



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



**DEPARTMENT OF COMMUNITY MEDICINE
FAMILY STUDY & SURVEY JOURNAL**

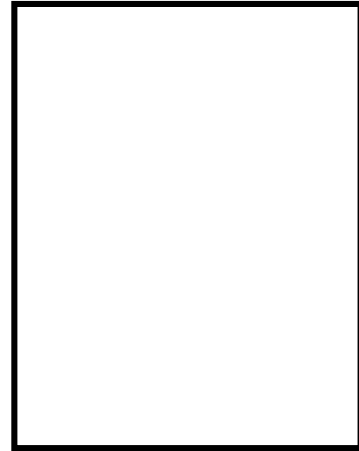
NAME _____

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

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Name of Student:

Batch/Year:

Field Practice Area:

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Competencies and Objectives of Family Study

FIRST YEAR

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

- 1st MBBS student 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

Introduction to Family Study

First Year

Socio Demographic Profile of Families
Dietary History, Nutritional Habits and Counselling

Second Year

Environmental Factors
Social Habits Customs and Addictions
Economic Status

Third Year

Vital Events
Preventive Check Up
Presentation of Family Study Survey

Before you begin your Family Study it helps to know the field area. With help of Medical Social Worker find out about

- Healthcare Facilities and Providers (Private; Public)
- Anganwadis and Schools
- Mahila Mandals & Yuva Mandals
- NGOs working in the area
- Public distribution system
- Local Businesses
- Local Civil Society Leaders

Family is the basic unit of a society. It is a cultural, biological and an epidemiological unit. Students should endeavour to become friends and health advisors to their families and follow the families throughout their undergraduate training. They must link the families with various government and non-government agencies in the area to avail of the benefits that will ultimately improve their health.

Objectives of a family study

- To assess health status of the family/members
- To identify vulnerable individuals
- To identify the health problems, health needs and health demands of the family
- To make a comprehensive community diagnosis
- And to suggest corrective measures which are socially and culturally compatible and acceptable and economically feasible for the family

Know the reasoning behind every question during the family study and its relevance to health

Difference between a clinico-social case presentation and family study

Sl. No.	Variable	Clinico social case presentation	Family study
1.	Aims	An individual	Health of the family and the community
2.	Covers	Curative aspects in detail	Comprehensive health aspect
3.	Benefits to	The individual and the family	The whole family and the community
4.	Vulnerable age groups	Not the focus of our action	Are the focus of our action

Difference between vulnerable group and high risk group

Vulnerable group	At risk or high risk group
Potential to have problem; may or may not have	Have or has a predisposing factor

GENERAL INFORMATION

1. Name of the head of the family
 - Who takes decisions in the family with respect to health seeking, health expenditure, marriages, preparation of food items etc.
 - HOF need not be the person who is the oldest (by age) or higher earning capacity or even the gender

2. Name of the person interviewed and his/her relation to the head of the family
 - Because tells us the quality/reliability of information provided.
 - Helps to clarify any issue at a later date if need be.

3. Residing at: (the complete address is a must) Current, Correct, Complete and Clear address with landmark (also take the phone number if available). Why?
 - Geographic distribution of diseases/Medical geography
 - Certain areas/regions are endemic for some diseases

- May also shed some information on health services availability and accessibility
 - Cultural aspects which may impact health
4. Duration of stay at this address:
- Relate migration, uprooting, relocation etc... to the health problems identified or proneness for a health problem as a consequence
 - Where were they staying before moving to this location?
5. Religion and caste: Why?
- Certain religious practices may have a role to play with certain health aspects, diseases, health beliefs or health seeking behaviour.
 - Knowing the religion and caste may also help understanding the reasons for a health problem
 - Government has specific schemes for the socially oppressed (OBCs, SCs and STs etc.)
 - Knowing the religion would also help make culturally sensitive recommendations.

Vital Statistics: The science of numerical facts dealing with vital events in life is called vital statistics. The application of vital statistics is very important in policy making.

Uses and Applications

Vital statistics provide answers to important health related questions such as:

1. What are the leading causes of mortality and morbidity? What are their trends over a period as regards severity and prevalence?
2. What is the age, sex, class and area wise distribution of various variables?
3. What is the composition of the population and what are the future trends?
4. Which health program should be given priority and what are the needs for the same?

The answers to these questions then help in policy making.

Q. Sources of vital statistics

1. Census enumeration
2. Registration of births and deaths
3. Notifiable disease records
4. Hospital and health centre records
5. Sample registration system
6. Adhoc surveys
7. Records of the insurance companies
8. Reports of other surveys and other voluntary organizations

FAMILY STRUCTURE AND ECONOMICS

1. Type of the family: Joint/Nuclear/Three generation

- Role of the type of family in health and diseases.
- Advantages of a particular type of family with respect to health

Q. What is a family?

A family is the primary unit in any society.

It is defined **as a group of individuals related biologically or by the institution of marriage living together and eating from the same kitchen.**

- Biological unit – The individuals share a pool of genes
- Social unit – They share a common physical and social environment
- Cultural unit – The family reflects the culture of the wider society of which it is a part and determines the behaviours of its members.
- It is also an epidemiological unit

Q. What is the difference between a family and a household?

A household is where the individuals may not be related biologically. E.g.

Servants

The census of India 2001 defines:

A 'household' is usually a group of persons who normally live together and take their meals from a common kitchen unless the exigencies of work prevent any of them from doing so.

Persons in a household may be related or unrelated or a mix of both. However, if a group of unrelated persons live in a census house but do not take their meals from the common kitchen, then they are not constituent of a common household.

Each such person was to be treated as a separate household. **The important link in finding out whether it is a household is to see if there is a common kitchen.**

There may be one member households, two member households or multi-member households.

Q. What are the different types of family you know?

- Joint family
- Nuclear family / elementary family
- Three generation family

Q. What is a nuclear family / elementary family?

A nuclear family is the one which consists of **married couple living with their children while the children are still regarded as dependent on the couple.**

- They share a common dwelling place

- ii. Husband plays a dominant role usually
- iii. Greater burden in terms of responsibilities for child rearing.
- iv. More intimate relationship between husband and wife
- v. 'New' families are the nuclear families that are less than 10 years old

Q. What is a joint family/extended family?

A joint family is the one where in a number of married couples and their children live together live in the same house. The men are all related by blood and the women are their wives, unmarried girls and widows of their family kinsmen.

- i. The property is held in common. There is a common purse to which all the money goes and the family expenditure is met with by that common purse.
- ii. The most senior male member is the head of family and takes all the decisions. His wife is the head of the women folk in the family.
- iii. Familial relations enjoy primacy over marital relations.

