

**NATIONAL INSTITUTE OF NUTRITION**

INDIAN COUNCIL OF MEDICAL RESEARCH

HYDERABAD - 500 007

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**FAMILY FOLDER**And Other  
Records

HOUSE HOLD NUMBER

FAMILY NO.

NAME OF THE HEAD OF THE FAMILY

COMMUNITY

OCCUPATION

FAMILY INCOME

S. No.	Name	Age/DOB	Sex	Relationship	Literacy	Income	Remarks
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

**REMARKS**



BIRTHS

No.	Date of delivery	FT/PM, LB/SB Home/Hospital	If Home/Dai/ANM	Remarks

DEATHS

No.	Name	Date	Age at Death	Cause of death	Remarks

# ST. JOHN'S MEDICAL COLLEGE & HOSPITAL

## MEDICO - SOCIAL UNIT

### DEPARTMENT OF PREVENTIVE & SOCIAL MEDICINE

#### MEDICO - SOCIAL CASE RECORDS

#### A: FAMILY SCHEDULE

#### I. IDENTIFICATION

- |               |                       |                 |             |
|---------------|-----------------------|-----------------|-------------|
| 1. Village    | 2. Locality & Basti   | 3. House No.    |             |
| 4. Family No. | 5. Head of the Family | 6. a: Religion: | 6. b: Caste |

#### II. HOUSING

- |                                      |  |   |  |
|--------------------------------------|--|---|--|
| <b>House Type &amp; Ventilation:</b> | 7. Owned / Rented  | 8. Roof: Thatched / Tiled / Brick / any other                     |  |
|                                      | 9. Walls: Thatched / Mud / Brick / Stone / other   | 10. Flooring: Mud / Stone / Cement / other                        |  |
|                                      | 11. [a] No. of Rooms:  | 11. [b] Floor Area [F]:   | 11. [c] Floor area per person:                         |
|                                      | 12. [a] No. of Windows:  | 12. [b] Window Area [W]:  | $\frac{W}{F}$ 12. [c] Good / Medium / Poor             |
|                                      | 13. [a] Kitchen + —  | 13. [b] Type Oven: Smokeless / other                              |  |
| <b>Lighting:</b>                     | 14. Natural: Good / Moderate / Poor.   | 15. Electricity + —   | 16. Other: Oil lamp / Lantern Glass lamp               |
| <b>Cleanliness:</b>                  | 17. [a] Interior: Clean / Moderately clean / Dirty   | 17. [b] Maintenance: Repairs attended / White washed [frequency]. |  |
| <b>Sanitation:</b>                   | 18. [a] Latrine + — Flush / Septic T / Waterseal / Borehole<br>Open space / Dry / Other [specify]                      | 18. [b] Private / Common.   |  |
| <b>Water Supply:</b>                 | 19. [a] Well + — Sanitary / Insanitary.  | 19. [b] Drawn by pump / pully and rope.                           | 19. [c] Private / Common                               |
|                                      | 20. [a] Tap + — [Mention source of water]  | 20. [b] Private / Common.   |  |
|                                      | 21. Tank + —   |   |  |
|                                      | 22. River + — { [Note approximate distance from the house]   | 23. Drinking..... Bathing..... Washing.....                       |  |
| <b>Material Possessions:</b>         | 24. Cots / Chairs / Tables / Radio / Cooking utensils: [Earthen / Metallic / Both / other [specify]<br>+ — + — + — + — |   |  |
| <b>Surroundings:</b>                 | Nos. —   |   |  |
|                                      | Front Rear Side.   |   |  |
|                                      | 25. [a] Open space + —   | 25. [b] Clean / Weedy / Kitchen garden                            | 25. [c] Sanitary or insanitary pits / other. [specify] |
|                                      | 26. Compound wall + —  |   |  |
|                                      | 27. Drainage + —   |   |  |
|                                      | 28. [a] Animal shed + —  | 28. [b] Attached / Detached.                                      |  |
| <b>Pests:</b>                        | 29. Bugs / Mosquitoes / Rats / others [specify]  |   |  |



**(\*) III. HOUSEHOLD MEMBERS.**

30. NAME OF THE INFORMANT: .....

(**) Sl. No.	NAME	Age	Date of Birth	Sex	[***] Relationship to the head of family.	Marital status.	Personal habits 14 smoke, snuff, chewing, drinks etc. (frequency / day)	Health Status T.B. Leprosy, Diabetes, Pregnancy Lactation etc.	Literacy			Occupation		INCOME
									Speak x (Mother tongue)	Read	Write	Main	Subsidiary	
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.	13.	14.	15.
1.														
2.														
3.														
4.														
5.														
6.														
7.														
8.														
9.														
10.														
11.														
12.														

