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**Collection:** LOGIN  
**Contains:** DATSTAT\_ALTPID



**Salud Mesoamerica Initiative (SMI)**  
**Login page for the Health Facility Survey**

**Question:** DATSTAT\_ALTPID  
**Required**



ID:

**Collection:** MEDICAL\_RECORD\_REVIEW  
**Contains:** MRR\_LOG\_IN, MRR\_DEV

**Medical Record Review**

**Collection:** MRR\_LOG\_IN  
**Contains:** MRR\_DATE, MRR\_INTERVW\_ID1, MRR\_INTERVW\_ID2, DISTRICT\_ID, MRR\_TYPE\_UNIT, FACILITY\_ID2, MRR\_DISTRICT\_ID, MRR\_CHLD\_DOB, MRR\_CHLD\_DOB\_TIME, MRR\_CHLD\_ENROLLMENT, MRR\_CHLD\_SERVICES, MRR\_CHLD\_SERVICES\_AGE, MRR\_CHLD\_FORM, MRR\_DEW\_HAVE

**Question:** MRR\_DATE  
**Required**



1. Today's Date:

 (DD/MM/YYYY)

**Question:** MRR\_INTERVW\_ID1  
**Required**



2. Interviewer ID 1:

**Question:** MRR\_INTERVW\_ID2



3. Interviewer ID 2:

**Question:** DISTRICT\_ID  
**Required**

Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	



4. District of health facility:

- ☐ Orange Walk  
☐ Corozal District  
☐ Cayo District  
☐ Other

**Question:** MRR\_TYPE\_UNIT  
**Required**

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit/ Polyclinic	
2	Community Hospital	
3	Regional Hospital	



5. What type of health facility is this?

- ☐ Health Clinic / Health Post / Mobile Unit/ Polyclinic  
☐ Community Hospital  
☐ Regional Hospital

**Question:** FACILITY\_ID2


Scale Summary		
Code	Label	Show-If
1		
2		
3		
4		
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97		
98		
99		
100		

[illegible]

- 
- | Response Category    | Percentage (%) |
|----------------------|----------------|
| Other (specify):     | 0              |
| Parents              | 5              |
| Teachers             | 10             |
| Religious leaders    | 10             |
| Law enforcement      | 15             |
| Healthcare providers | 15             |
| Media                | 15             |
| Politicians          | 20             |
| Business leaders     | 20             |
| Scientists           | 20             |
| Artists              | 20             |
| Writers              | 20             |
| Actors               | 20             |
| Musician             | 20             |
| Journalists          | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
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| Social workers       | 20             |
| Therapists           | 20             |
| Counselors           | 20             |
| Coaches              | 20             |
| Trainers             | 20             |
| Managers             | 20             |
| Executives           | 20             |
| Entrepreneurs        | 20             |
| Investors            | 20             |
| Bankers              | 20             |
| Real estate agents   | 20             |
| Insurance agents     | 20             |
| Lawyers              | 20             |
| Doctors              | 20             |
| Nurses               | 20             |
| Pharmacists          | 20             |
| Psychologists        | 20             |
| Social workers       | 20             |

**Question:** MRR\_DISTRICT\_ID  
**Required**

Scale Summary		
Code	Label	Show-If
2001	Orange Walk	
2002	Corozal District	
2004	Cayo District	
995	Other	


 7. What district is the child from?

- ☐ Orange Walk  
☐ Corozal District  
☐ Cayo District  
☐ Other

**Question:** MRR\_CHLD\_DOB

**Required**

Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded:	


 8. What is the child's date of birth:

- ☐ Date: (DD/MM/YYYY)   
☐ Not recorded:

**Question:** MRR\_CHLD\_DOB\_TIME

**Required**

Scale Summary		
Code	Label	Show-If
1	Time:	
-1	Not recorded:	


 9. What is the child's time of birth:

- ☐ Time: (HH:MM)   
☐ Not recorded:

**Question:** MRR\_CHILD\_ENROLLMENT

**Required**


Scale Summary		
Code	Label	Show-If
1	Date:	
-1	Not recorded:	

 10. Date of enrollment for child services/booking clinic

- ☐ Date:  (DD/MM/YYYY)  
☐ Not recorded

**Question:** MRR\_CHILD\_SERVICES


**Required**

 11. Please record the health care services that the baby received within seven days of birth

**Question:** MRR\_CHILD\_SERVICES\_AGE

**Required**

Scale Summary		
Code	Label	Show-If
1	Less than 1 week (<= 7 days)	
2	1-2 weeks	
3	2 weeks to a month	
4	After 1 month	
-1	Not recorded	


