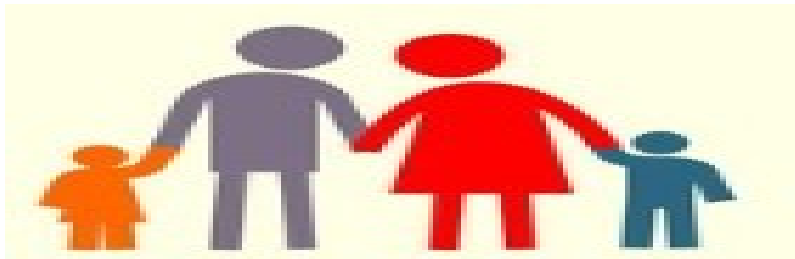




***JHARGRAM GOVERNMENT MEDICAL COLLEGE &
HOSPITAL
VIDYASAGARPALLY, JHARGRAM
PIN-721507***

Family Adoption Programme



DEPARTMENT OF COMMUNITY MEDICINE

FAMILY FOLDER

NAME OF THE STUDENT:

ROLL NO.:

UNIVERSITY (WBUHS) ROLL NO. :

BATCH / SESSION:

VILLAGE NAME:

DISTRICT:

MENTOR(S): NAME:

DESIGNATION:

ANM (1): Name: Contact No.:

ANM (2): Name: Contact No.:

ASHA: Name: Contact No.:

.....

Signature of the Mentor

.....

Signature of the Head of the Department

Contents

Chapter no	Description	Page no
I	List of Contributors	4
II	Log book details	5
III	Completion certificate	6
IV	Family Identification	12
V	Environmental details of the Family	13
VI	Socio economic profile	15
VII	Socio-cultural problems	15
VIII	Awareness and practice regarding locally endemic diseases and health program	16
IX	Dietary habit & Nutritional profile of the family	19
X	Maternal health (married women 15-45 years) [Health Check-up of Ante natal / Post-natal women]	22
XI	Health Check-up of under-five child	23
XII	Individual Health Check up	25
XIII	Adolescent (10-19 yrs) problems	26
XIV	Geriatric health	26
XV	Summary after each phase	27
XVI	Action taken and recommendation made at each visit	28
XVII	Medico-social Diagnosis	29
XVIII	Annexure	30

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Published from

Department of Community Medicine

Jhargram Government Medical College & Hospital

Vidyasagarpally, Jhargram

Pin-721507

December 2024

FAMILY ADOPTION PROGRAMME

Log book

Name of College: Jhargram Government Medical College & Hospital

Address: Vidyasagarpally, Jhargram, Pin-721507

Name of University: West Bengal University of Health Sciences

Name of the Student:

Roll No.:

University (WBUHS) Roll No. :

Batch / Session

Date of Visit	Activities Performed	Remarks of Mentor	Signature of Mentor

Completion Certificate

This is to certify that Mr./Ms. _____

College Roll no. _____

University Roll no. _____

University Registration no. _____ Session _____

Has completed activities in Family Adoption Programme.

Signature of the Mentor with Seal:

Signature of the Head of the Department with Seal:

Instruction during Family Visit

- It is necessary to be decently clad and wear your apron when visiting the community.
- In the first visit introduce yourself to the family allotted to you.
- Behave politely and modestly. Be friendly to the community.
- Never ridicule or show displeasure at any condition.
- Never make false promises to the family members to get your work done.
- In case of difficulty and non-co-operation, consult your guide immediately.
- Always carry stethoscope, hammer, torch, measuring tape, weighing machine, sphygmomanometer etc. with you while you are on field
- Conduct the clinical examination in a room/enclosure that allows privacy
- Record all findings accurately
- Do not do something that is completely alien to the local environment or culture.
- Give them as much information about your services as they ask for and allow them to express their views about their services.
- It is you who is learning from the community, respect the knowledge and experience that people have.