This is a **lateral extension of the nuclear family**

Q. What is a three generation family?

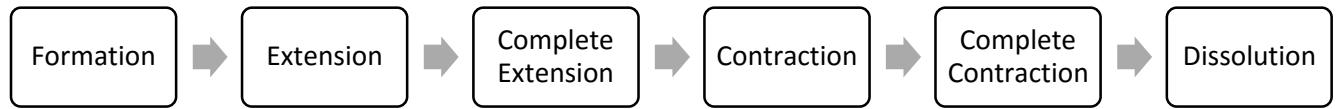
It is a family where **representatives of three generation are living together.**

Young married couples continue to stay with their parents and have their own children as well.

- i. This is fairly common in countries like India where married couples find it difficult to find separate accommodation.
- ii. It has some of the advantages of the joint family with regards to the responsibility in upbringing of the children
- iii. In urban areas with working women it has more relevance; the grand parents can take care of children in the absence of their parents.
- iv. Also, senior citizens of the family stay with the young couple; they are also taken care of, thereby supporting them.

This is a **linear extension of the nuclear family.**

Basic Model of Nuclear Family Life Cycle



Q. What do you mean by family of orientation and family of procreation?

The family into which **individuals are born** is called the **family of orientation**.

The family that the **individual creates after he/she marries and thus 'procreates into'** is called the **family of procreation**.

2. Number of family members:

- a. Adults Males:
 Females:
- b. Children Boys:
 Girls:

3. Profile of individual family members

Sl. No.	Name of the family member	Relation to the HOF	Age	Sex	Ocupn	Edu	Income (p.m.)	Comments / Remarks
1	Head of the family							
2	Wife of H O F							
3	Children							

- Age and sex composition of the family will help identify vulnerable age groups and health needs
- This in turn will help prioritizing the needs and direct resources to most vulnerable groups
- Will also enlist current health problems and health needs

Q. Why should you know the educational status of an individual?

- It is known that better the educational status, better is the knowledge regarding a particular disease.
- Better the educational status, more reliable and better is the history.
- To give suitable recommendations which the person can understand and follow.

Q. Who is a literate?

- A person **aged 7 years** and above who can both read and write with understanding in any language has been taken as literate. (Census 2001)
- *It is not necessary for a person to have received any formal education or passed any minimum educational standard for being treated as literate. People who are blind and can read in Braille are treated as literates.*

Q. Who is an illiterate?

- A person, who can neither read nor write or can only read but cannot write in any language, is treated as illiterate. All children of **age 6 years or less**, even if going to school and have picked up reading and writing, are treated as illiterates.

Q. What do you mean by Consanguinity?

The literal translation of the word is:

Con = Similar	}
Sanguin = Blood	

This indicates that two people are related by blood.

Q. What are the various degrees of consanguinity?

Four degrees of consanguinity have been identified.

1st degree = Marriage between siblings (Incest)

2nd degree = Marriage between uncle and niece (girl marrying her mother's brother)

3rd degree = Marriage between first cousins (girl marrying her uncle's son)

4th degree = Marriage between second cousins or between people with a relationship beyond second cousins or a far off relationship all fall under this category.

Q. What is the importance?

In these areas consanguineous marriages are very common. Equally common are congenital malformations such as congenital deafness, congenital blindness, cleft lip, cleft palate, any form of disability and other genetic malformations. It has been proven that there is a strong association between congenital malformations and consanguineous marriages. Hence, to identify such problems in the family, we should know the state of consanguinity.

4. Total Income of the family:
Per capita income:

5. Socioeconomic status:

Socio economic status is an important determinant of health, morbidity and mortality of a family. The variables that affect the socio economic status are different in rural settings as compared to urban areas and hence different scales are available for rural and urban areas.

Q. What are the different socio-economic scales that are used in India? How do you classify?

Urban Area	Rural Area	Can be used in both settings
<ul style="list-style-type: none">Modified Kuppuswamy's scale	<ul style="list-style-type: none">Modified B G Prasad's classificationPareekh and Kulashreshta's classification	<ul style="list-style-type: none">Standard of living index – (Parasuraman et al.)BPL/APLWealth Index

Q. What is an Urban Area?

According to the Census of India 2001, an urban area is the one which fulfils the following criteria:

- a) All statutory places with a municipality, corporation, cantonment board or notified town area committee, etc. **OR**
- b) A place satisfying the following three criteria simultaneously:
 - i. A minimum population of 5,000;
 - ii. At least 75 per cent of male working population engaged in non-agricultural pursuits; and
 - iii. A density of population of at least 400 per sq. km. (1,000 per sq. mile)

Q. What is a rural area?

According to the Census of India 2001, all those areas which do not fulfil the criteria for urban area are grouped as rural areas

Q. What is a slum?

According to the Census of India 2001, slum areas broadly constitute:

1. All specified areas in a town or city notified as 'Slum' by State/Local Government and UT Administration under any Act including a 'Slum Act'.
2. All areas recognized as 'Slum' by State/Local Government and UT Administration, Housing and Slum Boards, which may have not been formally notified as slum under any act;
3. A compact area of a population of at least 300; or about 60-70 households of poorly built congested tenements, in unhygienic environment usually with

inadequate infrastructure and lacking in proper sanitary and drinking water facilities.

The UN habitat defines a slum as an area lacking the following facilities:

- a. Access to improved water
- b. Access to improved sanitation
- c. Security of tenure (the right to effective protection by the state against arbitrary, unlawful eviction)
- d. Durability of housing (including living in a non - hazardous location)
- e. Sufficient living area (no overcrowding).

6. Expenditure pattern:

- Tells us the prioritization of the family: health promotion related expenditure such as on Diet/ Immunisation/ Water filter/ refrigerator etc...
- Tells us the amount of money a family spends on health and the role an illness plays in impoverishing the family
- Direct and Indirect expenditure on Health (Micro economics of health and diseases)

1	What Proportion of the family income is spent on Medical needs	
2	What Proportion of the family income is spent on food	
3	Savings	
4	Debts	

7. Vital events in the family in the past 1 year (Births/ Deaths/ Marriage/ Migration)

Q. What do you mean by vital events?

Vital events are defined as those important events in human life such as birth, death, sickness, marriage, divorce, adoption, legitimization, recognition, separation etc... which have a bearing upon an individual's entrance into or from life together with changes in civil status which may occur to him during his life time. This therefore will affect the family structure and thereby affecting the demographic characteristics of the family, a community and the country.

Q. What are the implications of vital events on a family?

The vital events have a very important bearing on the family.

- Birth/Marriage: heralds the entry of a new person into the family which increases the needs of the family. It also leads to the neglect of the other

children and the other vulnerable groups in the family. Marriage is a change of environment for the girl and this might have an adverse effect on her.

- Death: leads to a void in the family. It may decrease the burden on the family to some extent. However, it might take away a 'decision maker' or an 'earning member' from the family which definitely has adverse effects on the other family members.
- Migration: indicates a change in the environment for all the family members and thus might have ill effects.

