *MAF244*   Wheeze/ ronchii ☐ *MAF245*

Indrawing/recession ☐ *MAF246*   Stridor ☐ *MAF247*

Grunting ☐ *MAF248*

COR: Murmur ☐ *MAF249*   Pulse/minute: ☐☐☐ *MAF250*

Codes for *MAF247-MAF262* (Abdomen, Genitalia and Spine):   No=1   Yes=2   Deferred=8   N/A=9

Abdomen: Distended   ☐ *MAF252*

Protruded   ☐ *MAF253*

Hepatomegaly   ☐ *MAF254*

Splenomegaly   ☐ *MAF255*

Genitalia: Large testes   ☐ *MAF256*   If yes to any, describe: _____

Undescended testicles ☐ *MAF257*

Hypospadius/epispadius ☐ *MAF258*

Vaginal infection   ☐ *MAF259*

Spine: Kyphosis   ☐ *MAF260*

Scoliosis   ☐ *MAF261*

Spinal dysraphism   ☐ *MAF262*

Extremities: (Arms, Legs & Feet)

Codes for *MAF 263-MAF272 (Extremities)*:
All normal=1
Right arm=2
Left arm=3
Both arms=4
Right leg/foot=5
Left leg/foot=6
Both legs/feet=7
One arm and one leg/foot=8
Both arms and legs/feet=9

Numbness   ☐ *MAF263*

Wasting   ☐ *MAF264*

Abnormal Angulation/ Club feet   ☐ *MAF265*

Contracture   ☐ *MAF266*

Absent   ☐ *MAF267*

Atrophy   ☐ *MAF268*

Gangrene   ☐ *MAF269*

Discolouration   ☐ *MAF270*

Knock knee   ☐ *MAF271*

Bowed legs   ☐ *MAF272*

Codes for *MAF273-MAF282* (Hands):	Both normal=1	Right hand=2	Left hand=3	Both hands=4

Hands:

Numbness	☐ MAF273	Short fingers	☐ MAF278
Hyperkeratosis	☐ MAF274	Fisting	☐ MAF279
Absent	☐ MAF275	Palmar crease	☐ MAF280
Partially Absent	☐ MAF276	Polydactyly	☐ MAF281
Extra Digits	☐ MAF277	Syndactyly	☐ MAF282

Additional comments on the physical examination: _____

_____

_____

Physician:

For any reason was this an *inadequate* physical examination of the child?   ☐ MAF283

Codes: 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. Dysmorphisms (according to algorithm): **1=Yes, 2=No, 3=Don't Know**   ☐ MAF625

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

4. Palmar pallor: **1=No pallor, 2=Some pallor, 3=severe pallor, 4=Unknown**   ☐ MAF627

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

6. Stigmata of neurocutaneous syndromes(**ash-leaf spots, café-au-lait spots, etc.**) **1=No, 2=Yes** ☐ MAF638

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

   If yes, specify:_____

8. Other (Specify_____) **1=No, 2=Yes** ☐ MAF640

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?

Codes: No=1   Yes=2

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

MOTOR EXAM:

Mobility/Gait: ☐ *MAF285*

Codes:	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

MANUAL DEXTERITY: (Observed during observation of function)

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

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

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):

Hypotonia: Right Arm ☐ *MAF290*   Hypertonia: 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 reflexes at biceps, knees and ankles:

Reflexes Completely Absent: Right Arm ☐ *MAF301*   Reflexes Exaggerated: Right Arm ☐ *MAF305*

Left Arm ☐ *MAF302*   Left Arm ☐ *MAF306*

Right Leg ☐ *MAF303*   Right Leg ☐ *MAF307*

Left Leg ☐ *MAF304*   Left Leg ☐ *MAF308*

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

Is there any evidence of: Proximal muscle weakness?   ☐ *MAF309*

Distal muscle weakness?   ☐ *MAF310*

Does the child have cerebral palsy?   ☐ *MAF311*

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

(see MAF procedure manual for coding)

CRANIAL NERVES
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_____

CEREBELLAR FUNCTION
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_____

SENSORY EXAM:
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
1
Additional comments on the neurological examination: _____

Summary of Neurological Exam Codes: No=1   Yes=2   Unknown=8

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

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

Other?
(Specify_____)   ☐ MAF659

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)

Child's height (cm)	☐☐☐.☐	*MAF314*	*QC*	☐☐☐.☐
Child's weight (kg)	☐☐☐.☐	*MAF315*	*QC*	☐☐☐.☐
Child's head circumference (cm)	☐☐☐.☐	*MAF316*	*QC*	☐☐☐.☐
Child's mid-upper-arm circumference (cm)	☐☐☐.☐	*MAF317*	*QC*	☐☐☐.☐
Adult's height (cm)	☐☐☐☐	*MAF318*	*QC*	☐☐☐.☐
Adult's weight (kg)	☐☐☐☐	*MAF319*	*QC*	☐☐☐.☐
Adult's head circumference (cm)	☐☐☐.☐	*MAF320*	*QC*	☐☐☐.☐
Adult's mid-upper-arm circumference (cm)	☐☐☐.☐	*MAF321*	*QC*	☐☐☐.☐

VI. ASSESSMENT OF THE ADULT *(Complete for all adults)*
A. HISTORY

> Interviewer:
> For MAF 572-588, ask the caregiver about his or her own health in the past 6 months.
> **Use codes : Yes=1   No=2   Unknown=8.**

Have you had any of the following symptoms **in the past 6 months**:

Weight loss?	☐	*MAF572*
More than 30 days of diarrhoea?	☐	*MAF573*
More than 30 days of fever?	☐	*MAF574*
A cough for more than 30 days?	☐	*MAF575*

Have you **ever** had any of the following conditions:

