

Family Adoption Programme
Community Medicine Department
Government Medical College, Surat

Logbook





GOVT. MEDICAL COLLEGE SURAT

(Affiliated to Veer Narmad South Gujarat University, Surat)

CERTIFICATE

This is to certify that,

Mr/Ms. _____

Roll No. _____ has satisfactorily completed all family adoption programme in village _____ under the guidance of the mentor _____.

He/ She had completed all scheduled visits of given families, completed all given tasks related to family adoption and done final family presentation. His/ Her work was satisfactory.

**Professor and Head
Department of Community Medicine
GOVT. Medical College, Surat**

Date: __/__/__

Place: _____

BASIC DETAILS OF THE STUDENT

Name of the student:

Please affix your
passport size photo
here

Date of Birth:

Father's name:

Mobile No:

Mother's name:

Mobile No:

Address:

Mobile No of Student:

Email id of Student:

Signature of Student:

Family Adoption Programme

In India, around 65.5 % of population resides in rural settings (as per 2020 statistics) whereas availability of health care facilities and services are skewed towards urban set ups. Though adequate healthcare supplies exist in the community, it is the access to healthcare to a rural citizen that is a major concern. Issues like health illiteracy, ignorance about communicable and non-communicable diseases, means to reach health care facility, services, take time off from their daily wages work and workforce shortages are some of the barriers that limits timely and quality health related awareness and care leading to a scenario of 'Scarcity in abundance'. Hence there is a need to take measures to make healthcare more accessible to the rural and needy population and impart community based and community-oriented training to budding healthcare professionals.

Aim:

Family adoption program aims to provide an experiential learning opportunity to Indian Medical graduates towards community-based health care and thereby enhance equity in health.

Objectives of the Program:

During the Medical UG training program, the learner should be able to:

1. Orient the learner towards primary health care
2. Create health related awareness within the community
3. Function as a first point of contact for any health issues within the community
4. Act as a conduit between the population and relevant health care facility
5. Generate and analyse related data for improving health outcomes and Evidence based clinical practices.

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1st & 2nd Visit

1st MBBS

Demographic details of the family: **Family Unique ID:** _____

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

Mobile No. _____

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
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Demographic details of the family: **Family Unique ID: _____**

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
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Demographic details of the family: **Family Unique ID: _____**

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (≥ / 15 years) | Education (≥7 years) | Health complaints & probable diagnosis | Addiction if any |
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Demographic details of the family: **Family Unique ID: _____**

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (≥ / 15 years) | Education (≥7 years) | Health complaints & probable diagnosis | Addiction if any |
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Demographic details of the family: **Family Unique ID: _____**

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
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Demographic details of the family: **Family Unique ID: _____**

(1) Name of head of family: _____

(2) Address: _____

Village Name:

Block:

District:

State:

(3) Religion: H / M/ Others: _____

(4) Caste: SC / ST/ Others: _____

(5) Family size: _____

(6) Family type: Nuclear / Joint

(7) Total monthly income: _____

(8) Family profile:

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|-----------------------------|--|------------------|
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3rd Visit

1st MBBS

Environment & Housing Proforma:

Family Unique ID: _____

1. Living in Surat since birth/_____years
2. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

- Rodents' nuisance? Yes/No
- Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched (made from straw) / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ _____
- Total members living in the household:_____M:_____ F: _____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

Environment & Housing Proforma:

Family Unique ID: _____

- 3. Living in Surat since birth/_____years
- 4. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

- Rodents' nuisance? Yes/No
- Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ ____
- Total members living in the household:_____M:_____F:_____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

Environment & Housing Proforma:

Family Unique ID: _____

- 5. Living in Surat since birth/_____years
- 6. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

- Rodents' nuisance? Yes/No
- Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ ____
- Total members living in the household:_____M:_____F:_____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

Environment & Housing Proforma:

Family Unique ID: _____

- 7. Living in Surat since birth/_____years
- 8. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

- Rodents' nuisance? Yes/No
- Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ ____
- Total members living in the household:_____M:_____F:_____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

Environment & Housing Proforma:

Family Unique ID: _____

9. Living in Surat since birth/_____years

10. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

• Rodents' nuisance? Yes/No

Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ ____
- Total members living in the household:_____M:_____F:_____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

Environment & Housing Proforma:

Family Unique ID: _____

- 11. Living in Surat since birth/_____years
- 12. Originally belong to:_____state

Entomological Survey:

| Name of Vector | Y/N | Breeding place: Intra / Extra / Peri | Vector control measures |
|----------------|-----|--------------------------------------|-------------------------|
| Mosquito | | | |
| House Fly | | | |

- Rodents' nuisance? Yes/No
- Any control measure adapted?