8. Health care utilization

- Availability, Accessibility, Affordability and Utilization of Health Services for common/simple and complicated problems.
- Also make a note of Anganwadi, PDS, Government school which the family accesses
- Why do they go to this particular physician (Traditional/ ISM/ Allopathic/ Quack)?
- What are the transport facilities available to the family? During a health emergency do they have an access to some form of transport facility?
- Recreation facilities: Radio/ TV/ Magazine/ Cinema/Drama others.
(Why should we know about the recreational facilities? What role does that have on the health of the family/members of family?)
- Communication facilities available in the community

SOCIO ENVIRONMENTAL HISTORY OF THE FAMILY

A. Macro environment

- a. Draw a map of the area as you enter the area
- b. Locate the house in the community

Q. Why should you locate the house in the community?

- To assess the accessibility to and from the house.
 - To identify any health problem that might be associated with the location
 - To assess its distance from important centres such as PDS, Anganwadis, Health centres, Schools etc...
- c. Describe the external environment of the house – any accident prone area, open drains, vector breeding sites, waste disposal area, stray animals, or any other significant observations
 - d. Also describe the solid waste management in the area

B. Micro environment

a. Housing

- Type of the house
 - a. Attached/Detached
 - b. Pucca/ Kacchha/ semipucca/ semikacchha
 - c. Owned/Rented/Leased out
 - d. Dampness – present/ absent

Q. What do you mean by attached house?

An attached house is the one which shares one or more walls with another house. This decreases the **ventilation, cross ventilation** and **lighting** in the house. Also, there are chances that the family gets to hear what the other family is speaking and that is a **nuisance** to the family.

In urban areas, high rise apartments and flat systems pose a similar problem. However, if ventilation, cross ventilation and lighting are adequate then it should be considered adequate.

Q. What is Pucca house? Kutcha house? Semi Pucca house? Semi kutcha house?

Census classifies houses into 2 classes: pucca and kutcha. Therefore it defines a pucca house and a kutcha house. It has identified the materials which are used to construct pucca house and kutcha house. (the table below describes the same)

	Variable	Pucca	Kutcha
1	Durability	Long lasting	Short lasting
2	Definition	A house is called pucca if it is constructed using the following materials	
		A house is called kucchha if it is constructed using the following materials	
		Wall <ul style="list-style-type: none">• Burnt bricks• Stones• Concrete• Cement• Timber	Roof <ul style="list-style-type: none">• Tiles• G.I/Metal• Asbestos• Concrete• Bricks• Stone• Timber
		<ul style="list-style-type: none">• Un burnt bricks• Bamboos• Mud• Grass• Reeds• Thatch• Loosely packed stone	

A pucca house is long lasting and does not allow rain water, insects, snakes etc...to come into the house. It gives good shelter to the inmates. It protects against cold, heat, and dampness.

- House Plan – preferably draw a rough sketch
- Size of the house
 - a. Floor space of the house
 - b. Per capita space in the house
- Number of living rooms
- Other rooms
- Overcrowding: (why should you know about overcrowding? Privacy, movement, rest, sleep, irritability, frustration, psychosomatic problems, physical proximity might lead to spread of communicable diseases)
- Windows-doors space and its relation to the floor space of the family
Ratio of the window space to the floor area
 - a. 1/5th of the floor area: Yes/ No
 - b. Doors and Windows combined would it be 2/5th of the Floor area: Yes /No
- Ventilation including cross ventilation
- Lighting
- Any other important finding

b. Kitchen

- Separate/Attached
- Platform: present/absent
- Platform used for cooking or not?
- Fuel used for cooking
(If fuel is used for cooking is kerosene then ask details about it)
- Smoke vent: present/absent
- Smokeless chullha
- Washing area for utensils
- Storage of cooked food, raw food items including vegetables

c. Water (for drinking purposes and for other purposes)

1. Source (mention all the different sources and preferably its use): Piped or un-piped; Bore water/ Open well/ Hand pump/ River/ Tank/ any other. Also mention the distance of source of water.
2. Collection and storage methods including frequency, method of collection, method of transport, storage of water
3. Purification methods
4. Utilization of water: filter, drum, tumbler with or without a handle,

{Also know the following: Is the source of water safe? Is it protected from pollution? Is it protected from unauthorized access to human /animals? If possible assess the source of water}

Q. What are the different types of water sources and their definitions? (source– NFHS 3)

Piped water into dwelling	Pipe connected with in-house plumbing to one or more taps, e.g. in the kitchen and bathroom. Sometimes called a house connection. In-house pipes connected to a public or private water distribution system.
Piped water to yard/plot	Pipe connected to a tap outside the house in the yard or plot (and the water is coming from a public or private water distribution system). Sometimes called a yard connection.
Public tap/standpipe	Public water point from which community members may collect water (and the water is coming from a public or private water distribution system). A standpipe may also be known as a public fountain or public tap. Public standpipes can have one or more taps and are often made of brickwork, masonry or concrete.
Tube-well or borehole	A deep hole that has been driven, bored or drilled with the purpose of reaching ground water supplies. Water is delivered from a tube-well or borehole through a pump which may be human, animal, wind, electric, diesel or solar-powered.
Protected dug well	A dug well that is (1) protected from runoff water through a well lining or casing that is raised above ground level and a platform that diverts spilled water away from the well and (2) covered so that bird droppings and animals cannot fall down the hole. Both conditions must be observed for a dug well to be considered as protected.
Unprotected dug well	A dug well which is 1) unprotected from runoff water; 2) unprotected from bird droppings and animals; or (3) both.
Protected spring	A spring protected from runoff, bird droppings, and animals by a “spring box” which is typically constructed of brick, masonry, or concrete and is built around the spring so that water flows directly out of the box into a pipe without being exposed to outside pollution.
Unprotected spring	A spring that is subject to runoff and/ or bird droppings or animals. Unprotected springs typically do not have a “spring box”.
Rainwater	Rain that is collected or harvested from surfaces by roof or ground catchment and stored in a container, tank or cistern.
Tanker truck	Water is obtained from a provider who uses a truck to transport water into the community. Typically the provider sells the water to households.
Cart with small tank	Water is obtained from a provider who transports water into a community using a cart and then sells the water. The means for pulling the cart may be motorized or non-motorized (e.g., a bullock).