(\*) All persons partaking meals from the kitchen should be included. If there are more than one family with separate kitchen but having a common roof, a note be made to that effect against the family number on respective cards.  
 (\*\*) Names of children should, preferably be written as per their birth order.  
 (\*\*\*) Principal bread-earner in the family.  
 x Note language (s) in addition to mother tongue

**IV. MORTALITY IN THE FAMILY**

(Deaths of dependents on the head of the family e.g., Parents, Wife, Husband, Siblings, Offsprings etc.)

31. PARTICULARS:

Sl. No.	NAME	Age	Date of Birth	Sex	Relationship to head	Birth order of the child	Probable cause of Death	Attended By		Approximate duration of illness before death	Whether death is registered in village register.
								Indige- nous Physicians.	Modern		
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.	12.

## V. POSSESSIONS

32. LANDS: (Acres)      [a] Area owned..... Dry.....Wet.....Total.....  
                                  [b] Area cultivated..... Dry.....Wet.....Total.....  
                                  [c] Area cultivated: Own..... Tenancy.....Total.....

33. MAIN CROPS:	<u>Frequency / Year</u>	<u>Yield per year</u>	34. DOMESTIC ANIMALS	<u>Numbers</u>	<u>Milk yield per animal</u>	<u>Quantity Sold</u>	<u>Quantity consumed</u>
Paddy	.....	.....	Cows	.....	.....	.....	.....
Jowar	.....	.....	Buffalos	.....	.....	.....	.....
Pulses	.....	.....	Goats	.....	.....	.....	.....
Oil Seeds	.....	.....	Poultry	.....	.....Eggs	.....	.....
Sugar	.....	.....	Piggery	.....	.....	.....	.....
Cotton	.....	.....	Bullocks and Hc-buffalos.	.....	.....	.....	.....
Vegetables	.....	.....	Other animals and Pets.	.....	.....	.....	.....
Fruits	.....	.....					
Others	.....	.....					

## VI. INCOME AND EXPENDITURE

35. TOTAL INCOME: [From all sources].....P.M. / P.A.

36. EXPENDITURE (Approx)

[a] Food  
 [b] Medical aid  
 [c] Education  
 [d] Clothing

[e] Smoke, Snuff, Chewing, Drinks  
 [f] Conveyance  
 [g] House rent

37. SAVINGS:      +      —

38. DEBTS:



Form No.

ST. MARTHA'S HOSPITAL, BANGALORE-9  
**Family Record**

Address :

Name of head of the family :

Age :

Sex :

FAMILY HISTORY :

Joint / Single

Sl. No.	Name	Relation	Age	Sex	Occupation	Wage
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

FAMILY HEALTH CONDITIONS—Children under five years

SUMMARY OF THE HEALTH CONDITION OF THE REST OF THE FAMILY

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

# IMMUNIZATION RECORD OF THE FAMILY

Sl. No.	Name	Small Pox	B.C.G.	T.A.B.C.	Polio	D.P.T.
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

## HOME AND ENVIRONMENT CONDITION

No. of rooms and condition

Rent

Pacca / Kacha

Water Source

Light arrangement

Environment

## SOCIO ECONOMIC

Any Extra Income

Any Debt

Saving

Average Daily Expense

SOCIAL PROBLEMS OF THE FAMILY (Is family staying together)

## NUTRITION & DIET HABITS

Average daily diet

Vegetarian

Nonvegetarian



DEPARTMENT OF PATHOLOGY, ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NEW DELHI-110016  
CYTOPATHOLOGY CONSULTATION FORM—TEACHING BLOCK, FIRST FLOOR, PHONE NO. 393 ROOM 1069

