



Rashtriya Bal Swasthya Karyakram (RBSK) Screening Tool cum Referral Card for Children (0 - 6 years) at Anganwadi Centre / D.P./ HBNC



| Preliminary Particulars | | | | | | | | | |
|--|--|---------------------------------|--|--|----------------------------------|--|--|----------------------------------|--|
| District / Block | | Mobile Health Team ID | | | Name of AWC | | | AWC ID | |
| Name of ASHA & Contact no. | | ASHA ID | | | Name of Child | | | Gender (M / F) | |
| Age (in MM/YYYY) | | MCTS No. / Unique ID (16 Digit) | | | Name of Mother/ Father/ Guardian | | | AADHAAR No. | |
| *Below 2 years, age in completed months only. Above 2 years age in completed years & Month | | | | | | | | | |
| Weight (in Kg.) | | Height/ Length (in cm.) | | | Head Circumference (in cm.) | | | Weight for Height Classification | |

Refer job aid for instructions and pictures

| A. Defects at Birth | | If Yes, refer |
|---------------------|--|---------------|
| A1 | Head - Abnormally large or small in size/shape deformity. Size: Check $>2 SD <2D$ | |
| A2 | Eyes - Any visible abnormality i.e. white pupil, Squint (important esp. after 3 months), frequent jerky movements, tilting the head when focussing, (important esp. after 6 months) | |
| A3 | Ear - Any abnormality of shape <i>* do not refer if isolated finding</i> | |
| A4 | Lips and Palate - Cleft (One side or both sides) | |
| A5 | Difficulty in sucking and swallowing , including sweating on forehead while trying to suck/breast feed (sign is especially important if infant is less than 6 months of age) | |
| A6 | Neck - exceptionally short <i>* do not refer if isolated finding</i> | |
| A7 | 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. | |
| A8 | Limbs - Any deformity/ club foot | |
| A9 | Spine - Neural tube defect | |
| A10 | Features Suggestive of Down's Syndrome (Pictorial) <i>*Refer if more than one sign is present</i> | |
| 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 | |
| A10(b) | Nose: -Depressed Bridge | |
| A10(c) | Ears: Low set Ears (Imaginary line extended from inner to outer canthus and to the ear, passes above ear) | |
| A10(d) | Palm - Single crease across centre of palm (Simian crease) | |
| A10(e) | Feet - wide gap (cleft) between the great and first toe | |
| A11 | 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) | |
| B. Deficiency | | If Yes, refer |
| B1 | SAM-Weight for Height/ length: refer if the child is less than $-3SD$ as per WHO chart, counsel if $<-2SD$. | |
| B2 | SAM-Oedema: Bilateral pitting oedema | |
| B3 | Severe anaemia - Look for severe palmar pallor | |
| B4 | Vitamin A Deficiency - Ask for night blindness/look for Bitot's spot (white patches on sclera) | |
| B5 | Vitamin D Deficiency - Look for Wrist Widening/Bowing of legs/ nodular swelling on the chest | |