HOUSING:

Building- Own / Rented

- Duration of stay in this house_____years_____months
- Type of floor: Tiled / cemented / Mud / _____
- Type of walls: Brick/ plastered / Mud / Thatched / Wooden / Iron sheets / _____
- Type of roofs: Asbestos / Iron sheets / RCC / Thatched / Mud / _____
- HT of roof (ft):<10 / >10
- Total rooms: 1 / 2 / 3 / 4 / 5 / 6/ _____
- Total members living in the household:_____M:_____F:_____
- Overcrowding: Y / N
- Total floor area (sq. Ft.): _____ Overcrowding: Y / N Open space: Y / N
- Ventilation: (subjective feeling): Adequate / Inadequate Cross ventilation: Y/ N
- Natural lighting inside the house during daytime: Adequate / Inadequate
- Heat stress (subjective feeling): Y / N

Kitchen: separate / not separate

- Fuel used: Kerosene / LPG cylinder / Pipeline gas / Wood / Electricity /

Water Supply: Own / Public / Tap / Hand pump / Well /Tanker

- Frequency of water supply: 1 / 2 / 3 / 4 / once in 2 days / once in 3 days / 24 hours
- Water supply: adequate/inadequate
- Drinking Water Storage: covered / not covered
- Use of "Doya": Yes/No

Disposals:

- Refuge- Indiscriminate / Personal dustbin / Community dustbin /
- Sanitation surrounds the house: satisfactory / Unsatisfactory
- Sullage water: Sewage system / Open gutter / Drain / Pit /

Latrine:

- Separate / Common/Open air defecation
- Sanitary/ In sanitary
- Water supply: Adequate/ inadequate
- Sewage system / Septic tank / Dug well

Bathing Facility:

- No facility / Separate bathroom / open space / sheltered facility

Domestic animals: yes / no, if yes sharing human habitation? Yes/No

- **Any Other Observations:**

4th Visit

1st MBBS

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
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FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
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| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
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| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | | | | | | | | | |
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| 8 | | | | | | | | | | |
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| 10 | | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | | | | | | | | | |
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| 10 | | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Age & Sex | Wt. (Kg) | Ht. (cm) | BMI/ MUAC | RR | Pulse | BP | General examination | Any other Investigation |
|--------|------|-----------|----------|----------|-----------|----|-------|----|---------------------|-------------------------|
| 1 | | | | | | | | | | |
| 2 | | | | | | | | | | |
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| 8 | | | | | | | | | | |
| 9 | | | | | | | | | | |
| 10 | | | | | | | | | | |

6th to 9th Visit

1st MBBS

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 6 th | 1 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 2 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 3 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 4 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 5 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 6 th | 6 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 7 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 8 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 9 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |
| 6 th | 10 | | | | | | | | | |
| 7 th | | | | | | | | | | |
| 8 th | | | | | | | | | | |
| 9 th | | | | | | | | | | |

Any health problem found in family:

Certificate of completion of 1st MBBS activities

This is to certify that,

Mr/Ms. _____

Roll No. _____ has satisfactorily completed visits and activities of family adoption programme in village _____ under the guidance of the mentor _____ . He/ She had completed logbook records. He/ She had actively participated in all activities and his/ her work was satisfactory.

Mentor
Department of Community Medicine
Govt. Medical College, Surat

Date: ___/___/___

Place: _____

1st visit

2nd MBBS

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 7 | | | | | | | | | |
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| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

2nd Visit

2nd MBBS

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
= _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
= 2400 – (Actual intake of calories of the family/CU)
= (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
= _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
= 60 – (Actual intake of Protein of the family/CU)
= (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
 = _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
 = 2400 – (Actual intake of calories of the family/CU)
 = (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
 = _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
 = 60 – (Actual intake of Protein of the family/CU)
 = (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
 = _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
 = 2400 – (Actual intake of calories of the family/CU)
 = (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
 = _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
 = 60 – (Actual intake of Protein of the family/CU)
 = (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
 = _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
 = 2400 – (Actual intake of calories of the family/CU)
 = (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
 = _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
 = 60 – (Actual intake of Protein of the family/CU)
 = (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
 = _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
 = 2400 – (Actual intake of calories of the family/CU)
 = (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
 = _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
 = 60 – (Actual intake of Protein of the family/CU)
 = (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

