Ministry of Health & Family Welfare
Government of India
Rashtriya Bal Swasthya Karyakram (RBSK)
Screening and Referral Tool for Children (0 - 6 years)

Preliminary Particulars

District/Block:	**Mobile Health Team ID**	**Name of AWC**	**AWC ID**	
Name of ASHA & Contact no:	**ASHA ID**	**Name of Father/Guardian:**	**Name of Mother:**	**Contact no.**
Name of Child:		***Age of Child (in months / years)**	**Gender (M/F)**	**M** ☐ **F** ☐
MCTS No. (16 Digit)			**AADHAAR No.**	
Unique ID (16 Digit)				

Weight (in kg):			**Height/Length (in cm.):**			**Head Circumference (in cm):**			***MUAC (in cm) :** only in 6-60 months and whose weight is < 2SD:
Weight for age classification, Refer chart in Job Aids			**Height for age classification,** Refer chart in Job Aids			**Head Circumference classification** Refer chart in Job Aids			
Normal ☐	**<-2SD** ☐	**<-3SD** ☐	**Normal** ☐	**<-2SD** ☐	**<-3SD** ☐	**Normal** ☐	**<-2SD** ☐	**> + 2SD** ☐	**MUAC classification : Refer chart in Job Aids**
Weight for length/ height classification Refer chart in Job Aids			**Normal** ☐	**<-2SD** ☐	**<-3SD** ☐		**Microcephaly**	**Macrocephaly**	**Red** ☐ **Yellow** ☐ **Green** ☐

N.B.* **Age less than 2 years: completed months only * Age more than 2 years: completed years & months**

SCREENING TOOL (FOR AGE: Birth to 6 yrs.)

A. Defects at Birth, If YES Refer

A1: A1a A1b	**Head**: Abnormally large or small in size/shape deformity. Measure, Check, Mark HC **A1a** : <- 2SD ☐ Micro | **A1b** : > +2SD ☐ Macro.		A10	**Features Suggestive of Down's Syndrome** (Refer Pictorial) ***Refer if more than one sign**	☐
A2	**Eyes:** Any visible abnormality i.e. white pupil, Squint (important esp., after 3 months), frequent jerky movements, tilting the head when focusing (important esp. after 6 months)	☐	A10 (a)	**Eye:** Upward slant of eyes (imaginary line extended from the inner canthus to the outer canthus, goes below the outer canthus), and or epicanthic fold	☐
A3	**Ear:** Any abnormality of shape. **** do not refer if isolated finding***	☐	A10 (b)	**Nose:** Depressed Bridge	☐
A 4	**Lips and Palate**: Cleft (One side or both sides)	☐	A10 (c)	**Ears:** Low set Ears (Imaginary line extended from inner to outer canthus and to the ear, passes above ear)	☐
A 5	**Difficulty in sucking and swallowing**, including sweating on forehead while trying to suck/breast feed (sign is especially important if infants is less than 6 months)	☐	A10 (d)	**Palm:** Single crease across center of palm (Simian crease)	☐
A 6	**Neck:** Exceptionally short. **** do not refer if isolated finding***	☐	A10 (e)	**Feet:** Wide gap (cleft) between the great and first toe	☐
A 7	**HIP:** DDH: In case of a female child born through a breech delivery or child walking with a limp or asymmetrical thigh and gluteal skin folds	☐	A 11	**Congenital Heart Disease:** Any loud murmur on the chest or cyanosis on lips or bluish spells or features of congestive cardiac failure (Sweating during feeding, recurrent breathing difficulties, poor weight gain, Exercise intolerance, easy fatigability, bilateral pitting edema)	☐
A 8	**Limbs:** Any deformity/club foot	☐			
A 9	**Spine:** Neural tube defect	☐			

B. Deficiency, If YES Refer

B1	***SAM**: Weight for Height/length: refer if the child is less than- 3 SD as per WHO chart, counsel if <-2 SD. If age< 6 months use Wt. for age and >60 months use BMI**	☐	B4	**Vitamin A Deficiency**: Ask for night Blindness & look for Bitot's spot	☐
			B5	**Vitamin D Deficiency:** Look for Wrist widening / bowing of legs/nodular swelling on the chest.	
B2	**SAM**- Oedema: Bilateral pitting oedema. Child may have skin lesions or thinning hair	☐	B8	**Vitamin B complex Deficiency** : Angular stomatitis , cheilosis , magenta/ fissured/ Raw tongue ;corneal vascularization, malar & supra orbital pigmentation	☐
B3	**Severe anemia**: Look for severe pallor	☐			
B9	**Severe Stunting** : Height for age below minus 3SD (severe stunting) from the median of the WHO Growth chart : Refer and if below minus 2SD (moderate stunting) : Counselling .Stunting starts from pre-conception and is irreversible by the age of 2 years. Associated with underdeveloped brain leading to lasting consequences of mental ability and learning capacity				☐