| C. Diseases | | If Yes, refer |
|---|--|----------------------|
| C1 | Convulsive Disorders - 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. | |
| C2 | Otitis Media -Did child have more than 3 episode of ear discharge in last 1 year/Look for active discharge from ear | |
| C3 | Dental Condition - Look for white/ brown areas, cavitations, Swollen/bleeding/red gums | |
| 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. | |
| D. Developmental Delays | | |
| For infants over 2 months but less than 4 months, Look and ask | | If No, Refer |
| D1.1 | Does the child move both arms and both legs freely & equally when awake or when excited? (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) | |
| 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) | |
| D1.5 | Does the child coos or able to vocalize other than crying ? like "ooh", "ng" (S) | |
| D1.6 | Does the child make eye contact? (Focus their eyes on the eyes of a care giver) (V) | |
| D1.7 | Does the child give a social smile? (Reciprocal, responds to mothers expression or smile i.e smile back at you) (S) | |
| D1.8 | Does the child suck and swallow well during feeding i.e. without any choking? (Sp) | |
| For infants over 4 months but less than 6 months of age Look and ask | | If No, Refer |
| D2.1 | 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) | |
| D2.2 | Does the child reaches 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) | |
| D2.3 | Does the child respond to mother's speech by looking directly at her face? (H) | |
| D2.4 | Does the child laugh aloud or make squealing sounds? (Sp) | |
| D2.5 | Does the child follow an object with his or her eyes? (without any visible squint) (V) | |
| D2.6 | Does the child sucks on hands? (C) | |
| For infants over 6 months but less than 9 months of age Look and ask | | If No, Refer |
| D3.1 | Does the child roll over or turn over in either direction? (GM) | |
| D3.2 | Does the child grasps a small object by using his whole hand ? (secures it in the centre of the palm) (FM) | |
| D3.3 | Does the child locate source of sound? i.e. turns his head or eyes if you whisper from behind? (H) | |
| D3.4 | Does the child utter consonant sounds like "p""b""m" ? (Sp) | |
| D3.5 | Does your baby watch TV or any toy without tilting his /her head ? (V) | |
| D3.6 | Does the child raises hands to be picked up by parents? (S) | |
| D3.7 | Does the child look for a spoon or toy that has dropped ? (C+V) | |
| For children over 9 months and less than 12 months of age | | If No, Refer |
| D4.1 | Does the child sit without any support ? (GM) | |
| D4.2 | Does the child transfer object from hand to hand? (FM) | |
| D4.3 | Does the child respond to his or her name? (H & C) | |
| D4.4 | Does the child babble example- "ba", "ba", "da", "da", "ma", "ma"? (Sp) | |
| D4.5 | Does the child avoid bumping into objects while moving? (V) | |
| D4.6 | Does the child enjoy playing hide-and-seek (peek-a-boo)? (S) | |

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|---|--|---------------------|------------------------------|
| For children over 12 months but less than 15 months of age | | | If No, Refer |
| D5.1 | Does the child crawl on hands and knees ? | (GM) | |
| D5.2 | Does the child pickup small object using thumb and index finger like peas, raisins (kismis)? | (FM) | |
| D5.3 | Does the child stops activity in response to "NO"? | (H & C) | |
| D5.4 | Does the child say one meaningful word clearly like mama, dada? | (Sp) | |
| D5.5 | Does the child imitate action like bye-bye/clap/kiss? (wave good bye or greet you) | (S) | |
| D5.6 | Does the child cry when a stranger picks him up? Differentiates familiar faces from strangers | (S & C) | |
| D5.7 | Does the child search for completely hidden objects? | (C) | |
| For children over 15 months but less than 18 months of age | | | If No, Refer |
| D6.1 | Does the child walk alone? | (GM) | |
| D6.2 | Does the child play by putting small things or objects into a container ? (cup or katori) | (FM) | |
| D6.3 | Does the child make gesture on verbal request like pointing to objects? (Pointing with Index finger when asked " Where is the bottle" | (FM) | |
| D6.4 | Does the child follow simple one step direction as for eg "Sit down"? | (H & C) | |
| D6.5 | Does the child say at least two words other than mama or dada like dog, cat, ball even if it is not clear? | (Sp) | |
| D6.6 | Does the child manipulate or explore a toy with his /her fingers like poking or pulling the toy? | (C) | |
| For children over 18 months but less than 24 months of age | | | If No, Refer |
| D7.1 | Does the child walk steadily even while pulling a toy? | (GM) | |
| D7.2 | Does the child scribble spontaneously? | (FM) | |
| D7.3 | Does the child say atleast five words consistently even if not clear? | (Sp) | |
| D7.4 | Does the child imitate house hold tasks? (try to copy domestic chores like sweeping, washing clothes) | (C) | |
| D7.5 | Does the child point to 2 or more body parts? (eg show me your nose, child points to nose by using one finger) | (H & C) | |
| For children over 24 months and less than 30 months of age | | | If No, Refer |
| D8.1 | Does the child climb upstairs and downstairs? | (GM) | |
| D8.2 | Does the child feed self either with hand or spoon? | (FM) | |
| D8.3 | Does the child join 2 words together like mama-milk, car-go? (2 word phrases) | (Sp) | |
| D8.4 | Does the child play along with other children? | (S) | |
| D8.5 | Does the child enjoy simple pretend play like feeding a doll? | (C) | |
| D9.1 | Any Neuro-motor abnormality (Refer to picture in Job Aid) | | If Y, Refer |
| Autism Specific Questionnaire: (15-24 months) | | | Answer Y/N Discretely |
| 15-18 months | | | |
| D10.1.1 | Does your child look in your eyes for more than a second or two (poor eye contact)? | (If N Refer) | |
| D10.1.2 | Does your child ever use his/her index finger to point to ask for something? | (If N Refer) | |
| D10.1.3 | 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) | |
| 18-24 months | | | |
| D10.2.1 | Does your child take an interest in other children or play with other children? | (If N Refer) | |
| D10.2.2 | Does your child make unusual finger movement/ repetitive hand and body movements like finger wriggling /flapping/spinning/jumping (repeated purposeless motor activity)? | (If Y refer) | |
| D10.2.3 | Does your child ever pretend play (talk on phone/take care of dolls)? | (If N Refer) | |

