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	rillageunder
the guidance	of the mentor
completed all	completed all scheduled visits of given families iven tasks related to family adoption and done fination. His/ Her work was satisfactory.
	Professor and Hea Department of Community Medicin GOVT. Medical College, Sura 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	o:
Mother's name:	Mobile No	o:
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.

Index for activities to be carried out during 3 years of MBBS

1 st MBBS:	Activities	Page No.
1 st Visit	Village orientation	6
	Family distribution on field	
	Family introduction	
2 nd Visit	Demographic proforma details	7
3 rd Visit	Environment and housing proforma details	14
4 th Visit	General health examination of family members	27
5 th Visit	Participation in health camp and record of health	33
ath a ath see se	problems found in the families	
6 th to 9 th Visit	Follow up health record of family members	41
	Completion certificate 1 st MBBS	53
2 nd MBBS:		
1 st Visit	General health examination of family members	55
2 nd Visit	Nutritional history proforma details and analysis	62
3 rd to 6 th Visit	Follow up health record of family members	75
	Completion certificate 2 nd MBBS	87
3 rd MBBS:		
1 st Visit	General health examination of family members	89
2 nd & 3 rd Visit	Follow up health record of family members	96
4 th & 5 th Visit	Detailed family study form	103
	Analysis of all family health record data	
	counselling of the families	
	Completion certificate 3 rd MBBS	139
	Annexures	140

1st & 2nd Visit 1st MBBS

Demographic details of t	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:									

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

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:	

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

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:	

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

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 profi	le:
------------------	-----

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

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:								

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

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:								

10	\ Family	profile:
10	<i>)</i> Fallilly	prome:

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

3rd Visit 1st MBBS

Environment & Housing Proforma:			mily Unique ID:
1. Living in Surat s	ince bii	rth/years	
2. Originally belon	g to:	state	
Entomological Sur	vey:		
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures
Mosquito			
House Fly			
Rodents' nuisa	ance? Y	'es/No Any	control measure adapted?
HOUSING:			
Building - Own / F	Rented		
		nouseyearsmonths	
·		mented / Mud /	
		stered / Mud / Thatched / Wooden /	Iron sheets /
	-	/ Iron sheets / RCC / Thatched (made	<u></u>
HT of roof (ft):<1			
Total rooms: 1 / 2	-		
		the household:M:	F:
Overcrowding: Y			
Total floor area (s		Overcrowding: Y /	N Open space: Y / N
			Cross ventilation: Y/ N
Natural lighting in	nside th	ne house during daytime: Adequate /	·
Heat stress (subje			·
` ,		<i>5,</i> ,	
Kitchen: separate	e / not	separate	
Fuel used: Kerose	ene / LF	PG cylinder / Pipeline gas / Wood / Ele	ectricity /
Water Supply: O	wn / Pı	ublic / Tap / Hand pump / Well /Tanke	er
	-	ply: $1/2/3/4/$ once in 2 days / c	
Water supply: ad	- '		
	-	covered / not covered	

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

Environment & Housing Proforma:			mily Unique ID:
3. Living in Surat s	ince bii	rth/years	
		state	
Entomological Sur	vey:		
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures
Mosquito			
House Fly			
Rodents' nuisa	ince? Y	res/No Any	rcontrol measure adapted?
HOUSING:			
Building - Own / F	Rented		
		nouseyearsmonths	
·		mented / Mud /	
		stered / Mud / Thatched / Wooden /	Iron shoots /
	-	/ Iron sheets / RCC / Thatched / Mud	·
HT of roof (ft):<1			<i></i>
Total rooms: 1/2	-		
		the household:M:M:	⊑ ∙
Overcrowding: Y		ine nousenoidivi	' · <u></u>
Total floor area (s		Overcrowding: Y /	N Open space: Y / N
			Cross ventilation: Y/ N
, -		ne house during daytime: Adequate /	
Heat stress (subje			madequate
rieat stress (subje	ective i	eemig). 1 / N	
Kitchen: separate	e / not	separate	
Fuel used: Kerose	ene / LF	PG cylinder / Pipeline gas / Wood / Ele	ectricity /
	-	ublic / Tap / Hand pump / Well /Tank	
	-	ply: 1 / 2 / 3 / 4 / once in 2 days / c	once in 3 days / 24 hours
Water supply: ad	-	•	
Drinking Water St	torage	: covered / not covered	

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

Environment	& Ho	amily Unique ID:	
=		rth/years	
6. Originally belon	g to:	state	
Entomological Sur	vey:		
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures
Mosquito			
House Fly			
Rodents' nuisa	ance? Y	<u> </u> 'es/No	 y control measure adapted?
HOUSING:			
Building- Own / F	Rented		
-		nouseyearsmonths	
-		mented / Mud /	
• •	-	stered / Mud / Thatched / Wooden /	Iron sheets /
	-	/ Iron sheets / RCC / Thatched / Mud	
HT of roof (ft):<1			, <u> </u>
Total rooms: 1/2	-		
		the household:M:M:	F:
Overcrowding: Y			
Total floor area (:Overcrowding: Y /	N Open space: Y / N
		<u> </u>	Cross ventilation: Y/ N
		ne house during daytime: Adequate /	
Heat stress (subje		•	•
` ,		G	
Kitchen: separate	e / not	separate	
Fuel used: Kerose	ene / LI	PG cylinder / Pipeline gas / Wood / Ele	ectricity /
Water Supply: C	wn / P	ublic / Tap / Hand pump / Well /Tank	er
		ply: 1 / 2 / 3 / 4 / once in 2 days / c	
Water supply: ad			, ,
	-	covered / not covered	