C. Disease, If YES Refer. N.B. These are suspected but not confirmed

C1	**Convulsive Disorder**-Ask mother if child ever had spells of unconsciousness and fits include momentary blackouts or momentary loss of contact with real world with or without history of sudden falls or sudden jerky contractions.	☐	C4	**Skin Condition**: Does the child have itching on skin (especially at night)/ Look for round or oval scaly patches/pustules in finger webs. Any other lesion on the skin.	☐
C2	**Otitis Media:** Did child have more than 3 episodes of ear discharge in last 1 year/Look for active discharge from ear	☐	C5	**Reactive airway disease:** More than 3 Episodes of increased shortness of breath and difficult breathing and wheezing in the past 6 months	☐
C3	**Dental Condition:** Look for white/brown areas, cavitation, swollen/bleeding/red gums	☐			

* If age< 6 months : <-3 SD (SUW or severe underweight): refer and -2SD to -3SD : MUW. If > 60 months use BMI :< -3SD as SAM & -2SD to - 3SD as MAM

C7	**Childhood Leprosy or HANSEN'S DISEASE: LOOK, ASK & PERFORM?**				
C7.1	Look for Single Localized and discrete lesions or Multiple hypo pigmented patch predominantly on the exposed body parts and not present from Birth. Patch should not be painful, not changing periodically with seasons i.e. appearing or disappearing, is not itchy, is not shedding scales, not preceded by any inflammation or any local Injection and is not dark red, or completely **depigmented.** **if yes:** tick and Refer	☐	**C7.1.1**	**If yes,** Number of lesions present? 1 to 5 lesions ☐ > 5 lesions ☐	
			C7.1.2	**If yes,** lesions type? **Linear** ☐ **Non-linear** ☐ **Raised** ☐ **Flat** ☐	
C7.2	**Ask** for any history **of close contact** with leprosy affected person in the family or immediate neighborhood. **tick if yes**	☐	**C7.3**	**Perform and check for any:** Definite impaired of sensations at the hypo pigmented patch tick if yes	☐
C7.4	**Perform and check for any l**oss of sensation at hands and feet on both sides. **Provided one has ruled out** Neural tube defect and any other neurological problem like Cerebral palsy.				☐
C7	If anyone is positive: refer for Hansen's Disease				☐
Please Note: Differential diagnosis: atopic dermatitis Pityriasis Alba, Pityriasis versicolor, Vitiligo, post inflammatory hypopigmentation, Morphoea, Nevus depigmentosus, Hypopigmented mycosis fungoides. Hypomelanosis of Ito, halo nevus, Linear lesion (tuberous sclerosis &, incontinentia pigmenti)					