NUTRITIONAL HISTORY:

Family Unique ID: _____

Nutritional history taken "Recall method"

| No | Food items | Total intake | Total Intake (Per Day) | Kcal/day | Protein consumption gm/100gm |
|-----|-------------|--------------|------------------------|----------|------------------------------|
| 1. | Cereals | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 2. | Pulses | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3. | Vegetables | | | | |
| | Green leafy | | | | |
| | Non leafy | | | | |
| 4. | Oil | | | | |
| 5. | Milk | | | | |
| 6. | Sugar | | | | |
| 7. | Jaggery | | | | |
| 8. | Egg | | | | |
| 9. | Mutton | | | | |
| 10. | Fish | | | | |
| 11. | Fruits | | | | |
| | Total | | | | |

Total intake of Calorie of the family=_____kcal

Actual intake of Calorie of the family/CU= $\frac{\text{Total intake of Calories of the family}}{\text{Total CU of the family}}$
= _____kcal/CU

Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake of Calories of the family/CU)
= 2400 – (Actual intake of calories of the family/CU)
= (+/-)_____kcal/CU

Total intake of Protein of the family=_____gms

Actual intake of Protein of the family/CU= $\frac{\text{Total intake of Protein of the family}}{\text{Total CU of the family}}$
= _____gms/CU

Gap (+/-) /CU of Protein of the family= (Expected or recommended Protein) – (Actual intake of Protein of the family/CU)
= 60 – (Actual intake of Protein of the family/CU)
= (+/-)_____gms/CU

Nutrient Intake:

| Details | Actual intake/ CU | Expected or Recommended/ CU | Gap (+/-)/CU |
|----------|-------------------|-----------------------------|--------------|
| Calories | | 2400 Kcals | |
| Proteins | | 60 gms. | |

Analysis of nutrition intake:

1. Adequate\ Inadequate:
2. If excess: Reasons:
3. If deficient: Reasons:
4. Have you observed any nutritional disorder in the family: yes/ no, if yes mention?
5. What kind of nutritional disorders do you expect in the family in near future:
6. Advice given for dietary correction:

3rd to 6th Visits

2nd MBBS

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 3 rd | 1 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 2 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 3 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 4 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 5 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Community Medicine Department, Govt. Medical college, Surat

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|------------------|---------------|-------------|-----------------|------------------|-----------|--------------|-----------|---------------------------------|----------------------------|-----------------------------------|
| 3 rd | 6 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 7 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 8 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 9 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |
| 3 rd | 10 | | | | | | | | | |
| 4 th | | | | | | | | | | |
| 5 th | | | | | | | | | | |
| 6 th | | | | | | | | | | |

Any health problem found in family:

Certificate of completion of 2nd MBBS activities

This is to certify that,

Mr/Ms. _____

Roll No. _____ has satisfactorily completed visits and activities of family adoption programme in village _____ under the guidance of the mentor _____. He/ She had completed logbook records. He/ She had actively participated in all activities and his/ her work was satisfactory.

Mentor
Department of Community Medicine
Govt. Medical College, Surat

Date: __/__/____

Place: _____

1st visit

3rd MBBS

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |
| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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| 6 | | | | | | | | | |
| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
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| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
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| 6 | | | | | | | | | |
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| 10 | | | | | | | | | |

FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, If any | General examination | Investigation done, if any |
|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 1 | | | | | | | | | |
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| 7 | | | | | | | | | |
| 8 | | | | | | | | | |
| 9 | | | | | | | | | |
| 10 | | | | | | | | | |

2nd & 3rd Visit

3rd MBBS

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 2 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 3 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 4 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 5 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 6 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 7 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 8 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 9 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 2 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 3 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 4 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 5 | | | | | | | | | |
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| 2 nd | 6 | | | | | | | | | |
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| 2 nd | 7 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 8 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 9 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 2 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 3 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
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| 2 nd | 9 | | | | | | | | | |
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| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 2 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 3 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 4 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 5 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 6 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 7 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 8 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 9 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
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| 2 nd | 7 | | | | | | | | | |
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| 2 nd | 8 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 9 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

FOLLOW UP FAMILY HEALTH RECORDS:

Family Unique ID: _____

| Visit No. | Sr. No | Name | Wt. (Kg) | BMI/ MUAC | RR | Pulse | BP | Health complains, if any | General examination | Investigation done, if any |
|-----------------|--------|------|----------|-----------|----|-------|----|--------------------------|---------------------|----------------------------|
| 2 nd | 1 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 2 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 3 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 4 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 5 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 6 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 7 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 8 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 9 | | | | | | | | | |
| 3 rd | | | | | | | | | | |
| 2 nd | 10 | | | | | | | | | |
| 3 rd | | | | | | | | | | |

4th & 5th Visit

3rd MBBS

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|-----------------------------|--|------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|--------|-----|-----------|---------|----------|--------------------------------------|------------------------|----------------------|-----------------------------|----------------------------------|
| 1 | | | | | | | | | |
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| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|---|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
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POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (≥ 7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|-----------------------------|--|------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|--------|-----|-----------|---------|----------|--------------------------------------|------------------------|----------------------|-----------------------------|----------------------------------|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
| 5 | | | | | | | | | |

MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/ months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|--|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
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POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (≥ / 15 years) | Education (≥7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|----------------------|--|------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|--------|-----|-----------|---------|----------|--------------------------------------|------------------------|----------------------|-----------------------------|----------------------------------|
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MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
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FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/ months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|--|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
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POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq7 years) | Health complaints & probable diagnosis | Addiction if any |
|----------------|-------------|---------------------------|------------------|--|---|---|-------------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|---------------|------------|------------------|----------------|-----------------|---|-------------------------------|-----------------------------|------------------------------------|---|
| 1 | | | | | | | | | |
| 2 | | | | | | | | | |
| 3 | | | | | | | | | |
| 4 | | | | | | | | | |
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MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/ months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|--|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
| | | | | | | | | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
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POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|-----------------------------|--|------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|--------|-----|-----------|---------|----------|--------------------------------------|------------------------|----------------------|-----------------------------|----------------------------------|
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MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |

FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|---|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
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POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

DETAILED FAMILY STUDY FORM:

Family Unique ID: _____

UPDATED FAMILY PROFILE

| Sr. No. | Name | Relation with head | Age / Sex | Occupation & App. Income (\geq / 15 years) | Education (\geq 7 years) | Health complaints & probable diagnosis | Addiction if any |
|---------|------|--------------------|-----------|---|-----------------------------|--|------------------|
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MORBIDITY PROFILE LAST 3 MONTHS

| Sr. No | Age | Sex (M/F) | Illness | Duration | Treatment Taken Allopath/A YUSH/None | Govt./Pvt./Trust/Other | Illness Cured Yes/No | Approx Treatment cost (Rs.) | Presently under Treatment Yes/No |
|--------|-----|-----------|---------|----------|--------------------------------------|------------------------|----------------------|-----------------------------|----------------------------------|
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MORTALITY PROFILE LAST 3 YEARS

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken Allopathy/AYUSH/None |
|--------|-----|-----------|----------------|-------------------------|---|
| 1 | | | | | |
| 2 | | | | | |
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FAMILY PLANING

| No of eligible couple | Husband Name | Wife name | Age at marriage | | Duration of active marriage life (years/months) | Current use of contraception | | If yes, type of contraception | If no, reason for non-usage of contraception |
|-----------------------|--------------|-----------|-----------------|---|---|------------------------------|----|-------------------------------|--|
| | | | M | F | | Yes | No | | |
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ANTENATAL CASE HISTORY

Name of the beneficiary:

Age:

LMP:

Number of pregnancies:

No. of Abortions:

No. of Live births:

Weight during registration:

HB during registration:

Details of Present Pregnancy:

| Sr No | Date Of Visit | Week of Pregnancy at present | Registration Yes/No if Yes Week | Place of Registration | ANC Card Available Yes/No | IFA tablets consumed YES/NO If Yes, Number | TT Inj., No of Doses | No Of ANC Visits | ANC Checkup (Last) | | | | |
|-------|---------------|------------------------------|---------------------------------|-----------------------|---------------------------|--|----------------------|------------------|--------------------|----|-----|-------|----------------------|
| | | | | | | | | | Wt. Gain till now | BP | Hb% | Urine | USG Findings, If any |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

POST NATAL CASE HISTORY (LAST ONE YEAR)