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

Environment & Housing Proforma:			amily Unique ID:
7. Living in Surat s	ince bii	rth/years	
		state	
Entomological Sur	vey:		
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures
Mosquito			
House Fly			
House Fly			
Rodents' nuisa	nce? Y	res/No Any	y control measure adapted?
HOUSING:			
	ام عدم ما		
Building- Own / F			
		nouseyearsmonths	
• •	-	mented / Mud /	lucus ala cata /
	-	stered / Mud / Thatched / Wooden /	
		/ Iron sheets / RCC / Thatched / Mud	/
HT of roof (ft):<1	-		
Total rooms: 1/2			г.
Overcrowding: Y		the household:M:	.F:
Total floor area (s		Overcrowding: V /	N Open space: Y / N
		feeling): Adequate / Inadequate	
, -			·
		ne house during daytime: Adequate /	madequate
Heat stress (subje	ective i	eeing): Y / N	
Kitchen: separate	- / not	senarate	
·	-	PG cylinder / Pipeline gas / Wood / Ele	ectricity /
racrasca. Rerosc	JIIC / LI	d cylinder / Fipeline gas / Wood / Ele	secretly /
Water Supply: O	wn / P	ublic / Tap / Hand pump / Well /Tank	er
	-	ply: 1/2/3/4/ once in 2 days/c	
Water supply: ad	•	• • • • • • • • • • • • • • • • • • • •	
	-	covered / not covered	

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

Environment	& Ho	using Proforma: Fa	amily Unique ID:					
9. Living in Surat si	ince bii	rth/years						
		o:state						
Entomological Sur	vey:							
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures					
Mosquito								
House Fly								
Rodents' nuisa	ince? Y	res/No Any	y control measure adapted?					
HOUSING:								
) ontod							
Building- Own / F		acusa was mantha						
·		nouse years months						
		mented / Mud /	Lean de anta I					
	-	stered / Mud / Thatched / Wooden /						
		/ Iron sheets / RCC / Thatched / Mud	/					
HT of roof (ft):<10	-							
Total rooms: 1 / 2			F.					
Overcrowding: Y		the household:M:	.F:					
Total floor area (s		Overcrowding: V /	N Open space: Y / N					
			Cross ventilation: Y/ N					
		ne house during daytime: Adequate /	madequate					
Heat stress (subje	ective i	eeiing). Y / N						
Kitchen: separate	e / not	separate						
•	•	PG cylinder / Pipeline gas / Wood / Ele	ectricity /					
	·	, , , , ,	, ,					
Water Supply: O	wn / P	ublic / Tap / Hand pump / Well /Tank	er					
Frequency of wat	er sup	ply: 1 / 2 / 3 / 4 / once in 2 days / c	once in 3 days / 24 hours					
Water supply: ad	equate	/inadequate						
Drinking Water St	torage	covered / not covered						

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

Environment & Housing Proforma:			amily Unique ID:
11. Living in Su	rat sind	ce birth/years	
12. Originally b	elong	co:state	
Entomological Sur	vey:		
Name of Vector	Y/N	Breeding place: Intra / Extra / Peri	Vector control measures
Mosquito			
House Fly			
Rodents' nuisa	ance? Y	es/No Any	y control measure adapted?
HOUSING:			
Building - Own / F	Rented		
Duration of stay i	n this l	nouseyearsmonths	
Type of floor: Tile	ed / cer	mented / Mud /	
Type of walls: Bri	ck/ pla	stered / Mud / Thatched / Wooden /	Iron sheets /
Type of roofs: As	bestos	/ Iron sheets / RCC / Thatched / Mud	/
HT of roof (ft):<1	0/>10		
Total rooms: 1/2	2/3/4	/5/6/	
Total members li	ving in	the household:M:	F:
Overcrowding: Y	/ N		
Total floor area (s	sq. Ft.):	Overcrowding: Y /	N Open space: Y / N
Ventilation: (subj	ective	feeling): Adequate / Inadequate	Cross ventilation: Y/ N
Natural lighting in	nside tl	ne house during daytime: Adequate /	Inadequate
Heat stress (subje	ective f	eeling): Y / N	
Kitchen: separate	e / not	separate	
•	-	PG cylinder / Pipeline gas / Wood / Ele	ectricity /
Water Supply: O	wn / P	ublic / Tap / Hand pump / Well /Tank	er
		ply: 1 / 2 / 3 / 4 / once in 2 days / c	
Water supply: ad	equate	/inadequate	
Drinking Water S	torage	covered / not covered	

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

4th Visit 1st MBBS

FAMILY HEALTH RECORDS:

-amıl	ง เมทเด	iue ID:	
MIIII	7	WC 10.	