C8	**CHILDHOOD TUBERCULAR DISEASE: LOOK, ASK & PERFORM?**				☐
C8.1	a) **Any C**ough for ≥ 10 days : √ b) **Documented fever** for ≥ 10 days (after common causes have been excluded) : √ c) **Documented weight loss or failure to gain weight:**√ d) History of **close contact** with TB : √ e) **Gradually enlarging painless lymph node of size** : ≥ 1.5cm or any cold abscess or chronic sinus anywhere over body *(BCG adenitis occurs on the ipsilateral side as the BCG and mimics TB Lymph Node)* : √		f) **Lack of appetite** (differentiate from food fads) or malnutrition not improving with appropriate diet : √ g) Child **looks ill and/ or lethargic** (less playful than before and/or not interacting with surroundings or parents), and/or has recent altered behaviour for a duration of more than 5 days : √ h) **Convulsions** (try to rule out benign febrile seizure) : √ i) **Recent** Origin **spinal deformity** (Gibbus) : √		☐
	If anyone Yes Tick and then proceed below				
8.1.1	a. History of recent (past 2 year) **close contact** with TB (parents, siblings, close relatives, caregivers, neighbors).	☐	**8.1.2**	a. Altered level of consciousness	☐
				b. Convulsions (Rule out benign febrile seizure)*	☐
	b. History of having **Measles, Varicella** or **whooping cough** in the previous 3 months; or **on steroids** for last 14 days	☐		c. History of Vomiting without diarrhea with or without abdominal distension	☐
				d. Neck stiffness/ rigidity	☐
	c. History of **any one parent showing HIV positive** on testing	☐		e. Check for: Bulging anterior fontanelle esp. when the child in upright position and not crying	☐
	d. History of Documented **weight loss at any age or poor weight gain (no wt. gain for past 1 month** in the first 3 months of life; and no weight gain during the past 3 consecutive months in children aged 3-12 mon.)	☐		f. Check for: Focal neurological deficit after 1 month of life e.g. weakness of one arm or leg or both and/or any abnormal movements of limb(s) appearing after first 1 month of life	☐
	e. History of documented Fever with or without night sweats for ≥10 days after common causes*** have been excluded (fever: >100^{0}F)	☐		g. Check for: Cranial nerve palsy e.g. sudden squint or sudden asymmetry of face appearing after 1 month of life	☐
	f. Malnutrition not improving with supervised diet.	☐	**8.1.3**	Respiratory distress i.e. difficulty in breathing or Persistent cough not responding to common antibiotics** (Non-Fluoroquinolones/ Non-Aminoglycosides) and/or Bronchodilators.	
	g. Arrest or loss of developmental milestones			increased respiratory rate*** ☐ | Presents like Sepsis ☐ | Cough (≥10 days) ☐ | difficult-to-treat pneumonia ☐	☐
8.1.4	Feel: Enlarged lymph nodes in neck especially the posterior triangle (Enlarged only: when in the neck > 1.5 cm and axilla / Inguinal > 2 cm). check for BCG adenitis	☐	**8.1.5**	**Liver and/or spleen enlarged** Isolated liver and spleen enlargement is not due to TB	☐
	Single discrete node ☐ | Multiple matted nodes ☐ | Non-tender & Painless ☐ | Discharging Sinus ☐				
	*Benign febrile seizures are shorter in duration, generalized, among children aged 6mo to 5Y., usually within 24 hrs. of onset of fever, with complete and rapid recovery of consciousness after seizures with similar history in the past or within the family				
	For C8 to be positive then at least any one symtom should be present from C8.1. ; C8.1.2 is postive in CNS TB; C8.1.3 in Pulmonary ; C8.1.4 is positive in T.B. lymph node; C8.1.5 is disseminated TB (with atleast one or more of above, uncommonly as isolated hepatosplenomegaly).				
	** Conventional antibiotics: Amoxycillin, Amoxyclav, co-trimoxazole or cephalosporins. *Please note Fluoroquinolones like Levofloxacin (Lfx), Moxifloxacin (Mfx); and Aminoglycosides like Amikacin (Am); Kanamycin (Km) are all Anti tubercular drugs* ****Respiratory rate: If more than 60 during first month ; more than 50 during 2-12 months.*				

D. Developmental Delays If NO Refer

LOOK, ASK & PERFORM, AS PER AGE: up to 12 months

GM-Gross Motor, FM-Fine Motor, V-Vision, C-Cognition, H-Hearing, Sp-Speech, S-Social

Over 2 months but less than 4 months			Over 4 months but less than- 6 months		
D1.1	Does the child move both arms and both legs freely & equally when awake or when excited? **(GM)**	☐	D 2.1	Does the child hold head erect in sitting position without bobbing i.e. hold her head straight? (while sitting with support, head is held steadily) Refer if head flops or falls back on any one side when child is pulled to sitting position **(GM)**	☐
D1.2	Does the child raise his or her head momentarily when lying face down? **(GM)**	☐			
D1.3	Does the child keep his hands open and relaxed most of the time? (By 3 months) **(FM)**	☐	D 2.2	Does the child reach out for an object persistently? (should use either hands but refer if preference for one hand only) Observe that grasp of the object is in the ulnar side of palm and there is lack of thumb involvement? **(FM)**	☐
D1.4	Does the child respond to your voice or startles with loud sounds or becomes alert to new sound by quietening or smiling? **(H)**	☐			
D 1.5	Does the child coos or able to vocalize other than crying? Like "ooh", "ng" **(S)**	☐	D 2.3	Does the child respond to mother's speech by looking directly at her face? **(H)**	☐
D 1.6	Does the child make eye contact? (Focus their eyes on the eyes of a care giver) **(V)**	☐	D 2.4	Does the child laugh aloud or make squealing sounds? **(Sp)**	☐
D 1.7	Does the child give a social smile? (Reciprocal, responds to mother expression or smile i.e. smile back at you) **(S)**	☐	D 2.5	Does the child follow an object with his or her eyes? (without any visible squint) **(V)**	☐
D 1.8	Does the child suck and swallow well during feeding i.e. without any choking? **(Sp)**	☐	D 2.6	Does the child sucks on hands?	☐