OBJECTIVES

1. To collect information about socio economic status and expenditure pattern of the allotted family
2. To collect information about environment and socio-cultural factors of the family
3. To conduct clinical examination of the family members including children
4. To assess the knowledge and practices of the family members regarding communicable and non-communicable diseases, family planning and child care and health programme
5. To assess nutritional status of the family members by conducting a diet survey
6. To find out the health problems and understand the contributing social factors

MATERIALS& METHODS

- **Type of survey:** Descriptive , Longitudinal
- **SurveyArea:**
- **Duration:**
- **Tools for Data Collection:**
 - Pre-designed, pre-tested, structured schedule for data collection
 - Measuring tape: non-stretchable
 - Adult Weighing Scale: Bathroom type. Digital
 - Infant Weighing Scale
 - Infantometer
 - Stadiometer
 - Shakir's tape
 - Growth chart
 - Sphygmomanometer
 - Stethoscope
 - Torch
 - Hammer
 - Glucometer
 - Haemoglobinometer
 - Medical Records

- **Techniques for Data Collection**
 - Interview of family members
 - Observation
 - Measurements
 - Anthropometric examination
 - Clinical examination
 - Diet Survey
 - Analysis of Records

GEOGRAPHICAL MAP OF THE COMMUNITY :

BACKGROUND INFORMATION OF THE COMMUNITY

Geographical Characteristics

- Name of the Locality:
- Number of Wards:
- Type of the Locality: Urban/Rural
- Total area (Sq. km):

Demographical Characteristics

- Total population:
- Total number of households:
- Total Children Population (0-5years):
- Infants:
- Sex Ratio:
- Literacy Rate:
 - Male:
 - Female:

Morbidity & Mortality Data

- Number of live births in last one year:
- Number of deaths in last one years:
- Infant deaths
- Maternal deaths
- Other death

Environmental characteristics

- Main source of drinking water:
- Main source of water for household activities :
- Toilet facilities:
- Refuse disposal:
- Drainage facilities:

Available Health Care Facilities

- ICDS Centre
- Sub Centre
- PHC/BPHC/Hospitals/UHC
- Private Health Services/NGOs available in the area

Other Facilities

- School
- Play ground

IV. Identification:

Family No. 1/2/3

Serial No.

Name of the head of family (HOF) –

Contact no.

Aadhar No. of HOF

Address –

Family type – Nuclear/ joint

Religion – Hindu/ Muslim/ Christian/ Other (specify)

Caste – Unreserved/ OBC/ SC/ ST

Mother tongue – Bengali/ Hindi/ Other (specify)

Length of Stay:

State of Origin:

General information:

Sl. No.	Name	Age	Sex	Marital status	Relation to HOF	Level of education	Occupation	Physiological Status	Physical Status

Note:

- W-Wife, S- Son, D-Daughter, Sis- Sister, F-Father, M-Mother, B – Brother
- Women of reproductive Age Group (15-49 years): P-Pregnant, L-Lactating, NPNL-Non-Pregnant Non-Lactating

Vital events in last one year -----

Number of Infants: Male ----- Female-----
Number of 1- 4 years: Male----- Female-----
Number of Adolescents: Male----- Female-----
Number of elderly (>60 years): Male----- Female-----
Number of Pregnant women:
Number of Lactating mothers:

Family Tree:

V. Environmental condition:

A. Housing:

House – own/ rented
Type – kutcha/ pucca/ mixed
Site :
Set back:
No. of living rooms –
Total area of living rooms (floor space):
Per capita floor space (sq ft) :
Sex Separation.....Yes / No
Dampness present: Yes / No
Lighting: adequate / inadequate
Ventilation: adequate / inadequate
Cross ventilation: Present / Absent
Cracks and crevices in floor/wall: Present / Absent
Kitchen: In Separate Room / In Living Room / In Verandah
o Functional smoke outlet in kitchen: Present / Absent
o Types of fuel used: Kerosene / Coal / Wood / LPG / Others (Specify)
o Smoke nuisance: Present / Absent

Domestic animals – cattle/ goat/ sheep/ other (specify)

