



HEALTH REVIEW

REGION SEASON & STRATUM: (3-5)

SURVEY AREA: (6-7)

HOUSEHOLD NUMBER: (8-11)

PERSON'S NAME & SURVEY NUMBER: (12-13)

Surname:

Christian Name(s):

C SEX: MALE: FEMALE:

AGE: IN NUMBER OF YRS.

DATE OF INTERVIEW: (16-21)

GENERAL MEDICAL HISTORY: (18-21)

PRESENT	1	2	3	ENTER APPROPRIATE NUMBER IN BOXES
NOT TREATED BY PHYSICIAN	4	5	6	
TREATED BY PHYSICIAN IN HOME OR OFFICE	7	8	9	

Anemia: (22)

Abnormal Bleeding: (23)

Asthma: (24)

Food Allergy, or Food Sensitivity: (25)

Other Allergy, (including Hay Fever): (26)

Tuberculosis: (27)

Chronic Respiratory Disease: (28)

Thyroid Disease or Gaiter: (29)

Diabetes Mellitus: (30)

Obesity: (31)

Gall Bladder Disease: (32)

Liver Disease: (33)

Juandice: (34)

Diarrhea: (35)

Hernia: (36)

Hemorrhoids: (37)

Rectum or Bladder Disease: (38)

Arthritis or Rheumatism: (39)

D (Continued)

Rheumatic Fever: (40)

High Blood Pressure: (41)

Heart Disease: (42)

Stroke: (43)

Convulsive Disorder: (44)

Mental Illness: (45)

Fractures: (46)

Tumors: (47)

Disorders of the Female Reproductive System: (48)

Prostate Disease: (49)

Other: (Specify I.C.D.A. Code): (50-54)

E DID YOU GIVE BLOOD WITHIN THE LAST 2 MONTHS? Yes: 1 (55) No: 2 (56) If Yes - Number of Weeks Since Last Donation: (56)

F MAJOR OPERATION(S): None: (57) IF YES, SPECIFY & GIVE I.C.D.A. CODE (58-59) (60-62) (63-65)

G HAVE YOU A CHRONIC CONDITION AFFECTING YOUR WORK OR DAILY LIFE? No: 1 (67) Yes, Unable to Work: 2 (67) Yes, Some Activities Restricted: 3 (67) SPECIFY CONDITION & GIVE I.C.D.A. CODE (68-71) (72-74)

HOW MANY DAYS IN THE PAST YEAR HAVE YOU BEEN ILL ENOUGH TO MISS WORK OR SCHOOL? (72-74)

CONTROL (DUPLICATE COL. 1 & COL. 3-15) (81)

H DO YOU TAKE ANY MEDICINES, DRUGS, VITAMINS, ETC? No, Not at All: (81) IF YES, SPECIFY: A - REGULARLY and/or B - WITHIN PAST 3 DAYS

Vitamin Preparations: A B (83-10)

Tonic: A B (11-20)

Cough Medicine: A B (21-23)

Sedatives or Hypnotics: A B (23-24)

Tranquilizers: A B (25-26)

Antibiotics: A B (27-28)

Anti-Convulsants, Other than Dilantin: A B (29-30)

Dilantin: A B (31-32)

Anti-Hypertensives: A B (33-34)

Anti-Coagulants: A B (35-36)

Cardiac Medication (Digitalis Etc): A B (37-38)

Appetite Depressants: A B (39-40)

Amphetamine, Desferal, or Other CNS Stimulants: A B (41-42)

Diuretics: A B (43-44)

Cholesterol-Lowering: A B (45-46)

Anti-Diabetic Agents: A B (47-48)

Thyroid: A B (49-50)

Anti-Thyroid Preparations: A B (51-52)

Female Hormones: A B (53-54)

Other Hormones: A B (55-56)

SPECIFY OTHER MEDICATIONS, INCLUDING INJECTIONS: A B (57-58) (59-60)

(Record use of Oral Contraceptives on next page)