Severe rash over most of your body?	☐	*MAF576*
Herpes Zoster (Shingles)?	☐	*MAF577*
Thrush?	☐	*MAF578*
Swollen glands in more than one place?	☐	*MAF579*
Tuberculosis?	☐	*MAF580*
Severe pneumonia?	☐	*MAF581*
Meningitis?	☐	*MAF582*
Cancer?	☐	*MAF583*

ADMISSION TO HOSPITAL IN PAST 6 MONTHS

Have you been admitted to hospital **in the past 6 months?**	☐	*MAF584*
If yes, reason for admission: _____		*MAF585*

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

Do you have any chronic illness (Diabetes, Hypertension etc.)? ☐ *MAF586*

    If yes, specify: _____ *MAF587*

Have you **ever** been tested for HIV? ☐ *MAF588*

    If **yes**,

      When were you last tested? ☐☐ / ☐☐ / ☐☐☐☐ *MAF589*

      What were the results? **(1=Pos, 2=Neg, 3=Unknown)** ☐ *MAF590*

      What was your last CD4 count? ☐☐☐ *MAF591*

      Are you currently receiving any treatment for HIV? ☐ *MAF592*

> **Interviewer:**
> **For MAF 593-596:** If yes to *MAF592* <u>and</u> adult is unable to name medicine, use visual tool provided to obtain response. If adult does not recognize medicines in visual tool, leave space provided blank.

    If yes, name the medication:

        _____*MAF593*

        _____*MAF594*

        _____*MAF595*

        _____*MAF596*

Are you taking any other medication? ☐ *MAF597*

    If yes, name the medication

        _____*MAF598*

        _____*MAF599*

        _____*MAF600*

> **Interviewer:**
> **For MAF 322:** enter N/A=9, if caregiver being interviewed is male

Are you currently pregnant? ☐ *MAF322*
    <u>Codes:</u> No=1 Yes=2 Don't know=8 N/A=9

B. EXAMINATION FOR PURPOSES OF STAGING

Does the adult appear ill or unhealthy? ☐ *MAF323*
    <u>Codes:</u> mother passed away=0 No=1 Yes, not quite healthy=2
           Yes, appears ill=3 Mother not present=9 Uncertain=8

Rate the presence of the following conditions:
Codes: No = 1 Yes = 2 Don't Know = 3

<u>General:</u> Jaundice *MAF601* Cyanosis *MAF604*

      Pallor ☐ *MAF602* Oedema *MAF605*

      Clubbing *MAF603* Lymphadenopathy ☐ *MAF606*

> **Interviewer:**
> **For MAF 607:** enter N/A=8, If caregiver being interviewed is not HIV positive or HIV status unknown

Signs and symptoms that correspond to WHO HIV Clinical staging criteria: ☐ *MAF607*

<u>**Codes:**</u> Stage 1=1; Stage 2=2; Stage 3=3; Stage 4=4; Unknown=5 Not Applicable= 8

Reason for staging: _____*MAF608*

VII. HEARING ASSESSMENT

OAE & Tympanometry Form

Child's Name: _____   Child's ID: _____

Child's Age: _____   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* *Final Result* *OAE1* 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 Printed Label Not Available, Enter Results Below – Mid-level physician/professional only*	*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: _____)

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 - LEFT EAR
Place Label Below if Available - *If Printed Label Not Available, Circle One* *Final Result* *OAE1* 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 Printed Label Not Available, Enter Results Below – Mid-level physician/professional only*	*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: _____)

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

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*

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

IX. SUMMARY OF INVESTIGATIONS (For Results at time of assessment only)
For the child:

Hemoglobin   ⬚⬚.⬚ g /dL   *MAF611*

HIV Testing   (1=Pos, 2=Neg, 3=Discordant, 4=Declined 5=consent pending)   ⬚ *MAF612*

If declined test, specify reason _____

     CD4 Count

        Date done   ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚   *MAF613*

        Result (with date)   ⬚⬚⬚   ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚   *MAF614*

Clinical staging: ⬚   *MAF615*
Codes: Stage 1=1;   Stage 2=2;   Stage 3=3;   Stage 4=4;   Unknown=5

Reason for staging: _____   *MAF616*

For the Caregiver:

HIV Testing   (1=Pos, 2=Neg, 3=Discordant, 4=Declined , 5=consent pending)   ⬚ *MAF617*

If declined test, specify reason _____

CD4 Count

        Date done   ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚   *MAF618*

        Result (with date)   ⬚⬚⬚   ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚   *MAF619*

Clinical staging: ⬚   *MAF620*
Codes: Stage 1=1;   Stage 2=2;   Stage 3=3;   Stage 4=4;   Unknown=5

Reason for staging: _____   *MAF621*

DIGITAL PICTURE OF CHILD WITH CAREGIVER:

Permission for photograph to be taken by caregiver: _____
                                          Signature and Name

Picture taken: DD / MM / YYYY
Time: ⬚⬚ **H** ⬚⬚
Code for picture on camera: _____

Picture saved on computer: Yes ⬚   No ⬚

When saved on computer add unique study id to name with camera code!

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.
2. Secondly identify any existing limitations in activity or restriction in participation.
3. With this information, provide a detailed description of the impairments noted.
4. Utilize the appropriate ICF-CY chapters with qualifiers.

Hfy discussion?

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*
d8. MAJOR LIFE AREAS	☐ *MAF683*
d9. COMMUNITY, SOCIAL AND CIVIC LIFE	☐ *MAF684*

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

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

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

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?

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*

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*	

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 No Yes DK *MAF700*	_____ *MAF701* ☐☐☐.☐ *MAF702*	☐☐☐☐☐.☐☐☐ *MAF703*	☐ *MAF704*	☐ *MAF705*

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

XIII. SUMMARY OF REFERRALS   (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*		