Surface water	Water located above ground and includes rivers, dams, lakes, ponds, streams, canals, and irrigation channels
Bottled water	Water that is bottled and sold to the household in bottles

d. Sanitation

1. Describe the bathing area – anything identified which could be detrimental to the health of the family members
2. Defecation
 - Toilet facilities: (this activity should be preferably documented by inspection or observation and not only by asking questions)
 - A toilet within the house/attached to the dwelling unit.
 - Does the toilet have soap and water?
 - Public/ Community toilets; If available
 - utilized or not
 - are they sufficient
 - are children encouraged to use these toilets
 - are they allowed or encouraged to defecate/ micturate near the house
 - How far are these toilets located from dwelling unit
 - Are they well maintained, water available, lighting available in the toilets
 - Type of latrine: Flushable/ water seal present/ Connected to a septic tank/ Pit/ others/ municipal sewerage system
3. Hand washing practices: with soap/ without soap/ with ash/ with clay/ with mud/ only water. Remember the five `F`s and sanitation barrier
 - Before eating, before feeding the infant/child, before collecting water for drinking from the vessel, after defecation and after washing the bottom of the new born/infant/child
4. Disposal of wastes (solid/ liquid/ sullage/ sewage/ garbage and refuse disposal)
 - Segregation of wastes in to bio degradable and non bio degradable
 - Waste containers in the house: Lid/No lid
 - Where do they deposit the waste generated at home?
 - Is a common waste container provided for the locality/street etc?
 - How far is it located from house?
 - How frequently is the waste collected from here
 - Describe the common waste collection point/container/access to animals etc.
 - Sullage disposal?
5. Domestic pets in the house: Present/ absent

DIETARY PRACTICES

- a. Type of diet – Vegetarian/Non vegetarian

- b. Staple diet – Rice/Ragi/Wheat/Maize
- c. Procurement of raw food: Cereals, vegetables, fruits and groceries
- d. Calculate the consumption units for the family
- e. Method used for dietary survey: Stock Inventory method/ 24 hr dietary recall
- f. Dietary co efficient is defined as the energy requirement of an adult male sedentary worker i.e. 1 D C = 1 adult consumption unit = 2400 kcal (ICMR Recommendation)
- g. For one consumption unit the following is the balanced diet prescribed.

Category	Type of work	Dietary Co efficient	Energy Requirement
Adult Male	sedentary worker	1.0	2400
	moderate worker	1.2	2800
	heavy worker	1.6	3900
Adult female	sedentary worker	0.8	1900
	moderate worker	0.9	2200
	heavy worker	1.2	2800
Adolescents	12 – 21 yrs	1.0	2400
Children	10 – 11 yrs	0.8	1900
	8 – 9 yrs	0.7	1700
	6 – 7 yrs	0.6	1440
	4 – 5 yrs	0.5	1200
	1 – 3 yrs	0.4	1000
	< 1 yr	0.3	

- Estimate the amount of food items used by the family per day.
- Estimate the amount they should actually be using according to the RDA
- Then compare the above two and calculate the deficiency or excess; and comment
- Also calculate the energy and protein deficiency or excess for the entire family i.e. **2400 k cal per consumption unit (+ 300 kcal for pregnancy; + 550 kcal for the first 6 months of lactation; + 400 kcal for 6 – 12 months of lactation) AND protein of 1 g/kg of body weight**

Cereals	460 g
Pulses	40 g
Green Leafy vegetables	40 g
Other vegetables	60 g
Roots and tubers	50 g
Milk	150 g
Fat/Oil/Ghee	40 g
Sugar/ Jaggery	30 g

a. Cooking and food handling practices

- Vegetables washed thoroughly and not merely rinsed in water
- Storage of vegetables/ perishables and not perishables
- Cooked food consumption/ storage / reheating etc.
- Cleaning of kitchen utensils and inspection of few of the commonly used vessels for cooking and serving, to ascertain the cleanliness of the vessels.
- Inspect the utensils used for infant feeding (including feeding bottle for cleanliness/smell/and grease.

CULTURAL PRACTICES OF THE FAMILY

Note down the specific cultural practices prevalent in the family such as:

1. Withholding food items during antenatal period
2. Delivery at home itself
3. Pre lacteal feeds
4. Withholding colostrum
5. Application on the umbilical cord
6. Branding
7. Withholding food items during postnatal period
8. Method of preparation of certain foods
9. What do they do when a child has chicken pox

KAP REGARDING HEALTH AND DISEASE

Questions may include aspects on age at marriage, age at first child birth, family size, women's education and employment, food taboos, knowledge regarding diseases causation and cure

- What do you think the age of marriage should be?
- What do you think the age at first child birth should be?
- Do these have an impact on health?
- Outlook on causes of disease: Rational/ Deistic/ Demonic/ Supernatural
- Outlook on prevention and cure of diseases: Rational / Religious/ Fatalistic/ Stoic
- Sources of health related information for the family is from: Radio/ TV/ Newspaper/ Health worker/ AWW/ any other

SUMMARY:

HEALTH STATUS OF THE MEMBERS OF THE FAMILY (available for examination)

Sl. No.	Name	History	Anthropometry	Other examination
1				
2				
3				

INDEX CASE: Neonate/ Infant/ Under five/ Adolescent/ Antenatal woman/ Postnatal woman/ Geriatric/ any specific disease

Relevant history:

Examination:

- a. General
- b. Systemic

COMPLETE DIAGNOSIS/COMPREHENSIVE PROBLEM LIST (in the order of priority)

This is the family of Mr. X residing in..... (an urban slum) belonging to socioeconomic status. The health problems, health demands and health needs of this family are.....

The vulnerable individuals identified in this family are.... (Why are they vulnerable?).

Any medical diagnosis in a particular individual has to be mentioned in the end.

RECOMMENDATIONS

	Primary Prevention	Secondary Prevention	Tertiary Prevention
To specific individuals/ index case			
To the family on the whole			
To the community at large			

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:

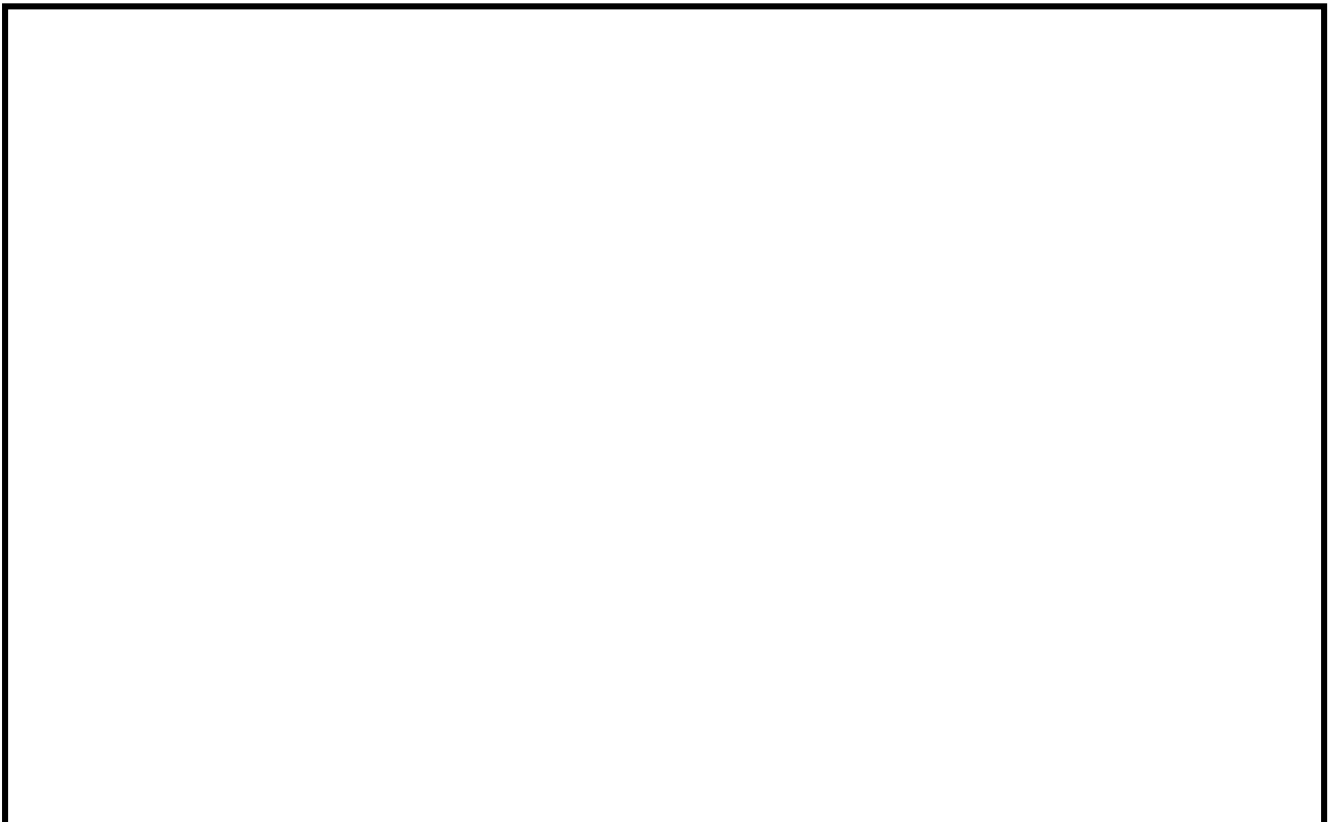
Predominant Religion:

Predominant Castes:

Fairs & Festivals:

Endemic Diseases:

Village Map



FAMILY DETAILS

Family 1

1. Demographic Information

Unique ID	
Name of the head of Family	
Complete Address	
Contact no.	
Family type:	1. Nuclear 2. Joint 3. Three Generation Other_____
No. of Family Members	Total_____ Males_____ Females_____
Religion	1. Hindu 2. Muslim 3.Jain 4.Buddhist 5.Christian 6.Sikh Other_____
Caste Category	1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC Other_____
Income (per capita per month) Class (According to Updated BG Prasad Scale)	

3. Diet & Nutrition

Type of Diet:	Veg / Mixed	Frequency of eating non-veg per week
Time	Particulars	Amount
Breakfast		
Lunch		
Evening Snack		
Dinner		

Average Monthly Expenditure on Food

Expected Calories: _____ Deficit/ Excess: _____

Expected Proteins: _____ Deficit/Excess: _____

Fruit intake:

Hand washing:

Is any Food item not eaten?

Is Supplementary nutrition given to children & Pregnant or lactating women?

Method of Cooking

Rice

Roti

Dal

Vegetables

4. Environment

House

- Type of House: 1. Paccka 2. Semi paccka 3. Kachha
- Rooms: Locality/Neighborhood:
- Overcrowding: Present/ Absent
- Owned/ Rented
- Residing Since
- Outset: Open/Closed
- Lighting: Natural (Adequate/Inadequate), Artificial(Adequate/Inadequate)
- Ventilation: Adequate/ Inadequate

Kitchen

- Separate Kitchen: Y/N
- Cooking Fuel:
- Cooking Practices:
- Food Storage:
- Modern Amenities:

Water

- Source:
- Water Supply:
- Purification:
- Waste Disposal:
- Storage :

Sanitation

- Latrine:
- Type:
- Location:
- Privacy:
- Water Availability:
- Cleanliness:
- Solid Waste Disposal:
- Sewage/Sullage/Refuse/Garbage:

Animals

- Animal(s) Reared:
- Cattle Shed:
- Rodents:
- Vector Breeding Sites:

Housing Plan

5. Social Habits and Customs

- **Social Religious Customs**
- **Addictions**
- **Do women work are they educated? Is there Unemployment in Family?**
- **Have there been instances of Domestic Violence?**
- **Is there any quarrel with neighbors?**
- **Outlook towards Family Planning**
- **Knowledge Attitude and Practices Regarding Common Diseases**

6. Economic Status

- Total Income per month:
- Total Expenditure per month:
- Savings:
- Benefit of Government Programmes/Schemes
- Adhar Card
- Ration Card
 - White
 - Yellow
 - Orange
- PAN Card
- Insurance

Income 1. 2. 3. 4.	Expenditure Rent Food Clothing Education Entertainment Fuel/Travel EMI Addictions Medicines & Health Other
Assets	Liabilities

7. Vital Events (in past year)

Births

- Sex of Child
- Detailed Birth History
- Place of Delivery

Deaths

- Cause
- Age
- Sex

Marriage:

Age at Marriage
Arranged/Love
Interfaith/ Inter-caste

Migration:

- To
- From
- Reason

8. 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		

2) Children

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Prepare a Pedigree Chart

3) Family planning, Contraceptive services and Other Reproductive Health Care services:

Visit Date	Name	Method of family planning or contraceptive used	Health institute which provided this service	Any difficulty while using family planning or contraceptive methods	Remark

4) Other Health Problems (CDs, NCDs. Geriatric Health, Mental Health)

Visit	Name	Signs & Symptoms/Diagnosis	Treatment	Advice

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

Question	Range	Circle any	Write score
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.

Family 2

1. Demographic Information

Unique ID	
Name of the head of Family	
Complete Address	
Contact no.	
Family type:	1. Nuclear 2. Joint 3. Three Generation Other_____
No. of Family Members	Total_____ Males_____ Females_____
Religion	1. Hindu 2. Muslim 3.Jain 4.Buddhist 5.Christian 6.Sikh Other_____
Caste Category	1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC Other_____
Income (per capita per month) Class (According to Updated BG Prasad Scale)	

2. Diet & Nutrition

Type of Diet:	Veg / Mixed	Frequency of eating non-veg per week
Time	Particulars	Amount
Breakfast		
Lunch		
Evening Snack		
Dinner		

Average Monthly Expenditure on Food

Expected Calories: _____ Deficit/ Excess: _____

Expected Proteins: _____ Deficit/Excess: _____

Fruit intake:

Hand washing:

Is any Food item not eaten?

Is Supplementary nutrition given to children & Pregnant or lactating women?