Over 6 months but less than 9 months			Over 9 months but less than 12 months		
D 3.1	Does the child roll over or turn over in either direction? **(GM)**	☐	D 4.1	Does the child sit without any support? **(GM)**	☐
D 3.2	Does the child grasp a small object by using his/her whole hand? (secures it in the center of palm) **(FM)**	☐	D 4.2	Does the child transfer object from hand to hand? **(FM)**	☐
D 3.3	Does the child locate source of sounds? I.e. turns his head or eyes if you whisper from behind? **(H)**	☐	D 4.3	Does the child respond to his or her name? **(H&C)**	☐
D 3.4	Does the child utter consonant sounds like "p" "b" "m"? **(Sp)**	☐	D 4.4	Does the child babble example- "ba", "ba", "da", "ma", "ma"? **(Sp)**	☐
D 3.5	Does your baby watch TV or any toy without tilting his/her head? **(V)**	☐	D 4.5	Does the child avoid bumping into objects while moving? **(V)**	☐
D 3.6	Does the child raise hands to be picked up by parents? **(S)**	☐	D 4.6	Does the child enjoy playing hide-and-seek (peek-a-boo)? **(S)**	☐
D 3.7	Does the child look for a spoon or toy that has dropped? **(C+V)**	☐			

LOOK, ASK & PERFORM, AS PER AGE – 1 year to 2.5 years

GM-Gross Motor, FM-Fine Motor, V-Vision, C-Cognition, H-Hearing, Sp-Speech, S-Social

Over 12 months but less than 15 months			Over 15 months but less than 18 months		
D 5.1	Does the child crawl on hands and knees? **(GM)**	☐	D 6.1	Does the child walk alone **(GM)**	☐
D 5.2	Does the child pickup small objects using thumb and index finger like peas, raisins (kismis) **(FM)**	☐	D 6.2	Does the child play by putting small things or objects into a container? (Cup or Katori) **(FM)**	☐
D 5.3	Does the child stops activity in response to "No" **(H&C)**	☐	D 6.3	Does the child make gestures on verbal request like pointing to objects? (pointing the index finger when asked "Where is the ball" **(FM)**	☐
D 5.4	Does the child say one meaningful word clearly like mama, dada? **(Sp)**	☐			
D 5.5	Does the child imitate action like bye-bye/clap/kiss? (wave good bye or greet you) **(S)**	☐	D 6.4	Does the child follow simple one step direction as for e.g. "sit down"? **(H&C)**	☐
D 5.6	Does the child cry when a stranger pick him up? Differentiates familiar faces from strangers **(S&C)**	☐	D 6.5	Does the child say at least two words? other than mama or dada like dog, cat, and ball even if it is not clear? **(Sp)**	☐
D 5.7	Does the child search for completely hidden objects? **(C)**	☐	D 6.6	Does the child manipulate or explore a toy with his/her finger like poking or pulling the toy **(C)**	☐

Over 18 months but less than 24 months			Over 24 months but less than 30 months		
D 7.1	Does the child walk steadily even while pulling a toy? **(GM)**	☐	D 8.1	Does the child climb upstairs and downstairs? **(GM)**	☐
D 7.2	Does the child scribble spontaneously **(FM)**	☐	D 8.2	Does the child feed self either with hand or spoon? **(FM)**	☐
D 7.3	Does the child say at least five words consistently even if not clear? **(Sp)**	☐	D 8.3	Does the child join 2 words together like mama-milk, car-go? (2 words phrases) **(Sp)**	☐
D 7.4	Does the child imitate house hold tasks? (try to copy domestic chores like sweeping, washing clothes) **(C)**	☐	D 8.4	Does the child paly along with other children? **(S)**	☐
D 7.5	Does the child point to 2 or more body parts? (e.g. show me your nose, child points to nose by using one finger)? **(H&C)**	☐	D 8.5	Does the child enjoy simple pretend play like feeding a doll **(C)**	☐

