



BIODATA

Full name

Gender

Age

Nationality

Religion

Next

HISTORY OF PRESENTING ILLNESS

Does the client have presenting illness?

YES

NO

If yes, please describe_____

SOCIAL ECONOMIC STATUS

Place of residence:

Type of housing

Type of area

Ownership

Economic activity

SOCIAL ECONOMIC STATUS

Occupation

Income

Education level

Number of housold members

Lifestyle activities

SOCIAL ECONOMIC STATUS

presence of NHIF

YES

No

Meals in a day

Does the meals have all nutrients

YES

No



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SOCIAL ECONOMIC STATUS

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SOCIAL ECONOMIC STATUS

presence of NHIF	YES
	No
Meals in a day	
Is have all nutrients	YES
	No