



**PRAVARA INSTITUTE OF MEDICAL SCIENCES
(DEEMED TO BE UNIVERSITY), LONI
DR BVP RURAL MEDICAL COLLEGE**



DEPARTMENT OF COMMUNITY MEDICINE FAMILY ADOPTION PROGRAMME

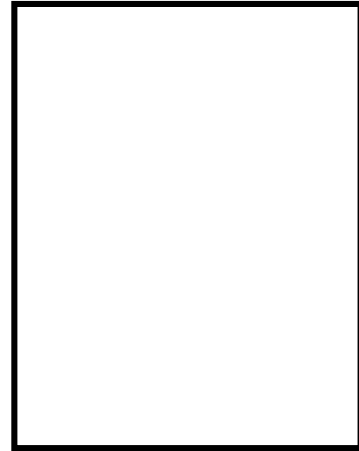
NAME _____

BATCH _____

ROLL NO _____

हीच अमुची प्रार्थना अन् हेच अमुचे मागणे
माणसाने माणसाशी माणसासम वागणे

Certificate of Completion



This is to certify that

Mr. _____

*of the Batch _____ has successfully completed **Family Study & Community Survey Activities** under Department of Community Medicine and has acquired the requisite competencies.*

Batch In charge

Head of the Department

Hippocratic Oath

I swear to fulfil, to the best of my ability and judgment, this covenant:

- ⊕ I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.
- ⊕ I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.
- ⊕ I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.
- ⊕ I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.
- ⊕ I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.
- ⊕ I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.
- ⊕ I will prevent disease whenever I can, for prevention is preferable to cure.
- ⊕ I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.
- ⊕ If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.

Signature

Alaharshi Charak Shapath

To be Added by Printers

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Name of Student:

Batch/Year:

Field Practice Area:

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CURRICULUM FOR FAMILY ADOPTION PROGRAMME

This program is being introduced with the aim of village outreach program for MBBS students. Every college may arrange one diagnostic medical camp in the village wherein identification of:

- a) Anemia, malnutrition in children, hypertension, diabetes mellitus, ischemic heart diseases, kidney diseases, any other local problems may be addressed.
- b) If required, patients shall be admitted in the hospital.
- c) For chronic illness, students shall be involved.
- d) Subsidized treatment charges may be provided under govt. schemes or welfare schemes.
 - Medical student may be allocated about 5 families and introduced in the first visit.
 - Camps may be arranged by Dean and Community Medicine/ P.S.M. department with active involvement of Associate/ Asst. Professors, social worker and supporting staff.
 - Local population may be involved with village leaders.
 - Visit by students be made to the visit as mentioned in table below. Annual follow up diagnostic camp can be continued by the PSM department.

Targets to be achieved by students:

First Professional Year	a) Learning communication skills and inspire confidence amongst families b) Understand the dynamics of rural set-up of that region c) Screening programs and education about ongoing government sponsored health related programs d) Learn to analyze the data collected from their families e) Identify diseases/ ill-health/ malnutrition of allotted families and try to improve the standards
Second Professional Year	a) Inspire active participation of community through families allotted b) Continue active involvement to become the first doctor /reference point of the family by continued active interaction c) Start compiling the outcome targets achieved
Third Professional Year	Analysis of their involvement and impact on existing socio-politico-economic dynamics in addition to improvement in health conditions prepare a report to be submitted to department addressing: <ol style="list-style-type: none"> 1) Improvement in general health 2) Immunization 3) Sanitation 4) De-addiction 5) Whether healthy lifestyles like reading good books, sports/ yoga activities have been inculcated in the house-holds. 6) Improvement in Anemia, tuberculosis control 7) Sanitation awareness 8) Any other issues 9) Role of the student in supporting family during illness/ medical emergency 10) Social responsibility in the form of environment protection programme in form of plantation drive (medicinal plants/trees), cleanliness and sanitation drives with the initiative of the medical student

FAMILY ADOPTION PROGRAM

Year	Objective	Teaching Hours	Assessment
First MBBS	Students should be able to compile the basic demographic profile of allocated family members	6 hours	Journal, Log book evaluation
	Students should be able to report the basic health profile and treatment history of allocated family members	9 hours	Family Survey Presentation
	Conduct a Health Communication activity with Family Members	6 hours	Health Education Activity Evaluation
	Report the activities undertaken for environment protection and sustenance like study of environment of families, tree plantation/ herbal plantation activities conducted in the village	6 hours	Logbook Based Certification of Activity
Second MBBS	Take history and conduct clinical examination of all family members Family survey, Community clinics	6 hours	Journal/Logbook Based Certification of Activity
	Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor in Community clinics, Multispecialty camps	9 hours	Community case presentation, OSPE, logbook, Journal
	Maintain communication & follow up of remedial measures	9 hours	Community case presentation, OSPE, logbook, Journal
	NSS camp environmental Sustenance activity Sanitary Survey, Entomological Survey	6 hours	Report of Activity Journal/Logbook, Photographs/Videos

Year	Objective	Teaching Hours	Assessment
Third MBBS	Take history and conduct clinical examination of all family members	3 hours	Family survey, Community clinics, Journal/Logbook
	Organize health check-up and coordinate treatment of adopted family under overall guidance of mentor	3 hours	Family survey, Community clinics, Journal/Logbook
	Maintain communication & follow up of remedial measures	3 hours	Logbook Based Certification of Activity
	NSS camp environmental Sustenance activity Analyze health trajectory of Family	3 hours	Report of Activity Journal/Logbook

Year	No. of Visits	No. of Hours
First	9	27
Second	10	30
Third	7	21
Total	26	78

Competencies and Objectives of Family Study

FIRST YEAR

CM 1.9: Demonstrate the role of effective communication skills in health

- 1st MBBS students will visit five families allotted in the field area and introduce themselves to the family
- 1st MBBS students will briefly explain the objective of family study to the family members