 12. At what age was the child enrolled in child services/booking clinic?

- ☐ Less than 1 week (<= 7 days)  
☐ 1-2 weeks  
☐ 2 weeks to a month  
☐ After 1 month  
☐ Not recorded

**Question:** MRR\_CHILD\_FORM

**Required**

Scale Summary		
Code	Label	Show-If
1	Previous version (includes a chart on brothers and sisters)	
2	Current version (includes chart with age of child)	

 13. Which version of the record are you reviewing?


- ☐ Previous version (includes a chart on brothers and sisters)  
☐ Current version (includes chart with age of child)

**Question:** MRR\_DEW\_HAVE

**Required**

**Show if:** (MRR\_CHILD\_FORM = 2:[Current version (includes chart with age of child)])

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 14. Has the child ever received deworming treatment?

- ☐ Yes  
☐ No

**Collection:** MRR\_DEV  
**Contains:** MRR\_DEV\_

### Growth and Development

Please identify the medical record of children 0-59 months during the last 2 years and check if the following is recorded:

**Collection:** MRR\_DEV  
**Contains:** MRR\_GROW\_DATE, MRR\_GROW\_DATE\_RECENT, MRR\_GROW\_ADM\_SEX, MRR\_GROW\_ADM\_WEIGHT, OLD\_FORM, NEW\_FORM, MRR\_GROW\_NUM, GROW\_DEV, MRR\_GROW\_BF, MRR\_GROW\_HYPER, MRR\_GROW\_DIA, MRR\_GROW\_HD, MRR\_GROW\_CANCER, MRR\_GROW\_ALLERGY, MRR\_GROW\_EPI, MRR\_GROW\_SICKLE, MRR\_GROW\_CHART, MRR\_GROW\_REFFROM, MRR\_GROW\_REFFROM\_DATE, MRR\_GROW\_REFFROM\_TIME, MRR\_GROW\_REFFROM\_NAME, MRR\_GROW\_REFFROM\_TYPE

Check if the following was recorded in the medical chart

**Question:** MRR\_GROW\_DATE  
**Required**

Scale Summary		
Code	Label	Show-If
1	Date	
-1	Not recorded	



15. Date of first vist

- ☐ Date  (DD/MM/YYYY)  
☐ Not recorded

**Question:** MRR\_GROW\_DATE\_RECENT  
**Required**

Scale Summary		
Code	Label	Show-If
1	Date	
-1	Not recorded	



16. Date of most recent visit

- ☐ Date  (DD/MM/YYYY)  
☐ Not recorded

**Question:** MRR\_GROW\_ADM\_SEX  
**Required**

Scale Summary		
Code	Label	Show-If
1	Male	
2	Female	
-1	Not recorded	



17. Please record the sex of the baby:

- ☐ Male  
☐ Female  
☐ Not recorded

**Question:** MRR\_GROW\_ADM\_WEIGHT  
**Minimum checks:** 1



18. Please record the weight of the baby at birth:

- ☐ Weight (in grams)   
☐ Weight (in kilograms)   
☐ Weight (in pounds)   
☐ Weight (in ounces)   
☐ Not recorded

**Collection:** OLD\_FORM  
**Contains:** MRR\_CHILD\_VITA, MRR\_CHILD\_IRON, MRR\_CHILD\_MULTI, MRR\_CHILD\_FOLIC, MRR\_CHILD\_DEWORM  
**Show if:** (MRR\_CHILD\_FORM = 1:[Previous version (includes a chart on brothers and sisters)])

**Question:** MRR\_CHILD\_VITA  
**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	



19. Did the child ever receive Vitamin A?

- ☐ Yes  
☐ No

Check if Vitamin A was ever administered. Please specify the units (mg, g, etc.) that was given.

**Custom Layout Question:** MRR\_CHILD\_VITA\_ADMIN




20. Date (DD/MM/YYYY)

Dose

<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose
<input type="text"/>	<input type="text"/>	dose


**Question:** MRR\_CHILD\_IRON**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 21. Did the child ever receive Iron?

- ☐ Yes  
☐ No

Check if Iron was ever administered. Please specify the units (mg, g, etc.) that was given.