Method of Cooking

Rice

Roti

Dal

Vegetables

3. Environment

House

- Type of House: 1. Paccka 2. Semi paccka 3. Kachha
- Rooms: Locality/Neighborhood:
- Overcrowding: Present/ Absent
- Owned/ Rented
- Residing Since
- Outset: Open/Closed
- Lighting: Natural (Adequate/Inadequate), Artificial(Adequate/Inadequate)
- Ventilation: Adequate/ Inadequate

Kitchen

- Separate Kitchen: Y/N
- Cooking Fuel:
- Cooking Practices:
- Food Storage:
- Modern Amenities:

Water

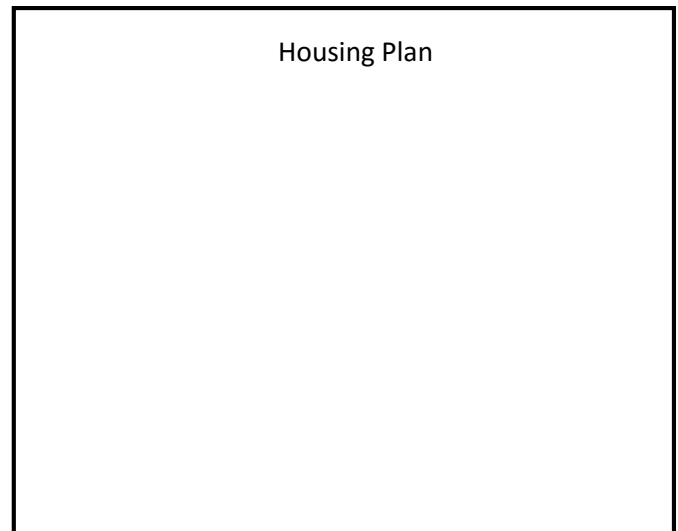
- Source:
- Water Supply:
- Purification:
- Waste Disposal:
- Storage :

Sanitation

- Latrine:
- Type:
- Location:
- Privacy:
- Water Availability:
- Cleanliness:
- Solid Waste Disposal:
- Sewage/Sullage/Refuse/Garbage:

Animals

- Animal(s) Reared:
- Cattle Shed:
- Rodents:
- Vector Breeding Sites:



4. Social Habits and Customs

- **Social Religious Customs**
- **Addictions**
- **Do women work are they educated? Is there Unemployment in Family?**
- **Have there been instances of Domestic Violence?**
- **Is there any quarrel with neighbors?**
- **Outlook towards Family Planning**
- **Knowledge Attitude and Practices Regarding Common Diseases**

5. Economic Status

- Total Income per month:
- Total Expenditure per month:
- Savings:
- Benefit of Government Programmes/Schemes
- Adhar Card
- Ration Card
 - White
 - Yellow
 - Orange
- PAN Card
- Insurance

Income 1. 2. 3. 4.	Expenditure Rent Food Clothing Education Entertainment Fuel/Travel EMI Addictions Medicines & Health Other
Assets	Liabilities

6. Vital Events (in past year)

Births

- Sex of Child
- Detailed Birth History
- Place of Delivery

Deaths

- Cause
- Age
- Sex

Marriage:

Age at Marriage
Arranged/Love
Interfaith/ Inter-caste

Migration:

- To
- From
- Reason

7. 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		

2) Children

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Prepare a Pedigree Chart

3) Family planning, Contraceptive services and Other Reproductive Health Care services:

Visit Date	Name	Method of family planning or contraceptive used	Health institute which provided this service	Any difficulty while using family planning or contraceptive methods	Remark

4) Other Health Problems (CDs, NCDs. Geriatric Health, Mental Health)

Visit	Name	Signs & Symptoms/Diagnosis	Treatment	Advice

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

Question	Range	Circle any	Write score
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.

Family 3

1. Demographic Information

Unique ID	
Name of the head of Family	
Complete Address	
Contact no.	
Family type:	1. Nuclear 2. Joint 3. Three Generation Other_____
No. of Family Members	Total_____ Males_____ Females_____
Religion	1. Hindu 2. Muslim 3.Jain 4.Buddhist 5.Christian 6.Sikh Other_____
Caste Category	1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC Other_____
Income (per capita per month) Class (According to Updated BG Prasad Scale)	

3. Diet & Nutrition

Type of Diet:	Veg / Mixed	Frequency of eating non-veg per week
Time	Particulars	Amount
Breakfast		
Lunch		
Evening Snack		
Dinner		

Average Monthly Expenditure on Food

Expected Calories: _____ Deficit/ Excess: _____

Expected Proteins: _____ Deficit/Excess: _____

Fruit intake:

Hand washing:

Is any Food item not eaten?

Is Supplementary nutrition given to children & Pregnant or lactating women?

Method of Cooking

Rice

Roti

Dal

Vegetables

4. Environment

House

- Type of House: 1. Paccka 2. Semi paccka 3. Kachha
- Rooms: Locality/Neighborhood:
- Overcrowding: Present/ Absent
- Owned/ Rented
- Residing Since
- Outset: Open/Closed
- Lighting: Natural (Adequate/Inadequate), Artificial(Adequate/Inadequate)
- Ventilation: Adequate/ Inadequate

Kitchen

- Separate Kitchen: Y/N
- Cooking Fuel:
- Cooking Practices:
- Food Storage:
- Modern Amenities:

Water

- Source:
- Water Supply:
- Purification:
- Waste Disposal:
- Storage :

Sanitation

- Latrine:
- Type:
- Location:
- Privacy:
- Water Availability:
- Cleanliness:
- Solid Waste Disposal:
- Sewage/Sullage/Refuse/Garbage:

Animals

- Animal(s) Reared:
- Cattle Shed:
- Rodents:
- Vector Breeding Sites:

Housing Plan

5. Social Habits and Customs

- **Social Religious Customs**
- **Addictions**
- **Do women work are they educated? Is there Unemployment in Family?**
- **Have there been instances of Domestic Violence?**
- **Is there any quarrel with neighbors?**
- **Outlook towards Family Planning**
- **Knowledge Attitude and Practices Regarding Common Diseases**

6. Economic Status

- Total Income per month:
- Total Expenditure per month:
- Savings:

Income 1. 2. 3. 4.	Expenditure Rent Food Clothing Education Entertainment Fuel/Travel EMI Addictions Medicines & Health Other
Assets	Liabilities

7. Vital Events (in past year)

Births

- Sex of Child
- Detailed Birth History
- Place of Delivery

Deaths

- Cause
- Age
- Sex

Marriage:

Age at Marriage

Migration:

- To
- From
- Reason

8. Preventive Check-up (Examination of Family Members)

1) ANC/PNC

Name		Age:
Visit Date		Age at Marriage
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Significant Medical History		
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Significant findings on Investigation		Delivery Details:
Significant Post Natal History		
Advice Given		

2) Children

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Prepare a Pedigree Chart

3) Family planning, Contraceptive services and Other Reproductive Health Care services:

Visit Date	Name	Method of family planning or contraceptive used	Health institute which provided this service	Any difficulty while using family planning or contraceptive methods	Remark

4) Other Health Problems (CDs, NCDs. Geriatric Health, Mental Health)

Visit	Name	Signs & Symptoms/Diagnosis	Treatment	Advice

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	≥ 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.

