

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

1. Name of the area Rural / Urban:..... *Bhuvani Vistar*.....
2. Name of the Health centre:..... *Sihol PHC*.....
3. Name of the Head of the family:..... *Paratbhai Jivabhai Jadan*.....
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. Kutchia.....
- 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.	<i>Paratbhai</i>	<i>head of family</i>	<i>55y</i>	<i>Male</i>	<i>illiterate</i>	<i>farmer</i>	<i>3000/-</i>	<i>Healthy</i>
2.	<i>Laxmi ben</i>	<i>wife</i>	<i>59y</i>	<i>female</i>	<i>illiterate</i>	<i>house wife</i>	<i>-</i>	<i>Healthy</i>

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 <sup>th</sup> pass	farmer	3000/-	healthy
4.	Mansi	daughter-in-law	26y	female	9 <sup>th</sup> pass	house wife	-	healthy
5.	Ravina	daughter	29y	female	8 <sup>th</sup> fail	-	-	America
6.	Hiral	granddaughter	5y	female	2 <sup>nd</sup> 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 8.1 COMMUNICATION

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

- 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	✓		✓	
Bajra	✓		✓	
Jowar	✓		✓	
Wheat	✓		✓	
Vegetables	✓			✓
Fish				
Meat				
Egg				
Milk & Milk Products	✓		✓	
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		Nil			
11.3					

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

Sr. no	Name	Age	Disease	Treatment	Remarks
12.1		Nil			
12.2					
12.3					

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

Sr. no	Name	Age	Disease	Treatment	Remarks
13.1		Nil			
13.2					
13.3					

**14. DOES ANY ONE HAVE ANY OTHER ILLNESS?**

Sr. no	Name	Age	Disease	Treatment	Remarks
14.1	Ravina P. Jadau	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 Jadeu.*

### 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?

*NO*

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

### 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?)

Name of children	Date of birth	B C G	OPV						Pentavalent						Measles & Rubella
Hiral P. Jadhav	20/12/17	✓	0	1	2	2	B	B	1	2	3	B	B		✓

Remarks: .....

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

Name of the couple	Age	Gender	I Priority	II Priority
Rajubhai P. Jadhav	28y	Male		✓
Mamishaben R. Jadhav	26y	female		✓

Remarks: .....

19.1 Using contraceptive method? If yes, specify Yes (Male condom & contraceptive pills)

19.2 Intending to undergo 18.2.1 Vasectomy .....  
18.2.2 Tubal ligation.....

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  
Hiralben R. Jadhav.

20.1 Kwashiorkor? 20.2 Marasmus? 20.3 Vitamin A Deficiency?

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..... Not 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 reasons ..... Yes 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 toilet hygiene.

37. National health programme applicable to the family.

1. National vector borne disease control programme.
2. swatch Bharat Abhiyan.
3. Ayushman Bharat Yojana.
4. pradhan mantri health Bima 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..... 9028551787.....



**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.*  
Vyas Zeel N.  
Name and signature of the student

**List of problems identified**

- 1) Risk for vector borne disease.
- 2) poor maintenance of road.
- 3) poor preparation of food.
- 4) Risk of oral cancer due to tobacco chewing.
- 5) Risk for infection.
- 6) Risk for lung cancer due to smoking.