CM 1.10: Demonstrate important aspects of doctor-patient relationship

- The student will establish rapport with the family

CM 2.1: Clinico-Socio Cultural and demographic assessment of families

- Student will note the socio demographic profile of the families
- Students will discuss the importance of socio demographic factors on health with the facilitator

CM 5.2: Conduct nutritional Assessment of Family at Community Level

- Student shall take detailed dietary history of family members unsupervised
- Students will identify members with malnutrition
- Students will discuss nutritional problems in the families with facilitators and suggest solutions

CM 5.5: Provide nutrition education under supervision in the community

- The student will prepare a pamphlet with bullet points on nutrition in local language under supervision and share with families

CM 4.2: Organize Health Education Activity in the Community

- The students will plan and arrange a brief health education activity in the community under supervision at the end of posting

CM 1.2 Identify determinants of Health

- Students must identify the major determinants of Health based on the socio demographic history

Identify two Causative factors for common diseases in the family

SECOND YEAR

CM 2.2: Socio cultural Factors, family type and its role in health and disease

- Students must know various family types and
- Identify socio cultural factors in the families allotted to them
- Observe and explain the effect of family type, size and socio cultural factors on health

CM 2.2: Assessment of Socio Economic Status

- Calculate Socio-economic status of Family using various scales unsupervised
- Observe and Explain effect of Socio economic status on health

CM 2.3: Factors Affecting Health Seeking Behaviour and Assessment of Barriers to Healthcare

- Identify factors affecting health seeking behaviours
- Identify Barriers to Healthcare
- Discuss in group and suggest solutions to improve health seeking behaviour

CM 2.4: Community Behaviour and its impact on Health

- Identify specific community behaviours
- Discuss their pros and cons in relation to health as a group
- Identify methods to improve community behaviours

CM 2.5: Effect of Socio Economic Status on health, Social Security Measures

- Enumerate ways in which socio economic status affects health
- Identify various government schemes that address Social Security, Insurance and healthcare for families with low SES

CM 3.2: Environment and Sanitation Survey, Entomological Survey

- Conduct Environment Sanitation and Entomological Survey
- Summarize the key findings and discuss as a group
- Explain health implications of Environment
- Identify various vectors that families are susceptible to and suggest preventive measures

CM 3.5: Describe standards of housing and effect of housing on health

- Observe and describe the housing of allotted families
- Compare with criteria for Healthful housing
- Comment on overcrowding and other key findings and their health effects

Counsel patient and families on prevention of various infections due to environmental factors

THIRD YEAR

CM 9.1: Identify Vital Events discuss their implications on health

- Enumerate vital events in the families
- Discuss effects of vital events on health

OG 19.2: Counsel in a simulated environment about contraception and puerperal sterilization

- Take history of contraceptive usage
- Understand socio cultural nuances and council about contraception accordingly under supervision
- Identify the eligible couples and direct to appropriate referral centres

CM 10.3: Local Customs and practices during pregnancy, child birth lactation and feeding

- Observe and note practices during pregnancy child birth and lactation & enquire into their reasons.
- Discuss as a groups the practices and their effects on health
- Counsel under supervision about correct practices

PE 9.4: Elicit, document and present an appropriate nutritional history and perform a dietary recall

PE 9.5: Calculate age related calorie requirement in health and disease and identify gap

PE 10.4: Identify children with under nutrition and plan referral

PE 8.4: Elicit history on complementary feeding habits

PE 8.5: Counsel and Educate mothers on best practices in complementary feeding

PE 18.3: Conduct antenatal examination of women independently and apply the at-risk approach in antenatal care

PE 18.6: Perform post natal assessment of newborn and mother, provide advice on breastfeeding, weaning and family planning

CM 8.2: Epidemiological control measures for disease prevention

- Identify risk factors of various diseases in the family
- Suggest primary secondary and tertiary prevention methods

CM 8.3 Identify National Health Programs that can benefit the family

- Identify National Health Programs that can benefit the family

- Explain the programmes succinctly to the family under supervision

CM 8.5: Planning, Implementation and Evaluation of Control Measures

- Identify a modifiable risk factor for a disease in the community
- Plan a feasible intervention and implement it in the community
- Evaluate the response to control measure

CM 12.2: Health Problems in Elderly

- Identify 5 common Health Problems in Elderly
- Enumerate causes of health problems

CM 12.3: Prevention of Health problems in elderly

- Suggest preventive measures for health problems
- Encourage participation of elderly in peer group activities
- Link elderly to appropriate services

CM 15.1: Warning signs of common Mental Illnesses and substance abuse

- Identify common mental illnesses and Addictions in community
- Identify Determinants of the same
- Perform IEC activity and advice referral as appropriate

CM 6.2: Collect Classify and Enter Data

- Collect the data in your journals
- Enter and Clean the data
- Code the data in a database

CM 6.3: Apply Elementary statistical methods to analyse and interpret data

- Find frequency and percentage values of variables
- Compare variables as appropriate
- Interpret the data and draw meaningful conclusions

CM 7.9: Demonstrate application of MS Excel

- Enter and code family study data in MS Excel
- Perform simple statistical operations like calculation of mean using formula functions
- Perform appropriate graphical representation of data using Excel

CM 8.6: Health Education

- Perform a Health Education activity in the Community under supervision

Compile, analyse and present Family Survey report. Comment on community diagnosis and actions to be taken at individual, family and community level

Village Schedule

Name of Village:

Nearest Post Office:

Total Households:

Nearest Bus Stop:

Population:

Nearest Railway Station:

- **Male:**
- **Female:**
- **Children:**

Approach to Village:

Transport Facilities:

Nearest PHC:

Nearest Wellness Centre/Dispensary:

Nearest Maternity Home:

Nearest Tertiary Care Referral Centre :

Community Institutions	No.	Name
Co-operatives		
Library		
Youth Association		
Women's Association		
Schools		
Anganwadi		
Religious/Charitable Institutions		
Other		
Medical Practitioners <ul style="list-style-type: none"> • Allopathic • AYUSH • Others 		

Sources of Water:

Type of Drinking Water Supply:

Street Lighting:

Major Agricultural Products:

Cash Commodities:

Industrial products:

Cottage & Small Industry:

Name of Sarpanch

Name of CHO

Name of ANM

Name of ASHA

Name of *Anganwadi Sevika*

Climate:

Average Rainfall:

Predominant Religion:

Predominant Castes:

Fairs & Festivals:

Endemic Diseases:

Village Map



FAMILY DETAILS

Family 1

Demographic Profile

1. Household Unique ID: ____/____/____	2. Geotag Latitude: Longitude:
3. Name of the head of Family:	4. Contact no.
5. Family type:: N/J/T/ Other_____	6. Religion: H/M/J/B/C/S/Other_____
7. Family income/month (Rs.)	8. Caste Cat: 1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC, 7. Other_____
9. Ration card: Yellow / Orange / White	10. ABHA card:

Family Details:

Name of Family Member	Age	Sex	Education	Occupation	Marital Status	History of
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	

Any Significant Family History?

Health Profile

Diet & Nutrition

Type of Diet: Veg / Mixed	Frequency of eating non-veg per week:			
Name of Family Member	Expected Calorie Intake	Actual Calorie Intake	Expected Protein Intake	Actual Protein Intake

- Average Monthly Expenditure on Food:
- Is Supplementary nutrition given to children & Pregnant or lactating women?
- Growth Monitoring To Be Done on Charts Provided

Environmental History

House: Katcha / Pucca / Semipucca. **Overcrowding:** Yes/ No

Water Supply: Continuous/ Intermittent.

Source of water: Tap/ Well

/Bore/ Tanker/_____ . **Water disinfection methods:**

Purifier/Boiling/Chlorination/Other_____

Storage of non-drinking water: Covered/ Open containers.

LPG (gas): Yes / No → Kerosene stove/ Smokeless Chullah/ Ordinary Chullah/ Other_____ .

Sanitary latrine: No/ Private/ Public.

Garbage disposal: Door step / Common point / No collection system.

Any other important finding:

History of addiction in family:		
Name	Addicted to	Monthly expenses
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	

Couples in reproductive age group (15-45 YOA)				
Name of couple in family	Type of Contraception	Specify		
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
Pregnant Women:				
Name	Score	ANC registration done in		
	G__P__L__A__	Private / Govt. / Not done		
	G__P__L__A__	Private / Govt. / Not done		
Consanguineous marriages				
Name of couple	Relation to husband	Birth defect/condition in children		
		No /Yes _____		
Children				
Initials	Age in months	Visits Anganwadi Regularly & gets THR (Y/N)	Immunization Till Date	Growth
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese

6) Any illness in past 3 months in family (), give details:

Condition	Name of Patient	Since (yrs.)	On Treatment (Y/N)	From Private/Public/PMT	Check Up (Hb/BP/BSL/RFI/Sputum)			Advice Given			Improvement (Y/N)	
					F/U 1	F/U 2	F/U 3	F/U 1	F/U 2	F/U 3		
Anaemia												
Malnutrition												
Hypertensi												
Diabetes												
Ischemic												
Kidney												
TB												
Other												

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs

			Adult Family Member above 35 years			
Question	Range	Circle any				
1. What is your age? (in complete years)	30-39 years	0				
	40-49 years	1				
	≥ 50 years	2				
2. Do you smoke or consume smokeless products such as Gutka; or Khaini ?	Never	0				
	Used to consume in the past / Sometimes	1				
	Daily	2				
3. Do you consume Alcohol daily?	No	0				
	Yes	1				
4. Measurement of waist (in cm)						
Female	Male					
<80 cm	<90 cm	0				
80-90 cm	90-100 cm	1				
>90 cm	>100 cm	2				
5. Do you undertake any physical activities for min. of 150 minutes in a week?	Less than 150 minutes in a week	1				
	At least 150 minutes in a week	0				
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0				
	Yes	2				
Total Score						

A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day.

Part B: Early Detection: Ask if patient has any of these symptoms

B1: Women and Men	Yes/ No	B2: Women only	Yes/No
Shortness of breath		Lump in the breast	
Coughing more than 2 weeks		Blood stained discharge from the nipple	
Blood in sputum		Change in shape and size of breast	
History of fits		Bleeding between periods	
Difficulty in opening mouth		Bleeding after menopause	
Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse	
Any change in the tone of your voice		Foul smelling vaginal discharge	

In case the individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available.

Preventive Check-up (Examination of Family Members)

1) ANC/PNC

Name		Age:
Visit Date		Age at Marriage
Individual No.		Age of Menarche:
Obstetric Score	G__P__L__A__	
LMP EDD		Past History:
ANC visits		Personal History:
Counselling		Family Planning?
Significant Medical History		
General Examination		
Systemic Examination		
Significant findings on Investigation		Delivery Details:
Significant Post Natal History		
Advice Given		

5 Ruled Pages + Set of Growth Charts to be attached

Family 2

Demographic Profile

11. Household Unique ID: ____/____/____	12. Geotag Latitude: Longitude:
13. Name of the head of Family:	14. Contact no.
15. Family type:: N/J/T/ Other_____	16. Religion: H/M/J/B/C/S/Other_____
17. Family income/month (Rs.)	18. Caste Cat: 1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC, 7. Other_____
19. Ration card: Yellow / Orange / White	20. ABHA card:

Family Details:

Name of Family Member	Age	Sex	Education	Occupation	Marital Status	History of
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Any Significant Family History?