Sr. No	Name	Age &	Wt.	Ht.	BMI/	RR	Pulse	ВР	General	Any other Investigation
		Sex	(Kg)	(cm)	MUAC				examination	
1										
_										
2										
3										
4										
5										
6										
7										
8										
0										
9										
10										

FAMILY	HEALTH	RECORDS:
---------------	--------	-----------------

Family	v Unio	ue ID:	
uiiiii	, 01114	IUC ID.	

Sr. No	Name	Age & Sex	Wt. (Kg)	Ht. (cm)	BMI/ MUAC	RR	Pulse	ВР	General examination	Any other Investigation
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

FAMILY	HEALTH	RECORDS:
---------------	--------	-----------------

-amıl	ง เมทเด	iue ID:	
MIIII	7	WC 10.	

Sr.	Name	Age	Wt.	Ht.	BMI/	RR	Pulse	ВР	General	Any other
No		& Sex	(Kg)	(cm)	MUAC				examination	Investigation
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

FAMILY	HEALTH	RECORDS:
---------------	--------	-----------------

Family	v Unio	ue ID:	
uiiiii	, 01114	IUC ID.	

Sr. No	Name	Age & Sex	Wt. (Kg)	Ht. (cm)	BMI/ MUAC	RR	Pulse	ВР	General examination	Any other Investigation
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

FAMILY HEALTH RECORDS:

Family	v Unic	ue ID:	
• • • • • • • • •	,		

Sr. No	Name	Age &	Wt.	Ht.	BMI/	RR	Pulse	ВР	General	Any other Investigation
		Sex	(Kg)	(cm)	MUAC				examination	
1										
_										
2										
3										
4										
5										
6										
7										
8										
0										
9										
10										

FAMILY	HEALTH	RECORDS:
---------------	--------	-----------------

-amıl	ง เมทเด	iue ID:	
MIIII	7	WC 10.	

Sr. No	Name	Age &	Wt.	Ht.	BMI/	RR	Pulse	ВР	General	Any other Investigation
		Sex	(Kg)	(cm)	MUAC				examination	
1										
_										
2										
3										
4										
5										
6										
7										
8										
9										
10										

5th Visit 1st MBBS

Activities performed in Medical Camp:

Family unique ID:

Family unique ID:

Family unique ID:

Family unique ID:

Family unique ID:

Family Health Check-up in Camp Details:	Family unique ID:

6th to 9th Visit 1st MBBS

FOLLOW UP FAMILY HEALTH RECORDS:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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	-									
7 th	5									
8 th										
9 th	-									
9"										

Visit No.	Sr. No	Name	Wt.	BMI/	RR	Pulse	ВР	Health complains,	General	Investigation done, if any
1101			(Kg)	MUAC				If any	examination	done, ii diiy
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:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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	-									
7 th	5									
8 th										
9 th	-									
9"										

Visit No.	Sr. No	Name	Wt.	BMI/	RR	Pulse	ВР	Health complains,	General	Investigation done, if any
1101			(Kg)	MUAC				If any	examination	done, ii diiy
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:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

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

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										
6 th	10									
7 th	10									
8 th										
9 th	_									
J'''										

Any health problem found in family:

FOLLOW UP FAMILY HEALTH RECORDS:

Family	/ I Inic	ue ID:	
ı aiiiii	, Ollic	Jue ID.	

Visit No.	Sr. No	Name	Wt. (Kg)	BMI/ MUAC	RR	Pulse	ВР	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									
8 th										
9 th										
6 th	5									
7 th	_ 3									
8 th										
9 th	-									
<i></i>										

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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	/ I Inic	ue ID:	
ı aiiiii	, Ollic	Jue ID.	

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

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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	-									
7 th	5									
8 th										
9 th	-									
9"										

Visit No.	Sr. No	Name	Wt.	BMI/	RR	Pulse	ВР	Health complains,	General	Investigation done, if any
1101			(Kg)	MUAC				If any	examination	done, ii diiy
6 th	6									
7 th										
8 th										
9 th										
6 th	7									
7 th										
8 th										
9 th										
6 th	8	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 th	nat,			
Mr/Ms	5				
Roll No). <u> </u>	has satisfac	ctorily completed	d visits a	and activities
of	family	adoption	programme	in	village
			under t	he guid	dance of the
comple	eted logboo	ok records. He/	She had active	ly partio	cipated in all
		her work was sa	,		
		_			Mentor
		L	Department of C		•
					College, Surat
				_	//
			FIG	ace	

1st visit 2nd MBBS

Family	/ Uniqu	e ID:	
	, Olliga	C 1D	

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

Family	/ Unique	ID:	
	, Olligac	1 0 .	

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

Family	/ Uniqu	e ID:	
	, Olliga	C 1D	

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

2nd Visit 2nd MBBS

NUTRITIONAL HISTORY:

Fame: Is	Unique ID:	
гании	Ullique ID.	