Location of animal shelter/shed (if any) –

Fly nuisance: Present / absent

Breeding places of mosquitoes: Present (specify below) / absent

B. Water Supply

- Source of water: Private/ Public
- Water for Drinking: Tap/Dug Well/Tube well/Others (specify)
- Water for Cooking: Tap/Dug Well/Tube well/Others (specify)
- Water for cleaning / bathing / washing: Tap/Dug Well/Tube well/Others (specify)
- If tap water, mode of supply: Intermittent / Continuous
- Distance of drinking / cooking water source from the house:
- Mode of collection and transportation of drinking / cooking water:
- Distance of drinking water source from potential source of contamination (Specify):
- Storage of water:
- Method of drawing drinking water from the storage container: any observation
- Adequacy of supply:
- Special Treatment of drinking water : Yes/No.

If Yes, specify..

C. Excreta disposal:

- Mode of excreta disposal: Latrine / Open field
- Type of latrine: Sanitary / Insanitary
- Location: Within premises / Outside premises
- Used by: Family / Community
- If community latrine, No. of users:
- Cleaning done: Daily / Weekly / occasionally / Never
- mode of Excreta disposal of under-five children:

D. Method of refuse & waste water disposal:

- Manure pit/ throwing indiscriminately/ others (specify)
- Liquid waste disposal:

VI. Socio-economic status:

Total monthly income:

Per capita monthly income:

Socio-economic class of the family (Modified and updated B G Prasad Scale) –

Monthly expenditure of the family on:

Food.....Fuel.....Clothes.....Housing.....

Electricity.....Education.....Social function.....Health.....

Recreation.....Addiction.....Others.....Total.....

Balance:

Social security if any

Social assistance if any

Pie diagram

VII. Socio-cultural problem:

Addictionfor each member: smoking/ tobacco chewing/ alcohol/ drugs or substance/ others (specify)

Unemployment: yes/ no

Handicapped : Yes / no

Chronically ill family member: yes/ no

Any child >/ 7 years not going to school: yes/ no

Single parent ,divorced/ abandoned mother in family: yes/ no (if yes, specify)

Child labor: yes /no

Any minor caregiver of under-five child:

Is the mother working outside? Yes/ no

If yes, who looks after the children?

VIII. Knowledge and practice of family regarding communicable & non communicable diseases and different health programs

Knowledge and Practice of Family Members regarding Locally Prevalent Communicable Diseases

Name of Disease	Have the HOF heard about this disease	Knowledge of common clinical features of the disease	Knowledge on causation & transmission of the disease	Knowledge of basic preventive measures of the disease	Practices regarding preventive & treatment seeking
Tuberculosis					
Malaria					
Dengue					
Filaria					
Diarrhoea					
Leprosy					
HIV					
Hepatitis (Viral)					
Rabies					
Acute Respiratory Infection					
Sexually Transmitted Diseases					

Knowledge and Practice of Family Members regarding Locally Prevalent Non-Communicable Diseases

Name of Disease	Have the HOF heard about the disease	Knowledge of common clinical features of the disease	Knowledge on causation & risk factor of the disease	Knowledge of basic preventive measures of the disease	Practice of availing of the services
Hypertension					
Diabetes					
Alcoholic Liver Disease					
Asthma					
CVA					
Acute Myocardial Infarction					
Snake bite					
Anaemia					

Knowledge and practice regarding healthy habits of family

Healthy habits	Have the HOF heard about such statement? (Yes/No)	Opinion of the HOF regarding this statement (Agrees/Disagrees)	Diseases prevented by this method (As per knowledge of HOF)	Is this practiced in the family? (Yes /No)
Hand washing should be done before food intake				
Open defecation is a harmful practice				
Menstrual hygiene is important for health				
Regular consumption of fruits and vegetables is good for health				
Daily physical exercise is good for health				
Regular immunization of <5 year old babies is important to prevent diseases.				
Exclusive breast feeding upto 6 months after birth is important for good health.				
Age of marriage shouldn't be <18 years for girls.				

