

Date	Diagnosis
------	-----------

Date	Treatment	Fees

Date	Treatment	Fees

HEALTH CARD

18.2

**CANARA BANK RELIEF AND WELFARE SOCIETY
and
VASANTHNAGAR WOMENS WELFARE ASSOCIATION**

**Dept. of Preventive and Social Medicine.
St. John's Medical College
Bangalore-34**

**NURSERY SCHOOL
Vasanthnagar**

Name: Date of Birth:

Sex: Parents Name
& Address: }

.....

.....

Home Conditions:

Past History of Illness / Operation / Allergy

Diet:

Siblings Health:

H/o worms:

Examining Dr.

Date:

Medical Examination:

Height:

Wt:

Skin:

Nails:

Tonsils:

Lymph Nodes:

Ears:

Vision:

Abdomen:

C. V. S.

R. S.

Chest Meas: } Insp
 } Expir

Conjunctiva:

Teeth:

Gums:

Nose:

Etc:

G. U. S.

G. I. S.

C. N. S.

Remarks:

COMMUNITY HEALTH CELL
47/1, (First Floor) St. Marks Road
BANGALORE - 560 001

CHILD'S PROGRESS CHART

[illegible]

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
Jan. 198																														
Feb. 198																														
Mar. 198																														
Apr. 198																														
May 198																														
June 198																														
July 198																														
Aug. 198																														
Sep. 198																														
Oct. 198																														
Nov. 198																														
Dec. 198																														

BANGALORE - 560 001
Post Marks Road

Corporation of the City of Bangalore



NUTRITION PROGRAMME



IDENTIFICATION CARD

Sl. No.

Feeding Centre

Name of the Slum :

Name :

Mother's Name :

Father's Name :

Address :

S. J. M. C. E.

Village Extension

S. G. Palaya 80

Bangalore-560

COMMUNITY HEALTH

47/1, (First Floor) St. M.

BANGALORE-560

Sign

Hospital

INDIVIDUAL RECORD (Home Follow-up)

Name of individual:

Date of birth :

Age

S/o, D/o, W/o :

Address :

Head of household :

Rel. to Head :

[illegible]

† International Statistical Classification. 3 Digit Code

§ If disease, C : Cured U : Unchanged
 I : Improved W : Worse

If Preventive measures,

S : Successful
F : Failure

FAMILY HEALTH CARD

Cam H. 14-11
FORM
แบบ ร.บ.

บัตรอนามัยประจำครอบครัว

VILLAGE หมู่บ้าน
DISTRICT ตำบล
HEAD OF FAMILY'S NAME ชื่อหัวหน้าครอบครัว
OFFICE สำนักงาน
AMPHUR (COUNTY) อำเภอ
TICKET NO. บัตรเลขที่
HOUSE NO. บ้านเลขที่
EFFECTIVE DATE วันที่เริ่มใช้
MONTH เดือน
YEAR ปี

No. เลขประจำตัว	NAME - SURNAME ชื่อ-สกุล	AGE อายุ	SEX เพศ	RELATION TO HEAD OF THE FAMILY เกี่ยวข้องกับหัวหน้าครอบครัว	DATE MOVED OUT, REASON วัน เดือน ปี ที่จำหน่าย, เพราะเหตุใด
1				HEAD OF THE FAMILY หัวหน้าครอบครัว	
2					
3					
4					
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6					
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11					
12					

No. เลขประจำตัว	WRITE, READ เขียน, อ่านหนังสือได้	OCCUPATION อาชีพ	GENERAL HEALTH สุขภาพทั่วไป	SPECIAL CARE การดูแลพิเศษ	REMARK หมายเหตุ
1	☒				
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12					

จำนวนห้อง-----

DATE
วัน เดือน ปี

[illegible]

POLIOMYELITIS - PROFORMA

Case No.

Name:-

Age:

Sex:

I.D.No.

Address:
.....
.....

Date of admission:

Date of discharge:

Presenting symptoms: Duration.Duration.Fever
Sorethroat
Cough
Loose stools
Irritability
Pain
Urine Retention.
Inability to use the limbs.
Inability to ~~xxx~~ hold head.
Inability to sit up.
Head ache.Vomiting
Abdominal Pain.
Feeble cry.
Feeding difficulty.
Crying while carrying.
convulsions.
Breathing difficulty.
History of I/M injection.
History of Trauma
History of Operations.
History of unaccustomed
exertion.Immunisation.Dates given.OPV I
II
III
IV
V
DPT I
II
IIIHistory of Contact:

I. In the family.

2. In the locality.

Sanitation:

Type of Latrin:

PIT SEPTIC TANK OPEN GROUND ESP

Drinking water:

WELL RIVER POND PIPE WATER.

Physical Examination.

General appearance :

Anxious look

Conscious/Unconscious:

Cyanosis

Tenderness.

Temp:

Pulse:

B.P.:

Respiration:

Rope sign

Tripod sign

Kiss the knee test:

	YES	NO
Intercostal recession	☒	☐
Internal "	☒	☐
Paradoxical breathing	☐	☐
Slow & Shallow } Respiration.	☐	☐
Spilling of secretions.	☐	☐
Drizzling of Saliva	☐	☐

18/12

Return one copy to
DISTRICT HEALTH OFFICER.

Form N.C.C.P.I
Sl.No. of 197

EPIDEMIOLOGICAL CASE
HISTORY OF GASTRO-ENTERITIS

Case reported week ending 197
Case not reported.

1. Personal data.	Patient's Name:	Male	Female	Age (in yrs.)	
	Present address:	Street or locality	Village/ town/city	Block	District
	Permanent address	Street or locality	village/ town/city	Block	District
2. Present illness.	Occupation (give exact job and kind of business)			Place of employment.	
2. Present illness.	Date of onset	Hospitalised Yes/No	Date hospitalised	Name & address of hospital.	
	Dry tongue yes/no	Sunken eyes yes/no	Muscular cramps yes/no	Nausea yes/no	
	Fever yes/no	Blood & mucus in stool yes/No	Cases in house hold among association yes/no yes/no number number		
	Diarrhoea vomiting	Number	Duration in hours.		
	Cholera immunisation Yes/No	Outcome of case recovered died		Date of death.	
3. Diagnostic tests.	Type of specimen	Date of collection	Result	name & address of labortaory.	
	Stool				
	other (specify)				
4. Movements	Movement outside village/twon during one week previous to onset				
	Yes No	if yes, places visited:			
	Contact with a similar case yes/no				
	Date of cortact	Duration of contact			
5. Food & drink consumed.	Food consumed within 5 days prior to onset if home-made yes/ no			Nature of Food:	
	if outside, specify the correct address & When				
	Water consumed	home / outside			
	if outside, specify address				
	milk consumed	boiled/pasteurised /cold/hot.			

6. Environ-
ment.

Housing	Kutchha	Pucca	Flat	Hut
Water supply	public hydrant	house tap	tubewell	Hand pump
	pond	open well	River	canal
Drinking				
Washing				
Bathing				
Other purposes (specify)				
Drainage	underground	surface	Kutchha	Pucca/ None
Latrine	W.C. service	private	public	none
Fly prevalence	Heavy	Moderate	Low	

7. Family

particulars:

Name	Relation	Age	Sex	Occupation	Immu- nisa- tion	History of Gastro- enteritis	Case sheet No.
					within 3 mths.	within 2 wks.	
					precree- ding		
					yes/no	yes/no	

Remarks (here also specify who furnished the information).

Name(s) and title of investigator(s)

Date of investigation:

Summary of investigation giving probable source, sustaining evidence,
vehicle of infection:

Verified personally by Medical Officer,
Primary Health Centre/Municipality.

Organisation and address

Date.

Gom H 14.14

The New Delhi Tuberculosis Clinic. **B**

CONTACT EXAMINATION CARD.

18-41

Name.....

Contact of Case No.....

Ref: No. in Contact Register.....

Date.	Further Instructions.

Com H 14.15
78-46

The New Delhi Tuberculosis Clinic

PATIENT'S TREATMENT CARD.

Name.....

Case No.....

Date of first visit.....

Revisits.	Medicine Prescribed.

Date.	Examination Ordered.	Action Taken.

12-23

CASE RECORDAnalysed by : Technical Guidance Cell of the German Leprosy Relief AssociationCOMMUNITY HEALTH CELL
47/1, First Floor, Marks Road
S.M. 500 001

1. Patient's Name :
(In Block Letters)
2. Father's Name :
3. Permanent Native Address :
4. Case Summary :

5. Physical Assessment :

Classification
-Bacteriology

Deformity

	R	L
E		
H		
F		

Ulcers

	R	L
F		
H		

6. Educational History :

7. Vocational History :

8. Family & Contacts : Male Mc Female Fc Total

Particulars of Children

Total No. of Dependants

9. The Problem :

10. Whether new type of work
preferred? If so,
details of work :

Com H 14.17
12.6

ASSOCIATION OF THE EMPLOYEES OF THE DIRECTORATE OF
PUBLIC INSTRUCTION: KARNATAKA: B'LORE

=oOo=

BLOOD PRESSURE CHECK UP CAMP

Venue: D.P.I's office.

Date: 3rd, 4th & 5th
of April 1978.

Time : 10.30 A.M. to 1.30 P.M.
2.30 P.M. to 5-30 P.M.

Name of the Official

Age

Sex

Hight

Weight

Diet

General Health

Other diseases

Blood Pressure
Reading

Opinion

☐ High B.P.
☐ Normal
☐ Low B.P.

Investigations

☐
☐
☐

Blood cholesterol
Blood urea
Urine

Advice:

Signature of the Doctor

Signature of the Specialist

Srk/500cs.

COMMUNITY HEALTH CELL
47/1, (First Floor) St. Marks Road
BANGALORE - 560 001

ST. JOHN'S MEDICAL COLLEGE HOSPITAL,
BANGALORE - 34.

DEPARTMENT OF DENTAL SURGERY
DENTAL CAMP

Date :

School / Place :

I NAME :

Sl. No.

AGE :

SEX :

Oral Hygiene index : Poor/Satisfactory/good

Teeth present Deciduous: $\frac{e d c b a}{e d c b a} / \frac{a b c d e}{a b c d e}$

Permanent : $\frac{8 7 6 5 4 3 2 1}{8 7 6 5 4 3 2 1} / \frac{1 2 3 4 5 6 7 8}{1 2 3 4 5 6 7 8}$

II FINDINGS

- 1) Calculus Index - Present/Absent
- 2) Gingivitis - Present/Absent
- 3) Periodontal Pockets - Present/Absent
- 4) Dental Caries - Present/Absent
- 5) Malocclusion - Present/Absent
- 6) Missing teeth
- 7) Filled teeth

III TREATMENT REQUIRED

- 1) Extractions
- 2) Oral Prophylaxis
- 3) Fillings
- 4) Orthodontics
- 5) Prosthodontics
- 6) Periodontal treatment
- 7) Any other.

IV ADVISED :

V REFERRAL St. John's Medical College Hospital,

Signature.

COMMUNITY HEALTH CELL
47/1, First Floor, 15, Marks Road
BANGALORE - 560 011

Cam H 14.19
632

Department of Preventive & Social Medicine

Cause of death: This part of the form should always be completed by the attending physician personally.