Nutritional history taken "Recall method"

No	Food items	Total intake	Total Intake	Kcal/day	Protein consumption
			(Per Day)		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								
Act	Actual intake of Calorie of the family/CU= Total intake of Calories of the family								
		Tot	al CU of the family						
	=kcal/CU								
Ga	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								
Tot	al intake of Protein of	f the family=	gms						
Act	ual intake of Protein (of the family/CU= (<u>Total</u>	intake of Protein of the f	<u>amily)</u>					
		Tot	al CU of the family						
		=	gms/CU						
Ga	o (+/-) /CU of Protein	of the family= (Expected	or recommended Protei	n) – (Actual intake					
			of Protein of the	e family/CU)					
		= 60 – (Actual	intake of Protein of the f	amily/CU)					
		= (+/-)	gms/CU						
Nu	trient Intake:								
D	etails	Actual intake/ CU	Expected or	Gap (+/-)/CU					
			Recommended/ CU						
			1100011111101111101111111111111111111						
	1 .		2422 1						
Li	alories		2400 Kcals						
	oteins		2400 Kcals 60 gms.						
Pı		ake:							
Pı An	oteins alysis of nutrition into								
Pr An 1.	oteins alysis of nutrition inta Adequate\Inadequa								
Pr An 1.	oteins alysis of nutrition into								
Pr An 1.	oteins alysis of nutrition inta Adequate\Inadequa								
Pr An 1. 2.	oteins alysis of nutrition inta Adequate\Inadequa	ate:							
Pr An 1. 2.	oteins alysis of nutrition into Adequate\ Inadequa If excess: Reasons:	ate:							
Pr An 1. 2.	Adequate\Inadequate\Inadequate\Inadequate\Inadequate\Inadequate\If excess: Reasons:	ate:	60 gms.						
Pr An 1. 2.	Adequate\Inadequate\Inadequate\Inadequate\Inadequate\Inadequate\If excess: Reasons:	ate:		es mention?					
Pr An 1. 2.	Adequate\Inadequate\Inadequate\Inadequate\Inadequate\Inadequate\If excess: Reasons:	ate:	60 gms.	es mention?					
Pt An 1. 2. 3.	Adequate\Inadequate\Inadequate\If excess: Reasons: If deficient: Reasons Have you observed a	ate: :: any nutritional disorder i	60 gms.						
Pt An 1. 2. 3.	Adequate\Inadequate\Inadequate\If excess: Reasons: If deficient: Reasons Have you observed a	ate: :: any nutritional disorder i	in the family: yes/ no, if y						
Pt An 1. 2. 3.	Adequate\Inadequate\Inadequate\If excess: Reasons: If deficient: Reasons Have you observed a	ate: :: any nutritional disorder i	in the family: yes/ no, if y						
Pt An 1. 2. 3.	Adequate\Inadequate\Inadequate\If excess: Reasons: If deficient: Reasons Have you observed a	ate: :: any nutritional disorder i	in the family: yes/ no, if y						
Pr An 1. 2. 3. 4.	Adequate\Inadequate\Inadequate\If excess: Reasons: If deficient: Reasons Have you observed a	ate: any nutritional disorder i onal disorders do you ex	in the family: yes/ no, if y						
Pr An 1. 2. 3. 4.	Adequate\Inadequate\In	ate: any nutritional disorder i onal disorders do you ex	in the family: yes/ no, if y						

ľ	NI.	JTF	?IT	IO	N	ΔΙ	Н	ISI	<u>'</u>	R	٧٠
	W .	,,,,	\I II	ı	1 W	\neg			•		

Fame: Is	Unique ID:	
гании	Ullique ID.	

Nutritional history taken "Recall method"

No	Food items	Total	Total	Kcal/day	Protein
		intake	Intake		consumption
			(Per Day)		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= Total intake of Calories of the family									
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	f the family=	gms							
Actual intake of Protein of	of the family/CU= (<u>Total</u>	intake of Protein of the f	amily)						
	Tot	al CU of the family							
	=	gms/CU							
Gap (+/-) /CU of Protein	of the family= (Expected	or recommended Protei	n) – (Actual intake						
		of Protein of the	e family/CU)						
	= 60 – (Actual	intake of Protein of the f	amily/CU)						
	= (+/-)	gms/CU							
Nutrient Intake:									
Details	Actual intake/ CU	Expected or	Gap (+/-)/CU						
		Recommended/ CU							
Calories		2400 Kcals							
Proteins		60 gms.							
Analysis of nutrition inta	ake:								
 Adequate\ Inade 	quate:								
2. If excess: Reasons:	•								
Z. II excess. Reasons.									
3. If deficient: Reasons	:								
4		:							
4. Have you observed a	any nutritional disorder i	in the family: yes/ no, if y	es mention?						
5. What kind of nutrition	onal disorders do you ex	pect in the family in near	future:						
	2. The time of hearth and also de you expect in the falling in fled fatale.								
6. Advice given for diet	6. Advice given for dietary correction:								
	tary correction:								
	tary correction:								

ı	N١	IT	.B	ITI	0	N	Δ	1	Н	ISI	ΓΟ	R١	/٠
ı	w	JI	\mathbf{n}		v	IV	м	_	п		ı	\mathbf{n}	

Fame: Is	Unique ID:	
гании	Ullique ID.	