| For children above 2.5 – 6 years | | | (If "Yes", Refer) |
|----------------------------------|--|-----------------------|-------------------|
| D11.1 | Does your child have difficulty in seeing, either during day/night?(without spectacles) | (V) | |
| D11.2 | Compared with other children of his/her age, did your child have any delay in walking? | (GM) | |
| D11.3 | Does your child have stiffness or floppiness and/or reduced strength in his/her arms or legs? | (GM) | |
| D11.4 | 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) | |
| D11.5 | From birth till date, has your child ever lost consciousness? | (Convulsive Disorder) | |
| D11.6 | Compared to children of his age, does your child find it difficult to read or write or do simple calculations? | (C) | |
| D11.7 | Does the child have difficulty in speaking (as compared to other children of his/her age)? | (SP) | |
| D11.8 | Is your child's speech in any way different from other children of his/her age? | (SP) | |
| D11.9 | Does your child have difficulty in hearing? (without hearing aid) | (H) | |
| D11.10 | Compared with other children of his / her age, does your child have difficulty in learning new things? | (C) | |
| D11.11 | As compared to children of his/her age, does your child have difficulty in sustaining attention on activities at school, home or play? | (C) | |

Preliminary Findings (tick as applicable):

| Code | Finding | Code | Finding | Code | Finding | Code | Finding |
|---------------------|---|--------------|-----------------------------------|--------------------|-------------------------|------------------------------------|--|
| Defects at Birth | | Deficiencies | | Childhood Diseases | | Developmental delay and disability | |
| 1 | Neural Tube Defect | 10 | Anaemia | 15 | Skin Conditions | 21 | Vision Impairment |
| 2 | Down's Syndrome | 11 | Vitamin A Deficiency (Bitot Spot) | 16 | Otitis Media | 22 | Hearing Impairment |
| 3 | Cleft Lip & Palate | 12 | Vitamin D Deficiency, (Rickets) | 17 | Rheumatic Heart Disease | 23 | Neuro-Motor Impairment |
| 4 | Talipes (club foot) | 13 | SAM/Stunting | 18 | Reactive Airway Disease | 24 | Motor Delay |
| 5 | Developmental Dysplasia of Hip | 14 | Goiter | 19 | Dental Conditions | 25 | Cognitive Delay |
| 6 | Congenital Cataract | | | 20 | Convulsive Disorders | 26 | Speech and Language Delay |
| 7 | Congenital Deafness | | | | | 27 | Behaviour Disorder (Autism) |
| 8 | Congenital Heart Disease | | | | | 28 | Learning Disorder |
| 9 | Retinopathy of Prematurity (only at DH) | | | | | 29 | Attention Deficit hyperactivity Disorder |
| 30 Others (specify) | | | | | | | |

| Please circle | Defects at Birth | | Deficiency | | Diseases | | Developmental delay | |
|---------------------------------|------------------|----|-----------------|----|---------------|----|---------------------|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| If Yes, refer to Referral (Y/N) | DH/DEIC | | CHC, SAM to NRC | | CHC/DH | | DEIC | |
| | | | | | | | | |
| Name and sign of Doctor, MHT | | | | | Date of Visit | | | |

*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.