The certificate of cause of death is divided into two parts, I and II. Part I is again divided into three parts, lines (a), (b), (c). If single morbid condition completely explains the death, then this will be written on line (a) of Part I, and nothing more need be written in the rest of Part I or in Part II. For example, smallpox, lobar pneumonia, cardiac, beriberi are sufficient causes of death and usually nothing more is indeed.

Often, however, a number of morbid conditions will have been present at death and the doctor must then complete the certificate in the proper manner so that the correct underlying cause will be tabulated. First, enter in Part I (a) the immediate cause of death. This does not mean the mode of dying, e.g., heart failure, respiratory failure, etc. These terms should not appear on the certificate at all since they are modes of dying and not causes of death. Next consider whether the immediate cause is a complication or delayed result of some other causes. If so, enter the antecedent cause in Part I, line (b). Sometimes there will be three stages in the course of events leading to death. If so, line (c) will be completed. The underlying cause to be tabulated is always written last in Part I.

Morbid conditions or injuries may be present which were not directly related to the train of events causing death but which contributed in some way to the fatal outcome. Sometimes the doctor finds it difficult to decide, especially for infant deaths, which of several independent conditions was the primary cause of death; but only one cause can be tabulated, so the doctor must decide. If the other diseases are not effects of the underlying cause, they are entered in Part II.

Do not write two or more conditions on a single line: Please write the names of the diseases (in full) in the certificates as legibly as possible to avoid the risk of their being ~~misread~~ read.

Onset: Complete the column for interval between onset and death whenever possible, even if very approximately, e.g., "from birth", several years".

Accidental or violent deaths: Both the external cause and the nature of the injury are needed and should be stated. The doctor or hospital should always be able to describe the injury, stating the part of the body injured, and should give the external cause in full when this is known. Example: I (a) Hypostatic pneumonia; (b) Fracture of neck of femur; (c) Fall from ladder at home.

Old age or senility: Old age (or senility) should not be given as a cause of death if a more specific cause is known. If old age was a contributory factor, it should be entered in Part II. Example: I (a) Chronic bronchitis; II Old age.

Completeness of information: A complete case history is not wanted, but, if the information is available, enough details should be given to enable the underlying cause to be properly classified.

EXAMPLES: Anaemia - Give type of anaemia, if known. Neoplasm - Indicate whether benign or malignant, and site, with site of primary neoplasm, whenever possible. Heart disease - Describe the condition specifically; if congestive heart failure, chronic cor pulmonale, etc., are mentioned, give the antecedent condition. Tetanus - Describe the antecedent injury, if known. Operation - State the condition for which the operation was performed. Dysentery - Specify whether bacillary, amoebic, etc. if known. Complications of pregnancy or delivery - Describe the complication specifically. Tuberculosis - Give organs affected.

Symptomatic statements: Convulsions, diarrhoea, fever, ascites, jaundice, debility, etc., are symptoms which may be due to any one of a number of different conditions. Sometimes nothing more is known, but whenever possible, give the disease which caused the symptom.

The form should be filled in original and duplicate and the duplicate sent to the Director, Bureau of Economics and Statistics in Mysore, Bangalore-1 within 72 hours of death.

63-2

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH		Approximate interval between onset and death
I		
Disease or condition directly leading to death*	(a)..... due to (or as a consequence of)	.....
Antecedent causes	(b)..... due to (or as a consequence of)	.....
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c).....	.....
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	..... .....	..... .....
*This does not mean the mode of dying, e.g. heart failure, asthenia, etc. It means the disease injury, or complication which caused death.		

INTERNATIONAL FORM OF MEDICAL CERTIFICATE OF CAUSE OF DEATH

CAUSE OF DEATH		Approximate interval between onset and death
I		
Disease or condition directly leading to death*	(a)..... due to (or as consequence of)	.....
Antecedent causes	(b)..... due to (or as a consequence of)	.....
Morbid conditions, if any, giving rise to the above cause, stating the underlying condition last	(c).....	.....
II		
Other significant conditions contributing to the death, but not related to the disease or condition causing it	..... .....	..... .....
*This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease injury, or complication which caused death.		

പ്രത്യേക ശ്രദ്ധയ്ക്കു്

1. വയറിളക്കം വന്നാൽ രോഗിയുടെ ആഹാരം നിറുത്താതിരിക്കുക. കൊഴുപ്പു കുറഞ്ഞതും എളുപ്പം ദഹിക്കുന്നതുമായ ഭക്ഷണങ്ങൾ നൽകുക. കഞ്ഞി, ഇഡ്ഡലി, കൂറുക്കു്, തയിരുചേർത്ത ചോറു് തുടങ്ങിയവ കൊടുക്കാവുന്നതാണു്.
2. ശിശുക്കൾക്കു് മൂലയൂട്ടുന്നത് നിറുത്തരുതു്.
3. ധാരാളം വെള്ളം കുടിക്കാൻ കൊടുക്കണം. ഉപ്പിട്ട കഞ്ഞി-വെള്ളം, കരിക്കിൻവെള്ളം, ചെറുനാരങ്ങാനീരു്, കട്ടൻചായ തുടങ്ങിയവ ധാരാളമായി കൊടുക്കാവുന്നതാണു്.
4. ഉപ്പും പഞ്ചസാരയും പ്രത്യേകാനുപാതത്തിൽ ചേർത്തു തയ്യാറാക്കിയ ലായനി കുടിക്കുവാൻ കൊടുക്കുക. ഒരു ഗ്ലാസ് തിളപ്പിച്ചാറിയ വെള്ളത്തിൽ ഒരു കരണ്ടി പഞ്ചസാരയും, ഒരു നൂളു് ഉപ്പും ചേർത്താണു് ഈ പാനീയം ഉണ്ടാക്കുക.
5. ഛർദ്ദിയുണ്ടെങ്കിലും വെള്ളം കൊടുക്കുന്നത് തുടരണം.
6. രോഗസ്ഥിതി മെച്ചപ്പെടുന്നില്ലെങ്കിൽ വിദഗ്ദ്ധോപദേശം സ്വീകരിക്കണം.
7. വയറിളക്കം വ്യാപകമായി ഉള്ളപ്പോൾ കോളറയ്ക്കു് എതിരായുള്ള പ്രതിരോധ കുത്തിവയ്പ്പുകൾ എടുക്കേണ്ടതാണു്.

Prepared by the Centre for Health Care Research and Education,
Rajagiri College of Social Sciences,
Rajagiri P. O., Kalamassery-683 104

പ്രോജക്ട് സീൽ

ഗൃഹനാഥന്റെ പേരും അഡ്രസ്സും		
സ്വത്തം		
പറമ്പ്		പാടം
ക്രമ നമ്പർ	പേര്	ബന്ധം
1		
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14		

* ഗൃഹനാഥനുമായുള്ള ബന്ധം.

വീട്				
കുടിൽ	ചെറിയത്	ഇടത്തരം	ആധുനികം	ബംഗ്ലാവ്

വൈദ്യുതി	
ഉണ്ട്	ഇല്ല

കുടിവെള്ളം					
സ്വന്തം കിണർ	മറ്റുള്ളവരുടെ കിണർ	തോട്/പുഴ	പൊതു ടാപ്പ്/കിണർ	വീട്ടു ടാപ്പ്	മറ്റുള്ളവ

മലിനജലം ലഭിച്ചുപോകുന്നതിനുള്ള സൗകര്യം	
ഉണ്ട്	ഇല്ല

മല മൂത്ര വിസർജ്ജനം നടത്തുന്നത്					
തുറന്ന സ്ഥലം	തോട്/പുഴ	പൊതു കക്കൂസ്	കുഴി കക്കൂസ്	വീടിനു വെളിയിൽ കക്കൂസ്	വീടിനകത്തുള്ള കക്കൂസ്

പാചകാവശ്യത്തിന്				
വിറകു	മണ്ണെണ്ണ	പാചക വാതകം	ജൈവ വാതകം	വൈദ്യുതി

ചപ്പു ചവറുകൾ നശിപ്പിക്കുന്നത്			
പ്രത്യേക സ്ഥാനത്ത്	ചാണക കുഴിയിൽ	ഫലവൃക്ഷങ്ങളുടെ ചുവട്ടിൽ	പ്രത്യേക സംവിധാനം ഇല്ല

വെള്ളം കെട്ടി നിൽക്കുന്നത്	
ഉണ്ട്	ഇല്ല

കൊതുകു ശല്യം	
ഉണ്ട്	ഇല്ല

കൃഷിഫലങ്ങൾ						
നെല്ല്	കപ്പ	തേങ്ങ	വാഴ	മറ്റു പഴവർഗ്ഗങ്ങൾ	പച്ചക്കറികൾ	പയറ്റ് വർഗ്ഗങ്ങൾ

തൊഴുത്ത്		
ഇല്ല	വീടിനോടു ചേർന്ന്	വീടിന്റെ അടുത്ത്?

കോഡ്: A-തീരെയില്ല; B-കുറച്ചുമാത്രം; C-വീട്ടാവശ്യത്തിന്; D കുറച്ച് വിലപനക്ക്; E-കൂടുതൽ വിലപനക്ക്

ക്രമ നമ്പർ	പ്രതിരോധ	
	പേര്	വയസ്സ്
1		
2		
3		
4		
5		
6		

ശ്രദ്ധിക്കുക

- ക്ഷയം, ടെറ്റാസസ്, വാതം, അഞ്ചാം പനി തുളള പ്രതിരോധമായി തടയാനാകുന്നവ
- ട്രിപ്പിൾ, പോളിയോ വുകൾ നൽകുമ്പോൾ ടർന്നുള്ള ‘ബുസ്’ ക്കുവാൻ മറക്കരുത്. കൊടുത്തില്ലെങ്കിൽ വീഡ്.
- പ്രതിരോധ കുത്തിവെപ്പ് കൃത്യമായി രേഖപ്പെടുത്തുക
- പ്രതിരോധ ചികിത്സ അസുഖങ്ങൾ ഒന്നും
- പ്രതിരോധ ചികിത്സ അഞ്ചുവയസ്സിനു മുകളിൽ നടത്താവുന്നവ

Name	Sex	Age	Bl. Group	Smoking	Alcohol	Drugs
മരിച്ചയാളുടെ പേര്	ജാലി	വയസ്സ്	രക്തഗ്രൂപ്പ്	തobacco	മദ്യം	മരുന്നുകൾ

അനുഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ

പേജ്

Sex

Age

Bl. Group

Smoking

Alcohol

Drugs

വിദ്യാഭ്യാസം

ജോലി

വിവാഹം

കുട്ടികൾ

അംഗവൈകല്യം

പഴകിയ നോട്ടങ്ങൾ

ആരോഗ്യസംമിതി, ചികിത്സാ രീതികൾ മുതലായവ

பேஜ்.....

Sex |

Age

|Smo

Alco

Drug

s

ஜோபி

111

പഠനം

കൂട്ടി

കിര

അംഗം

വൈകു

உய்.

പഴക

നിയന്ത്രണം

മാഗ്ന

300

ആരോഗ്യസംമിതി, ചികിത്സാ രീതികൾ മുതലായവ

வேஜ்.....