J SMOKING

DO YOU SMOKE CIGARETTES? No: 1 (61) Yes: 2 (61) IF YES - DO YOU USUALLY SMOKE THEM EVERY DAY? Yes: 1 (62) No: 2 (62)

HOW MANY CIGARETTES DO YOU SMOKE EACH DAY? (63-65) FOR HOW LONG? (NO. OF YEARS): (66-67) IF YOU DO NOT NOW USUALLY SMOKE CIGARETTES, HOW MANY PER DAY? (68-71) FOR HOW LONG? (NO. OF YEARS): (72-73) WHEN DID YOU LAST SMOKE CIGARETTES REGULARLY? (74-77)

CONTROL (DUPLICATE COL. 1 & COL. 3-15) (81)

FEMALES ONLY (74-75)

No. Weeks Since Last Period: (76-78) Age at Menstruation: (79-80) CURRENTLY PREGNANT - Yes: 1 (81) No: 2 (81)

Number of Past Pregnancies: (82-83) Number of Live Births: (84-85) Number Terminated Before 28 Weeks: (86-87) Number of Stillbirths After 28 Weeks: (88-89)

NUMBER OF LIVE BORN, STILL LIVING: (90-91) Less Than 1 Month: (92) 1 Month to 1 Year: (93) 1 to 5 Years: (94) 5 Years & Over: (95)

NUMBER OF LIVE BORN NOW DEAD: (96-97) AGE AT DEATH: Less Than 1 Month: (98) 1 Month to 1 Year: (99) 1 to 5 Years: (100) 5 Years & Over: (101)

RECORD CAUSE(S) OF DEATH (IF KNOWN) OCCURRING WITHIN PAST 5 YRS., OF THOSE UNDER AGE 5. I.C.D.A. CODE (102-105)

CHILDREN AGE 6-10 YEARS (106-107)

ANY CONTAGIOUS DISEASES: No: (108) Measles: (109) Chicken Pox: (110) Mumps: (111) Specify Other (I.C.D.A. Code): (112-113) Complications: (Specify in Remarks) Yes: 1 (114) No: 2 (114)

DOES THE CHILD PASS WORMS? Yes, Tiny, White: (115) Penicillin: (116) Other: (117)

CONTROL (DUPLICATE COL. 1 & COL. 3-15) (81)

REMARKS: (118-23)

MALES ONLY

DO YOU SMOKE A PIPE? Yes: 1 (118) No: 2 (118) IF YES - DO YOU USUALLY SMOKE A PIPE EVERY DAY? Yes: 1 (119) No: 2 (119) IF YES - HOW MANY PIPEFULS DO YOU SMOKE EACH DAY? (120-121) DO YOU SMOKE CIGARS? Yes: 1 (122) No: 2 (122) IF YES - DO YOU USUALLY SMOKE CIGARS EVERY DAY? Yes: 1 (123) No: 2 (123) IF YES - HOW MANY CIGARS

M CONTRACEPTIVE PILLS: HAVE YOU USED ORAL CONTRACEPTIVES? No, Never: 1 (124) Yes, But Not Within Past 6 Months: 2 (124) Yes, Currently: 3 (124) Yes, Within Past 3 Months: 4 (124) Within Past 6 Months: 5 (124) SPECIFY BRANDS: (125-126)

NAME OF INTERVIEWER: (127-128)

PLACE OF INTERVIEW: (129-130)

HEALTH REVIEW

UNDER 6 YRS OF AGE

A REGION & SEASON

B NAME AND SURVEY NUMBER OF CHILD

SURVEY AREA

Burns: Christian Name(s)

HOUSEHOLD NUMBER

Child's Survey Number

C SEX: Male Female

AGE: In Months if Under 2 Yrs: 1 2 3 4 5 6 7 8

Year: 78 79 80 81

DATE OF EXAMINATION: (16-21)
DAY MONTH YEAR

D PREGNANCY: At present Not Known: 1

Yes: 2 (24)
No: 3

Abortion: Yes: 1 (25)
No: 2

Nutritional Supplement: Yes: 1 (26)
No: 2

E AT WHAT AGE DID CHILD WALK ALONE?
Number of Months if Known: (27-28)
Check if Unknown: 1 (29)