Awareness and Utilization of common National health Programs

Name	Awareness	Utilization
ICDS		
JSY		
JSSK		
Pradhan Mantri Surakshit Matritva Yojana (PMSMY)		
Pradhan Mantri Matru Vandana Yojana (PMMVY)		
Swasthya Sathi		
Ayushman Bharat		
NIPI		
IPPI		

IX. Dietary habit & Nutritional profile of the family

A. Dietary practices

- a. Type of diet: Vegetarian/ Non-vegetarian
- b. Vegetables washed thoroughly or merely rinsed in water– Yes/ No if yes when –before/ After/ both
- c. Iodized Salt (use/storage):
- d. Any food taboo :

B 1. Schedule for Oral Questionnaire (Recall) Method of Diet Survey with Bar Diagram:

Food groups	Food Items	Quantity [gm. / ml.]	Intake of food group per CU per day [gm/ml]	RDA of food group per CU per day [gm/ml]	Remarks
Cereals	1.Rice 2.Wheat				
Green leafy vegetables (specify)	1. 2. 3.				
Roots & tubers (specify)	1. 2.				
Other vegetables	1. 2.				
Fruits	1. 2.				
Milk & milk products					
Flesh foods	1.Fish 2.Meat / chicken 3. Egg				
Fats & oils (specify)	1. 2.				
Sugar & jaggy	1. 2.				
Nuts & oilseeds	1. 2.				
Misc.	1. 2.				

Bar diagram :

B 2. Nutrients intake sheet:

Foodstuffs	Quantity gm or ml	Calories	Protein	Fat	Iron	Vit A (Carotene)	Thiamin	Riboflavin	Vit C
Total consumption									

B 3. Daily nutritional requirements of the family

Person	Category of work	Calories	Protein	Fat	Iron	Vit A (Carotene)	Thiamin	Riboflavin	Vit C
Adult									
1.Male	Sedentary								
	Moderate								
	Heavy								
2.Female	Sedentary								
	Moderate								
	Heavy								
3.Pregnant Women									
4.Lactating women									
Adolescents									
10 -12y B									
10-12y G									
13-15y B									
13-15y G									
16-18y B									
16-18y G									
Children									
1-3yr									

4-6yr									
7-9yr									
Calculation									
Total daily requirements									
Total daily consumption									
Deficit/ Surplus	Qty wise								
	%wise								

Bar diagram

C. Nutritional status assessment done based on the 24 hours recall method consumption):

Attributes	Calories (Kcal)	Protein (gm)	Fat (gm)	Iron (mg)	Vit.-A (mcg)	Thiamin (mg)	Riboflavin (mg)	Vit.- C (mg)
Total daily requirements								
Total daily consumption								
Deficit/ Surplus (% w.r.t. RDA								

D. Nutritional advice

X. Maternal health (married women 15-45 years)

No. 1/2/3.... (use extra sheet, if >1)

Name: _____ Age at menarche: _____ Age at marriage: _____

Date of last child birth: _____ Gravida: _____ Parity: _____

History of previous pregnancies:

Order of pregnancy	Age at pregnancy	Outcome	Type of delivery	Place of delivery and conducted by	Complications	Current state of the child's health
1.						
2.						
3.						
4.						
5.						

History of present pregnancy: (if any):

Antenatal mother [Add extra page if more than one antenatal mother in the family]

LMP: _____ EDD: _____

Significant past medical or surgical history:

Source of antenatal care:

1st antenatal visit at (weeks of gestation):

Number of antenatal check-up with date

Antenatal examination (significant findings):

Injection TT/Td ~ Td-1: _____ Td-2: _____

IFA prophylaxis:

Calcium prophylaxis:

Albendazole:

Investigation findings:

Any complications:

Lactating mothers (if any):[Add extra page if more than one lactating mother in the family]

Comments:

Contraceptive practice:

No. of Eligible Couples in the family....

if EC present, Practicing any family planning method? Yes/ no

If yes, specify the method with duration of use:

XI. Under-five Child health

Child – 1/2/3....(use extra sheet, if >1)

A. **Birth:** 1. Date – 2. Place – 3. Birth weight – 4. Mode of delivery N/ LUCS

B. Feeding practices:

1. Pre-lacteal feed given – yes/ no

2. Colostrum feeding – done/ not done

3. Exclusive breast feeding done – yes/ no

If yes, how long?

