FACILITY LBW

																			FACILITY FOLLOW-UP VISITS												FINAL BABY OUTCOME				
	AT ENROLLMENT													AT FACILITY DISCHARGE							1st Follow-up Visit at Facility			2nd Follow-up Visit at Facility				3rd Follow-up Visit at Facility			4th Follow-up Visit at Facility				
New or continuing KMC?	LBW / KMC Number	Mother's name	Babv's name	Village / Address	Name of HSA	HSA phone number	Baby date of birth	Birth Weight	Date of admission to HF	Weight on Admission if referred	Date KMC Started	Weight KMC Started	Type of KMC	Vital status at discharge from facility (alive / dead)	date of discharge or date of death	Was PNC explained & conducted before discharge?		discharge reported to HSA? Y/N		nearest HF	Date	Weight N	lext Visit	Date	Weight	Next Visit	Date	Weight	Next Visit	Date	Weight	Next Visit	1: alive, 2:died, 3: not available permanently, 4: form never submitted	date of wei	
																																		#	
																																		Ħ	
																																		++	