

**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:



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.

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

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

# **1<sup>st</sup> & 2<sup>nd</sup> Visit**

## **1<sup>st</sup> 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: \_\_\_\_\_

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Village Name:

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District:

State:

(3) Religion: H / M/ Others: \_\_\_\_\_

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(5) Family size: \_\_\_\_\_

(6) Family type: Nuclear / Joint

(7) Total monthly income: \_\_\_\_\_

(8) Family profile:

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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:

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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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# **3<sup>rd</sup> Visit**

# **1<sup>st</sup> 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:**

- Refuse- 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:**

- Refuse- 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:**

- Refuse- 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:**

- Refuse- 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:**

- Refuse- 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
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- 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:**

**4<sup>th</sup> Visit**

**1<sup>st</sup> 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      |      |           |          |          |           |    |       |    |                     |                         |
| 2      |      |           |          |          |           |    |       |    |                     |                         |
| 3      |      |           |          |          |           |    |       |    |                     |                         |
| 4      |      |           |          |          |           |    |       |    |                     |                         |
| 5      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 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      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 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      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 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      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 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      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 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      |      |           |          |          |           |    |       |    |                     |                         |
| 6      |      |           |          |          |           |    |       |    |                     |                         |
| 7      |      |           |          |          |           |    |       |    |                     |                         |
| 8      |      |           |          |          |           |    |       |    |                     |                         |
| 9      |      |           |          |          |           |    |       |    |                     |                         |
| 10     |      |           |          |          |           |    |       |    |                     |                         |

















# **6<sup>th</sup> to 9<sup>th</sup> Visit**

# **1<sup>st</sup> 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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>th</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>th</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 7 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 8 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 9 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**Any health problem found in family:**

## Certificate of completion of 1<sup>st</sup> 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:** \_\_\_\_\_

**1<sup>st</sup> visit**

**2<sup>nd</sup> 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      |      |          |           |    |       |    |                          |                     |                            |
| 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      |      |          |           |    |       |    |                          |                     |                            |
| 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     |      |          |           |    |       |    |                          |                     |                            |

# **2<sup>nd</sup> Visit**

# **2<sup>nd</sup> 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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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 |                   | <b>2400 Kcals</b>           |              |
| Proteins |                   | <b>60 gms.</b>              |              |

**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:

# **3<sup>rd</sup> to 6<sup>th</sup> Visits**

## **2<sup>nd</sup> 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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**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 <sup>rd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 4 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 5 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 6 <sup>th</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**Community Medicine Department, Govt. Medical college, Surat**

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

**Any health problem found in family:**

## Certificate of completion of 2<sup>nd</sup> 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: \_\_\_\_\_

**1<sup>st</sup> visit**

**3<sup>rd</sup> 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      |      |          |           |    |       |    |                          |                     |                            |
| 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      |      |          |           |    |       |    |                          |                     |                            |
| 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     |      |          |           |    |       |    |                          |                     |                            |

# **2<sup>nd</sup> & 3<sup>rd</sup> Visit**

## **3<sup>rd</sup> 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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |



**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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |

**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 <sup>nd</sup> | 1      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 2      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 3      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 4      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 5      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 6      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 7      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 8      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 9      |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |
| 2 <sup>nd</sup> | 10     |      |          |           |    |       |    |                          |                     |                            |
| 3 <sup>rd</sup> |        |      |          |           |    |       |    |                          |                     |                            |

# **4<sup>th</sup> & 5<sup>th</sup> Visit**

## **3<sup>rd</sup> MBBS**



**MORTALITY PROFILE LAST 3 YEARS**

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken<br>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 |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |

**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:



**Community Medicine Department, Govt. Medical college, Surat**

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<br>C<br>G | H<br>P<br>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 |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |

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**



**MORTALITY PROFILE LAST 3 YEARS**

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken<br>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 |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |

**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<br>C<br>G | H<br>P<br>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 |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |

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**



**MORTALITY PROFILE LAST 3 YEARS**

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken<br>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 |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |

**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<br>C<br>G | H<br>P<br>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 |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |

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**





**MORTALITY PROFILE LAST 3 YEARS**

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken<br>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 |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |

**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:

**Community Medicine Department, Govt. Medical college, Surat**

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<br>C<br>G | H<br>P<br>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 |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |

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 |
|---------|------|--------------------|-----------|---|----------------------|--|------------------|
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |
|         |      |                    |           |   |                      |  |                  |

**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<br>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 |                               |  |
|                       |              |           |                 |   |  |                              |    |                               |  |
|                       |              |           |                 |   |  |                              |    |                               |  |
|                       |              |           |                 |   |  |                              |    |                               |  |
|                       |              |           |                 |   |  |                              |    |                               |  |
|                       |              |           |                 |   |  |                              |    |                               |  |

**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:



**Community Medicine Department, Govt. Medical college, Surat**

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<br>C<br>G | H<br>P<br>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 |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |

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**



**MORTALITY PROFILE LAST 3 YEARS**

| Sr. No | Age | Sex (M/F) | Place of Death | Probable cause of death | Treatment Taken<br>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 |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |
|                       |              |           |                 |   |   |                              |    |                               |  |

**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:

**Community Medicine Department, Govt. Medical college, Surat**

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<br>C<br>G | H<br>P<br>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 |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |
|       |               |            |             |             |     |   |   |   |      |   |             |   |   |            |   |   |    |   |        |         |     |                |  |

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 3<sup>rd</sup> 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  |
|------------------|--|---|
| <b>Sedentary</b> | <b>1.0</b>   | <b>0.8</b>  |
|                  | Teacher, Tailor, Barber, Executives, Shoemaker, Priest, Retired Personnel, Landlord, Peon, Postman, etc.   | Teacher, Tailor, Executives, Housewife, Nurse, etc.                               |
| <b>Moderate</b>  | <b>1.2</b>   | <b>0.9</b>  |
|                  | 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. |

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

### ANNEXURE-III

Availability of Energy and Nutrients per 100 gms.

(According to Textbook of P&SM – Park)

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



