<b>PATIENT'S NAME</b> (Print clearly) ..... Father's/Husband's name ..... Hospital Registration number ..... Chief of Clinical Unit .....	<b>CATEGORY</b> Routine <input type="checkbox"/> Rush <input type="checkbox"/> Phone No. ....	<b>AGE</b> ..... <b>SEX</b> ..... <b>MARRIED/SINGLE</b> ..... Room/Ward/OPD/Clinic ..... Bed No. .... Signature of resident ..... (Must be signed verifying accurate and complete information) Name of Resident (Capital letters) .....
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SPECIMEN COLLECTED ON (DATE).....AT.....AM/PM HEPARIN YES ☐ NO ☐

TYPE OF SPECIMEN

<b>GYNEOLOGIC-OBSTETRIC</b> Fast (Combined 1 slide : vaginal-endocervical) FOR ROUTINE SCREENING  <input type="checkbox"/> Vaginal : <input type="checkbox"/> pool <input type="checkbox"/> wall <input type="checkbox"/> irrigate <input type="checkbox"/> Exocervical <input type="checkbox"/> swab <input type="checkbox"/> scrape <input type="checkbox"/> Other <input type="checkbox"/> Endocervical <input type="checkbox"/> swab <input type="checkbox"/> scrape <input type="checkbox"/> aspirate <input type="checkbox"/> Endometrial <input type="checkbox"/> aspirate <input type="checkbox"/> brush	<b>URINARY</b> <input type="checkbox"/> Bladder <input type="checkbox"/> Voided <input type="checkbox"/> catheterized <input type="checkbox"/> Ureter : <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Pelvis : <input type="checkbox"/> Rt. <input type="checkbox"/> Lt.  <b>PULMONARY (Series-5 sputa)</b> <input type="checkbox"/> Sputum : <input type="checkbox"/> early a.m. <input type="checkbox"/> other (No in series : 1-2-3-4-5) <input type="checkbox"/> Bronchoscopy : <input type="checkbox"/> swab <input type="checkbox"/> aspirate <input type="checkbox"/> irrigate ; of... ..	<b>ALIMENTARY TRACT</b> <input type="checkbox"/> Oral (buccal, gingi- val) <input type="checkbox"/> sinuses <input type="checkbox"/> Nasal ..... <input type="checkbox"/> Pharyngeal <input type="checkbox"/> Esophageal <input type="checkbox"/> Gastric <input type="checkbox"/> Duodenal <input type="checkbox"/> Small intestine <input type="checkbox"/> Large Intestine	<b>FLUIDS</b> <input type="checkbox"/> Abdominal <input type="checkbox"/> Pleural <input type="checkbox"/> Rt <input type="checkbox"/> Lt <input type="checkbox"/> Pericardial <input type="checkbox"/> Cerebrospinal <input type="checkbox"/> Ocular : <input type="checkbox"/> Rt. <input type="checkbox"/> Lt. <input type="checkbox"/> Lt. (type ...) <input type="checkbox"/> Nipple : <input type="checkbox"/> Rt <input type="checkbox"/> Lt. <input type="checkbox"/> Prostatic <input type="checkbox"/> Other
---	---	--	---

HISTORY (all pertinent data)

Last menstrual period.....Previous menstrual period... ..Now pregnant ☐ No ☐ Yes

Expected date of delivery.....

Therapy	Type	Yes	No
Endocrine		<input type="checkbox"/>	<input type="checkbox"/>
Radiation		<input type="checkbox"/>	<input type="checkbox"/>
Surgical		<input type="checkbox"/>	<input type="checkbox"/>
Other		<input type="checkbox"/>	<input type="checkbox"/>

Biopsy :  
 Previous date .....Surg Path No .....  
 Diagnosis.....  
 Smear :  
 Previous date .....Cytopath. No .....  
 Diagnosis .....  
 Special information desired :  
 Do not write below this line

CLINICAL DIAGNOSIS :

Cytopathology Report

Cytopath Number .....

Specimen Received .....

CANCER  
CATEGORY

NEG

There is no evidence of cancer in this specimen.

INC

Further evidence as indicated is needed to rule cancer in or out.