Name Sex Age Bl. Group Smoking Alcohol Drugs

വിദ്യാഭ്യാസം ജോലി വിവാഹം കുട്ടികൾ അംഗവൈകല്യം പഴകിയ രോഗങ്ങൾ

ആരോഗ്യസംഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ

പേജ്

Name	Sex	Age	Bl. Group	Smoking	Alcohol	Drugs
വിദ്യാഭ്യാസം	ജോലി	വിവാഹം	കുട്ടികൾ	അംഗവൈകല്യം	പഴുകിയ രോഗങ്ങൾ	

ആരോഗ്യസ്ഥിതി, ചികിത്സാ രീതികൾ മുതലായവ

പേജ്

Name Sex Age Bl. Group Smoking Alcohol Drugs

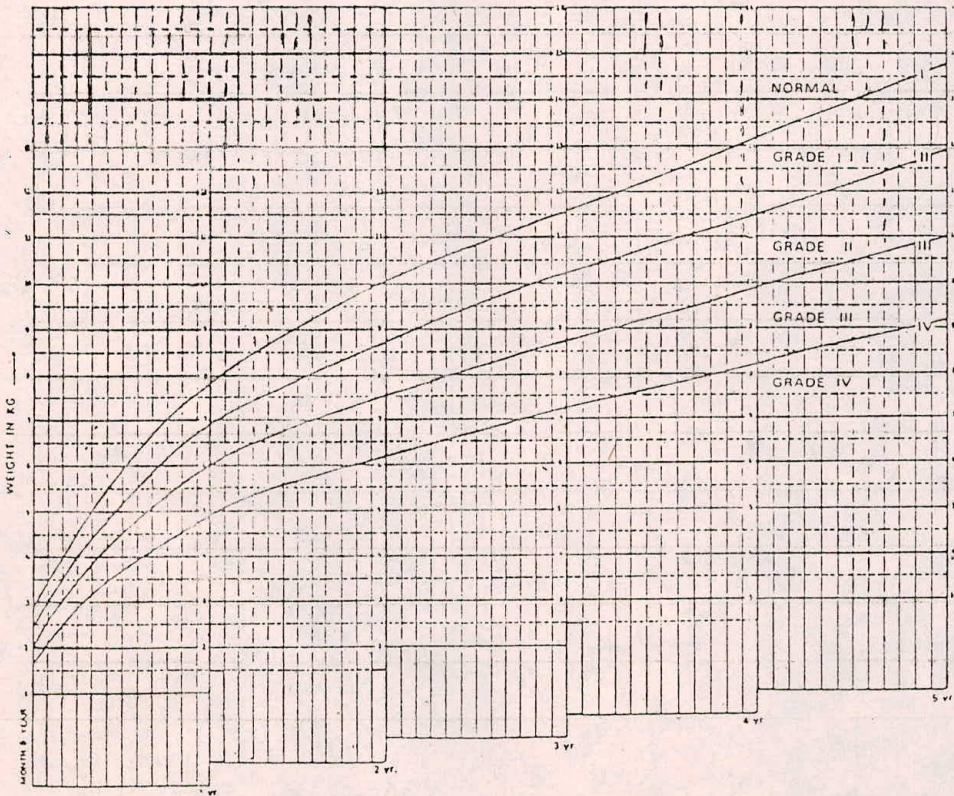
വിദ്യാഭ്യാസം ജോലി വിവാഹം കുട്ടികൾ അംഗവൈകല്യം പഴകിയ രോഗങ്ങൾ

ആരോഗ്യസംഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ

പേജ്.....

INDIVIDUAL SHEET FOR CHILDREN					7 Hospital		O. P. No.		
Name					Sex	Age	School	Bl. Group	Breast feeding
BCG					I II III IV V		അഞ്ചാം പനി		പഴുകിയ രോഗങ്ങൾ
					ട്രിപ്പിൾ, പോളിയോ		അംഗ വൈകല്യം		

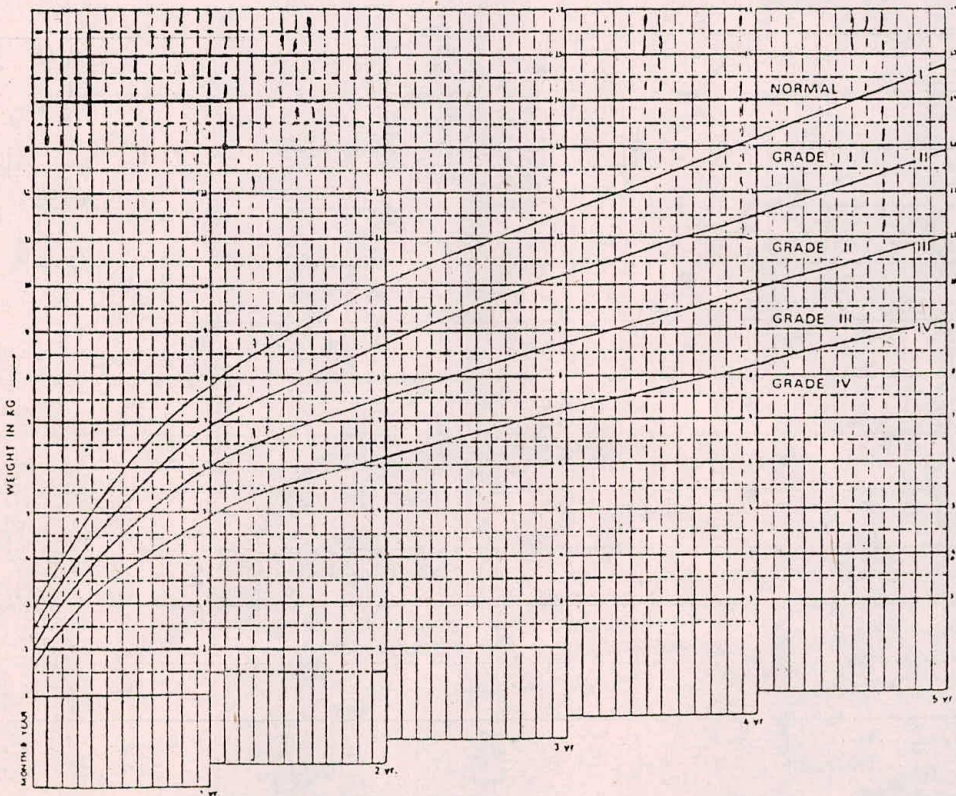
ആരോഗ്യസംഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ



L%

INDIVIDUAL SHEET FOR CHILDREN					Hospital		O. P. No.		
Name					Sex	Age	School	Bl. Group	Breast feeding
BCG	I	II	III	IV	V	അഞ്ചാം പനി	അംഗ വൈകല്യം		പഴുകിയ രോഗങ്ങൾ
ട്രിപ്പിൾ, പോളിയോ									

ആരോഗ്യസംഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ



പേര്

10പേജിൽനിന്ന് തുടർച്ച

Name Sex Age School Bl. Group Breast feeding

BCG

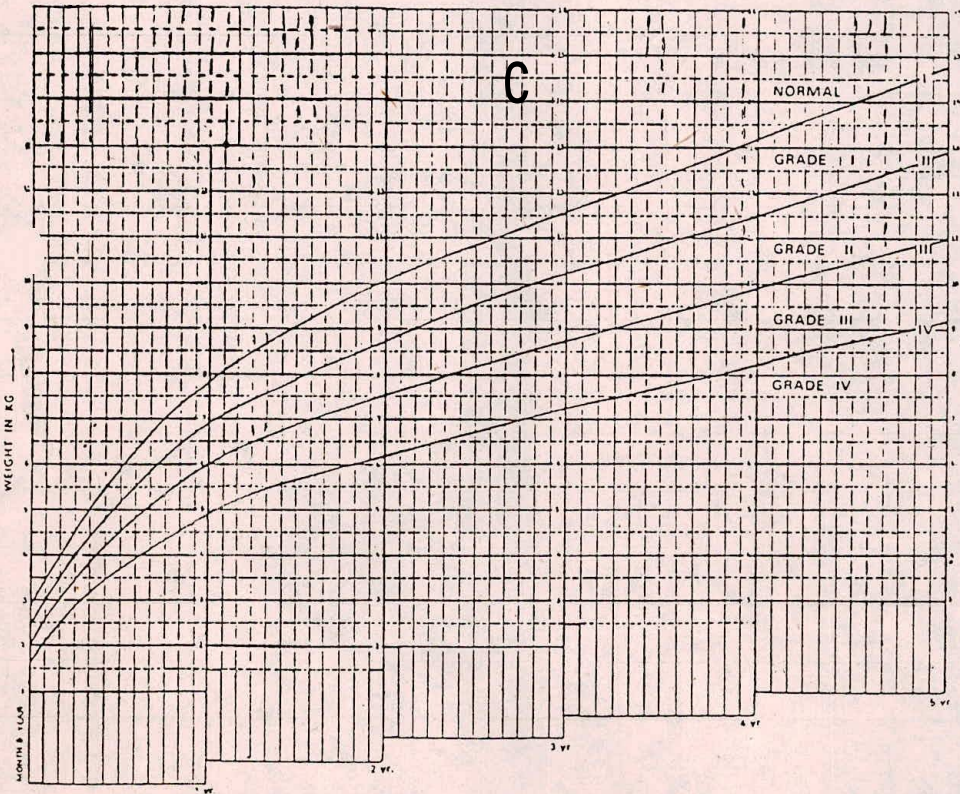
I II III IV V

അഞ്ചാം പനി

അംഗ വൈകല്യം

പഴുകിയ രോഗങ്ങൾ

ആരോഗ്യസംഗ്രഹം, ചികിത്സാ രീതികൾ മുതലായവ



പേര്

12

.....പേജിൽനിന്ന് തുടർച്ച

പേര്.....

.....ചേലിയിൽ തുടർച്ച

പേരു്.....

.....പേജിൽനിന്നു തുടർച്ച

പേര്.....

.....പേജിൽനിന്ന് തുടർച്ച

Cancer — indications Signs

P

- Unhealed wounds, white patches inside the mouth, difficulty to swallow eatables containing chilly substances.
- In women, if blood flow is noticed, after intercourse.
- Any nodule in the body especially on the breasts.
- Stomach pain of more than 3 weeks duration.
- difficulty in swallowing food; constipation, intermittent diarrhoea
- continuous cough and change in voice
- change if any noticed while urinating, stoppage of urine, blood flow.
- if there is a change in colour and size of mole/wart

These indications need not necessarily be of cancer. But if noticed, approach a doctor.

Avoidable diseases

Jaundice

What is jaundice?

Most of the common diseases are spread through air and water. Jaundice is one of the diseases that is spread through ~~water~~ ^{water}.

Strictly speaking jaundice is ~~an~~ a warning ^{sign} ~~indication~~ to another disease. If the skin, nail and the white of eye become yellow in color and if the urine turns to yellow or red it may be jaundice. These changes can be due to some other disease but the main cause for jaundice is the swelling of liver. This is caused due to the attack of a small virus. The disease is spread as a result of contamination of water. The usual chlorination procedure being adopted

is not good enough to kill the virus.
Avoidance of passing stool in the open area is a must to combat the disease.

Signs of this disease

It starts with weakness, nausea, fever, and loss of appetite. One can be almost certain that it is jaundice if the body and the urine become yellowish.

Treatment

No ^{strong} medicine has so far been discovered to fight this disease - not even the much publicised herbals. If the available ones are used excessively, they can damage the liver.

If contracted by jaundice

It can be treated with -

- (1) taking complete rest
- (2) Consuming fruits and any other good food (as desired by the patient) except mutton
↓ Fatty/digestible

(any substance containing fat) and items fried in oil.

