

MANIKAKA TOPAWALA INSTITUTE OF NURSING
CHARUSAT- CAMPUS, CHANGA
COMMUNITY HEALTH NURSING - I
Baseline survey form

1. Name of the area Rural / Urban: Bhuvan Vistas
2. Name of the Health centre: Sikhol PHC
3. Name of the Head of the family: Paratbhau Jivabhai Tadav
4. Type of family: 4.1 Nuclear..... 4.2 Joint..... 4.3 Single.....
5. Religion: 5.1 Hindu..... (Specify the sub caste)..... Vankar.
 5.2 Muslim..... (Specify the sub caste).....
 5.3 Christian..... (Specify the sub caste).....
 5.4 Any other..... (Specify the sub caste).....
6. Housing condition:
- 6.1 Type of house
 1. Pucca..... 2. Semi pucca..... 3. Kuteha.....
- 6.2 Rooms
 Number of rooms..... 3 1. Adequate..... 2. Inadequate.....
- 6.3 Occupancy
 1. Tenant 2. Owner.....
 a. Monthly Rent.....
- 6.4 Ventilation
 1. Adequate..... 2. Inadequate..... 3. No Ventilation.....
- 6.5 Lighting
 1. Electricity..... 2. Gas lamp..... 3. Oil lamp.....
- 6.6 Water supply
 1. Tap / Hand pump... 2. Well... 3. Open Tank..... 4. Others (Specify).....
- 6.7 Kitchen
 1. Separate... 2. Corner of the room..... 3. Veranda.....
- 6.8 Drainage
 1. Adequate..... 2. Inadequate..... 3. No Drainage.....
- 6.9 Lavatory
 1. Own Latrine..... 2. Public Latrine..... 3. Open air defecation.....
7. Family Composition:

Sr. no	Name	Relationship With Head of the Family	Age in years	Gender	Education	Occupation	Income	General health status
1.	Paratbhau	Head of family	55y	Male	illiterate	farmer	3000/-	Healthy
2.	laxmi ben	wife	59	Female	illiterate	house wife	-	Healthy

Sr. no	Name	Relationship With Head of the Family	Age in years	Gender	Education	Occupation	Income	General health status
3.	Reetu	son	28y	Male	10 th pass	farmer	3000/-	healthy
4.	Maryam	daughter -in-law	26y	female	9 th pass	house wife	-	healthy
5.	Rawina	daughter	29y	female	8 th fail	-	-	America
6.	Hiral	grand daughter	5y	female	2 nd std.	Study	-	Healthy

7 A. TOTAL INCOME OF FAMILY/MONTH 7.B SOCIO-ECONOMIC CLASS

- a. Below Rs.1000
- b. Rs. 1000 - 1500
- c. Rs. 1501 - 2000
- d. Rs. 2001 - 2500
- e. Rs. 2501 and above

- a. I.....
- b. II
- c. III.....
- d. IV.....
- e. V.....

8. TRANSPORT & COMMUNICATION MEDIA

- a. Tractor / Tempo
- b. Own Vehicle
- c. Uses GTS / GSRTC
- d. Private Bus
- e. Train

8.1 COMMUNICATION

- a. Telephone/Mobile
- b. Television
- c. Radio
- d. Newspaper/ Magazine
- e. Post and Telegraph / Email

8.2 LANGUAGE:

- Mother tongue:
- a. Gujarati
 - b. Hindi
 - c. Others (Specify)

8.3 LANGUAGE KNOWN:

- a. Gujarati Read / Write
- b. Hindi Read / Write
- c. English Read / Write
- d. Others (Specify)

9. DIETARY PATTERN:

Food Available	Food Used	Food Preparation and Storage		
		Traditional	Ideal	Unhygienic
Rice	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Bajra	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Jowar	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Wheat	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Vegetables	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Fish				
Meat				
Egg				
Milk & Milk Products	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Pulses				
Tubers				

10. STATEMENT OF EXPENDITURE OF FAMILY:

Sr.no.	Items	Amount spent	% of Total expenditure
1	Food	1000/-	20%
2	Clothing	1000/-	20%
3	Housing	500/-	10%
4	Medicine	500/-	10%
5	Children education	-	-
6	Recreation (movie etc)	500/-	10%
7	Smoking, alcohol	500/-	10%
8	Debt	-	-
9	Savings	1000/-	20%
10	Other (specify)	-	-
	Total	6000/-	100%

11. IS THERE ANY CASE OF FEVER (IF YES than write name, age, treatment with remarks)

11.1 With rigors 11.2 with cough 11.3 with rash

Sr. no	Name	Age	Disease	Treatment	Remarks
11.1					
11.2					
11.3					

12. DOES ANYONE HAVE ANY SKIN DISEASE (e.g. Itching, Patch, Rashes)

Sr. no	Name	Age	Disease	Treatment	Remarks
12.1					
12.2					
12.3					

13. DOES ANY ONE HAVE COUGH FOR MORE THAN 2 WEEKS?

Sr. no	Name	Age	Disease	Treatment	Remarks
13.1					
13.2					
13.3					

14. DOES ANY ONE HAVE ANY OTHER ILLNESS?

Sr. no	Name	Age	Disease	Treatment	Remarks
14.1	Ravina P. Jadav	29y	Anemia	-	Not aware
14.2					
14.3					

15. FAMILY HEALTH ATTITUDE

- a. Knowledge and attitude of family about health and illness..... *poor*.....
- b. Knowledge, attitude and beliefs of family about nutrition..... *poor*.....
- c. Utilization of health services:
Private hospital/ Govt hospital/ CHC/PHC/ local doctors/other systems.
- d. Community leaders: *Mr. Dineshbhai Jadeja.*