4. Age of starting complementary feeding –

C. Immunization:

Vaccines	Age at vaccination	Delay, if any (mention cause of delay)
BCG OPV – 0 Hep B – birth dose		
OPV – 1 f-IPV – 1 Pentavalent – 1 Rotavirus vaccine – 1 PCV – 1		
OPV – 2 Pentavalent – 2 Rotavirus vaccine – 2		
OPV – 3 f-IPV – 2 Pentavalent – 3 Rotavirus vaccine – 3 PCV – 2		
Measles/MR – 1 f-IPV3 JE – 1 PCV – Booster		
Measles/MR – 2 JE – 2 OPV – Booster DPT – Booster		

Ever received any Vit-A oil: Yes / No

Received any Vit-A oil in last 6 months: Yes / No

Total number of Vit-A oil received:

Comment on vaccination –

D. Anthropometry:

Height (or length, if applicable) –

Weight –

Head circumference – Chest circumference –

Crossing over – occurred/ did not occur

Mid upper arm circumference (6 months to 5 years) –

Growth chart (attached)

E. Chief Complaint with duration

F. Any present or past health problem (mention):

G. Clinical Examination :

H. Provisional diagnosis:

I. Recommendation:

XII. Individual health check-up: [add extra pages if needed]

Member – 1/2/3/4/5/.....

	Member 1	Member 2	Member 3	Member 4
Name				
Age (Years):				
Sex (M/F):				
Chief Compliant:				
History of Present illness:				
Significant Past history:				
Life style and behavioral history:				
General Exam: Build /Stature: Pallor: Cyanosis: Jaundice: Oedema: Neck glands: Neck veins: BP (mm of Hg): Pulse: RR:				
Anthropometry : Weight (Kg): Height (cm): BMI (Kg/m ²): WC (cm): WHR: Comment on BMI:				
Systemic Exam: CVS: Respiratory: CNS: GI: GU:				
Provisional Diagnosis:				
Recommendations:				

XIII. Adolescent (10-19 yrs) problems:

Any adolescent health problem in family? Yes/no

if yes, specify.....

Adolescent 1/2/3/4.....

Any school drop out ? Yes/ No

Any child labour? Yes/ No

Any h/o addiction? Yes/ No If yes, details.....

Immunization status.....

Apparent nutritional status

Mental health status.....

Any reproductive health issues.....

Whether “Menstrual Hygiene Scheme”availed ? Yes/no

Whether availed WIFS ? Yes/no

Whether availed services from AWC? Yes/no

Whether availed any adolescent health program(RKSK/AFHC/Anwasha Clinic etc) ? Yes/no

Others (if any):

XIV. Geriatric Health:

Any geriatric health issue in family? Yes/ No

If yes, Specify.....

XV. Summary of each phase (I, II,& III) :

Summary of phase III	
Summary of phase II	
Summary of phase I	

XVI. Action Taken / Recommendation of each Phase:

Phase	Action Taken	Recommendation
Phase I		
Phase II		
Phase III		

XVII. Medico- social Diagnosis of Family

Annexure

Nutritive value of some common foods (per 100g each)

[Source : Nutritive Value of Indian Foods, ICMR, 1989]