3. give only boiled water

[utensils of the patient should be cleaned/washed in boiled water.

All in the family especially pregnant woman to take precautionary (preventive) measures.]

Nutrition (PULSES)

Pulses contain large quantities of protein and fat and more of B complex. In order for us to maintain steady body growth and to prevent diseases, consumption of pulses should be made a part of our ^{daily} dietary practices.

100 grams pulses contain 340 calories. Pulses should be used without peeling their skin. Sprouted pulses would be better as it would contain vit C in large quantities. It may be mentioned that the fat content in pulses is more than 4 times that of in rice. As far as fat is concerned, the nutritional value in pulses is not upto that of rice; however, when pulses are used with rice, its nutritional value increases. That is why we use kadale for putter, pulse for Kanchi and dal for rice. Idli and dosai also contain

enough fat. The foregoing combination is enough for a vegetarian to receive the required quantity of fat in his/her diet. An adult should take atleast 60g. pulses in a day.

Dhal

When we remove the skin of the pulses it becomes dhal and they carry less of vitamins. but fat and protein remain the same as of pulses. Parippu vadaai and Uddina vadaai contain enough of fat and protein.

Beans/soya bean/Amara beans

Soya beans contains almost double the quantity of fats when compared with other pulses. contents of oil and B complex are also more in it.

Healthy living

Low cost health care

How do we practice it?

1. Wake up at 5 in the morning, drink two glasses of water — cold water or boiled and cooled water. Avoid tea or coffee.
2. After going to toilet, take exercise. It would be good if one could run atleast for half an hour. Shuttle or practice of Yoga is also recommended.
3. The third step would be to do other daily chores. Take food only after bathing. Do ~~not~~ take bath before pouring water on to your head. Use cold water for bath. If one practices this he/she need not fear about asthma, bronchitis and tonsillitis.

4. Do not take water while eating.
Take it $\frac{1}{2}$ hr prior to or after eating.
Do not sit after consuming food, walk about 5 minutes.
5. Avoid fried eatables and sugar, salt, chilly, tamarind etc.
6. Honey, curds, fruits, groundnut, cashew nuts could be used everyday.
Banana to be eaten as it is and not after cooking it.
7. Use green leafy vegetables every day; if practiced, one need not worry about eye sight being poor in old age.
8. Do not eat whenever feels like or whenever got it. Make it a habit to eat twice a day. Take light preparations in the night.

9. Wash your feet, face and eyes in cold water to get a good sleep.

10. If you are above 35 years avoid eating fish and mutton. If even if you eat fish do not take mutton.

11. Smoking, beetle chewing, snuffing or consuming alcohol is not good for you and your family. Avoid these completely.

12. When you are sick use only light food (containing more of water).

13. Head ache is a sign of ^a ~~another~~ disease. Deriving satisfaction by taking a pill whenever you get headache is not a good approach. Consult a doctor, if you get headache very often.

13-1

PERIOD
MEDICAL EXAM

Name.....

Insurance No.....

COMMU
47/1, (First
BHAC

INDIAN TELEPHONE
DOORAYANI NAGAR

[Empty box for stamp or marking]

Off No.

**PERIODIC
MEDICAL EXAMINATION**

Name.....

Insurance No.....

**INDIAN TELEPHONE
DOORAYANI NAGAR**

Name :

Staff No.

Address :

Department

Insurance No.

Dispensary

Pre-Employment Examination Data

Date of Examination :

Previous Occupation :

Hearing	
Right	Left

Personal Medical History :

Accidents :

Operations :

Any Important diseases :

Family History :

C. V.

Diabetes

Asthma

T. B.

Epilepsy

Cancer

Skin

Mental

Habits :

Veg.

Non-Veg.

Tobacco

Alcohol

Beverages

Important Findings :

Immunisation :

Results of Personality Test :

Date of Examination

Work and Work Environment

Defects and complaints
If anySpecial Senses
i. Hearing
ii. VisionAlimentary System.
i. Mouth
ii. G. I. Tract
iii. Liver & spleenC. V. System :
i. Heart
ii. Pulse & B PRespiratory System :
i. Upper R. T.
ii. Lungs

Nervous System :

Genito-Urinary System :
i. Hernia
ii. Hydrocele
iii. Others

Skin and Mucous Membrane

Investigation
i. Weight
ii. Urine Alb/Sug/ Micro
iii. Blood CBP/VDRL/ ESR
iv X-Ray Chest
v. Others.

Action and Remarks

Immunisation :

Next Examn. due on

Doctor's Signature

Date of Examination			
Work and Work Environment			
Defects and complaints If any			
Special Senses	i. Hearing ii. Vision		
Alimentary System.	i. Mouth ii. G. I. Tract iii. Liver & spleen		
C. V. System :	i. Heart ii. Pulse & B P		
Respiratory System :	i. Upper R. T. ii. Lungs		
Nervous System :			
Genito-Urinary System :	i. Hernia ii. Hydrocele iii. Others		
Skin and Mucous Membrane			
Investigation	i. Weight ii. Urine . Alb/Sug/ Micro iii. Blood CBP/VDRL/ ESR iv X-Ray Chest v. Others.		
Action and Remarks			
Immunisation :			
Next Examn. due on			
Doctor's Signature			

Date of Examination		
Work and Work Environment		
Defects and complaints If any		
Special Senses	i. Hearing ii. Vision	
Alimentary System.	i. Mouth ii. G. I. Tract iii. Liver & spleen	
C. V. System :	i. Heart ii. Pulse & B P	
Respiratory System :	i. Upper R. T. ii. Lungs	
Nervous System :		
Genito-Urinary System :	i. Hernia ii. Hydrocele iii. Others	
Skin and Mucous Membrane		
Investigation	i. Weight ii. Urine Alb/Sug/ Micro iii. Blood CBP/VDRL/ ESR iv X-Ray Chest v. Others.	
Action and Remarks		
Immunisation :		
Next Examn. due on		
Doctor's Signature		

Hospital (Stamp)

POSTPARTUM RECORD

Name of Woman

W/o, D/o, Loo

Head of household

Address

Delive

Baby :

Comp

[illegible]

Remarks

F. F. No.....

Newborn I. No.

NEW BORN FOLLOW-UP

Name of Mother

Name _____

Baby's Date of birth

Birth-weight

[illegible]

For Office use

Comprehensive Rural Health Project
JAMKHED

Case No.....

Name

Type.....

COMMUNITY HEALTH CELL
47/1, (First Floor), Marks Road
BANGALORE 560 001

Village.....

Residence.....

House No.....

Com H 14
18.10

PROGRESS RECORD

From date

to

Chart

BACTERIOLOGY

Rt. ear

Left ear

Forehead

Rt. cheek

Left cheek

Chin

Macules on—

1.

2.

3.

4.

5.

Bacteriological
Index—

Lepromin Test

Quantity
of
Sulphones—

Other drugs—

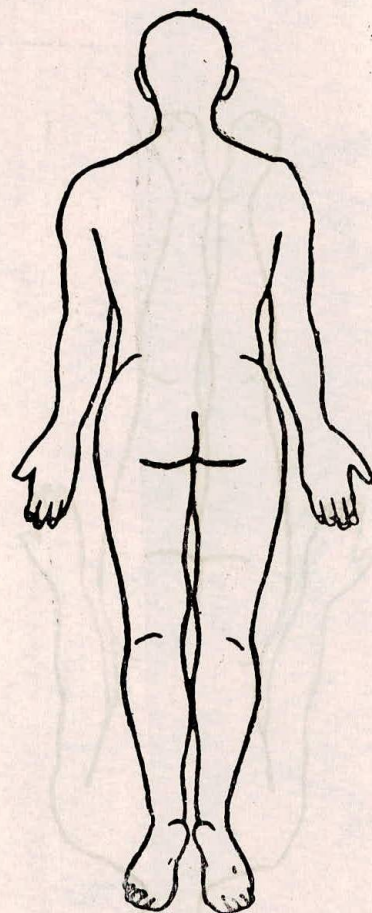
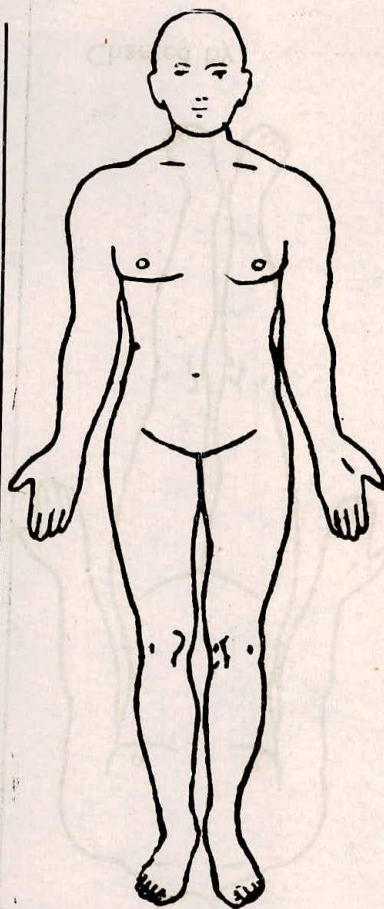
Hemoglobin—

Clinical—

Reactions—

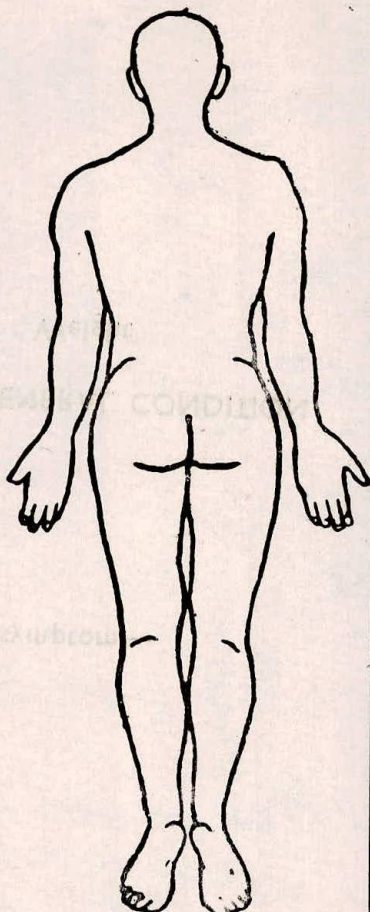
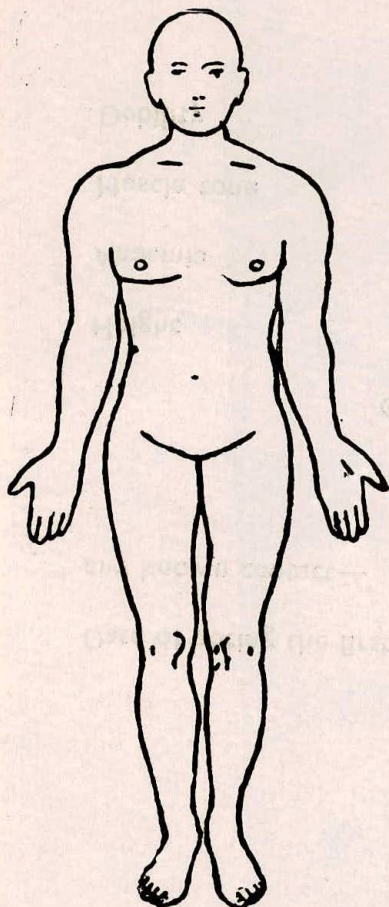
Other
Complications—

Weight—



Charted by.....