Family 4

1. Demographic Information

Unique ID	
Name of the head of Family	
Complete Address	
Contact no.	
Family type:	1. Nuclear 2. Joint 3. Three Generation Other_____
No. of Family Members	Total_____ Males_____ Females_____
Religion	1. Hindu 2. Muslim 3.Jain 4.Buddhist 5.Christian 6.Sikh Other_____
Caste Category	1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC Other_____
Income (per capita per month) Class (According to Updated BG Prasad Scale)	

3. Diet & Nutrition

Type of Diet:	Veg / Mixed	Frequency of eating non-veg per week
Time	Particulars	Amount
Breakfast		
Lunch		
Evening Snack		
Dinner		

Average Monthly Expenditure on Food

Expected Calories: _____ Deficit/ Excess: _____

Expected Proteins: _____ Deficit/Excess: _____

Fruit intake:

Hand washing:

Is any Food item not eaten?

Is Supplementary nutrition given to children & Pregnant or lactating women?

Method of Cooking

Rice

Roti

Dal

Vegetables

2. Environment

House

- Type of House: 1. Paccka 2. Semi paccka 3. Kachha
- Rooms: Locality/Neighborhood:
- Overcrowding: Present/ Absent
- Owned/ Rented
- Residing Since
- Outset: Open/Closed
- Lighting: Natural (Adequate/Inadequate), Artificial(Adequate/Inadequate)
- Ventilation: Adequate/ Inadequate

Kitchen

- Separate Kitchen: Y/N
- Cooking Fuel:
- Cooking Practices:
- Food Storage:
- Modern Amenities:

Water

- Source:
- Water Supply:
- Purification:
- Waste Disposal:
- Storage :

Sanitation

- Latrine:
- Type:
- Location:
- Privacy:
- Water Availability:
- Cleanliness:
- Solid Waste Disposal:
- Sewage/Sullage/Refuse/Garbage:

Animals

- Animal(s) Reared:
- Cattle Shed:
- Rodents:
- Vector Breeding Sites:

Housing Plan

3. Social Habits and Customs

- **Social Religious Customs**
- **Addictions**
- **Do women work are they educated? Is there Unemployment in Family?**
- **Have there been instances of Domestic Violence?**
- **Is there any quarrel with neighbors?**
- **Outlook towards Family Planning**
- **Knowledge Attitude and Practices Regarding Common Diseases**

4. Economic Status

- Total Income per month:
- Total Expenditure per month:
- Savings:
- Benefit of Government Programmes/Schemes
- Adhar Card
- Ration Card
 - White
 - Yellow
 - Orange
- PAN Card
- Insurance

Income 1. 2. 3. 4.	Expenditure Rent Food Clothing Education Entertainment Fuel/Travel EMI Addictions Medicines & Health Other
Assets	Liabilities

5. Vital Events (in past year)

Births

- Sex of Child
- Detailed Birth History
- Place of Delivery

Deaths

- Cause
- Age
- Sex

Marriage:

Age at Marriage
Arranged/Love
Interfaith/ Inter-caste

Migration:

- To
- From
- Reason

6. 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		

2) Children

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Name	
Birth History	
Immunization Status	
Significant Medical History (eg. ARI, Diarrhoea, Sepsis ,Anaemia, 4 Ds , VPD, SAM/MAM, Other)	
Anaemia, and other Deficiencies, Growth abnormality, Substance abuse etc	
Treatment History	
Remarks	

Prepare a Pedigree Chart

3) Family planning, Contraceptive services and Other Reproductive Health Care services:

Visit Date	Name	Method of family planning or contraceptive used	Health institute which provided this service	Any difficulty while using family planning or contraceptive methods	Remark

4) Other Health Problems (CDs, NCDs. Geriatric Health, Mental Health)

Visit	Name	Signs & Symptoms/Diagnosis	Treatment	Advice

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

Question	Range	Circle any	Write score
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.

Family 5

1. Demographic Information

Unique ID	
Name of the head of Family	
Complete Address	
Contact no.	
Family type:	1. Nuclear 2. Joint 3. Three Generation Other_____
No. of Family Members	Total_____ Males_____ Females_____
Religion	1. Hindu 2. Muslim 3.Jain 4.Buddhist 5.Christian 6.Sikh Other_____
Caste Category	1. Open 2.OBC 3.SC 4. ST 5.VJNT 6. SBC Other_____
Income (per capita per month) Class (According to Updated BG Prasad Scale)	

3. Diet & Nutrition

Type of Diet:	Veg / Mixed	Frequency of eating non-veg per week
Time	Particulars	Amount
Breakfast		
Lunch		
Evening Snack		
Dinner		

Average Monthly Expenditure on Food

Expected Calories: _____ Deficit/ Excess: _____

Expected Proteins: _____ Deficit/Excess: _____

Fruit intake:

Hand washing:

Is any Food item not eaten?

Is Supplementary nutrition given to children & Pregnant or lactating women?

Method of Cooking

Rice

Roti

Dal

Vegetables

4. Environment

House

- Type of House: 1. Paccka 2. Semi paccka 3. Kachha
- Rooms: Locality/Neighborhood:
- Overcrowding: Present/ Absent
- Owned/ Rented
- Residing Since
- Outset: Open/Closed
- Lighting: Natural (Adequate/Inadequate), Artificial(Adequate/Inadequate)
- Ventilation: Adequate/ Inadequate

Kitchen

- Separate Kitchen: Y/N
- Cooking Fuel:
- Cooking Practices:
- Food Storage:
- Modern Amenities:

Water

- Source:
- Water Supply:
- Purification:
- Waste Disposal:
- Storage :

Sanitation

- Latrine:
- Type:
- Location:
- Privacy:
- Water Availability:
- Cleanliness:
- Solid Waste Disposal:
- Sewage/Sullage/Refuse/Garbage:

Animals

- Animal(s) Reared:
- Cattle Shed:
- Rodents:
- Vector Breeding Sites:

Housing Plan

5. Social Habits and Customs

- **Social Religious Customs**
- **Addictions**
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3. Do you consume Alcohol daily?	No	0	
	Yes	1	
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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.