Nutritional history taken "Recall method"

No	Food items	Total	Total	Kcal/day	Protein
		intake	Intake		consumption
			(Per Day)		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= Total intake of Calories of the family									
Total CU of the family									
	= <u></u>	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	f the family=	gms							
Actual intake of Protein	of the family/CU= (<u>Total</u>	intake of Protein of the f	amily)						
	Tot	al CU of the family							
	=	gms/CU							
Gap (+/-) /CU of Protein	of the family= (Expected	or recommended Protei	n) – (Actual intake						
		of Protein of the	e family/CU)						
	= 60 – (Actual	intake of Protein of the f	amily/CU)						
	= (+/-)	gms/CU							
Nutrient Intake:									
Details	Actual intake/ CU	Expected or	Gap (+/-)/CU						
		Recommended/ CU							
Calories		2400 Kcals							
Proteins		60 gms.							
Analysis of nutrition inta	ake:								
 Adequate\ Inade 	quate:								
2. If excess: Reasons:	•								
2. II excess. Neasons.									
3. If deficient: Reasons	:								
4 Have you observed :	any nutritional disorder i	in the family, yes/ne if y	os montion?						
4. Have you observed a	any nutritional disorder	in the family: yes/ no, if y	es mention:						
5. What kind of nutrition	onal disorders do you ex	pect in the family in near	future:						
6. Advice given for diet	6. Advice given for dietary correction:								
	tary correction:								
	tary correction:								

ı	N١	IT	.B	ITI	0	N	Δ	1	Н	ISI	ΓΟ	R١	/٠
ı	w	JI	\mathbf{n}		v	IV	м	_	п		ı	\mathbf{n}	

Fame: Is	Unique ID:	
гании	Ullique ID.	

Nutritional history taken "Recall method"

Food items	Total	Total	Kcal/day	Protein
	intake	Intake		consumption
		(Per Day)		gm/100gm
Cereals				
Pulses				
Vegetables				
Oil				
Milk				
Sugar				
Jaggery				
Egg				
Mutton				
Fruits				
Total				
	Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake Cereals Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake (Per Day) Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake Intake (Per Day) Cereals Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits

Total intake of Calorie of the family=kcal											
Actual intake of Calorie of the family/CU= Total intake of Calories of the family											
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 – (Actu	ual intake of calories of th	e family/CU)								
	= (+/-)	kcal/CU									
Total intake of Protein of	f the family=	gms									
Actual intake of Protein	of the family/CU= (<u>Total</u>	intake of Protein of the f	<u>amily)</u>								
	Tot	al CU of the family									
	=	gms/CU									
Gap (+/-) /CU of Protein	of the family= (Expected	l or recommended Protei	n) – (Actual intake								
		of Protein of the	e family/CU)								
	•	intake of Protein of the f	amily/CU)								
	= (+/-)	gms/CU									
Nutrient Intake:											
Details	Actual intake/ CU	Expected or	Gap (+/-)/CU								
		Recommended/ CU									
		-									
Calories		2400 Kcals									
Proteins		60 gms.									
Analysis of nutrition into	ake:	1									
 Adequate\ Inade 	guate:										
-	7										
2. If excess: Reasons:											
3. If deficient: Reasons	:										
4 11											
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:											
o. Advice given for die	tary correction:		6. Advice given for dietary correction:								
o. Advice given for diet	tary correction:										

ı	N١	IT	.B	ITI	0	N	Δ	•	Н	ISI	ΓΟ	R١	/٠
ı	w	JI	\mathbf{n}		v	IV	м	L	п		ı	\mathbf{n}	

Fam	ilv H	niaue	ID·	
ганн	IIV U	muue	ID.	

Nutritional history taken "Recall method"

No	Food items	Total	Total	Kcal/day	Protein
		intake	Intake		consumption
			(Per Day)		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= Total intake of Calories of the family								
Total CU of the family								
	= <u></u>	kcal/CU						
Gap (+/-) /CU of Calories of the family= (Expected or recommended Calorie) – (Actual intake								
of Calories of the family/CU)								
	= 2400 – (Actu	ual intake of calories of th	e family/CU)					
	= (+/-)	kcal/CU						
Total intake of Protein of	f the family=	gms						
Actual intake of Protein	of the family/CU= (<u>Total</u>	intake of Protein of the f	amily)					
	Tot	al CU of the family						
	=	gms/CU						
Gap (+/-) /CU of Protein	of the family= (Expected	or recommended Protei	n) – (Actual intake					
		of Protein of the	e family/CU)					
	= 60 – (Actual	intake of Protein of the f	amily/CU)					
	= (+/-)	gms/CU						
Nutrient Intake:								
Details	Actual intake/ CU	Expected or	Gap (+/-)/CU					
		Recommended/ CU						
Calories		2400 Kcals						
Proteins		60 gms.						
Analysis of nutrition inta	ake:							
 Adequate\ Inade 	quate:							
2. If excess: Reasons:	•							
2. II excess. Neasons.								
3. If deficient: Reasons	:							
4 Have you observed :	any nutritional disorder i	in the family, yes/ne if y	os montion?					
4. Have you observed a	any nutritional disorder	in the family: yes/ no, if y	es mention:					
5. What kind of nutritional disorders do you expect in the family in near future:								
6. Advice given for diet	6 Advice given for dietary correction:							
6. Advice given for dietary correction:								
	tary correction:							

ı	N١	IT	.B	ITI	0	N	Δ	•	Н	ISI	ΓΟ	R١	/٠
ı	w	JI	\mathbf{n}		v	IV	м	L	п		ı	\mathbf{n}	

Family	Unique ID:	
гании	Ullique ID.	