Date.....



Charted by

Date

COPREHENSIVE RURAL HEALTH PROJECT JAMKHEDE

Name

Reg. No.....Residence

Age.....Sex.....Married.....

Occupation.....

Number of persons staying at his home.....

Names including children

1.

2.

3.

4.

5.

6.

Classification.....

Date of Examination.....

GENERAL EXAMINATION

Brief History—

Date

Rt.

Left

Eyes—

Mouth—

Tongue

Teeth

Nose—

Heart—

Lungs—

Abdomen—

Other diseases—

Nutrition—

Date of noting the first symptom—

any known contact—

GENERAL CONDITION

Height

Weight

Anaemia

Muscle tone

Debility

PROGRESS RECORD

From date

to

Chart

BACTERIOLOGY

Rt. ear

Left ear

Forehead

Rt. cheek

Left cheek

Chin

Macules on—

1.

2.

3.

4.

5.

Bacteriological
Index—

Lepromin Test

Quantity
of
Sulphones—

Other drugs—

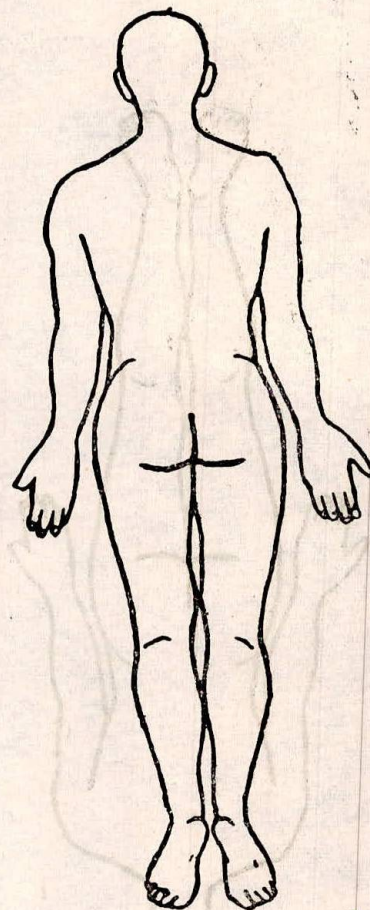
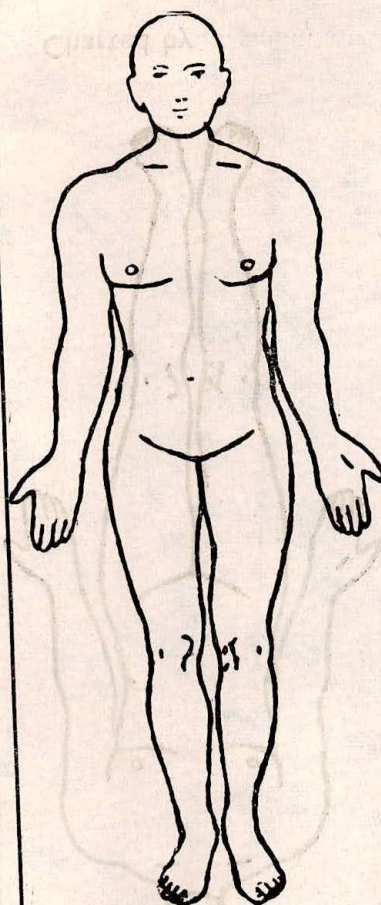
Hemoglobin—

Clinical—

Reactions—

Other
Complications—

Weight—



Charted by.....

Date.....

TREATMENT SHEET

[illegible]

PROGRESS RECORD

From date

to

Chart

BACTERIOLOGY

Rt. ear

Quantity
of
Sulphones—

Left ear

Forehead

Other drugs—

Rt. cheek

Left cheek

Hemoglobin—

Chin

Macules on—

Clinical—

1.

2.

3.

4.

5.

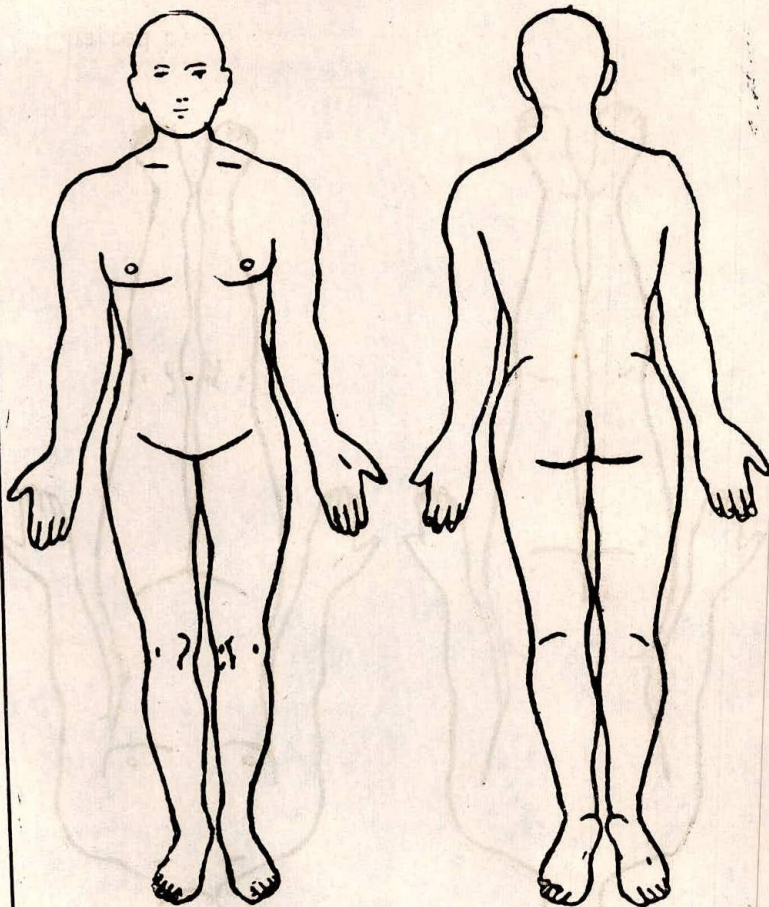
Reactions—

Other Complications—

Bacteriological Index—

Lepromin Test

Weight—



Charted by.....

Date.....

PROGRESS RECORD

From date

to

Chart:

BACTERIOLOGY

Quantity
of
Sulphones—

Rt. ear

Left ear

Forehead

Other drugs—

Rt. cheek

Left cheek

Hemoglobin—

Chin

Macules on—

Clinical—

1.

2.

3.

4.

5.

Reactions—

Other Complications—

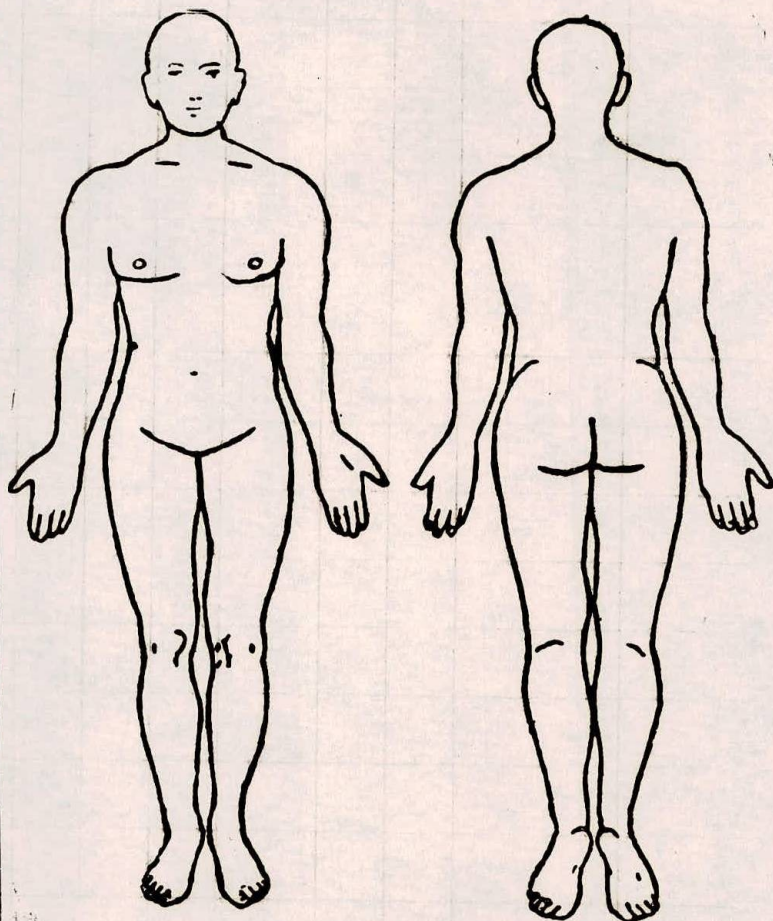
Bacteriological Index—

Lepromin Test

Weight—

Charted by.....

Date.....

[illegible]

TREATMENT SHEET

[illegible]

PROGRESS RECORD

From date _____ to _____ Chart

BACTERIOLOGY

Rt. ear _____

Left ear _____

Forehead _____

Rt. cheek _____

Left cheek _____

Chin _____

Macules on—

1. _____

2. _____

3. _____

4. _____

5. _____

Bacteriological Index—

Lepromin Test _____

Quantity of Sulphones—

Other drugs—

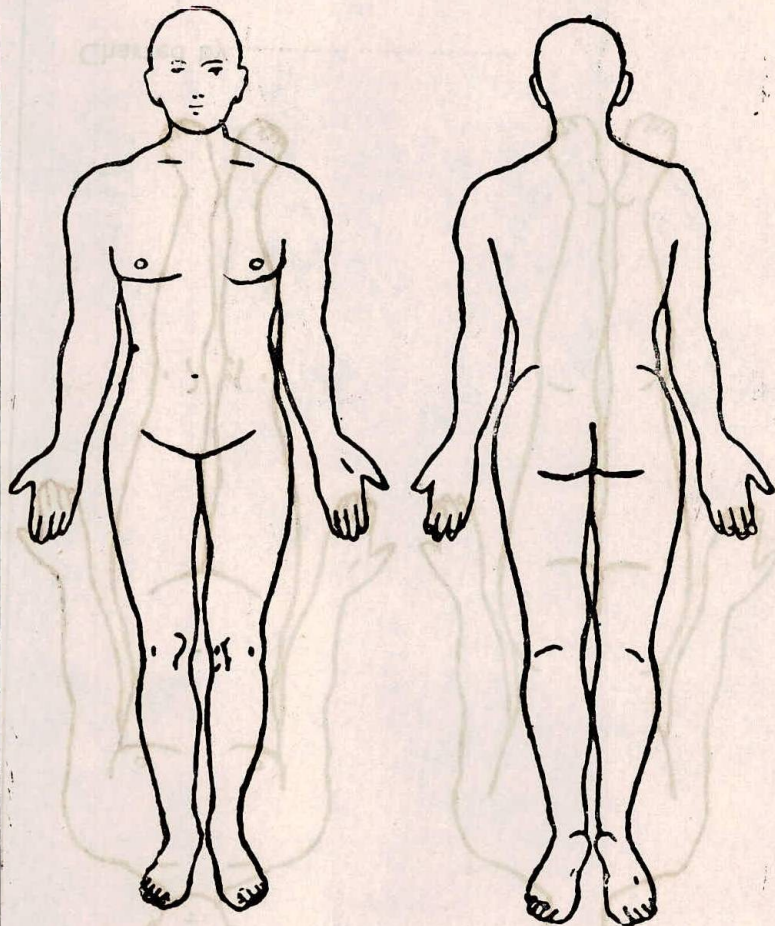
Hemoglobin—

Clinical—

Reactions—

Other Complications—

Weight—



Charted by.....