**FAMILY
SURVEY
REPORT**

Family Survey Report

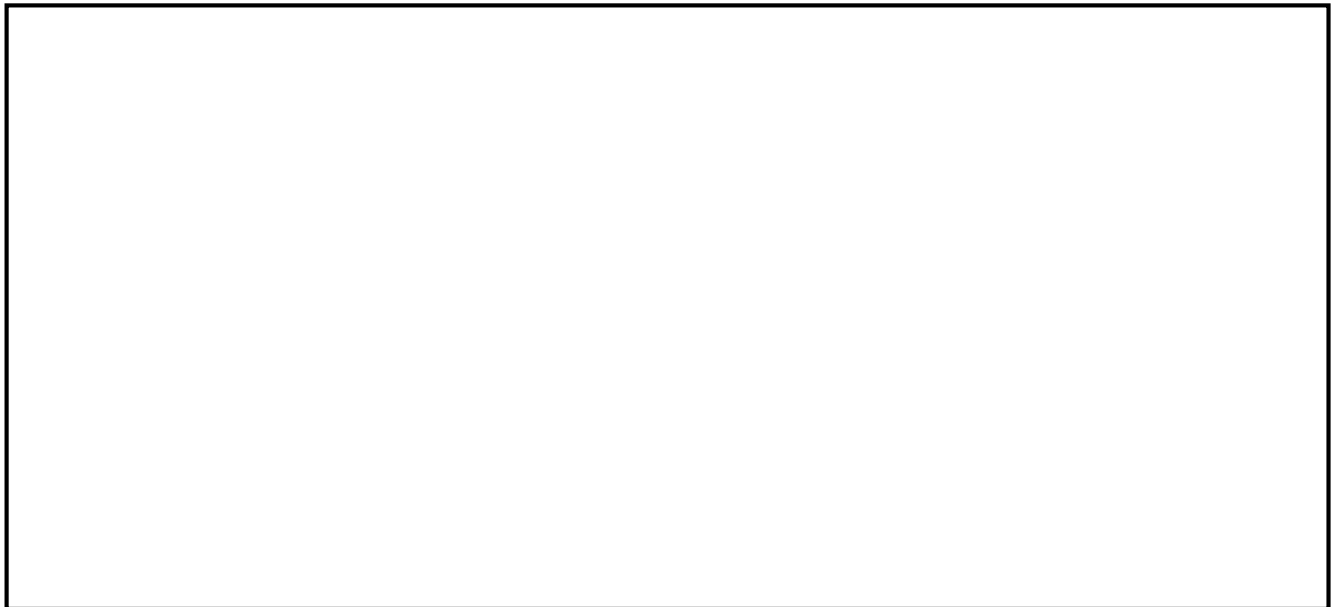
Batch:

Survey Period:

Area:

Location:

MAP



No. of Families Residing in the Area:

No. of Families Surveyed: % _____

Family Types

Family Type	No. of Households	Percentage
Joint		
Nuclear		

Other Family Types If Any

Comments:

Family Size

Family Size	No. of Households	Percentage
1-3		
4-6		
7-9		
10 or more		

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_____)

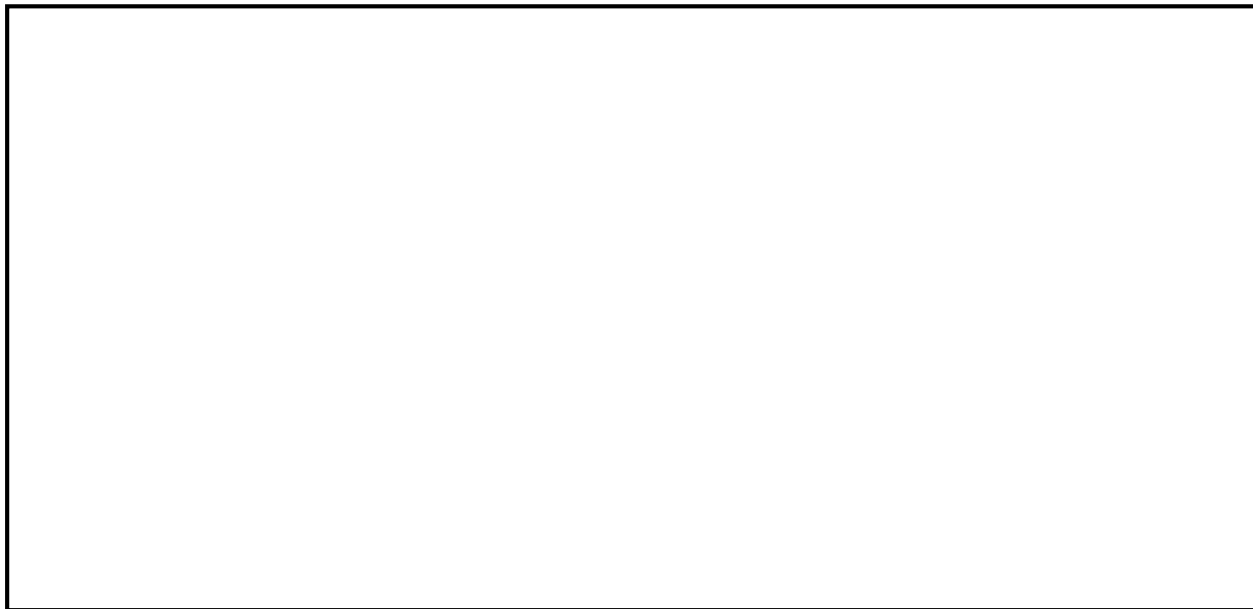
Class	Criteria (income/capita/month)	No. of Families	Percentage
I			
II			
III			
IV			
V			

Comments:

Morbidity Profile

Condition	Frequency	Percentage

Graph



Availability of Important Government Documents

	Frequency	Percentage
Adhar Card		
Ration Card <ul style="list-style-type: none">• White• Yellow• Orange		
PAN Card		
Insurance		
Other:		
Benefit of Government Programmes/Schemes <ol style="list-style-type: none">1.2.3.4.5.6.7.8.		

Comments:

Eligible Couples

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

Comments:

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

Pregnant Women

	I st Trimester	II nd Trimester	III rd Trimester	Total
Total No.				
Registration Done				
Completed ANC visits				
TT inj.				
Supplementary Nutrition				

Comment

Lactating Women

Exclusive Breast Feeding		
Complementary Feeding		

Comments

Vaccination

	No. of children	Percentage
Completely Immunized		
Partially Immunized		
Unimmunized		
Total		

Comment

Time	Vaccine	Male	Female	Total
At Birth	BCG			
	OPV			
	Hep B			
	Not Immunized			
6 weeks	PENTA 1			
	OPV1			
	IPV1			
	Rota			
	Not Immunized			
10 weeks	PENTA 2			
	OPV 2			
	Rota			
	Not Immunized			
14 weeks	PENTA 2			
	OPV 2			
	Rota			
	Not Immunized			
9 months	MR 1 + Vitamin A			
15-24 months	MR 2			
	Booster 1			
5 years	Booster 2			
	TT			

Addictions

Addiction to	Males	Females	Total
Alcohol			
Tobacco			
Others			

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		

Comment

Schools/ Anganwadi

	Attending	Drop Out	Total
Anganwadi			
Primary			
Secondary			

Comment

Sources of Entertainment

Source	Number	Percentage

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

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

Additional IEC Actives and New initiatives in the Community

PHOTOGRAPHS

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