

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	Nutrition screening status 1. Date of Visit: Write Day only in the month 2. BMI: calculate BMI = age weight in Kg divided by height in m² (Kg/m²) 3. Classification code 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
10-21	Month	>=40) 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



Adolescent Nutrition Register

								_													_	0						_							_								
		Personal Identif				Dewo	rming			Nutri	tion Scr	eening	for a	doles	cent					_	Mor	nth_		_ N	Iontl	h		Mo	nth_		_ N	(Iont	h		Moı	nth_		_ N	Month		_		
.N	MR	N Full Name	Woreda / Kebele	Got or Keten	Age/ Sex- (F/M)	Dose-1 (DD/MM/ YY)	Dose-2 (DD/MM YY)	/ Nutritional Screening	Ham	Neh	Mes T	ik Hid	d Th	as Ti	ir Ye	k Me	eg Mi	iaz G	inb Sen	Week- ly_IFA	W1	W2	W3 V	W4 W	/1 W	2 W	3 W4	W1	W2	W3 W	4 W	71 W	72 W3	3 W4	W1	W2 N	W3 W	/4 W	V1 W2	W3 W	74	Remark	
L	2	3	4	5	6	7	8	9	10	11	12 1	13 14	1	5 1	6 17	7 18	8 1	9 2	20 21	22	23	24	25 2	26 2	7 28	8 29	9 30	31	32	33 3	4 3	5 3	6 37	38	39	40	41 4	2 4	3 44	45 4	6	47	
						Date of Visit (Write Day only)																																					
								BMI for age												Date (DD/ MM/YY)																							
								Classification write code (N,U,O, Ob,Vob)																																			
						Date of Visit (Write Day only)																																					
								BMI for age												Date (DD/ MM/YY)	,																						
								Classification write code (N,U,O, Ob,Vob)																																			
								Date of Visit (Write Day only)													ate (DD/ IM/YY)			Ť																		I	
								BMI for age												Date (DD/ MM/YY)																							
								Classification write code (N,U,O, Ob,Vob)																																			
								Date of Visit (Write Day only)																																			
								BMI for age								_				Date (DD/ MM/YY)	Date (DD/ MM/YY)																						
								Classification write code (N,U,O, Ob,Vob)																																			
								Date of Visit (Write Day only)	,																																		
								BMI for age												Date (DD/ MM/YY)	Oate (DD/ MM/YY)																						
								Classification write code (N,U,O, Ob,Vob)																																			
								Date of Visit (Write Day only)																																		-	
								BMI for age												Date (DD/ MM/YY)																							
							Classification write code (N,U,O, Ob,Vob)																																				
		·		i		<u></u>	+	+	î			Î					1		1	Î										Î		ĺ		î			î		•				
							Count Dose 2	Count :		_										Count:	$\overline{\downarrow}$			-		<u> </u>			Ţ			<u></u>			,		$\overline{\downarrow}$	-		$\overline{\bot}$	_		
								Normal(N)								tab	lets f	or fou	no receiv ur consc eporting	uative																							
								Under Weight(U)											,						_	_						_	_			_							
								Over Weight(O)																																			
								Obes(Ob)		1																																	

Very Obes(VOb)