Date.....

PROGRESS RECORD

From date _____ to _____ Chart

BACTERIOLOGY

Rt. ear _____

Left ear _____

Forehead _____

Rt. cheek _____

Left cheek _____

Chin _____

Macules on—

1. _____

2. _____

3. _____

4. _____

5. _____

Quantity of Sulphones—

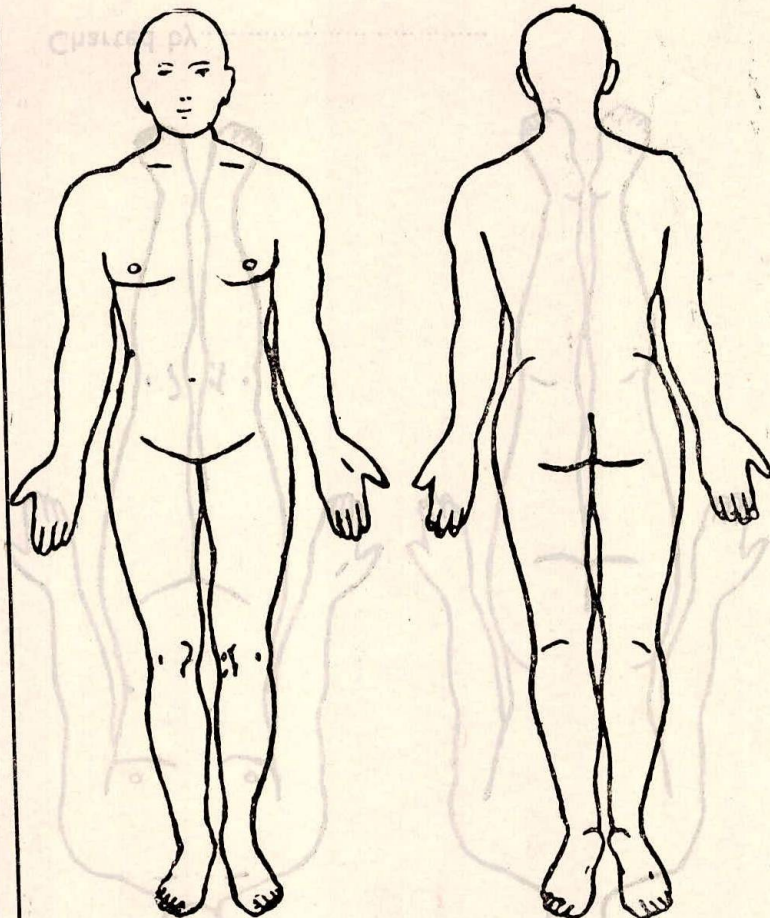
Other drugs—

Hemoglobin—

Clinical—

Reactions—

Other Complications—



COMPREHENSIVE RURAL HEALTH PROJECT, JAMKHEDE.

CRHP form No. 1

Interviewer

Village

Date

[illegible]

COMMUNITY HEALTH CELL
4711

++++
Remarks ;

HEALTH SURVEY

A.I.T.M.S. (N.S.S) & PEERANA JOINT

Name of Block :

Name of Head of the household :

Name of Village :

Residential status :

House number :

Household number :

A.

[illegible]

B. HOSPITALS USED FOR TREATMENT:

1. General Hospital ☐ 4. Ayurvedic ☐ 7. Sub-centre Clinic in v
2. Private Hospital ☐ 5. Unani ☐ 8. Others
3. Dispensary ☐ 6. Homeopathic ☐ 9. Self

C. COMMUNICATION FACILITIES AVAILABLE

1. Newspaper ☐
2. Magazines ☐
3. Radio/Transistor ☐
4. Television ☐

D.

B I R T H						D E A T H			
Sl. No.	Date of Birth	Name of parents	Sex AAAA	Place	Condition	Name of deceased	Age	Sex	Cause of death

E. Proficiency in occupations other than job:

Yes ☐ No ☐
If yes, specify

es ☐ No ☐
es ☐ No ☐
☐ Pucca ☐ Intermediate ☐
☐ Own ☐

ate covered room ☐

ving room ☐

e open ☐

s, specify

outlet present ☐

outlet absent ☐

☐ Tap ☐ Tank ☐

☐ Others

.C.R. ☐ Open ☐

thers

inated ☐

lorinated ☐

n type

e) Latrine facilities:

1. Present ☐ Absent ☐

2. Flush out ☐ Others Specify

3. If no latrine, is space available
for construction? Yes ☐ No ☐

4. Willingness to construct: Yes ☐ No ☐

f) Refuse disposal:

Open in streets ☐ Dust bin ☐

Open pit ☐ Manure pit ☐

Heap ☐ Others specify

g) Sullage disposal:

Water let out in lanes ☐ Soak pits ☐

Stagnation near house ☐ In kitchen garden ☐

Kutchra drain ☐ Pucca drain ☐

Others specify

h) Domestic animals:

Present ☐ Absent ☐

If present, specify

Separate shed Yes ☐ No ☐

Comprehensive Rural Health Project Jamkhed

Interviewer _____

Date _____

Village _____

FAMILY HEALTH SURVEY

Informant _____

Head of the F

Caste _____

	Age	Education		Occupation		TI
		Illiterate	Literate specify	Major	Other specify	
Husband.....						
Wife						

CHILDREN (Under-five)

[illegible]

	Total children born	Children Alive	Children Died
Male			
Female			

1) Give your opinion about child's diet

For 3 yr

2 yr

a) What foods are good ?

b) What foods are bad ?

2) Did you have antenatal care ? Yes / No - If yes - a) During how many pregnancies _____

b) How often during each pregnancy _____

3) Where did you have delivery ? - a) Own home b) Mother's house c) Hospital

4) Who conducted each delivery ? - a) Relative b) Dai c) Nurse d) Doctor

5) (a) How many children make a large family _____

(b) How many children make a small family _____

6) What do you think of your own family ? small / large / Ideal

7) Do you want some help in planning your family Yes / No

8) Practice of family planning. Is it good / Bad / No opinion - Why ? _____

9) Are you interested in practising family planning ? Yes / No opinion

10) Have you heard about methods of family planning ? If yes from whom _____

11) Do you use any method ?

Which method are you interested in 1) Pills 2) Loop 3) Condoms 4) Vasectomy 5) _____

12) When will you begin using the family planning methods ?

a) Immediately d) After _____

c) after _____

13) Who in the family is against family planning ? _____

Interviewer _____

Date _____

CRHP Form No.

FAMILY RECORD CARD

Village_____ Comprehensive Rural Health Project, Jamkhed

1) Head of household _____ 2) S/O, Wid/O _____

4) Informant _____ 5) S/O, d/o, W/O _____

[illegible]

Worker _____ Date _____

5. Relation to the head - Son, Daughter, Wife, Brother's Son, Brother's Wife
"S" "D" "W" "Br's S/D" "Br's W/E"

6. Marital Status - Married - "M" Widow/Widow of - "Wid"
Unmarried - "U" Separated - "S"
Divorced - "D"

7. Literacy - Illiterate - "I"

No grade passed : can read and write : "L"

Grades passed : "G"

Technical training : specify : "T"

8 & 9 - Occupation : Major : where most time spent.

10 & 11 - Change in the family status can be due to birth, death, migration.

This column is filled in the period of time as changes take place.

Each family will have one card :- Mother, father, unmarried children :

Married son, his wife and children :

2nd married son, his wife and children :

Widowed father / mother alive can be on 1st son's card as one family :

Widowed mother and children unmarried :

If house No. 4 has 3 families, the number can be :-

4/1

4/2

4/3

Cough with expectoration
Hemoptysis Swelling of feet
Intermittent claudication
Raynaud's phenomenon

2. Gastro - intestinal

Nausea Vomiting
Feeling of fullness Abdominal pain
Constipation Diarrhoea
Worms in stool Bleeding per rectum
Tarry stools Piles

3. Neurological

Visual disturbances Incoordination
Hearing disturbances Headaches
Neuritis Vertigo
Parasthesias Tinnitus
Loss of power Convulsions

4. Skeletal

Joint pains Back aches

5. Miscellaneous

Swellings / Lumps Impotence

6. Skin changes

Colour Yes / No
Sensation Yes / No
Infection/lesion Yes / No

If positive then :

- Duration of dermatitis / skin change
- Present before joining occupation Yes / No
- Aggravated by occupation Yes / No
- Itching Yes / No
- Burning Yes / No
- Are other workers similarly affected Yes / No
- Describe lesions
Site
Characteristics

(b) General Examination

Weight	Height
Chest measurement	Inspiration
	Expiration
Pulse	Rate..... Rhythm
B. P.	Systolic/Diastolic
Lymphadenopathy	Present
If present, specify chain/s	
Cyanosis	Nil Peripheral
Pallor	Bone deformities
Jaundice	Elephantiasis
Glossitis	Varicose veins
Cheilosis	Hernia
Ang. stomatitis	Hydrocele
Odema over feet	

(i) Systemic Examination

1. Respiratory

Rate			
Movements	Equal	Unequal	
Percussion	Normal	Dull	Res
Breath sounds	Normal	Increased	De
Adventitious sounds	Present	Absent	

If present, specify rhonchi / rales / crepitation

2. Cardio-Vascular

J V P	Normal	Raised
Cardiac dullness	Normal	Increased D
Heart sounds	Normal	Abnormal
Murmurs	Present	Absent

3. Abdomen

Tenderness	Yes/No	Liver palpable
Spleen palpable	Yes/No	Other lumps
Fluid	Yes / No	

ICMR PILOT PROJECT

Regional Occupational Health Centre & Ross Institute

Unit of Occupational Health (SJMC)

No 4194

Family Card No. 000273

Name: FATHIMA 27 F Check Roll No. +

(a) Occupational History

1. Present Occupation (with duration)

(a) Field : Plucker Agricultural Worker
Sprayer Supervisor

(b) Factory : Withering Rolling
Sifting Firing

Packing etc. Supervisor

(c) Any other (Specify)

2. Additional Occupation (specify)

3. Previous occupations with duration of each.

Sl. No.	Occupation	years & durations
---------	------------	-------------------

(a)		
(b)		
(c)		

(b) Personal History

1. Appetite Normal Reduced Increased

2. Sleep Normal Disturbed

If disturbed, specify in what way :

3. Micturition

(i) Frequency Normal Decreased Increased

If increased : Day Night Both

(ii) Volume Normal Decreased Increased

4. Bowels

Normal Abnormal

If abnormal, specify :

5. Smoking Habits (describe amount if elicited)

Never smoked

Recently stopped

Occasional smoker

Regular smoker

6. Other Tobacco Habits

Chewing

Snuff

7. Alcohol (Describe Type & amount, if elicited)

Not habituated

Occasionally

Regu

8. Other Chewing Habits

Present

Absent

Betel Nut

Betel Leaf

Oth

9. Other Drugs

Yes

No

If yes, specify

Prescribed / self medicated

(c) For women workers only

1. Menstrual History

Cycle

Regular

Irregular

Duration

Regular

Irregular

Quantity of flow : Normal Less Exces

Pain

Yes

No

LMP

2. Obstetrical History

Abortion

Prematur

Still births

Liveborn

Total No. of living children

3. Gyn History

Leucorrhoea

Yes / No

Pruritis Ye

Prolapse

Yes / No

July 79

Pre

ST JOHN'S MEDICAL COLLEGE, BANGALORE 560034

411

DEPT OF COMMUNITY MEDICINE

RURAL HEALTH EVALUATION PROJECT

Date.....