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Name of Family Member	Expected Calorie Intake	Actual Calorie Intake	Expected Protein Intake	Actual Protein Intake

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Name of couple in family	Type of Contraception	Specify		
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Advice Given		

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Family 3

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27. Family income/month (Rs.)	28. Caste Cat: 1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC, 7. Other_____
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			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	

Any Significant Family History?

Health Profile

Diet & Nutrition

Type of Diet: Veg / Mixed	Frequency of eating non-veg per week:			
Name of Family Member	Expected Calorie Intake	Actual Calorie Intake	Expected Protein Intake	Actual Protein Intake

- Average Monthly Expenditure on Food:
- Is Supplementary nutrition given to children & Pregnant or lactating women?
- Growth Monitoring To Be Done on Charts Provided

Environmental History

House: Katcha / Pucca / Semipucca. **Overcrowding:** Yes/ No

Water Supply: Continuous/ Intermittent.

Source of water: Tap/ Well

/Bore/ Tanker/_____ . **Water disinfection methods:**

Purifier/Boiling/Chlorination/Other_____

Storage of non-drinking water: Covered/ Open containers.

LPG (gas): Yes / No → Kerosene stove/ Smokeless Chullah/ Ordinary Chullah/ Other_____ .

Sanitary latrine: No/ Private/ Public.

Garbage disposal: Door step / Common point / No collection system.

Any other important finding:

History of addiction in family:		
Name	Addicted to	Monthly expenses
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	

Couples in reproductive age group (15-45 YOA)				
Name of couple in family	Type of Contraception	Specify		
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
Pregnant Women:				
Name	Score	ANC registration done in		
	G__P__L__A__	Private / Govt. / Not done		
	G__P__L__A__	Private / Govt. / Not done		
Consanguineous marriages				
Name of couple	Relation to husband	Birth defect/condition in children		
		No /Yes _____		
Children				
Initials	Age in months	Visits Anganwadi Regularly & gets THR (Y/N)	Immunization Till Date	Growth
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese

Condition	Name of Patient	Since (yrs.)	On Treatment (Y/N)	From Private/Public/PMT	Check Up (Hb/BP/BSL/RFI/Sputum)			Advice Given			Improvement (Y/N)	
					F/U 1	F/U 2	F/U 3	F/U 1	F/U 2	F/U 3		
Anaemia												
Malnutrition												
Hypertensi												
Diabetes												
Ischemic												
Kidney												
TB												
Other												

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs

			Adult Family Member above 35 years			
Question	Range	Circle any				
1. What is your age? (in complete years)	30-39 years	0				
	40-49 years	1				
	≥ 50 years	2				
2. Do you smoke or consume smokeless products such as Gutka; or Khaini ?	Never	0				
	Used to consume in the past / Sometimes	1				
	Daily	2				
3. Do you consume Alcohol daily?	No	0				
	Yes	1				
4. Measurement of waist (in cm)						
Female	Male					
<80 cm	<90 cm	0				
80-90 cm	90-100 cm	1				
>90 cm	>100 cm	2				
5. Do you undertake any physical activities for min. of 150 minutes in a week?	Less than 150 minutes in a week	1				
	At least 150 minutes in a week	0				
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0				
	Yes	2				
Total Score						

A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day.

Part B: Early Detection: Ask if patient has any of these symptoms

B1: Women and Men	Yes/ No	B2: Women only	Yes/No
Shortness of breath		Lump in the breast	
Coughing more than 2 weeks		Blood stained discharge from the nipple	
Blood in sputum		Change in shape and size of breast	
History of fits		Bleeding between periods	
Difficulty in opening mouth		Bleeding after menopause	
Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse	
Any change in the tone of your voice		Foul smelling vaginal discharge	

In case the individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available.

Preventive Check-up (Examination of Family Members)

1) ANC/PNC

Name		Age:
Visit Date		Age at Marriage
Individual No.		Age of Menarche:
Obstetric Score	G__P__L__A__	
LMP EDD		Past History:
ANC visits		Personal History:
Counselling		Family Planning?
Significant Medical History		
General Examination		
Systemic Examination		
Significant findings on Investigation		Delivery Details:
Significant Post Natal History		
Advice Given		

5 Ruled Pages + Set of Growth Charts to be attached

Family 4

Demographic Profile

31. Household Unique ID: ____/____/____	32. Geotag Latitude: Longitude:
33. Name of the head of Family:	34. Contact no.
35. Family type:: N/J/T/ Other_____	36. Religion: H/M/J/B/C/S/Other_____
37. Family income/month (Rs.)	38. Caste Cat: 1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC, 7. Other_____
39. Ration card: Yellow / Orange / White	40. ABHA card:

Family Details:

Name of Family Member	Age	Sex	Education	Occupation	Marital Status	History of
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	

Any Significant Family History?

Health Profile

Diet & Nutrition

Type of Diet: Veg / Mixed	Frequency of eating non-veg per week:			
Name of Family Member	Expected Calorie Intake	Actual Calorie Intake	Expected Protein Intake	Actual Protein Intake

- Average Monthly Expenditure on Food:
- Is Supplementary nutrition given to children & Pregnant or lactating women?
- Growth Monitoring To Be Done on Charts Provided

Environmental History

House: Katcha / Pucca / Semipucca. **Overcrowding:** Yes/ No

Water Supply: Continuous/ Intermittent.