POS

Diagnostic for cancer—carry out further identity and localization of lesion as indicated

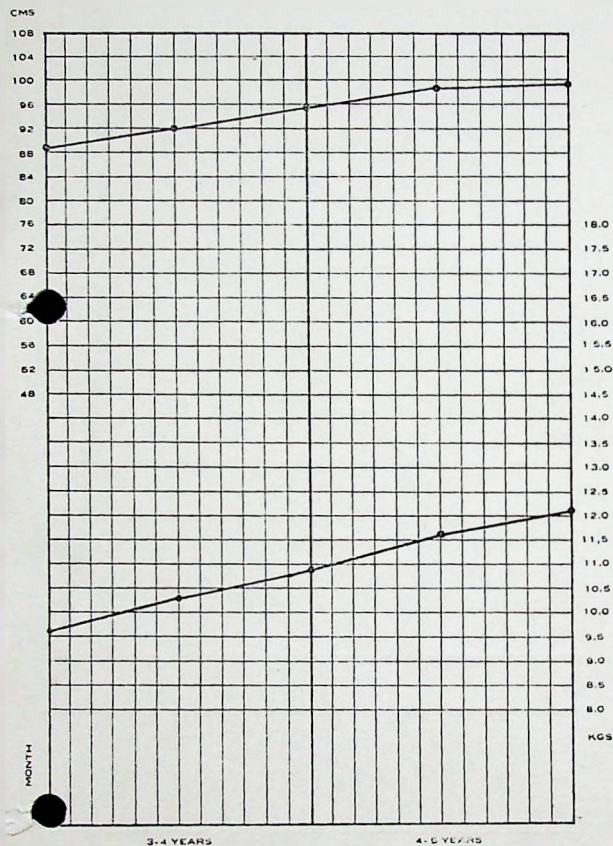
REPORTED ON.....

.....M.D.  
(Pathologist)

STAMP

PLEASE DO NOT FOLD





Clinic

ಚಿಕಿತ್ಸೆ ಮಾಡುವ ಸ್ಥಳ

Name

ಹೆಸರು

M or F

ಗಂಡು ಅಥವಾ ಹೆಣ್ಣು.

Date of birth

ಹುಟ್ಟಿದ ದಿನ ..... ಮೊದಲನೇ ಸಾರಿ ಬಂದ ತಾರೀಖು .....

Date of first seen

Father's Name

ತಂದೆಯ ಹೆಸರು

Mother's Name

ತಾಯಿಯ ಹೆಸರು

Address

ಇರುವ ಜಾಗದ ವಿಳಾಸ

*Duplicate*



## CHILD HEALTH RECORD

MALLUR HEALTH COOPERATIVE

Family Folder No .....