16. ANY PREGNANT WOMEN IF- YES, write the following remarks**16.1 Specify Gravida****16.2 Has she been registered?****16.3 Is she getting iron and folic acid tablets?****16.4 Has she had Tetanus Toxoid?**

Sr.no	Name	16.1	16.2	16.3	16.4
1					
2					
3					
4		<i>Nil</i>			

17. HAVE THERE BEEN ANY births & deaths {(with in one year) -Vital statistics}**17.1 Births:**

Date of birth	Gender	Parents	Remarks
		<i>Nil</i>	

17.2 Deaths:

Date of birth	Gender	Parents	Remarks
		<i>Nil</i>	

17.3 Marriages:

Name	Age	Date of Marriage	Remarks
		<i>Nil</i>	

18. ARE THERE ANY CHILDREN BELOW 5 YEARS WHO HAVE NOT RECEIVED IMMUNIZATION (specify name, age, reason for not immunization in remarks?)

Remarks:

19. IS THERE ANY ELIGIBLE COUPLE (if so list them on priority)

ELIGIBLE COUPLE (if so list them on priority)				
Name of the couple	Age	Gender	I Priority	II Priority
Rajubhai P. Jadau	28y	Male		✓
Maanishaben R. Jadau	26y	female		✓

Remarks.....

19.1 Using contraceptive method? If yes, specify. Yes (Male condom & contraceptive
19.2 Intending to use _____ (Yes/No) _____

19.2 Intending to undergo

- 18.2.1 Vasectomy
- 18.2.2 Tubal legation.....

19.3 Not interested to adopt F. P. Method (state the reason) _____

20 Is there any child 0-5 years in the family who show signs of Malnutrition

20.1 Kwashiorkor? 20.2 Marasmus? 20.3 Vitamin A Deficiency?

20.4 Anemia? ✓ 20.5 Rickets?

20.4 Anemia? ✓		20.5 Rickets?					
Sr no	Name	Age	20.1	20.2	20.3	20.4	20.5
1.	Ravina Ben	29y				✓	

Remarks:.....

21. Is the sewage water being disposed of hygienically? Yes/No, if no, state reasons.....yes.....

22. Is the waste being disposed of hygienically? If yes, tick any one/ all whichever is practiced?
21.1 Composting 21.2 Burning 21.3 Burying 21.4 Dumping
if no, state reasons.....

23. Is the excreta being disposed of hygienically? Yes/no
if no, state reasons.....yes.....

24. Are the cattle and poultry if any housed hygienically ? Yes/no
If yes, how are they housed?

24.1 separate 24.2 within house

if no, state reasons.....Alot interested

25. Is there a well or hand pump? Yes/ No

25.1 If yes is it maintained in good order/ condition? if no state reasons
.....yes.....

25.2 If there is a well when was the well-chlorinated last? Date? If not chlorinated, state reasonsYes before 2 month.....

26. Whether house is kept clean? Yes /No
if no state reasons

27. When was the house last sprayed? Date? If no state reasons

.....No, lack of awareness.....

28. Is there any breeding place of insects and rodents? Yes/ No

.....yes.....

29. Are there any stray dogs in the vicinity? Yes/No If yes, write the approximate number of dogs

.....No.....

30. If any one falls ill where do they go for treatment?

30.1 Hospital / Community Health Centre

30.2 Primary Health Centre/ Sub Health Centre

30.3 Private Nursing Home

30.4 Indigenous Doctor/ Local vaidya / Homeopathy / Ayurvedic

31. Is official health agencies service adequate? Yes / No

if no state reasons..... *Inadequate knowledge about agencies*

32. Health insurance : Yes/No Specify:-

33. Techo* N0.....

35. Strength of the family.

1. *Good Inter personal relationship*
2. *positive attitude and response*
3. *Good communication*
4. *good behaviour with neighbours*
5. *good relation with community*

36. Weakness of the family.

1. *Lack of awareness about their health condition*
2. *breeding of insects around the house & in house*
3. *Not well managed house condition*
4. *poor hygiene*
5. *Not proper use of hand hygiene*

37. National health programme applicable to the family.

1. *National vector borne disease control programme*
2. *swatch Bharat abhiyan*
3. *Aushman Bhagat Yojana*
4. *Pradhan Mantri Suraksha Yojna*
5.

38. Where do they go to purchase the prescribed drug..... *PHC*

38.1 Compliance to medicine:

- 1 Complete.....
- 2 Partial/ Few dose.....
- 3 Unfinished.....

39. Contact Number of head of the family..... *9023851787*

Note: In addition to the above students are expected to obtain the following information by observation and other methods:

1. Description of the community location, topography, climate, history etc. Number of schools, No. of Health Care Agencies, Balwadi or ICDS Centers place of worship (eg. Temple) and any other relevant information related to health.
2. List the eligible couples with details on priority basis.
3. Maintain the record of "Road to Health Card" for knowing the degree of malnutrition for under fives where necessary and use nutritional assessment form promptly.
4. Use problem-solving approach & construct good nursing care plan.
5. Remarks can be written in separate sheets quoting code no (Eg. 13.2 No sensation found on the patches needs referral and follow up services)

24/3/2022

Date of survey

Vyas Zeel N.
Name and signature of the student

List of problems identified

- 1) Risk for vector borne disease.
- 2) Poor maintenance of hand.
- 3) Poor proportion of food.
- 4) Risk of oral cancer due to tobacco chewing.
- 5) Risk for infections.
- 6) Risk for lung cancer due to smoking.