Source of water: Tap/ Well

/Bore/ Tanker/_____ . **Water disinfection methods:**

Purifier/Boiling/Chlorination/Other_____

Storage of non-drinking water: Covered/ Open containers.

LPG (gas): Yes / No → Kerosene stove/ Smokeless Chullah/ Ordinary Chullah/ Other_____ .

Sanitary latrine: No/ Private/ Public.

Garbage disposal: Door step / Common point / No collection system.

Any other important finding:

History of addiction in family:		
Name	Addicted to	Monthly expenses
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	
	Smokeless tobacco/ smoke/ Alcohol/ _____	

Couples in reproductive age group (15-45 YOA)				
Name of couple in family	Type of Contraception	Specify		
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
+	Not using/Permanent/ Temporary			
Pregnant Women:				
Name	Score	ANC registration done in		
	G__P__L__A__	Private / Govt. / Not done		
	G__P__L__A__	Private / Govt. / Not done		
Consanguineous marriages				
Name of couple	Relation to husband	Birth defect/condition in children		
		No /Yes _____		
Children				
Initials	Age in months	Visits Anganwadi Regularly & gets THR (Y/N)	Immunization Till Date	Growth
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese
			Complete / Partial / Unimmunized	Normal/ MAM/ SAM/Overweight/Obese

Condition	Name of Patient	Since (yrs.)	On Treatment (Y/N)	From Private/Public/PMT	Check Up (Hb/BP/BSL/RFI/Sputum)			Advice Given			Improvement (Y/N)	
					F/U 1	F/U 2	F/U 3	F/U 1	F/U 2	F/U 3		
Anaemia												
Malnutrition												
Hypertensi												
Diabetes												
Ischemic												
Kidney												
TB												
Other												

Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs

			Adult Family Member above 35 years			
Question	Range	Circle any				
1. What is your age? (in complete years)	30-39 years	0				
	40-49 years	1				
	≥ 50 years	2				
2. Do you smoke or consume smokeless products such as Gutka; or Khaini ?	Never	0				
	Used to consume in the past / Sometimes	1				
	Daily	2				
3. Do you consume Alcohol daily?	No	0				
	Yes	1				
4. Measurement of waist (in cm)						
Female	Male					
<80 cm	<90 cm	0				
80-90 cm	90-100 cm	1				
>90 cm	>100 cm	2				
5. Do you undertake any physical activities for min. of 150 minutes in a week?	Less than 150 minutes in a week	1				
	At least 150 minutes in a week	0				
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0				
	Yes	2				
Total Score						

A score above 4 indicates that the person may be at risk for these NCDs and needs to be prioritized for attending the weekly NCD day.

Part B: Early Detection: Ask if patient has any of these symptoms

B1: Women and Men	Yes/ No	B2: Women only	Yes/No
Shortness of breath		Lump in the breast	
Coughing more than 2 weeks		Blood stained discharge from the nipple	
Blood in sputum		Change in shape and size of breast	
History of fits		Bleeding between periods	
Difficulty in opening mouth		Bleeding after menopause	
Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse	
Any change in the tone of your voice		Foul smelling vaginal discharge	

In case the individual answers Yes to any one of the above-mentioned symptoms, refer the patient immediately to the nearest facility where a Medical Officer is available.

Preventive Check-up (Examination of Family Members)

1) ANC/PNC

Name		Age:
Visit Date		Age at Marriage
Individual No.		Age of Menarche:
Obstetric Score	G__P__L__A__	
LMP EDD		Past History:
ANC visits		Personal History:
Counselling		Family Planning?
Significant Medical History		
General Examination		
Systemic Examination		
Significant findings on Investigation		Delivery Details:
Significant Post Natal History		
Advice Given		

5 Ruled Pages + Set of Growth Charts to be attached

Family 5

Demographic Profile

41. Household Unique ID: ____/____/____	42. Geotag Latitude: Longitude:
43. Name of the head of Family:	44. Contact no.
45. Family type:: N/J/T/ Other_____	46. Religion: H/M/J/B/C/S/Other_____
47. Family income/month (Rs.)	48. Caste Cat: 1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC, 7. Other_____
49. Ration card: Yellow / Orange / White	50. ABHA card:

Family Details:

Name of Family Member	Age	Sex	Education	Occupation	Marital Status	History of
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	
			NA / I / P / S / HS / G	NA/Student/HW/Farmer/.....	U/M/D/W/S	

Any Significant Family History?

Health Profile

Diet & Nutrition

Type of Diet: Veg / Mixed	Frequency of eating non-veg per week:			
Name of Family Member	Expected Calorie Intake	Actual Calorie Intake	Expected Protein Intake	Actual Protein Intake

- Average Monthly Expenditure on Food:
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+	Not using/Permanent/ Temporary			
Pregnant Women:				
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	Daily	2				
3. Do you consume Alcohol daily?	No	0				
	Yes	1				
4. Measurement of waist (in cm)						
Female	Male					
<80 cm	<90 cm	0				
80-90 cm	90-100 cm	1				
>90 cm	>100 cm	2				
5. Do you undertake any physical activities for min. of 150 minutes in a week?	Less than 150 minutes in a week	1				
	At least 150 minutes in a week	0				
6. Do you have a family history (any one of your parents or siblings) of high blood pressure, diabetes and heart disease?	No	0				
	Yes	2				
Total Score						

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Ulcers /patch /growth in the mouth that has not healed in two weeks		Bleeding after intercourse	
Any change in the tone of your voice		Foul smelling vaginal discharge	

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Preventive Check-up (Examination of Family Members)

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LMP EDD		Past History:
ANC visits		Personal History:
Counselling		Family Planning?
Significant Medical History		
General Examination		
Systemic Examination		
Significant findings on Investigation		Delivery Details:
Significant Post Natal History		
Advice Given		

