

‘How do I feel now’ - Form

1. How do you feel now while you are returning to community ?

2. Do you have all the material Yes / No

If no, what is missing _____

3. What do you feel about receiving this material?

4. How do you feel about your ability to do the following tasks ? (✓ in appropriate column)

		Confident	Some what confident	Not confident
a.	Giving injection vitamin K			
b.	Identification of high risk baby			
	Managing high risk baby at home			
c.	Birth asphyxia diagnosis			
	Managing asphyxia using mucus extractor			
d.	Sepsis diagnosis in newborn baby			
	Managing sepsis with cotrimoxazole			

5. What will you do first on returning to community ?

6. Do you feel any difficulty ? If yes, specify

Name of the ASHA : _____	Date : _____
Name of the trainer : _____	Total score : _____
Block : _____	