**Custom Layout Question:** MRR\_CHILD\_IRON\_ADMIN 22. Date (DD/MM/YYYY)

Dose

		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose


**Question:** MRR\_CHILD\_MULTI**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 23. Did the child ever receive multivitamins?

- ☐ Yes  
☐ No

Check if Multivitamins were ever administered. Please specify the units (mg, g, etc.) that was given.


**Custom Layout Question:** MRR\_CHILD\_MULTI\_ADMIN 24. Date (DD/MM/YYYY)

Dose

		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose


**Question:** MRR\_CHILD\_FOLIC**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 25. Did the child ever receive folic acid?

- ☐ Yes  
☐ No

Check if Folic acid was ever administered. Please specify the units (mg, g, etc.) that was given.

**Custom Layout Question:** MRR\_CHILD\_FOLIC\_ADMIN 26. Date (DD/MM/YYYY)

Dose

		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose
		dose

dose

**Question:** MRR\_CHILD\_DEWORM

**Required**

Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

27. Did the child ever receive deworming treatment?

- ☐ Yes  
☐ No

Check if Deworming treatment was ever administered. Please specify the units (mg, g, etc.) that was given.

**Custom Layout Question:** MRR\_CHILD\_FOLIC\_DEWORM

28. Date (DD/MM/YYYY)      Dose      Type

<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>
<input type="text"/>	<input type="text"/>	dose <input type="text"/>

**Collection:** NEW\_FORM

**Contains:** MRR\_GROW\_AGEVISIT

**Show if:** (MRR\_CHILD\_FORM = 2:[Current version (includes chart with age of child)])

**Question:** MRR\_GROW\_AGEVISIT

**Minimum checks:** 1

29. Which appointments has the child attended?

- ☐ 6 month  
☐ 1 Year  
☐ 1 1/2 Years  
☐ 2 Years  
☐ 2 1/2 Years  
☐ 3 Years  
☐ 3 1/2 Years  
☐ 4 Years  
☐ 4 1/2 Years  
☐ None

Check if the following was recorded for the **6 month appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_6MO

30. Age      Date      Vitamin A      Multivitamins      Iron      Albendazole      Mebendazole

(DD/MM/YYYY) administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)

6 months.....

dose      dose      dose      dose      dose

Check if the following was recorded for the **1 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_1YR

31. Age      Date      Vitamin A      Multivitamins      Iron      Albendazole      Mebendazole

(DD/MM/YYYY) administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)

1 Year.....

dose      dose      dose      dose      dose

Check if the following was recorded for the **1 1/2 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_1HALFYR

32. Age      Date      Vitamin A      Multivitamins      Iron      Albendazole      Mebendazole


(DD/MM/YYYY) administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)      administered (Y/N)

1 1/2 Years.....

dose      dose      dose      dose      dose


Check if the following was recorded for the **2 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_2YR

	33. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose


Check if the following was recorded for the **2 1/2 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_2HALFYR

	34. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	2 1/2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose


Check if the following was recorded for the **3 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_3YR

	35. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	3	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose


Check if the following was recorded for the **3 1/2 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_3HALFYR

	36. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	3 1/2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose


Check if the following was recorded for the **4 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_4YR

	37. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	4	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose


Check if the following was recorded for the **4 1/2 year appointment** in the medical chart. Please specify the units (mg, g, etc.) of each medication that was given.

**Custom Layout Question:** MRR\_GROW\_DEV\_4HALFYR

	38. Age	Date	Vitamin A	Multivitamins	Iron	Albendazole	Mebendazole
		(DD/MM/YYYY)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)	administered (Y/N)
	4 1/2	<input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	Years.....		dose	dose	dose	dose	dose

Please record if the following is found anywhere in the record

**Custom Layout Question:** MRR\_GROW\_DEW3

	39. Vaccine	Number of times administered	1st date administered (DD/MM/YYYY)	2nd date administered (DD/MM/YYYY)	3rd date administered (DD/MM/YYYY)	4th date administ (DD/MM/YYYY)
	Anti-TB (BCG)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	MMR	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT/Hib/HepB	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	DPT booster	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	HepB (alone)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Influenza	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV/IPV/Poliomyelitis	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	OPV/IPV/Poliomyelitis Booster	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Rotavirus	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Pneumococcal conjugate vaccine	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Question Block:** MRR\_GROW\_NUM