D9.1	Any Neuro-Motor abnormality (Refer to Picture in Job Aids)	Refer if YES	☐

D. Autism Specific Questionnaire (Answer Y/N Discretely) Refer as per instructions

15-18 months			18-24 months		
D 10.1.1	Does your child look in your eyes for more than a second or two (poor eye contact)? (If N Refer)	☐	D 10.2.1	Does your child take an interest in other children or play with other children? (If N refer)	☐
D 10.1.2	Does you child ever use his/her index finger to point to ask for something? (If N Refer)	☐	D 10.2.2	Does your child make unusual finger movements/ repetitive hand and body movements like finger Wriggling/ flapping/ spinning/jumping? (Repeated purposeless motor activity) (If Y refer)	☐
D 10.1.3	Have you ever wondered that your child is deaf or is not responding to his/her name when you call (not communicating even through gestures)? (If Y Refer)	☐	D 10.2.3	Does your child ever pretend play (talk on phone/take care of dolls)? (If N refer)	☐

SCREENING TOOL (FOR AGE: 2.5-6 YEARS) If YES Refer

GM-Gross Motor, FM-Fine Motor, V-Vision, C-Cognition, H-Hearing, Sp-Speech, S-Social

D 11.1	Does your child have difficulty in seeing either during day/night ? (without spectacles) (V)	☐	D 11.7	Does the child have difficulty in speaking (as compared to other children of his/her age)? (Sp)	☐
D 11.2	Compared with other children of his/her age, did your child have any delay in walking? (GM)	☐	D 11.8	Is your child's speech in any way different from other children of his/her age? (Sp)	☐
D 11.3	Does your child have stiffness or floppiness and/or reduced strength in his/her arms or legs? (GM)	☐	D 11.9	Does your child have difficulty in hearing? (without hearing aid)? (H)	☐
D 11.4	From birth till date, has your child ever had fits, or became rigid, or had sudden jerks or spasms of arms, legs or whole body? (Convulsive Disorder)	☐	D 11.10	Compared with other children of his/her age, does your child have difficulty in sustaining attention on activities at school, home or play? (C)	☐
D 11.5	From birth till date, has your child ever lost Consciousness? (Convulsive Disorder)	☐			
D 11.6	Compared to children of his age, does your child find it difficult to read or write or do simple calculations? (C)	☐	D 11.11	As compared with other children of his/her age, does your child have difficulty in learning new things? (C)	☐

Preliminary Findings and Referral (Tick as Applicable)

Defects at Birth		√	Deficiencies		√	Diseases		√	Developmental delay & disability		√
Code	Findings		Code	Findings		Code	Findings		Code	Findings	
1	Neural Tube Defect	☐	10	Severe Anemia	☐	15	Skin Conditions	☐	21	Vision Impairment	☐
2	Down's Syndrome	☐	11	Vitamin A Def.	☐	16	Otitis Media	☐	22	Hearing Impairment	☐
3	Cleft Lip & Palate	☐	12	Vitamin D Deficiency	☐	17	Rheumatic Heart Dis.	☐	23	Neuro-motor Impairment.	☐
4	Talipes (club foot)	☐	13	SAM up to 60 mon.	☐	18	Bronchial Asthma (Reactive Airway Dis.)	☐	24	Motor delay	☐
5	Developmental Dysplasia of Hip	☐	14	Goiter usually after 6 years	☐	19	Dental Conditions	☐	25	Cognitive Delay	☐
6	Congenital Cataract	☐	41	Severe Stunting	☐	20	Convulsive Disorders	☐	26	Speech and Language Delay	☐
7	Congenital Deafness	☐	44.	Vitamin B complex def.	☐	39	Childhood leprosy Disease	☐	27	Behavioral Disorder (Autism)	☐
8	Congenital Heart Disease	☐	**30** Others (Specify)			40	Childhood T.B.	☐	28	Learning Disorder	☐
9	ROP (only at DH)	☐				40.1	Childhood Extra Pulmonary T. B.	☐	29	Attention Deficit Hyperactivity Disorder	☐
42	Microcephaly	☐									
43	Macrocephaly	☐									

Please √	Defects at Birth	Deficiency	Disease	Developmental Delay including disability	Others
	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
If yes,Refer to	DH/DEIC	PHC/CHC, SAM to NRC	PHC/CHC/DH Dental condition to DEIC/DH	DEIC	PHC/CHC/DH
Referral	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Name and Sign of Doctor, MHT	Date of Visit
Data entered in Register - Yes /No	Data entered in register by Name and Sign

**In case the referral has to be made for more than 1D especially involving the DEIC the child must be referred to DEIC first.*

GM-Gross Motor, FM-Fine Motor, V-Vision, C-Cognition, H-Hearing, Sp-Speech, S-Social

Developmental Red Flags: *No Head Control by 3 months, Fisting beyond 3 months, No two word phrase or No pointing or pretend play by 24 months, Echolalia after 30 months.*