Foodstuff	Energy	Protein	Fat	Iron	Calcium	Caro-	Vitamin	Thiamin	Ribo-
	Kcal	g	g	mg	mg	tene µg	C mg	mg	flavin mg
A. Cereals									
1. Rice, parboiled milled	346	6.4	0.4	1.00	9	—	0	0.21	0.05
2. Wheat flour, whole	341	12.1	1.7	4.90	48	29	0	0.49	0.17
B. Pulses									
1. Green gram dal	348	24.5	1.2	3.90	75	49	0	0.47	0.21
2. Lentil	343	25.1	0.6	7.60	69	270	0	0.45	0.20
3. Soyabean	432	43.2	19.5	10.4	240	426	0	0.73	0.39
C. Nuts & Oilseeds									
1. Groundnut	567	25.3	40.1	2.50	90	37	0	0.90	0.13
D. Green leafy vegetables									
1. Amaranth	45	4.0	0.5	3.49	397	5520	99	0.03	0.30
2. Cabbage	27	1.8	0.1	0.80	39	120	124	0.06	0.09
3. Spinach	26	2.0	0.7	1.14	73	5580	28	0.03	0.26
E. Non-Leafy vegetables									
1. Bottle gourd	12	0.2	0.1	0.46	20	0	0	0.03	0.01
2. Brinjal	24	1.4	0.3	0.38	18	74	12	0.04	0.11
3. Cauliflower	30	2.6	0.4	1.23	33	30	56	0.04	0.10
4. Cucumber	13	0.4	0.1	0.60	10	0	7	0.03	0
5. Ladies finger	35	1.9	0.2	0.35	66	52	13	0.07	0.10
6. Papaya, green	27	0.7	0.2	0.90	28	0	12	0.01	0.01
7. Parwar	20	2.0	0.3	1.70	30	153	29	0.05	0.06
8. Pumpkin	25	1.4	0.1	0.44	10	50	2	0.06	0.04
9. Plaintain, green	64	1.4	0.2	6.27	10	30	24	0.05	0.02

Foodstuff	Energy	Protein	Fat	Iron	Calcium	Caro- tene	Vitamin C	Thiamin	Ribe- flavin
	Kcal	g	g	mg	mg	µg	mg	mg	mg
F. Roots & Tubers									
1. Carrot	48	0.9	0.2	1.03	80	1890	3	0.04	0.02
2. Onion	50	1.2	0.1	0.60	47	0	11	0.08	0.01
3. Potato	97	1.6	0.1	0.48	10	24	17	0.10	0.01
4. Radish, pink	32	0.6	0.3	0.37	50	3	17	0.06	0.02
G. Fruits									
1. Amla	58	0.5	0.1	1.20	50	9	600	0.03	0.01
2. Apple	59	0.2	0.66	1.00	10	0	1		
3. Banana, ripe	116	1.2	0.36	0.90	17	78	7	0.05	0.08
4. Grape	71	0.5	0.3	0.50	20	0	1	—	—
5. Lemon	57	1.0	0.9	0.26	70	0	39	0.02	0.01
6. Guava	51	0.9	0.3	0.27	10	0	212	0.03	0.03
7. Mango, ripe	74	0.6	0.4	1.30	14	2743	16	0.08	0.09
8. Orange	48	0.7	0.2	0.32	26	1104	30	—	—
9. Papaya, ripe	32	0.6	0.1	0.50	17	666	57	0.04	0.25
10. Tomato, ripe	20	0.9	0.2	0.64	48	351	27	0.12	0.06
H. Milk									
1. Cow	67	3.2	4.1	0.20	120	53*	2	0.05	0.19
2. Human	65	1.1	3.4	—	28	41*	3	0.02	0.02
I. Animal foods									
1. Egg, hen	173	13.3	13.3	2.10	60	420*	0	0.10	0.40
2. Rohu fish	92	16.6	1.4	1.00	650	—	22	0.05	0.07
J. Condiments & Spices									
1. Chillies, green	29	2.9	0.6	4.4	30	175	111	0.19	0.39
K. Others									
1. Cooking oil	900	—	100	—	—	—	—	—	—
2. Sugar	398	0.1	—	0.16	12	—	—	—	—

