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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Adolescent Nutrition Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

Instruction for Adolescent Nutrition Register

Location information to be completed at front of the registry

Region	Write region name where the facility is located
Zone/Sub-City /Woreda	Write Zone/Sub-City /Woreda name where the facility is located.
Name of Health Facility	Write the name of the health facility where the service was provided.
Register begin date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Write the date of the last entry in the register, written as (EC) Day / Month / Year(DD/MM/YY)

Col. Number	Data Elements	Description
1	S.N	Sequential serial number in registration book; to be entered on client's registration card for later identification in the register
2	MRN	Write Medical Record Number(MRN)
3	Child full name	Write full name of the Adolescent
4	Woreda/ Kebele	Write Woreda in upper row and Kebele in the lower row
5	Gott/Ketena	Write Gott or ketene
6	Age (MM)/Sex (M/F)	Write the exact age of the Adolescents in complete Year(YY) in upper row and Adolescents Sex: M=Male; F= Female in the lower row
7	Dose_1(DD/MM/YY)	Write de-worming Dose 1 received date ,month and year like (DD/MM/YY) in Ethiopian calendar year
8	Dose_2(DD/MM/YY)	Write de-worming Dose 2 received date month and year like (DD/MM/YY) in Ethiopian calendar year
9	Nutritional Screening	<p>Nutrition screening status</p> <p>1.Date of Visit: Write Day only in the month</p> <p>2. BMI: calculate BMI = age weight in Kg divided by height in m² (Kg/m²)</p> <p>3. Classification code</p> <p>Normal(N): BMI 18.5-24.9, Under weight(U) : BMI 16-18.5 , Overweight (O): BMI 25-29.9 , Obese(Ob) : BMI 30-39.9 Very obese(VOb): BMI >=40)</p>
10-21	Month	Write the date of visit in DD form ,BMI and code of nutritional screening classification
22	Weekly Iron Folic Acid(IFA)	
23-47	W1 w2 w3 w4	Write Date (DD/MM/YY) in Ethiopian format for each week in month W1 stands for week one and
47	Remark	Write any point that is relevant but not recorded in any column above

Count Dose 1

Count Dose 2

Count :

Normal(N)

Under Weight(U)

Over Weight(O)

Obes(Ob)

Very Obes(VOb)

Count:

Adolsecent who received IFA tablets for four conscuative weeks in the reporting period