**Contains:** MRR\_GROW\_NUM\_VISIT

**Required**

Scale Summary		
Code	Label	Show-If
0	None	
1	One	
2	Two	
3	Three	
4	Four	
5	Five	
6	Six	
7	Seven	
8	Eight	

9	Nine	
10	Ten	
11	Eleven	
12	Twelve	
13	Thirteen	
14	Fourteen	
15	Fifteen	
16	Sixteen	
17	Seventeen	
18	Eighteen	
19	Nineteen	
20	Twenty	

40. Please record the number of visits in the medical record

Total visits: -- Select one --

**Collection:** GROW\_DEV

**Contains:** Show if: (DATE\_YEAR > 2015) or ((DATE\_YEAR = 2015) and (DATE\_MONTH > 9))

Please record the information for the **first** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_1STAPPT

41. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **second** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_2NDAPPT

42. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **third** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_3RDAPPT

43. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **fourth** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_4THAPPT

44. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **fifth** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_5THAPPT

45. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **sixth** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_6THAPPT

46. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **seventh** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_7THAPPT

47. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **eighth** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_8THAPPT

48. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?

Please record the information for the **ninth** appointment:


**Custom Layout Question:** MRR\_GROW\_DEW\_9THAPPT

49. Date Weight Weight (value) Height Height (value) Feeding  
(DD/MM/YYYY) recorded? recorded?


Please record the information for the **tenth** appointment:

**Custom Layout Question:** MRR\_GROW\_DEW\_10THAPPT




 50. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **eleventh** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_11THAPPT

 51. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **twelfth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_12THAPPT

 52. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **thirteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_13THAPPT

 53. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **fourteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_14THAPPT

 54. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **fifteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_15THAPPT

 55. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **sixteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_16THAPPT

 56. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **seventeenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_17THAPPT

 57. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


Please record the information for the **eighteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_18THAPPT

 58. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please record the information for the **nineteenth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_19THAPPT


 59. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please record the information for the **twentieth** appointment:**Custom Layout Question:** MRR\_GROW\_DEW\_20THAPPT

 60. Date	Weight	Weight (value)	Height	Height (value)	Feeding
(DD/MM/YYYY)	recorded?		recorded?		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Question:** MRR\_GROW\_BF  
**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	
-1	Not recorded	

 61. Was the baby exclusively breastfed?
---

- ☐ Yes  
☐ No  
☐ Not recorded

**Question:** MRR\_GROW\_HYPER**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 62. Does the child have a family history of hypertension?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_DIA**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 63. Does the child have a family history of diabetes?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_HD**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 64. Does the child have a family history of heart disease?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_CANCER**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 65. Does the child have a family history of cancer?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_ALLERGY**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 66. Does the child have a family history of allergies?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_EPI**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 67. Does the child have a family history of epilepsy?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_SICKLE**Required**


Scale Summary		
Code	Label	Show-If
1	Yes	
0	No	

 68. Does the child have a family history of sickle cell?

- ☐ Yes  
☐ No

**Question:** MRR\_GROW\_CHART**Required**

Scale Summary		
Code	Label	Show-If
1	Yes, fully complete for the child's age	
2	Yes, partially complete for the child's age	
0	No, not complete	
-1	Not found in the record	

 69. Was the weigh-for-age chart completed for the child?

- ☐ Yes, fully complete for the child's age  
☐ Yes, partially complete for the child's age

- ☐ [REDACTED]
- ☐ [REDACTED]


- ☐ 
- ☐ 
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- ☐ 
- ☐ 
- ☐ Other (specify):
- ☐ Not recorded

**Question:** MRR\_GROW\_REFFROM\_TYPE

**Required**

**Show if:** (MRR\_GROW\_REFFROM = 1:[Yes])

Scale Summary		
Code	Label	Show-If
1	Health Clinic / Health Post / Mobile Unit	
2	Community Hospital	
3	Regional Hospital	
995	Other (specify)	
-1	Not recorded	

 74. Type of unit the baby was referred to

- ☐ Health Clinic / Health Post / Mobile Unit
- ☐ Community Hospital
- ☐ Regional Hospital
- ☐ Other (specify)
- ☐ Not recorded

**Question:** COMMENT\_LBW

 75. Enter relevant comments about this section

**You have reached the end of the survey.**

Please click the button 'submit' to send your responses and close the survey. No revisions to the responses can be made after clicking 'submit'.

If you believe you have reached this page in error, please click 'Previous' and revise your responses as necessary.

Thank you for your time today.