5 Ruled Pages + Set of Growth Charts to be attached

Vital Events (in past year)

Date of Visit→			
Births <ul style="list-style-type: none">• Sex of Child• Birth History• Place of Delivery			
Marriage: Age at Marriage			
Deaths <ul style="list-style-type: none">• Cause• Age• Sex			
Migration: <ul style="list-style-type: none">• To• Reason			

FAMILY SURVEY REPORT

Family Survey Report

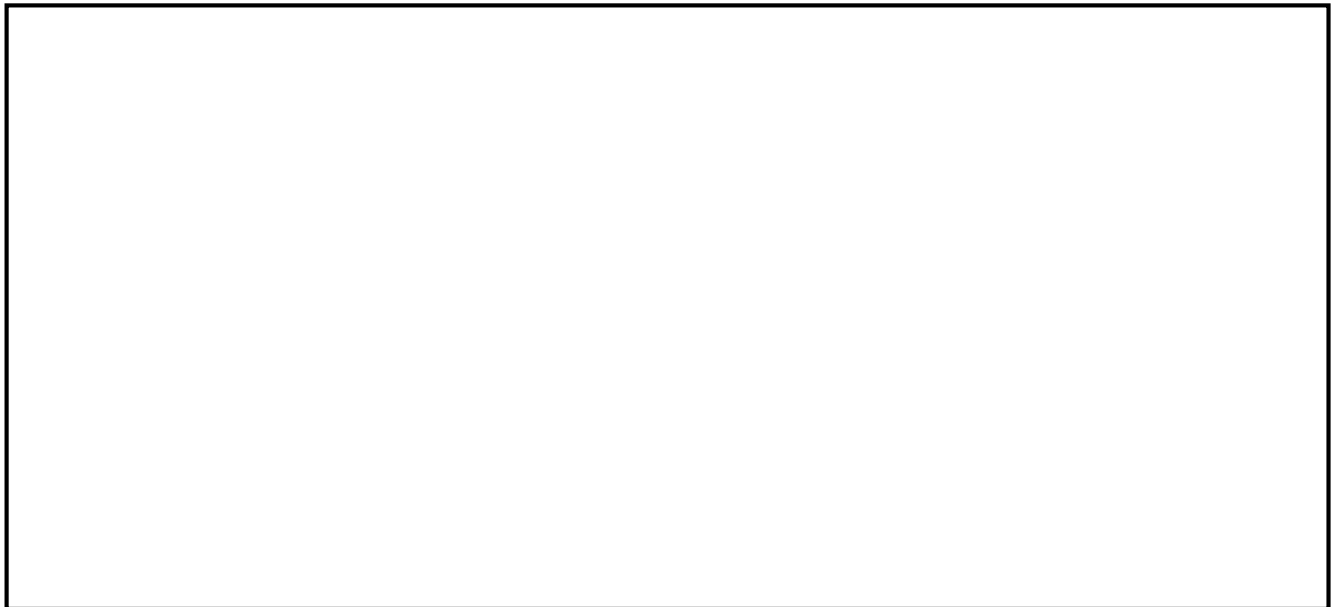
Batch:

Survey Period:

Area:

Location:

MAP



No. of Families Residing in the Area:

No. of Families Surveyed: % _____

Age & Sex wise Distribution:

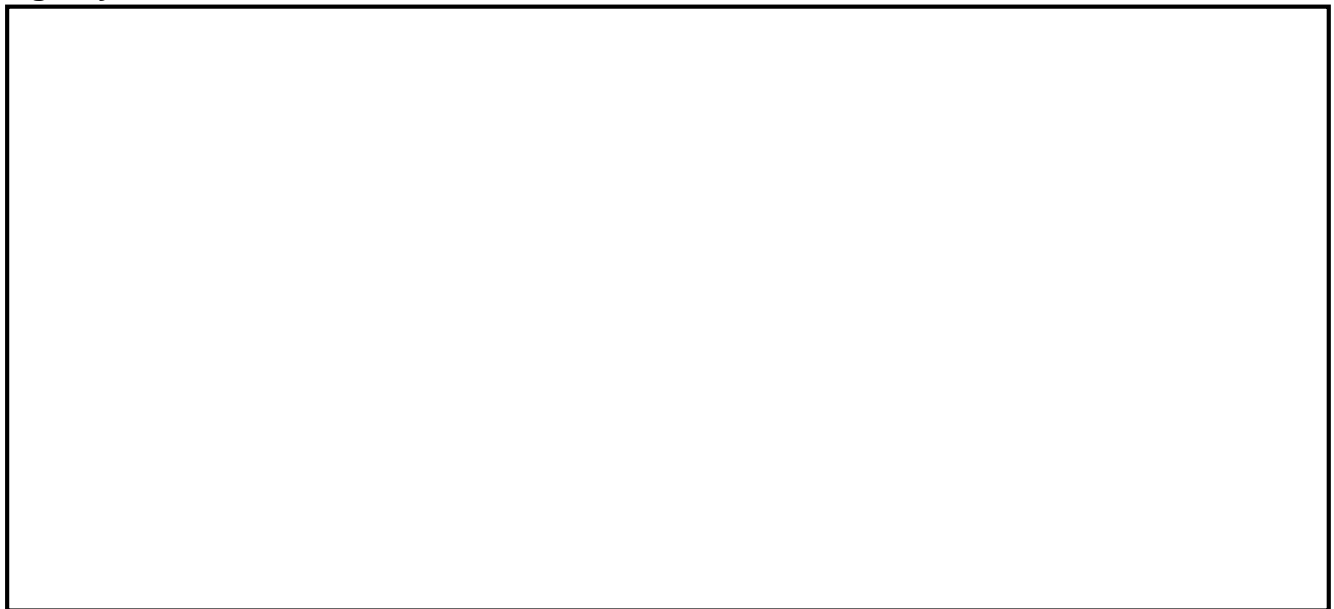
Age Group	Sex		Total
	Males (%)	Females (%)	
Total			