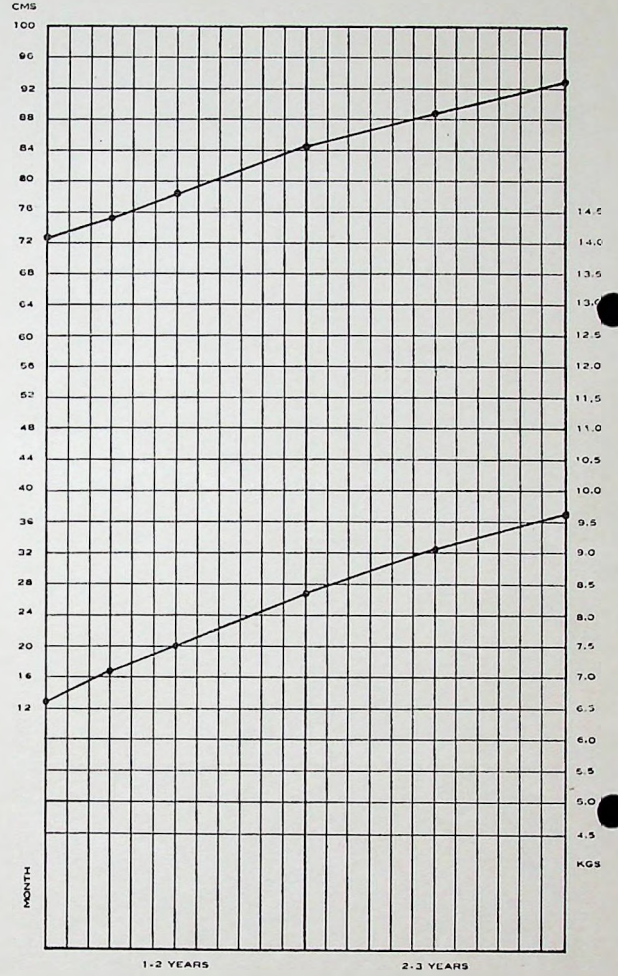
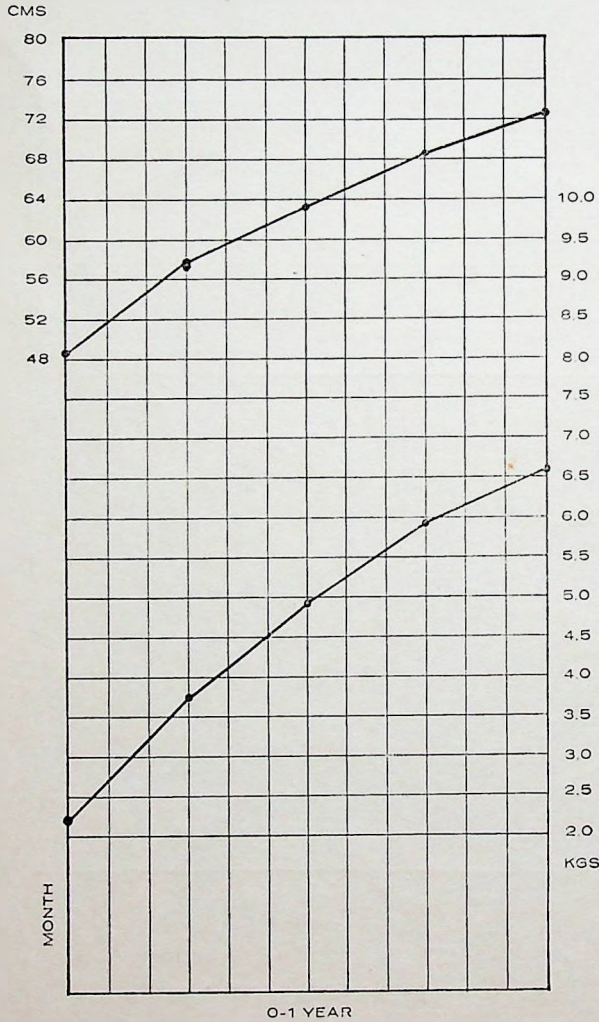
Clinic No .....

St. Johns Medical College

COM H 15:12

# CHILD'S HEIGHT AND WEIGHT RECORD OVER THE FIRST FIVE YEARS

5 ವರ್ಷವರೆಗಿನದ್ದು ಮಗುವಿನ ಭಾರ  
ಎತ್ತರದ ದಾಖಲೆ.



## REASONS FOR SPECIAL CARE

ವಿಶೇಷ ಆರೈಕೆಯ ಕಾರಣಗಳು

.....

.....

.....

.....



# SOCIO-ECONOMIC STATUS OF FAMILY

## HOUSING

### Construction

Walls All brick/mixed/all mud  
 Floor Paved/dung/other  
 Roof Brick/thatch/other  
 House Owned/rented

Number of Rooms.....

Electricity

## ANIMALS

Oxen..... Cows.....

Buffaloes..... Goats.....

Camels..... Hens.....

Other.....

Animals Kept:—

In house in living room  
 Separate room

Separate cattle shed  
 Shed away from home

## SANITATION

Water Supply

Open Well

Hand Pump

Tube Well

Tap

Drinking	Other Uses	Private	Joint

Distance of Drinking water from animals.....

from latrine.....

Disposal of Wastes

Drainage None Latrine Field or street  
 Into Street Open pit  
 Soakage Water seal  
 Septic tank

## MECHANICAL POSSESSIONS

## SOURCE OF INCOME

i.e. land, occupation, trade etc.

COMMUNITY HEALTH CELL  
 47/1, (First floor) St. Marks Road  
 BANGALORE - 560001

БГ — ВЕЛАСЦИУСИОН  
 БВ — ВЕЛАСИЛ

[illegible]



NAME.....VILLAGE.....BLOCK.....DISTRICT.....HOUSE NO.....FOLDER NO.....

Occupation of Head of Family

Worker's Name.....