ASSESSING NUTRITIONAL STATUS

Measuring length

INFANTOMETER

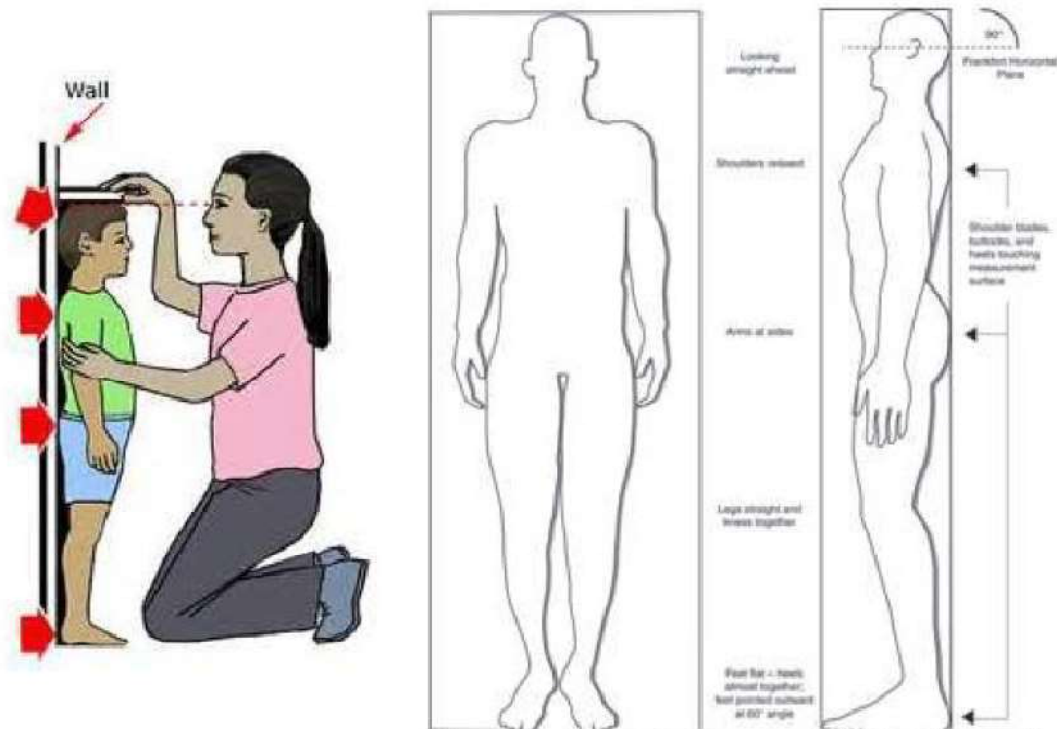
- Measure length while supine, if length < 85 cm or in children too weak to stand (subtract 0.5 cm if > 85cm).
- Use a measuring board with a headboard and sliding foot piece.
- Measurement will be most accurate if child is naked, if not possible ensure clothes do not get in the way of measurement.
- Work with a partner. One person should stand behind the headboard.
- Position the crown of the head against the headboard, compressing the hair.
- Hold the head with two hands and tilt upwards until the eyes look straight upwards.
- Check that the child lies straight along the centre of the board.
- The other person straightens the knees.
- Place the foot piece firmly against the feet, with toes pointing up
- Measure length to the last 0.1 cm.



Measuring Height

STADIOMETER

- Remove the child's socks & shoes.
- Work with a partner.
- Help the child stand with back of the head, shoulder blades, buttocks, calves and heels touching the vertical board.
- Hold the child's knees and ankles to keep the legs straight and feet flat.
- Position the head so that the child is looking straight ahead.
- Place the headboard firmly on top of the head and compress the hair.
- Measure the height to the last completed 0.1 cm.