Mean Age: years (SD=)

Sex Ratio:

Dependency Ratio:

Age Pyramid



Family Types

Family Type	No. of Households	Percentage
Joint		
Nuclear		
Three Generation		

Other Family Types If Any

Comments:

Religion

Religion	No. of Households	Percentage
Hindu		
Muslim		
Buddhist		
Christian		
Total		

Comments:

Education

Education	Frequency	Percentage
Not Applicable		
Illiterate		
Primary		
High School		
Secondary		
Graduate& Above		
Total		

Comments:

Occupation

Occupation	Frequency	Percentage

Comments:

Socio Economic Status (Modified BG Prasad Scale Year_____)

Class	Criteria (income/capita/month)	No. of Families	Percentage
I			
II			
III			
IV			
V			

Comments:

Addictions

Addiction to	Males	Females	Total
Alcohol			
Tobacco			
Others			

Comment

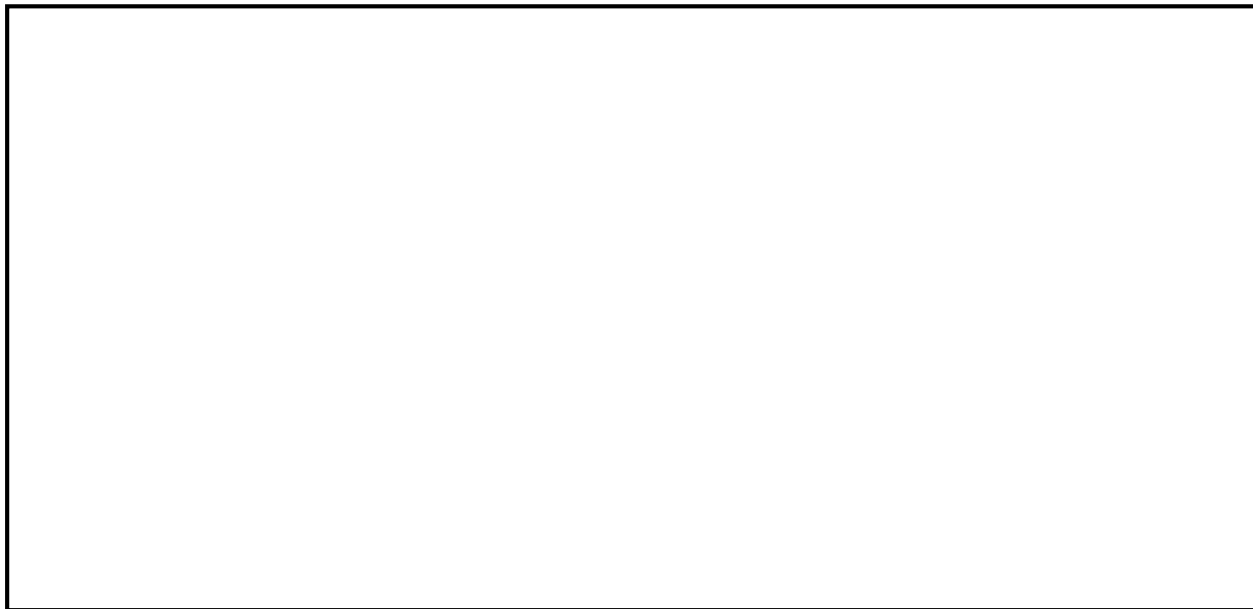
Diet

Diet	Frequency	Percentage
Vegetarian		
Mixed		

Morbidity Profile

Condition	Frequency	Percentage

Graph



Availability of Important Government Documents

	Frequency	Percentage
ABHA Card		
Ration Card <ul style="list-style-type: none"> • White • Yellow • Orange 		
Insurance		
Other:		
Benefit of Government Programmes/Schemes <ol style="list-style-type: none"> 1. 2. 3. 4. 		

Comments:

Eligible Couples

Number of Couples/ Family	Frequency	Percentage
1		
2		
3		
4		
Total		

Use of Contraceptives

Contraceptive	Frequency	Percentage
Not Used		
Terminal Method <ul style="list-style-type: none"> • Vasectomy • Tubectomy 		
Temporary Contraceptive <ul style="list-style-type: none"> • Condoms • IUCD • Pills • Other 		

Comments

Unmet Needs of Family Planning

Vaccination

	No. of children	Percentage
Completely Immunized		
Partially Immunized		
Unimmunized		
Total		

Comment

Environment

Housing	Number	Percentage
Kaccha		
Semi Pucca		
Pucca		

Comment**Overcrowding**

	Number	Percentage
Present		
Absent		

Comment**Water**

Source	Number	Percentage

Comment

Purification Methods Used

Method	Number of Households	Percentage

Comment

Waste Disposal Method

Method	Number of Households	Percentage

Comment

Latrines

Latrines Used	Number of Households	Percentage
Public		
Private		
Condition		
Clean		
Unclean		

Comment

Cooking

Cooking Fuel	Frequency	Percentage

Comment

Schools/ Anganwadi Comment

Local self-help groups, community associations and youth organization

Local Businesses & Other Amenities

COMMUNITY DIAGNOSIS

Enumerate the common public health related problems that you could identify in the community

HEALTH CAMPS

Health CAMP

Date:

Place:

Batch:

No. of Students:

No. of Doctors with Speciality:

Number of Patients Treated:

Condition	Frequency	Percentage
Anaemia		
Malnutrition		
Hypertension		
Diabetes		
IHD		
Kidney Disease		
TB		
Refractory Errors		
Cataract		
Acute Febrile Illness		
Acute Resp.Illness		
Urinary Tract Infections		
Diarrhoeal Disease		
Other		
Total		

Signature of Incharge

Health CAMP

Date:

Place:

Batch:

No. of Students:

No. of Doctors with Speciality:

Number of Patients Treated:

Condition	Frequency	Percentage
Anaemia		
Malnutrition		
Hypertension		
Diabetes		
IHD		
Kidney Disease		
TB		
Refractory Errors		
Cataract		
Acute Febrile Illness		
Acute Resp.Illness		
Urinary Tract Infections		
Diarrhoeal Disease		
Other		
Total		

Signature of Incharge

Health CAMP

Date:

Place:

Batch:

No. of Students:

No. of Doctors with Speciality:

Number of Patients Treated:

Condition	Frequency	Percentage
Anaemia		
Malnutrition		
Hypertension		
Diabetes		
IHD		
Kidney Disease		
TB		
Refractory Errors		
Cataract		
Acute Febrile Illness		
Acute Resp. Illness		
Urinary Tract Infections		
Diarrhoeal Disease		
Other		
Total		

Signature of Incharge

SANITARY SURVEY

Specific Diagnostic Information for Assessment Risk

No	QUESTION	YES	NO
1	Is there a latrine within 10 m of the well/hand pump?		
2	Is the nearest latrine on higher ground?		
3	Is there any other source of pollution within 10 m?		
4	Are the drainage condition poor causing stagnant water within 2m?		
5	Is the hand pump drainage channel faulty? Is it broken? Does the Pump/ Bucket need cleaning?		
6	Is the cement floor (platform) is absent?		
7	Is there any ponding on the cement floor around?		
8	Are there any cracks on the cement floor around the hand pump?		
9	Is priming of tube well required during dry season?		
10	Is the hand pump loose at the point of attachment to base (which could permit water to enter the casing)? Is the Well Uncovered?		
	Total Scores of Risks/10 Contamination risk score: 9-10 = V, High: 6-8=high; 3-5 = intermediate, 0-2 = low Number of “YES” to be counted		

C. Results and Recommendations

The following important point of risk (serially from the top) were noted

and the authority advised on remedial action

**Checklist Format for verification of Open Defecation Free status: Village level:
Transect Walk**

Sl. No	Question	Response (Tick any one)		Remarks
		Yes	No	
1.	Are there any traces of open defecation at any place of village			
2.	Are water sources well protected and have proper			
3.	Is toilet complex / Urinals available near market place or crowded places			
4.	Is environment of village odour free			
5.	Is environment of village having Clean and pleasant appearance			
6.	Solid and Liquid waste is disposed properly			

Any other observations and comments:

Name of Verifier:

Place:

Date:

ENTOMOLOGICAL SURVEY

PROFORMA FOR AEDES LARVAL SURVEY

1 State - 2 Town/Village 3 Locality ---- 4. Week Ending----- Month .../ year.....

Sr No	House No. Name of the owner (No. of occupants)	Water Tanks (all types)		Containers (all types & materials)	Used Tyres (Cycle/ Motor etc)		Desert Coolers	Rain water collection sites		Leaking water supply	Garden ponds/pools/tree holes/irrigation stagnant water		Discarded Materials (coconut shells /scrapes/ plastics	Misc. Any others
		S	FP		S	FP		S	FP		S	FP		

S= Searched, FP = Found Positive

House Index =
$$\frac{\text{No. of Houses +ve for Aedes Larva}}{\text{No. of Houses Searched}} \times 100$$

Container Index =
$$\frac{\text{No. of containers +ve for Aedes Larva}}{\text{No. of Containers Searched}} \times 100$$

Pupal Index =
$$\frac{\text{Number of pupae}}{\text{Number of houses inspected}} \times 100$$

Breteau Index =
$$\frac{\text{No. of containers +ve for Aedes Larva}}{\text{No. of Houses Searched}} \times 100$$

Findings of Larval Survey

Recommendations given & Actions Taken

Signature of Teacher

HEALTH COMMUNICATION

What advice have you given to the families to overcome these problems?

Additional IEC Actives and New initiatives in the Community

ENVIRONMENTAL SUSTAINABILITY ACTIVITIES

**Write about Environmental Sustainability Activities undertaken by you and your friends
In First Year**

PHOTOGRAPHS

**Write about Environmental Sustainability Activities undertaken by you and your friends
In Second Year**

PHOTOGRAPHS

**Write about Environmental Sustainability Activities undertaken by you and your friends
In Third Year**

PHOTOGRAPHS

Name:

Date of Posting

Place

To be filled by teacher in charge for batch field postings. Tick (√) to Grade out of 5.

	First Year					Second Year					Third Year				
Appearance and General Behaviour	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Punctuality	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Attitude towards the Community	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Relationship with other students	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Relationship with People in the Community	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Collection of Data	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Presentation of Data	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Interpretation of Data	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Ability to relate findings to Solving Community Health Problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Students critique of his own approach	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Ability to suggest solutions to problems	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Contribution to group Discussion	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Performance in Crisis Situation	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5
Assessment of Survey Report	1	2	3	4	5	1	2	3	4	5	1	2	3	4	5

Remarks:

Signature of Batch In charge

Resources Used

- 1. GMER 2023**
- 2. Tejinder Singh & Anshu. *Community Based Assessment, Assessment in Medical Education* 1st ed.**
- 3. Operational Guidelines for Swatch Swasthya Sarvatra**
- 4. Compendium of Entomological Surveillance NVBDCP**
- 5. Draft NMC QCI Accreditation Framework**