Name of the mother: _____

Age: _____

Date of first visit: _____

Outcome of pregnancy: Live birth/still birth

Age of infant at time of visit: _____ months

Date of delivery: _____ Sex of the infant: M/F

Place of delivery: Institutional/Home/Other

If home, reason: _____

Birth weight: _____ kg Birth order: _____ Delivery conducted by: _____

Type of delivery (Normal/CS/other): _____

Any benefit availed (programme, scheme): Yes/No If yes: _____

Breast feeding started on day: _____

Fill up following details when applicable: write date of subsequent Visit along with it:

Exclusive breast feeding upto (month): _____

Complementary feeding started at (month): _____

Any Health problem to mother currently/last 15 days:

Any Health problem to child:

Current weight of Child: _____ kg

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

| Sr No | Date of visit | Name & Sex | B C G | H P V | OPV | | | | FIPV | | Pentavalent | | | Rota virus | | | MR | | Vit. A | Booster | | Other vaccines | |
|-------|---------------|------------|-------------|-------------|-----|---|---|---|------|---|-------------|---|---|------------|---|---|----|---|--------|---------|-----|----------------|--|
| | | | | | 0 | 1 | 2 | 3 | 1 | 2 | 1 | 2 | 3 | 1 | 2 | 3 | 1 | 2 | | DPT | OPV | | |
| | | | | | | | | | | | | | | | | | | | | | | | |
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If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGATIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:

HEALTH NEEDS OF THE FAMILY:

HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:

CONCLUSION:

CASE HISTORY

Certificate of completion of 3rd MBBS activities

This is to certify that,

Mr/Ms. _____

Roll No. _____ has satisfactorily completed visits and activities of family adoption programme in village _____ under the guidance of the mentor _____. He/ She had completed logbook records. He/ She had actively participated in all activities and his/ her work was satisfactory.

Mentor
Department of Community Medicine
Govt. Medical College, Surat

Date: __/__/__

Place: _____

ANNEXURE I

Prasad classification: (1961)

Used: for family Tool: per capita income of the family Area: urban and rural

| Social class | Per Capita income of family in Rupees |
|--------------|---------------------------------------|
| I | 100 and above |
| II | 50 – 99 |
| III | 30 – 49 |
| IV | 15 – 29 |
| V | Below 15 |

Modified Prasad’s Classification: (1991)

$$\text{C.F. (Correction Factor)} = \frac{\text{C.P.I. (All India Consumer Price Index)}}{100} \times 4.93$$

100

ANNEXURE-II

Classification of Various work and consumption Units for that:

(According to NIN –Hyderabad)

| Lifestyle | Male | Female |
|------------------|--|---|
| Sedentary | 1.0 | 0.8 |
| | Teacher, Tailor, Barber, Executives, Shoemaker, Priest, Retired Personnel, Landlord, Peon, Postman, etc. | Teacher, Tailor, Executives, Housewife, Nurse, etc. |
| Moderate | 1.2 | 0.9 |
| | Fisherman, Basket maker, Potter, Goldsmith, Agricultural worker, Carpenter, Mason, Rickshaw puller, Electrician, Fitter, Turner, Welder, Industrial Labourer, Coolly, Weaver, Driver, etc. | Servant maid, coolly, Basket maker, weaver, Agricultural worker, Bidi-maker, etc. |

| | | | |
|---|---|------------------|----------------------|
| Heavy | 1.6 | 1.2 | |
| | Stone cutter, Black smith, mine worker, wood cutter, Gang man, etc. | Stone Cutter. | |
| For male/female below 21 yes of age. | | | |
| Age Group | C.U. required | Age Group | C.U. required |
| 1-3 yrs. | 0.4 | 7-9 yrs. | 0.7 |
| 3-5 yrs. | 0.5 | 9-12 yrs. | 0.8 |
| 5-7 yrs. | 0.6 | 12-21 yrs. | 1.0 |

ANNEXURE-III

Availability of Energy and Nutrients per 100 gms.

(According to Textbook of P&SM – Park)

| No. | Food Item | Kcals | Protein |
|------------|-------------------|--------------|----------------|
| 1. | Cereals | 350 | 12 |
| 2. | Pulses | 350 | 20 |
| 3. | Vegetables | 35 | 3 |
| 4. | Milk | 117 | 6.5 |
| 5. | Sugar and Jaggery | 400 | 0.2 |
| 6. | Ghee and Oils | 900 | --- |
| 7. | Meat | 110 | 21.4 |
| 8. | Eggs | 125 | 13.3 |

