



Inshuti Mu Buzima

INFANT NUTRITIONAL ASSESSMENT

Date: _____

Name Mother:	Name Child:
Address:	Date enrolled: _____
Mother ID#: F _____	Child ID#: F _____

Mother ID#: F _____	Child ID#: F _____
1. Infant date of birth: _____	
2. Height: _____ cm	Weight-for-height percentile: <input type="checkbox"/> <70% <input type="checkbox"/> 70-80% <input type="checkbox"/> >80%
3. Weight: _____ kg	
4. Signs of Kwashiorkor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<i>Kwashiorkor</i> Please mark symptom in box if present: <input type="checkbox"/> Edema: feet, generalized (face) <input type="checkbox"/> Abdominal distension secondary to poor abdominal musculature <input type="checkbox"/> Dry peeling skin with raw exposed areas (flaking paint) <input type="checkbox"/> Hair is thin, sparse, brittle, easily pulled out, and turns a dull brown or reddish color <input type="checkbox"/> Poor or lack of appetite <input type="checkbox"/> Lethargic, miserable, apathetic	