Nutritional history taken "Recall method"

Food items	Total	Total	Kcal/day	Protein
	intake	Intake		consumption
		(Per Day)		gm/100gm
Cereals				
Pulses				
Vegetables				
Oil				
Milk				
Sugar				
Jaggery				
Egg				
Mutton				
Fruits				
Total				
	Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake Cereals Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake (Per Day) Cereals Pulses Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits	intake Intake (Per Day) Cereals Pulses Vegetables Green leafy Non leafy Oil Milk Sugar Jaggery Egg Mutton Fish Fruits

Total intake of Calorie of	the family=	kcal	
Actual intake of Calorie of	of the family/CU= <u>Total i</u>	ntake of Calories of the fa	<u>amily</u>
	Tot	al CU of the family	
	= <u></u>	kcal/CU	
Gap (+/-) /CU of Calories	of the family= (Expected	d or recommended Calor	ie) – (Actual intake
		of Calories of the	family/CU)
	= 2400 – (Actu	ual intake of calories of th	e family/CU)
	= (+/-)	kcal/CU	
Total intake of Protein of	f the family=	gms	
Actual intake of Protein	of the family/CU= (<u>Total</u>	intake of Protein of the f	<u>amily)</u>
	Tot	al CU of the family	
	=	gms/CU	
Gap (+/-) /CU of Protein	of the family= (Expected	l or recommended Protei	n) – (Actual intake
		of Protein of the	e family/CU)
	•	intake of Protein of the f	amily/CU)
	= (+/-)	gms/CU	
Nutrient Intake:			
Details	Actual intake/ CU	Expected or	Gap (+/-)/CU
		Recommended/ CU	
		-	
Calories		2400 Kcals	
Proteins		60 gms.	
Analysis of nutrition inta	ake:	1	
 Adequate\ Inade 	guate:		
-	7		
2. If excess: Reasons:			
3. If deficient: Reasons	:		
4 11			
4. Have you observed a	any nutritional disorder	in the family: yes/ no, if y	es mention?
5. What kind of nutrition	onal disorders do you ex	pect in the family in near	future:
6 Advice given for diet			
o. Advice given for die	tary correction:		
o. Advice given for diet	tary correction:		

3rd to 6th Visits 2nd MBBS

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

Visit	Sr.	Name	Wt.	вмі/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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:

Family	/ I Inic	ue ID:	
ı aiiiii	, Ollic	IUC ID.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

		(Kg)	BMI/ MUAC	RR	Pulse	ВР	Health complains,	General examination	Investigation done, if any	
1										
2										
3										
4										
_										
5										
]										
	3	3	3	3	3	3	3	3	3	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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:

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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:

Family	/ Unio	ue ID:	
	,	IUC ID.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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:

Family	/ I Inic	ue ID:	
ı aiiiii	, Ollic	IUC ID.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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	s to certify th	nat,			
Mr/N	1s				
Roll N	lo	has satisfac	ctorily complete	d visits	and activities
of	family	adoption	programme	in	village
			under t	the guid	dance of the
comp	leted logbo	ok records. He/	She had active	ly partio	cipated in all
activi	ties and his/	her work was sa	atisfactory.		
	•		,		
			_		Mentor
		0	Department of C	Commu	nity Medicine
			Govt. M	edical (College, Surat
			Da	ate:/ __	/
			Pl	ace:	

1st visit 3rd MBBS

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	General examination	Investigation done, if any
1							ii aiiy		
2									
3									
4									
5									
6									
7									
8									
9									
10									

Family Unique ID:

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

Eamily	/ Unique	ID:	
rallilli	/ Unique	וט:	

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

Eamil	v Uniau	o ID.	
Famii	v uniau	e iv:	

Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	General examination	Investigation done, if any
1							ii aiiy		
2									
3									
4									
5									
6									
7									
8									
9									
10									

2nd & 3rd Visit 3rd MBBS

Family	/ I Inic	ue ID:	
ı aiiiii	, Ollic	IUC ID.	

Visit	Sr.	Name	Wt.	BMI/	RR	Pulse	ВР	Health	General	Investigation
No.	No		(Kg)	MUAC				complains, If any	examination	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										

-amıl	ง เมทเด	iue ID:	
MIIII	7	WC 10.	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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									
2 nd	9									
3 rd	9									
2 nd	10									
3 rd	10									
J										

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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									
2 nd	9									
3 rd	9									
2 nd	10									
3 rd	10									
J										

_	• •			_	
Fam	NIIV	Unic	IIIA I	1).	
ı aıı		\mathbf{v}_{111}	IUC I	┍.	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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									
2 nd	9									
3 rd	9									
2 nd	10									
3 rd	10									
J										

F	amil	v Unio	que ID:	
г	amıı	y Ullic	que ID:	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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									
2 nd	9									
3 rd	9									
2 nd	10									
3 rd	10									
J										

Family	v Unio	ue ID:	
uiiiii	, 01114	IUC ID.	

