RF/DM-2/ANP-10/SUDHA

Diviseema Development Society, NAGAYALAKA
Socio Economic And Haealth Survey.

PROFORMA 1

Sl. No.

1, Name of village / urban areas : Peddagudimoda 2. Street

3. House No.

4. Name of the head of the family : Abdul

5. Type of family :

Single :

5. (a) Family members in the house at present :

Joint :

Sl. No.	Name	Sex	Age Completd	Marital status married/ unmarried widowed / divorced	Relationship to (1)
1.	Head of Household				
2.					
3.					
4.					
5.					
6.					
7.					
8					
9.					
10.					

6. Educational and occupational status

Sl. No	Name of members above 5 years	Education				Occupation				
		primary	High-school	Hr Eduction teachnical	Hr Eduction Non teachnical	Agriculture	Factory	Clerical	Executive	Other type

7. Annual Incom

Sl. No.	Name of earning member	Fixed property Worth Rs.	Agriculture source	Employment	Others (specify)

Total Income

8. What is the expenditure ?

Annually on clothing –

Occupational requirements –

Festivals, weddings, medical aid –

Taxes –

9. Does the family have any of the following modern conveniences? Bycycle / Car / Scooter / Mot orcycle / Radio / Electrical goods.

10. Diet

a) Vegetarian – non vegetarian

b) No. of meals per day

c) What is the items of diet consumed

— Yesterday

— This morning

— This afternoon

11. Habits (if yes, who ?)

(a) Smoking Yes ( ) No ( ) (b) Drinking Yes ( ) No ( ) (c) Chewing pan Yes ( ) No ( ) (d) Types of recreation Yes ( ) No ( )

12. Any death in the family during the last 5 Years

Sl. No.	Name	Relation to the head of family	Age at death	Sex	Cause of death

13. Any birth in the family during the last 5 Years

Sl. No.	Name	Date of birth	Prsent age	Sex	Live bir / still birth

14 Any major illness among family members during the last 5 years

Sl. No.	Name	Nature of illness	Treatment taken & Where

15. Anyone now having illness, defect or disability in the family

Sl. No.	Name	Nature of illness	Treatment	Taken & Where

16. (a) Knowledge about family planning Yes ( ) No ( )
(b) Are they practising family planning ? Yes ( ) No ( )
(c) Have they peactised previously ? Yes ( ) No ( )
if Yes, Indicate method :

17. Immunization status (denot dates)

Sl. No.	Name	Age	Sex	Small pox Prim.	Small pox Revac	R.C.C.	DPT 1	DPT 2	DPT 3	Polio 1	Polio 2	Polio 3	Othrs (Specify)

18. No. of deaths during Cyclone Males Female

19. Age grop of the date
0– 5
5–15
15–26
26–50
50 & above

20. Aid Receiveb / Covt / Other Voluntary Health Organisations

21. What Rehabilitation mesures do you expect from the Govt / Loca Agencies / Voluntary Organisation.