# H. HEALTH CARD - FEMALE

## I. IDENTIFICATION.

1. Village.

2. Sr. No. O. Schedule.

3. Family No. (A-Schedule)

4. Name.

5. Husband's Name.

6. Age :

## II. OCCUPATIONAL STATUS.

1. Occupation of the woman.

2. Income.

3. Husband's Occupation.

4. Income.

## III. MARRIAGE PARTICULARS.

1. Age at Marriage

2. Age at Co-habit.

3. Consanguinous marriage, Yes/No.

4. Reaction to Family Planning : Not aware/  
Resistant/Willing/Practising.

## IV. DIETARY HABITS.

1. Main Staple food. Rice/Wheat/Maize/Jowar.

2. Vegetarian/Non-Vegetarian:— Meat/Egg/Fish/(Frequency)

## V. IMMUNIZATGIN.

1. Last Small Pox Vaccination.

4. Tetanus Toxoid (During pregnancy)

First dose.

2. Last Cholera Vaccination

Second dose.

3. Last Typhoid Vaccination

Third dose.

## VI. PAST MEDICAL ILLNESS.

## VII. MENSTRUAL HISTORY.

1. Age at menarche.

2. Previous cycles.

Regular/Irregular.

3. Flow: Normal/Scanty/Heavy.

## VIII. PRESENT COMPLAINTS.

## IX. NUTRITIONAL DEFICIENCIES.

Xerosis or Bitot spots

Night blindness

Angular stomatitis

Cheilosis

Glossitis

Nutritional oedema

Anaemia

Rickets.

Osteomalacia

Parasthesias

Peripheral Neuritis

Flurosis

Com H 1430



**X. GENERAL EXAMINATION :**

Height.	Liver.
Weight.	Spleen.
Temp.	Gums.
Pulse.	Teeth.
B. P.	Lymphglands.
C. V. S.	Oedema.
Resp. Syst.	Others. (Specify)
Ascitis.	

**XI. INVESTIGATIONS :****1. Blood:-**

Hb%

Blood group:

R. H. factor.

V. D. R. L.

**2. Urine:-**

Albumin.

Sugar.

Microscopic.

**3. Stool:-**

Ova.

Cyst.

Mucus.

**4. Other Special Investigations:**

Vaginal cytology

Others.

**XIII.****PREVIOUS OBSTETRICS HISTORY**

Preg. (Sr. No.)	Term of preg.	Home Hospital Institutional	Mode of Delivery	Asso. Disease	Child Alive/dead	Cause of Death
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						

**XII. OBSTETRIC HISTORY.**

1. Gravida	<input type="text"/>	2. Para.	<input type="text"/>	3. L. M. P.	<input type="text"/>	4. E. D. D.	<input type="text"/>
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# XIV. ANTE-NATAL FOLLOW UP CARD

Date	Wt.	Hb%	Urine Al. Sug	Heart lungs	Breast	Oedema	B. P.	Ht. of Uterus.	Persentation	Position	F. H. S.	Treatment	Due visit

XV. Pelvic Examination

XVI. Arrangement for confinement



**XVII. LABOUR RECORD.**

1. Delivery conducted at Home/P.H.C./Referral/Hospital.
2. Mode of Delivery Normal/forceps/vacuum/C.S./Destructive.
3. Delivery conducted by :

**XVIII. FOETAL OUTCOME :**

- (1) Abortion/Premature/Fullterm.
- (2) Still birth/Neonatal death.
- (3) Birth weight :                      (4) Sex :
- (5) Congenital malformations : Hydrocephalus/  
Anenecphaly/Meningocele/Talipus.
- Birth injuries :

**XIX. POST NATAL FOLLO WUP : (Mother/Child)**

**XX. COMPLICATIONS OF PUERPARIUM :**

- (1) Puerparial sepsis    (2) Mastitis    (3) Thrombophelibits.    (4) Urinary infection.

**XXI. ANY SPECIAL POINTS ABOUT THE CASE :**

4. Date of delivery.
5. Total duration of labour.
6. Commencement of labour pains.
7. Rupture of membrane.
8. Time of delivery of baby.
9. Time of delivery of placenta.
10. Perineum:- Intact-Laceratiou-Episiotomy.
11. Total blood loss.
12. Condition of the mother soon after delivery.