Visit No.	Sr. No	Name	Wt.	BMI/ MUAC	RR	Pulse	ВР	Health complains,	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									
2 nd	9									
3 rd	9									
2 nd	10									
3 rd	10									
J										

4th & 5th Visit 3rd MBBS

DETAILED	FAMILY	STUDY	/ FORM:
----------	--------	-------	---------

E		10
Family	, Unique	11).
ı aııııı	Ullique	: 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
							_

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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	_	e at riage	Duration of active marriage life (years/ months)		t use of ception	If yes, type of contraception	If no, reason for non-usage of contraception	
			М	F		Yes	No			

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No	ANC Checkup (Las			t)	
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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: L	ive birth/s	still birth		
Age of infant at time of vi	isit:	months		
Date of delivery:	Sex of th	ne infant: M/F		
Place of delivery: Instituti	ional/Hom	ne/Other		
If home, reason:				
Birth weight:	kg	Birth order:	Delivery co	nducted by:
Type of delivery (Normal,	/CS/other)):		
Any benefit availed (prog	ramme, so	cheme): Yes/No	If yes:	
Breast feeding started on	day:			
Fill up following details w	hen applic	cable: write date	e of subsequent Vis	sit along with it:
Exclusive breast feeding u	ıpto (mon	th):		
Complementary feeding s	started at	(month):		
Any Health problem to m		-	ays:	
Any Health problem to ch			-	
Current weight of Child:_		kg		

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

Sr No	Date of visit	Name & Sex	B C G	H P V		Ο	PV		FII	PV		entav ent		Ro	ota v	irus	N	IR	Vit. A	Во	oster	Other vaccines
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV	

lf partially/non immui	nized, then	Reasons for	that:
------------------------	-------------	--------------------	-------

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:
HEALTH NEEDS OF THE FAMILY:
HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:
CONCLUSION:

CASE HISTORY

DETAILED FAMILY	STU	JDY	F	ORM:
-----------------	-----	-----	---	------

Family	Unique ID:	
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
							_

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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	_	e at riage	Duration of active marriage life (years/ months)	Current use of contraception Yes No		If yes, type of contraception	If no, reason for non-usage of contraception
			М	F					

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No	ANC Checkup (Las		it)		
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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	e of subsequent Visit along with it:
Exclusive breast feeding upto (month):	
Complementary feeding started at (month):	
Any Health problem to mother currently/last 15 da	ays:
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		Ο	PV		FII	PV		entav ent		Ro	ota v	irus	N	IR	Vit. A	Во	oster	Other vaccines
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV	

If pa	rtially/r	non imn	nunized,	then	Reasons	for that:
-------	-----------	---------	----------	------	---------	-----------

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:
HEALTH NEEDS OF THE FAMILY:
HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:
CONCLUSION:

CASE HISTORY

ח	FT	111	FD	FΔ	MII'	Y STU	IDA	FOF	SW:
$\boldsymbol{\nu}$	'L I <i>F</i>	۱L	ᄔ	Γ	IVIL	1 311	JUI	ГОГ	vivi.

Family	/ Unique	ID:
I GIIIIII	Ullidac	10.

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

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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	_	e at riage	Duration of active marriage life (years/ months)	Current use of contraception		If yes, type of contraception	If no, reason for non-usage of contraception
			М	F		Yes	No		

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No	ANC Checkup (Last			t)	
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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: L	ive birth/st	till birth				
Age of infant at time of vi	sit:	months				
Date of delivery:	Sex of th	e infant: M/F				
Place of delivery: Instituti	onal/Hom	e/Other				
If home, reason:						
Birth weight:	_kg	Birth order:		Delivery	conducte	d by:
Type of delivery (Normal,	CS/other):	:				
Any benefit availed (prog	ramme, sc	heme): Yes/No	If y	es:		
Breast feeding started on	day:					
Fill up following details w	hen applica	able: write date	e of sub	sequent	Visit alon	g with it:
Exclusive breast feeding u	ıpto (mont	h):				
Complementary feeding s	started at (month):				
Any Health problem to m		•	ays:			
Any Health problem to ch	nild:					
Current weight of Child:_		kg				

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

Sr No	Date of visit	Name & Sex	B C G	H P V		Ο	PV		FIPV		Pentaval ent		Rota virus		MR		Vit. A	Во	oster	Other vaccines		
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV	

lf	partially/	non	immunized,	then	Reasons	for	that:
----	------------	-----	------------	------	---------	-----	-------

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:
HEALTH NEEDS OF THE FAMILY:
HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:
HEALTH ROOMAINIES WHICH ARE BENEFICIART TO THEM.
CONCLUSION:

CASE HISTORY

DETAILED	FAMILY	STUDY	/ FORM:
----------	--------	-------	---------

Family	Unique ID:	
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

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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	_	e at riage	Duration of active marriage life (years/ months)	Current use of contraception		If yes, type of contraception	If no, reason for non-usage of contraception		
			М	F		Yes	No				

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No		A۱	IC Chec	ckup (Last)			
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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: Li	ive birth/st	ill birth		
Age of infant at time of vi	sit:	months		
Date of delivery:	Sex of th	e infant: M/F		
Place of delivery: Instituti	onal/Hom	e/Other		
If home, reason:				
Birth weight:	_kg	Birth order:	Delive	ry conducted by:
Type of delivery (Normal/	CS/other):			
Any benefit availed (prog	ramme, sc	heme): Yes/No	If yes:	
Breast feeding started on	day:			
Fill up following details w	hen applica	able: write date	e of subseque	nt Visit along with it:
Exclusive breast feeding u	ıpto (mont	h):		
Complementary feeding s	started at (month):		-
Any Health problem to m	other curr	ently/last 15 da	ys:	
Any Health problem to ch	ild:			
Current weight of Child:_		kg		