1. We would like to know your own personal preference among the medical specialities listed below. Please check (✓) one block opposite each speciality indicating the extent of your own interest in the speciality.

Speciality	Not interested	Slightly interested	Moderately interested	Very interested
1. General Practice			✓	
2. Internal Medicine	✓			
3. Obstetrics and Gynaecology	✓			
4. Ophthalmology	✓			
5. Paediatrics				✓
6. Pre-clinical sciences	✓			
7. Community Medicine (in medical college)	✓			
8. Public Health (services)		✓		
9. Surgery			✓	
For office use only				

Date: 6/10/79

Name Babu P. Haffilly

Age: 26

Sex: M

Medical College: St. John's Medical College

2. Listed below are various types of professional activities.
Please check (✓) one block opposite each indicating the extent,
to which, you personally feel attracted by that type of professional
activity as a career choice.

Activity	Not interested	Slightly interested	Moderately interested	Greatly interested
1. Administrative position in health and hospital service			✓	
2. Government Hospitals			✓	
3. General private Practice Urban		✓		
4. General private Practice Rural	✓			
5. Service in Private Hospitals including religious institutions				✓
6. Research	✓			
7. Service in Armed Forces	✓			
8. Primary Health Center	✓	(Interested if rearranged)		
9. Speciality (Private)				✓
10. Teaching	✓			
For Office use only				

3. How important to you are the following factors in choosing your career? Please check (✓) in appropriate columns below:

Factors	Not Important	Slightly important	Moderately important	Very important
1. National Needs		✓		
2. Family opinion including parents, spouse and close relations	✓			
3. Nearness to home	✓			
4. Prestige				
5. Intellectual satisfaction				✓
6. Influence of teachers		✓		
7. Financial remuneration				✓
8. Job security				✓
9. Specified hours of work	✓			
10. Leisure opportunities				✓
11. Humanitarian and religious motivation			✓	
12. Job opportunities				✓
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:4:

4. Thus far in your training how well do you feel that you are prepared for each of the types of professional activity listed below:

Please check (✓) one block opposite each type of activity indicating the extent of your preparation.

Types of professional activity	Not prepared	Poorly prepared	Moderately prepared	Well prepared
1. Administrative position in health and hospital services			✓	
2. Government Hospitals			✓	
3. General private practice Urban				✓
4. General private practice Rural				✓
5. Service in private hospitals including religious				✓
6. Research	✓			
7. Service in Armed Forces	✓			
8. Primary Health Centre				✓
9. Speciality (Private)	✓			
10. Teaching	✓			

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2. Government Hospitals

11. How much additional formal training do you intend to get?

3. General private

(a) Speciality: ✓

4. (b) Degree:

(c) No. of years: 5-10

5. Service in private hospitals including religious

6. Thus far in your training how well do you feel that you are prepared for each of the types of professional activity listed below:

7. Service in Armed Forces (✓) one block opposite each type of activity indicating the extent of your preparation.

5. Would you give us your own estimate of time. Use as your standard of comparison what you think a good doctor at your stage of preparation should be able to do. Please check (✓) one block opposite each of the skills listed below.

Skills	Ability			
	Poor	Fair	Good	Excellent
1. Overall ability as a physician		✓		
2. Use simple clinical methods in making diagnosis		✓		
3. Use complicated laboratory test results in making diagnosis	✓			
4. Understand ecological or environmental factors in illness		✓		
5. Manage the treatment of patients			✓	
6. Establish good relations with patients and their families			✓	
7. Cope with social and emotional problems of patients and their families			✓	
8. Suggest practical measures for preventing diseases to patients			✓	
9. Apply community measures for improving health			✓	
10. Investigate health problems or do research	✓	✓		
11. Management and supervision of Primary Health Centre		✓		
12. Work with public health auxiliary workers		✓		
13. Take into account family economics when planning health and medical care			✓	

5. contd...

	Ability			
	Poor	Fair	Good	Excellent
14. Manage the treatment of patients where resources are limited			☒	
15. Mobilize community participation		☒		
16. Ability to speak the local language of the teaching health center area	☒			
.....				
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6. Ten years from now, how much money do you expect to earn monthly? Please check (✓) in appropriate column below:

.....
 Less than Rs.500

Rs.500-1000

Rs.1001-1500

Rs.1501-2000

Rs.2001-3000

More than Rs.3000 ☒

.....

7. We would like to have your present estimate of the conditions under which you would be willing to serve in a primary health center. Please check (✓) one block opposite each of the following statements indicating the extent to which you agree or disagree with the statement

Conditions	Disagree	Partially disagree	Partially agree	Agree
1. I would leave medical practice rather than go to rural areas	✓			
2. I would accept a primary health center job only if my family were in urgent need financial help	✓			
3. I would go only if legally required for one or two years before registration			✓	
4. I would work in a primary health center only if I cannot find work elsewhere	✓			
5. I would work in a primary health center if this was the only way of advancement in government service			✓	
6. I would work under present conditions if I knew I would not be stuck in village for life				✓
7. I would go only if permitted to live in a nearby city	✓			
8. I would go if there was some improvement in both professional standards and living conditions				✓
9. I would go if a liberal rural allowance and provision for personal comforts were provided but without significant improvement in present professional opportunities			✓	
10. I would go if facilities for maintaining good quality professional standards were provided and without particular regard for improved living conditions	✓			

7. contd.....

Conditions	Disagree	Partially disagree	Partially agree	Agree
11. I am willing to sacrifice both personal and professional considerations indefinitely	✓			
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12. Do you think you might change your opinion if you knew more about primary health center work?	Yes ☒	No ☐		
13. Please give the number of the one statement above which most nearly represents the conditions under which you would go into rural health work	8 + allowance			

8. Listed below are a number of factors which may influence favourably the way you feel about serving in a primary health center in a rural area: (not Teaching Health Center)
- Please indicate how important these factors seem to you by checking (✓) one of the blocks opposite each item.

Factors	Not important	Slightly important	Moderately important	Very important
1. Combining preventive and curative services for individuals and families				✓
2. Service to particularly needy people				✓
3. Opportunity for meeting unpredictable medical problems		✓		
4. Helping to meet the national need		✓		
5. Having administrative control over technical work and personnel	✓			
6. Chance to organize health service for a large group of people	✓			
7. Opportunity to study a community as a whole	✓			
8. Spiritual and humanitarian motivation	✓			
9. Being able to make your own schedule	✓			
10. Having independent responsibility for diagnosis and treatment			✓	
11. High position in village society	✓			
12. Medical Care				

For office use only

Date: 6/10/79

Name:

9. Listed below are a number of factors which may influence unfavourably the way you feel about working in a primary health center in rural area. (not Teaching Health Center)
Please indicate how important these matters seem to you by checking (✓) one of the blocks opposite each item even though you may not be sure of the real situation in primary health centers

Factors	Not important	Slightly important	Moderately important	Very important
1. Lack of opportunity for postgraduate education				✓
2. Problems with personal grooming and appearance	✓			
3. Unsuitable Housing			✓	
4. Lack of opportunities for professional advancement				✓
5. Inadequate equipment				✓
6. Objections of wife/husband (even if married)	✓			
7. Objections of other family members	✓			
8. Inadequate primary health center buildings			✓	
9. Lack of medical meetings and stimulating professional contacts				✓
10. Lack of transportation facilities and communication with urban areas				✓
11. Inadequate drugs and supplies				✓
12. Difficulty of access to libraries, reference materials and research facilities				✓
13. Lack of social activities and recreational facilities				✓
14. Not enough pay				✓

9. contd....

Factors	Not important	Slightly important	Moderately important	Very important
16. Lack of variety in clinical work	✓			
17. Lack of educational facilities for children				✓
18. Lack of consultants				✓
19. Health hazards for family			✓	
20. Being supervised by non-medical person such as Block Development Officers		✓		
21. Too many patients	✓			
22. Fear of losing clinical skill	✓			
23. Too few patients	✓			
24. Fear for personal safety	✓			
25. Political inter- ference	✓			
26. Involvement in medico-legal work	✓			
27. Living in a village	✓			
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28. Have you every visited any other primary health center Yes ☐ No ☒

29. Have you every known intimately someone working in a primary health center Yes ☒ No ☐

=====

10. Please check (✓) one block opposite each of the following activities indicating your opinion of what a Primary Health Center Physician about himself be doing:

=====

Activities	Never	Occasionally	Routinely
1. Conducting normal deliveries		✓	
2. Conducting complicated deliveries		✓	✓
3. Checking and reporting statistical data on births, deaths and illnesses collected by auxiliary workers	✓		✓
4. Doing health surveys in villages			✓
5. Studying the social structure and factions in villages		✓	
6. Doing emergency operations		✓	✓
7. Attending meetings with the panchayats and the block development officer and his staff			✓
8. Doing minor surgery and setting simple fractures			✓
9. Seeing only severely ill patients and letting a nurse/compounder care for the routine colds and diarrhoeas when the patient load is over 100 in a morning	✓		
10. Seeing all patients who come to the clinic even if there are regularly more than 100 in a morning			✓
11. Giving intravenous injections		✓	✓
12. Investigating and controlling out-breaks of communicable diseases			✓
13. Conducting mass health education meetings			✓
14. Caring for all in-patients			✓
15. Taking time to talk about disease prevention with the patients seen in dispensaries and wards		✓	✓

10. contd.....

Activities	Never	Occasionally	Routinely
16. Running clinics for family planning, MCH		✓	✓
17. Promoting the installation of latrines, pumps, smokeless chulhas etc., by personal visits to homes	✓	✓	
18. Checking the work records of the auxiliary staff such as health visitors and #aift#rians			✓
19. Working with each of the auxiliary staff in the field at least once a week			✓
20. Doing school health examinations			✓
21. Holding staff meetings to review work and to plan ahead			✓
22. Doing laboratory tests in the health center if no technician is available			✓
23. Prescribing medicines for only one to two days in order to increase dispensary attendance	✓		
24. Giving intramuscular injections		✓	
25. Routine office work and periodic reports			✓
26. Attending patients in the home when called upon to do so without charging fees.			✓

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27. Should a primary health center physician's role be distinctly different from what doctors do in hospitals or private practice?

Yes ☒ No ☐

- =====
11. We would like to know some of your impressions about village people. Listed below are some paired opposite terms that might be used to describe any person or group. Think of villagers as a group rather than of any one villager you may know. There are no right or wrong answers.

