ANNEXURE : 3

EPIDEMIOLOGICAL STUDY

PROFORMA FOR CHILDREN WITH HISTORY OF MEASLES

Serial No.	Area	Date of first visit: Date of follow up visit:
Name.		
Birth date:	Age:	
Weight on first visit [.] Weight on follow up visit: Symptoms.	kg kg	PEM grade PEM grade. Duration (Days)
Fever . Rash [.] Coryza [.] Redness of eyes. Cough with fever and/or breathlessness: Diarrhoea:		
Treatment taken		
If yes, when, in relation to fever: Beliefs regarding causation: Beliefs regarding treatment.		
Complications: Bronchopneumonia. Diarrhoea:		
Otitis media: Others:		