

5. Profile of the family members:

S. No.	Name of family members	Relation to head of family	Age/ gender	Marital status	Education	Occupation	Income (per month)	Any disease
1.								
2.								
3.								
4.								
5.								
6.								

6. Nearest health care facility or provider: Name:.....☐ Private ☐ Government

7. Vital events in the family in the past 1 year:

☐ Births ☐ Deaths ☐ Marriage ☐ Migration ☐ Adoption ☐ Divorce8. Social security: ☐ Bank account ☐ Ration card ☐ RSBY ☐ Ayushman Bharat ☐ Others:.....**C. Environmental Conditions of the Family****1. House**a. Possession: ☐ Owned ☐ Rentedb. Residing since..... (years) ☐ Permanent ☐ Temporaryc. Outset: ☐ Open ☐ Closedd. Construction of the house: ☐ Pucca ☐ Kachhae. Walls: ☐ Not plastered ☐ Plastered-mud ☐ Cementf. Lighting: Natural: ☐ Adequate ☐ Inadequate, Artificial ☐ Adequate ☐ Inadequateg. Cross ventilation: ☐ Present ☐ Absenth. Overcrowding: ☐ Present ☐ Absent

If present,

Criteria: ☐ People/Room ☐ Area ☐ Gender separation

i. Surroundings of the house:

☐ Open drains ☐ Vector breeding sites ☐ Waste disposal area ☐ Stray animalsj. Domestic hazards: ☐ Present ☐ Absent

5.2 Neighbourhood

House Surrounding

- a. ☐ Clean/☐ Unclean
- b. Locality : ☐ Urban slum/☐ Resettlement colony/☐ Posh colony

5.3 Measurements of the House

Rooms measurement (in feet)		Ventilators		Windows		Doors		Ventilation
S.No.	Size (l × b × h)	No.	Size (l × b)	No.	Size (l × b)	No.	Size (l × b)	Satisfactory/ Not satisfactory

5.4 Water Supply

- a. Source
- b. Frequency: ☐ Continuous/☐ Intermittent
- c. How drinking water is stored?
- d. How water is taken out for consumption?
- e. Impression: ☐ Safe/☐ Unsafe

5.5 Excreta Disposal ☐ Sanitary latrine/☐ Unsanitary latrine/☐ Open air

5.6 Waste

- a. Is the family aware of environmental hazards of using plastic bags? ☐ Yes/☐ No
- b. Disposal: (a) Stored in ☐ Open dustbin/☐ Covered dustbin
- c. Disposed off: ☐ Daily/☐ Less frequently
- Mode of disposal

5.7 Surrounding of the House

- a. Drainage: ☐ Open/☐ Covered
- b. Garbage: ☐ Present/☐ Absent
- c. Collection of water: ☐ Present/☐ Absent
- d. Breeding of mosquitoes: ☐ Present/☐ Absent

5.8 Inspection for Breeding Places

- a. Aedes mosquitoes: ☐ Not found/☐ Found (specify)
- b. Anopheles mosquitoes: ☐ Not found/☐ Found (specify)

i. Did your child ever suffer from diarrhea? ☐ Yes/☐ No

If yes, what actions did you take:

(a) ORS given: ☐ Yes/☐ No

(b) Home available fluids given: ☐ Yes/☐ No

If yes, specify

Any other action, specify:

j. Did your child ever suffer from pneumonia? ☐ Yes/☐ No

If yes, could you recognize it? ☐ Yes/☐ No

What were the signs and symptoms?

What actions did you take?

7.1.5 Other Child Rearing Practices

a. Application of kajal.....☐ Yes/☐ No

If yes, with common applicator ☐ Yes/☐ No

b. Massage with oil ☐ Yes/☐ No

c. Exposure to sunlight ☐ Yes/☐ No

d. Use of ghutti.....☐ Yes/☐ No

e. Food prohibited during fever:☐ Yes/☐ No

f. Restrictions of fluids during diarrhea :.....☐ Yes/☐ No

7.1.6 Family Planning

a. In your opinion, how many children a couple should have?.....

b. What should be the gap between two children?.....

c. Name contraceptive methods you know.

d. Which permanent sterilization methods (☐ Tubectomy/☐ Vasectomy) you will prefer and why?

.....

e. Are you using any method of contraception? ☐ Yes/☐ No. If yes, which one..... Since when?

f. Reasons for not using any method?

7.1.7 Health Seeking Behaviour

a. In case of illness, preference of health facility/facilities? ☐ Hospital/☐ Dispensary/☐ MCH Centre/☐ Private practitioner (qualified)/☐ Private practitioner (unqualified)/☐ Any other

.....

b. Why?.....

c. Which system of medicine is preferred ? ☐ Allopathy/☐ Homeopathy/☐ Ayurvedic /☐ Any other Specify

- Investigations done during pregnancy:
 - ◆ Hemoglobin estimation,
 - ◆ Blood grouping,
 - ◆ Ultrasound scanning.
- Visits by health worker during antenatal period
- 4. Natal history
 - Mode of delivery
 - Timing
 - Place of delivery
 - Birth weight
 - Complications at the time of birth
 - Cry after birth
 - Prelacteal feeds
 - Time of starting breastfeeding
 - Admission in NICU, if any and reason for admission
 - Time of discharge from the hospital
 - Postnatal visits by health worker
- 5. Developmental history
 - a. Gross motor
 - b. Fine motor
 - c. Language
 - d. Personal social
- 6. Immunization history: Vaccines given appropriate for age: ☐ Yes/ ☐ No
Source of immunization history: Preferably immunization card
- 7. Nutrition history:
 - Time of starting breastfeeding after birth
 - Frequency of feeds
 - Duration of breastfeeding both exclusive and total
 - H/o administration of pre-lacteal feed
 - Time of complementary feeding and started with what items
 - Frequency of complementary feeds
 - Whether child given any commercially available preparation
 - Use of bottle feed