# FAMILY HEALTH RECORD

I (A) NAME OF THE HEAD OF THE FAMILY (B) SC/ST/OTHERS (C) FOOD HABITS VEG/NON VEG. (D) ADDRESS H.NO. STREET

## II HOUSING AND SANITATION

A) PROTECTED WATER SUPPLY PROVIDED P.T. WELL  
B) TOILET FACILITIES ATTACHED P.T. C.F.  
C) UNDERGROUND DRAINAGE CONNECTED OPEN DRAIN.

## III STATUS OF FAMILY MEMBERS:

SL.NO.	NAME	RELATIONSHIP TO HEAD OF FAMILY	AGE	SEX	MARITAL STATUS M U.M. W O	F.P.METHODS ADOPTED IF MARRIED F.P.METHOD TM P.M.	IMMUNISATION INFANTS BCG TT D.T. POLIO MEASLES.
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IV. DISEASES/CONDITIONS (A) (B) (C) (D) (E) (F) (G) (H) (I)  
SL.NO. PHYSICAL RESPIRATORY CVS ALIMENTARY GLANDS NERVOUS EAR EYE TEETH & GUM  
DEFORMITY DEFECT REPORT

HABITS: SMOKING DRINKING DRUG CHEWING OTHERS  
ALCOHOL A BUSE TOBACCO SPECIFY

## V. FOLLOW UP

SL.NO.	DATE OF VISIT	OBSERVATIONS	TREATMENT.
--------	---------------	--------------	------------

VI ANY BIRTHS/DEATHS : A) BIRTH: YES/NO  
DURING LAST ONE IF YES ALIVE BY STILL BY  
YEAR

B) DEATH (A) < 1 YEAR > 1 YEAR  
(B) MATERNAL DEATH  
YES/NO



# BANGALORE DAIRY

Com 11/14-3

Mallur Health Co-operative, Family Health Record

FORM NO. 16

Name of head of the Family:

Age:

Sex:

Member of co-operative:

Yes / No:

Sl. No.	Wife and Children in Order of Birth	Relation	Age	Sex	Occupation	Wage
1						
2						
3						
4						
5						
6						
7						

Additional Non Earning Members:

8						
9						
10						

H/o Abortions and Still Births:

Health Conditions : Children Under Five Years

Health Condition of Others :

# IMMUNIZATION RECORD OF THE FAMILY

Sl. No.	Name	Small Pox	B. C. G.	T. A. B.	Polio	D. P. T.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

## SOCIO ECONOMIC

Income from other sources:

Any Debt:

Savings:

Average monthly expense:

Housing:

Clothing:

Food:

Social:

Education:

Transport:

Med. Treatment

Miscellaneous:

Social Problems:

Casteism/

Smoking/

Alcoholism/

Other

Nutrition & Diet habits:

Items in daily Diet:

Vegetarian

Non-Vegetarian

Adequate

Deaths in family within 10 years with causes



## HOUSING & ENVIRONMENT

1. Approach to the house                      By Car / Cycle / Walk
2. Surroundings                                  Hygienic / Un-hygienic

Ponds / Pools of Dirty water / Garbage Dump / Manure Heap.

3. Condition of the house :                      Good / Fair / Dilapidated
4. Walls :                      Bricks / Mud / Stone / Other type
5. Roof :                      Tiled / Concrete / Thatched
6. Floor :                      Earth / Concrete / Cow-dung
7. Number of rooms
8. Air & Light :                      Adequate / Inadequate
6. Number of windows :

### 10. Kitchen :

- a) None (corner of the living room used as kitchen)
- b) Separate: Inside the house / Outside
- c) Near the privy / Away from it
- d) Smoky / Not smoky

### 11. House Refuse :

- a) Thrown indiscriminately
- b) Collected in covered receptacles and disposed off  
into dust bin / manure pit / or by burning

### 12. Source of water supply :

13. Is the water boiled before drinking                      Yes / No

14. Latrine:

a) Service type

b) Public latrine

c) Open space      Footwear used / Not used

15. Protective measure against:

a) Mosquitoes: Taken / Not taken

b) Flies:      Taken / Not taken

16. a) Any animals or poultry kept in the premises and their number

b) How the dung etc is disposed off

c) Construction of cowshed etc.

17. Any vegetable garden:      Yes / No

COMMENTS

2/28