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

Sr No	Date of visit	Name & Sex	B C G	H P V		O	PV		FIP\		FIPV		IPV Pentaval ent		Rota virus		MR		MR Vit. A		oster	Other vaccines
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV	

If partially/non immunized, then Reasons for that:

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE FINDINGS:

ADVICE GIVEN TO THE FAMILY:
HEALTH NEEDS OF THE FAMILY:
HEALTH PROGRAMMES WHICH ARE BENEFICIARY TO THEM:
CONCLUSION:

CASE HISTORY

	ET	Λ	•				Λ	N	Л	11	١	•	C	T1	11		V			D	•	١.	١.
u	'E I	м	ш	.C	u	г	н	ш	"	ı	ום	•		ıι	JI	u	1	г	u	A	м	VI	١.

Family	<i>U</i> nique	11.7.
ı aııııı	Ullique	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

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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	_	e at riage	Duration of active marriage life (years/ months)		t use of ception	If yes, type of contraception	If no, reason for non-usage of contraception
			М	F		Yes	No		

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No		A۱	IC Chec	kup (Las	o (Last)		
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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: Li	ive birth/st	till birth		
Age of infant at time of vi	sit:	months		
Date of delivery:	Sex of th	e infant: M/F		
Place of delivery: Instituti	onal/Hom	e/Other		
If home, reason:				
Birth weight:	_kg	Birth order:	Delivery conducted	by:
Type of delivery (Normal/	'CS/other)	:		
Any benefit availed (prog	ramme, sc	heme): Yes/No	o If yes:	
Breast feeding started on	day:			
Fill up following details w	hen applic	able: write date	e of subsequent Visit along	with it:
Exclusive breast feeding u	ıpto (mont	:h):		
Complementary feeding s	tarted at (month):		
Any Health problem to m	other curr	ently/last 15 da	ays:	
Any Health problem to ch	ild:		-	
Current weight of Child:_		kg		

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

Sr No	Date of visit	Name & Sex	B C G	H P V		Ol	PV		FIPV		Pentaval ent		Rota virus		MR		MR Vit. A		oster	Other vaccines		
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV	

If pa	rtially/r	non imn	nunized,	then	Reasons	for that:
-------	-----------	---------	----------	------	---------	-----------

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE 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 U	Inique II) :
----------	-----------	------------

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

MORBIDITY PROFILE LAST 3 MONTHS

Sr. No	Age	Sex (M/ F)	Illness	Duration	Treatment Taken Allopath/A YUSH/None	Govt./Pvt./Tru st/Other	Illness Cured Yes/No	Approx Treatm ent 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		contraception		If yes, type of contraception	If no, reason for non-usage of contraception
			М	F		Yes	No				

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	Date	Week of	Registration	Place of	ANC	IFA	TT	No		A۱	IC Chec	kup (Las	t)
No	Of Visit	Pregnancy at present	Yes/No if Yes Week	Registration	Card Available Yes/No	tablets consumed YES/NO If Yes, Number	Inj., No of Doses	Of ANC Visits	Wt. Gain till now	ВР	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: L	ive birth/s	still birth		
Age of infant at time of vi	isit:	months		
Date of delivery:	Sex of th	ne infant: M/F		
Place of delivery: Instituti	ional/Hom	ne/Other		
If home, reason:				
Birth weight:	kg	Birth order:	Delivery co	onducted by:
Type of delivery (Normal,	/CS/other)):		
Any benefit availed (prog	ramme, so	cheme): Yes/No	If yes:	
Breast feeding started on	day:			
Fill up following details w	hen applic	cable: write date	e of subsequent V	isit along with it:
Exclusive breast feeding u	ıpto (mon	th):		
Complementary feeding s	started at	(month):		
Any Health problem to m			ays:	
Any Health problem to ch				
Current weight of Child:_		kg		

IMMUNIZATION HISTORY (FOR UNDER FIVE CHILDREN)

Sr No	Date of visit	Name & Sex	B C G	H P V		Ο	PV		FII	PV		entav ent		Rota virus		Rota virus		MR		Vit. A	Во	oster	Other vaccines
					0	1	2	3	1	2	1	2	3	1	2	3	1	2		DPT	OPV		

If partially/non immunized	, then Reasons for that:
----------------------------	--------------------------

FAMILY OBSERVATIONS

POSITIVE FINDINGS:

NEGETIVE 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

	to certify th	iat,			
Mr/M	S				
Roll N	0	has satisfac	ctorily completed	visits and	l activities
of	family	adoption	programme	in	village
			under th	e guidan	ce of the
			I		
activit	ies and his/	her work was sa	atistactory.		

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)

C.F. (Correction Factor) = C.P.I. (All India Consumer Price Index) x 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.	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.	maker, weaver, Agricultural

Heavy	1.6	1.2						
	Stone cutter, Black smi wood cutter, Gang man,		Stone Cutter.					
For male/fem	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