Please give us your general impressions of village people checking an appropriate space between each pair.
For example:

Kind A B C D Unkind

If you think villagers generally are very kind, you would check space A, if you think they are somewhat kind you would check B, if you think they are a little unkind you would check C, and if you think they are unkind then check (✓) D. We would like to have your impressions even if you are not certain.

	A	B	C	D	
1. Clean	_____	_____	✓_____	_____	Dirty
2. Unhealthy	_____	_____	✓_____	_____	Healthy
3. Friendly	✓_____	_____	_____	_____	Unfriendly
4. Cooperative	_____	✓_____	_____	_____	Uncooperative
5. Lazy	_____	_____	✓_____	_____	Industrious
6. Well informed	_____	_____	_____	✓_____	Poorly informed
7. Undependable	_____	_____	_____	✓_____	Dependable
8. Wise	✓_____	_____	_____	_____	Foolish
9. Suspicious	✓_____	_____	_____	_____	Trusting
10. Poorly-fed	_____	✓_____	_____	_____	Well-fed
11. Cheerful	_____	✓_____	_____	_____	Unhappy
12. Honest	✓_____	_____	_____	_____	Dishonest
13. Non-religious	_____	_____	_____	✓_____	Religious
14. Rational	_____	_____	_____	✓_____	Superstitious
15. Pessimistic	_____	_____	_____	_____	Optimistic
16. Maliciously gossiping	✓_____	_____	_____	_____	Not gossiping

.....

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12. We would appreciate a frank statement from you about the activities you will engage in during your rural internship/housemanship. Check (✓) one block opposite each item. We want your opinion about how worthwhile you think these activities are going to be.

Activities	Evaluation		
	Not worthwhile	Moderately worthwhile	Worthwhile
1. Out patient care			✓
2. In patient care			✓
3. Preventive services including health education		✓	
4. Community Health Services including health education		✓	
5. Family care		✓	
6. Field survey	✓		
7. Gathering routine data for administrative purposes	✓		
8. Reading medical literature			✓
9. Seminars with teaching staff			✓
10. Individual discussions with teaching staff			✓
11. Time spent in learning about rural life		✓	
12. MCH and family planning clinics			✓
13. Speciality clinics			✓
14. Didactic teaching		✓	
15. School health			✓
16. Study block development organization	✓		
17. Environmental sanitation			✓
18. Control of communicable diseases			✓
19. Vital statistics		✓	

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I C M R PILOT PROJECT
(Additional Information for under 12)

1. PAST HISTORY:

Measles :	Poliomyelitis :	Diarrhoea :
Chickenpox :	Rheumatic Fever :	Dyssentery:
Smallpox :	Tuberculosis :	Ear infec- tions. }
Diphtheria :	Malaria :	Eye infec- tions. }
Whooping Cough :	Asthma :	Scabies/skin infections{
		Worms :

2. IMMUNIZATION SCHEDULE:

BCG				
Smallpox				
DPT	1st	2nd	3rd	Boosters.
Polio	1st	2nd	3rd	Boosters.

3. NUTRITIONAL ASSESSMENT:

Head circumference	:	_____ cms.
Mid Arm circumference	:	_____ cms.
Nutritional defficiency signs - (+ve only)	}	

(Additional information for under 2)

1. FEEDING HABITS:

Breast fed alone.
Supplements alone.
Breast fed + Supplement.

Mention type of supplements:

I C M R PILOT PROJECT

(Additional Information for under 12)

1. PAST HISTORY:

Measles :	Poliomyelitis :	Diarrhoea :
Chickenpox :	Rheumatic Fever :	Dyssentery:
Smallpox :	Tuberculosis :	Ear infec- tions. }
Diphtheria :	Malaria :	Eye infec- tions. }
Whooping Cough :	Asthma :	Scabies/skin infections:
		Worms :

2. IMMUNIZATION SCHEDULE:

BCG

Smallpox

DPT	1st	2nd	3rd	Boosters.
-----	-----	-----	-----	-----------

Polio	1st	2nd	3rd	Boosters.
-------	-----	-----	-----	-----------

3. NUTRITIONAL ASSESSMENT:

Head circumference : _____ cms.

Mid Arm circumference : _____ cms.

Nutritional defficiency
signs - (+ve only) }

(Additional information for under 2)

1. FEEDING HABITS:

Breast fed alone.

Supplements alone.

Breast fed + Supplement.

Mention type of supplements:

I C M R PILOT PROJECT
(Additional Information for under 12)

1. PAST HISTORY:

Measles :	Poliomyelitis :	Diarrhoea :
Chickenpox :	Rheumatic Fever :	Dysentery:
Smallpox :	Tuberculosis :	Ear infec- tions. }
Diphtheria :	Malaria :	Eye infec- tions. }
Whooping Cough :	Asthma :	Scabies/skin infections:
		Worms :

2. IMMUNIZATION SCHEDULE:

BCG

Smallpox

DPT	1st	2nd	3rd	Boosters.
-----	-----	-----	-----	-----------

Polio	1st	2nd	3rd	Boosters.
-------	-----	-----	-----	-----------

3. NUTRITIONAL ASSESSMENT:

Head circumference : _____ cms.

Mid Arm circumference : _____ cms.

Nutritional defficiency
signs - (+ve only) }

(Additional information for under 1)

1. FEEDING HABITS:

Breast fed alone.

Supplements alone.

Breast fed + Supplement.

Mention type of supplements:

I C M R PILOT PROJECT

(Additional Information for under 12)

1. PAST HISTORY:

Measles	:	Poliomyelitis	:	Diarrhoea	:
Chickenpox	:	Rheumatic Fever	:	Dysentery:	
Smallpox	:	Tuberculosis	:	Ear infec-	tions.
Diphtheria	:	Malaria	:	Eye infec-	tions.
Whooping Cough	:	Asthma	:	Scabies/skin	infections:
				Worms	:

2. IMMUNIZATION SCHEDULE:

BCG

Smallpox

DPT	1st	2nd	3rd	Boosters.
-----	-----	-----	-----	-----------

Polio	1st	2nd	3rd	Boosters.
-------	-----	-----	-----	-----------

3. NUTRITIONAL ASSESSMENT:

Head circumference : _____ cms.

Mid Arm circumference : _____ cms.

Nutritional defficiency
signs - (+ve only) }

(Additional information for under 2)

1. FEEDING HABITS:

Breast fed alone.

Supplements alone.

Breast fed + Supplement.

Mention type of supplements:

I C M R PILOT PROJECT

(Additional Information for under 12)

1. PAST HISTORY:

Measles	:	Poliomyelitis	:	Diarrhoea	:
Chickenpox	:	Rheumatic Fever	:	Dyssentery:	
Smallpox	:	Tuberculosis	:	Ear infec-	tions. ⌘
Diphtheria	:	Malaria	:	Eye infec-	tions. ⌘
Whooping Cough	:	Asthma	:	Scabies/skin	infections
				Worms	:

2. IMMUNIZATION SCHEDULE:

BCG

Smallpox

DPT	1st	2nd	3rd	Boosters.
-----	-----	-----	-----	-----------

Polio	1st	2nd	3rd	Boosters.
-------	-----	-----	-----	-----------

3. NUTRITIONAL ASSESSMENT:

Head circumference : _____ cms.

Mid Arm circumference : _____ cms.

Nutritional defficiency
signs - (+ve only) ⌘

(Additional information for under 2)

1. FEEDING HABITS:

Breast fed alone.

Supplements alone.

Breast fed + Supplement.

Mention type of supplements:

I C M R PILOT PROJECT

(Additional Information for under 12)

1. PAST HISTORY:

Measles	:	Poliomyelitis	:	Diarrhoea	:
Chickenpox	:	Rheumatic Fever	:	Dyssentery:	
Smallpox	:	Tuberculosis	:	Ear infec-	||
Diphtheria	:	Malaria	:	tions.	
Whooping Cough	:	Asthma	:	Eye infec-	||
				tions.	
				Scabies/skin	
				infections:	
				Worms	:

2. IMMUNIZATION SCHEDULE:

BCG

Smallpox

DPT	1st	2nd	3rd	Boosters.
-----	-----	-----	-----	-----------

Polio	1st	2nd	3rd	Boosters.
-------	-----	-----	-----	-----------

3. NUTRITIONAL ASSESSMENT:

Head circumference : _____ cms.

Mid Arm circumference : _____ cms.

Nutritional defficiency
signs - (+ve only) ||

(Additional information for under 2)

1. FEEDING HABITS:

Breast fed alone.

Supplements alone.

Breast fed + Supplement.

Mention type of supplements:

BASELINE INFORMATION FROM ESTATES TO BE INCLUDED
IN ICMR PILOT STUDY ! NILGIRIS!.

PRELIMINARY SURVEY.

1. Name of the estate. : _____
2. Postal address. : _____
3. Name of the Manager. : _____
4. Telegraphic address (if any). : _____
5. Telephone Number. : _____
6. Distance from Coonoor - Glenview. : _____ Kms.
7. Planted area in hectares. : _____ Hectares.
Tea: _____ "
Others(specify): _____ "
_____ "
8. Total No.of workers employed in 1978:-
 - a) Residential : _____
 - b) Non-residential: _____
Total: _____
 - c) Permanent : _____
 - d) Temporary : _____
Total: _____
 - e) Male : _____
 - f) Female : _____
 - g) Adolescent : _____
Total: _____

Divisions if any.	Total Population Resident.	No. of workers -	
		Factory.	Field.

9. Demographic data:-

Total population resident on estate. =
 Number of resident families. =
 Number of resident single workers. =

10. Facilities:-

a) Total no. of housing units. =
 b) Number of creches. =
 c) Number of schools(type specify). =
 d) Number of labour clubs. =
 e) Number of latrines. =
 f) Number of flushout units. =

g) Water supply sources:-

Wells. =
 Streams. =
 Reservoirs. =

h) Protection:-

Chlorinated/other protection/not protected.

Number of water points - a) Lines =
 b) Field =

11. Classification of estate work population:(Numbers):-

Total:

Administrative:-

Management. :
Office staff. :
Field staff. :
Factory staff. :
Medical. :
Any other (specify) :

Skilled workers:-

Total: _____

Watchmen. :
Driver. :
Carpenter. :
Mason. :
Tabal man. :
Engine driver. :
Pump operators. :
Machanic. :
Cook. :
Hospital Orderlies. :
Chest Maker. :
Midwives. :
Any other(specify) :

Factory workers:-

Total: _____

Collectors/spreaders. :
Rollers. :
Packers. :
Sifters. :

Driers.	:	
Any others (specify)	:	
<u>Field workers:-</u>		Total: _____
Planters.	:	
Pruners.	:	
Loppers.	:	
Chemical weeding.	:	
Manual weeding.	:	
Manuring.	:	
Road builders.	:	
Firewood cutting.	:	
Pluckers.	:	
Sweepers.	:	
Sprayers.	:	a) Power: _____ b) Hand : _____
Creche attendants.	:	
Any others(specify)	:	
12. Fertilisers used.	:	
13. Pesticides used.	:	
14. Weedicides used.	:	
15. <u>Health services:</u>		
Medical staff:	:	

Date of completion of Form: _____.

(Signature)

sspd.
12.4.1979.

Reference Year:

FAMILY FOLDER ANALYSIS AND SICKNESS ABSENCE

FAMILY FOLDER NO:

Key certified sickness to
be crossed.

[illegible]

