



icmr
INDIAN COUNCIL OF
MEDICAL RESEARCH

RMRCBB
REGIONAL MEDICAL RESEARCH
CENTRE, BHUBANESWAR

One Health Peri-urban Cohort

Sign in

Username

maxim

Password



SIGN IN



Welcome User (Full Name)

Date of Interview

07/02/2024 | 04:30 PM

Visit Number

- ☒ Pilot
- ☐ Baseline
- ☐ Follow up 1 (6th month from baseline)
- ☐ Follow up 2 (12th month from baseline)
- ☐ Follow up 3 (18th month from baseline)
- ☐ Follow up 4 (24th month from baseline)

 Start Survey →

 View Saved Questions →

 View Uploaded Questions →





INDIVIDUAL SCHEDULE



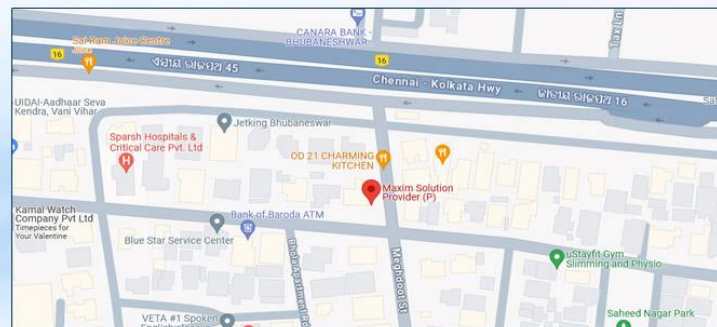
Identifiers

Block

Village

Household ID

Individual ID



Latitude 20.2961° N
Longitude 85.8245° E

Altitude (m) 45 m
Accuracy(m) 10 m

Photo of the current respondent with his/her household

Take a Photo

Contact Number

Enter Phone Number

Continue





Socio-demographic details

1. Age of the respondent (in completed years)

2. Birth Date

3. Sex

☒ Male ☐ Female ☐ 3rd Gender

4. Years of Completed Schooling

5. Highest level of Education

- ☒ No formal education
- ☐ Less than Primary school (Standard 1-4)
- ☐ Primary school Completed (Standard 5-7)
- ☐ Middle school Completed (Standard 8- 9)
- ☐ Secondary School/Matriculation completed
- ☐ Higher Secondary/ Intermediate/ Senior Secondary completed
- ☐ Diploma and certificate holders/ Graduate/ Post-graduate/
Professional course/ degree

Previous

Next

Save & Exit





Disease Profile

15. Did you suffer from high fever (Fever above 101.5-102° F AND not going below 101° F after taking medicine) in last one year?

☒ Yes ☐ No

15b. If "Yes" for high fever, was there night-time sweating?

☒ Yes ☐ No

16. Classic Escher



☐ Yes ☐ No

17. Classic Escher



☐ Yes ☐ No

Previous

Submit

Save & Exit





Questionnaire Completed

Start Time:

09/02/2024 12:30PM

End Time:

09/02/2024 02:30PM

Block:

Balianta

Village:

Sathilo

Household ID:

1234

Individual ID:

01

Survey Type:

Individual Schedule

End Survey



WASH Practices





QR Code Scan



SCAN HOUSEHOLD





Block:

Balianta

Household id:

1234

Village:

Sathilo

Individual ID:

01

Contact Number:

986108610

Visit Number

- ☒ Follow up 1 (6th month from baseline)
- ☐ Follow up 2 (12th month from baseline)
- ☐ Follow up 3 (18th month from baseline)
- ☐ Follow up 4 (24th month from baseline)

Start Survey



Individual
Schedule



WASH
Practices





Drinking water

1. What is the main source of drinking water for members of your household?

- ☒ Piped water/Public tap/standpipe
- ☐ Tube well/bore well/Dug well
- ☐ Spring water/Rain water
- ☐ Tanker/Cart with small tank
- ☐ Surface water (river/dam/lake/ponds/stream/canal/irrigation channel)
- ☐ Bottled water/pouch water
- ☐ Others

1a. If "Others", please specify

2. Do you do anything to make the water safer for drinking?

- ☒ Yes
- ☐ No

2a. If "Yes", what do you usually do to make it safer to drink?

- ☒ Only water
- ☒ Soap with water
- ☒ Alcohol based sanitiser
- ☒ Other chemical/antiseptic agents (like Savlon or Dettol liquid)
- ☒ Ash/mud or similar rough materials
- ☒ No need to wash
- ☒ Any other material

Previous

Next

Save & Exit





Questionnaire Completed

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09/02/2024 12:30PM

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Block:

Balianta

Village:

Sathilo

Household ID:

1234

Individual ID:

01

Survey Type:

WASH Practics

End Survey





























View Saved Questions



Individual Schedule

Date	Sample ID	Action
15/02/24	04123401	  
16/02/24	04123402	  
16/02/24	04123403	  
17/02/24	04123404	  

WASH Practices

Date	Sample ID	Action
15/02/24	04123401	  
15/02/24	04123401	  
15/02/24	04123401	  
16/02/24	04123401	  



















Uploaded Questions



Individual Schedule

Date	Sample ID	Action
15/02/24	04123401	 
16/02/24	04123402	 
16/02/24	04123403	 
17/02/24	04123404	 

WASH Practices

Date	Sample ID	Action
15/02/24	04123401	 
15/02/24	04123401	 
15/02/24	04123401	 
16/02/24	04123401	