NUBIA HEALTH CENTER

CLINICAL AUDIT DATA COLLECTION FORM

Anaemia and Nutritional Status Among Children Under Five Attending Nubia Health Center

Purpose: To collect routinely available demographic, nutritional and laboratory data for the approved clinical audit. Use the Study ID and avoid unnecessary personal identifiers.

A. Study Identification

Study ID	_____	Date of visit	____ / ____ / _____
Age	_____ years / _____ months	Sex	■ Male ■ Female
Residence / Village	_____		

B. Nutritional Assessment

Weight	_____ kg	Height / Length	_____ cm
MUAC	_____ cm	Z-score	_____
Weight-for-height/length Z-score	_____	Height-for-age Z-score	_____
Nutritional status	■ Normal ■ Mild/Moderate malnutrition ■ Severe malnutrition ■ Other: _____		

C. Routine CBC / Laboratory Information

CBC available	■ Yes ■ No	Laboratory record / sample ID	_____
Hb	_____ g/dL	Anaemia	■ No ■ Yes
MCV	_____ fL	MCH	_____ pg
MCHC	_____ g/dL	RDW	_____ %
Platelets	_____ ×10■/L	Other relevant CBC result	_____

D. Data Linkage and Completeness

Nutrition record available	■ Yes ■ No	CBC record available	■ Yes ■ No
Data linkage completed	■ Yes ■ No ■ Not applicable	Missing information	_____
Data collector initials	_____	Date entered / reviewed	____ / ____ / _____

Confidentiality: This form is for the approved clinical audit. Use the Study ID for the audit dataset. Keep any linkage to routine patient records secure and accessible only to authorized personnel. Do not include names or unnecessary personal identifiers in the audit analysis file.

Data source: Information should be obtained from routinely collected clinical, nutrition and laboratory records. No additional investigation should be requested solely for this audit unless separately approved as part of clinical care.