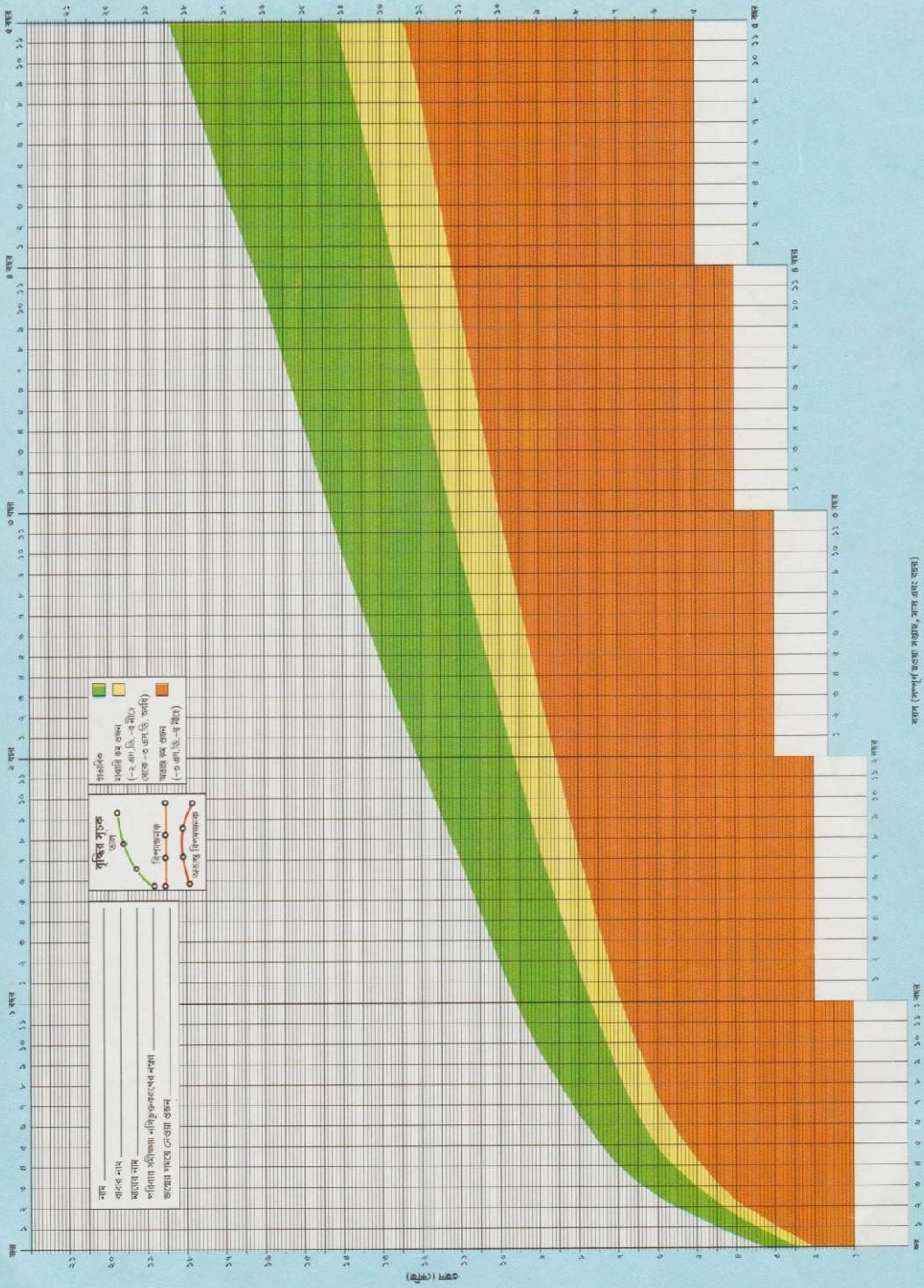


Measuring Weight

- Leave a cloth in the weighing pan to prevent chilling the child.
- Adjust the scales to zero with the cloth in the pan.
- Place the naked child gently on the cloth in the weighing pan.
- Wait for the child to settle and the weight to stabilize.
- Measure the weight (to the nearest 10 g) and record immediately.
- Standardization of the scales should be performed weekly or whenever the scales are moved.



ছেলে : বয়স অনুপাতে ওজন — জন্ম থেকে ৫ বছর (বিশ্ব স্বাস্থ্য সংস্থা অনুমোদিত শিশুবৃদ্ধি পরিমাপের নতুন মান অনুযায়ী)





মেয়ে : বয়স অনুপাতে ওজন — জন্ম থেকে ৫ বছর (বিশ্ব স্বাস্থ্য সংস্থা অনুমোদিত শিশুবৃদ্ধি পরিমাপের নতুন মান অনুযায়ী)



স্বাস্থ্য (পেশী) ওজনের পরিমাপ, ০ থেকে ৫ বছর

বয়স (মাস) ০ ৩ ৬ ৯ ১২ ১৫ ১৮ ২১ ২৪ ২৭ ৩০ ৩৩ ৩৬ ৩৯ ৪২ ৪৫ ৪৮ ৫১ ৫৪ ৫৭ ৬০