F WAS THE CHILD BREAST FED? Yes: 1 (30)
No: 2

The Age in Weeks at Which Breastfeeding was Discontinued: (31-32)

Was the Child Bottle Fed? Yes: 1 (33)
No: 2

Age at which Bottle-Feeding was Started: 0-2 Weeks: 1
3-12 Weeks: 2 (34)
Over 12 Weeks: 3

Age at which Bottle-Feeding was Discontinued: Under One Month: 1
1-3 Months: 2 (35)
3-6 Months: 3
6-12 Months: 4
If Over 12 Months, Give Number of Months: (36-37)

G AGE AT WHICH NON-MILK FOODS WERE STARTED: Not as Yet: 1 (38)
Don't Know: 2
Age Expressed in Number of Months: (39-40)

H DOES CHILD HAVE CONGENITAL DEFECTS? YES:

No: A
- Heart: B
- Cleft Lip and/or Cleft Palate: C
- Eyes: D
- Upper Limbs: E (41-49)
- Lower Limbs: F
- G.U. Systems: G
- Mental Deficiency: H
- Cerebral Palsy: J

J DOES THE CHILD PASS WORMS? No: 1
Yes, Tiny White: 2 (80)
Yes, Pinch White: 3
Yes, Other: 4

K IN THE PAST 2 MONTHS, HAS THE CHILD HAD MEASLES? No: 1
Yes, Without Complications: 2 (59)
Yes, With Complications: 3

L IN THE PAST 2 MONTHS, HAS THE CHILD HAD CHICKEN POX? No: 1
Yes, Without Complications: 2 (62)
Yes, With Complications: 3

M IN THE PAST 2 MONTHS, HAS THE CHILD HAD MUMPS? No: 1
Yes, Without Complications: 2 (63)
Yes, With Complications: 3

IN THE PAST 6 MONTHS, HAS THE CHILD HAD PERTUSSIS? No: 1
Yes, Without Complications: 2 (54)
Yes, With Complications: 3

HAS THE CHILD HAD TUBERCULOSIS AT ANY TIME? No: 1
Yes, Without Complications: 2 (55)
Yes, With Complications: 3

HAS CHILD HAD ANY OTHER CONTAGIOUS DISEASE IN THE PAST 6 MONTHS? Yes: 1 (56)
No: 2
Code for Disease (I.C.D.A.): (57-60)

HAS THE CHILD HAD ANY OTHER SIGNIFICANT ILLNESSES, OR DOES IT HAVE ANY NOW? No: 1 (61)
Yes, 1. Code for Illness (I.C.D.A.): (62-65)
Number of Months Ago: (66-67)
2. Code for Illness (I.C.D.A.): (68-71)
Number of Months Ago: (72-73)
3. Code for Illness (I.C.D.A.): (74-77)
Number of Months Ago: (78-79)

CONTROL (DUPLICATE COL. 1 & COL. 3-19) B (8)

L HOW MANY TIMES IN HIS LIFE HAS THE CHILD HAD IF NEVER ENTER ZEROS (16-17)

M HAS THE CHILD EVER BEEN JAUNDICED? No: 1
Yes, First Week of its Life: 2 (18)
Yes, at Other Times: 3

N HAS THE CHILD HAD DIARRHEA? Currently: Yes: 1 (19)
No: 2
In the Past Six Months: Yes: 1 (20)
No: 2
IF YES, STATE NUMBER OF TIMES IN THE PAST 6 MONTHS: (21-22)

P HOW MANY TIMES IN THE PAST YEAR OF RUNNING EARS? (ENTER ZEROS IF NONE DURING PAST YEAR.)

Q IF THE CHILD HAS A COUGH NOW, HOW LONG HAS HE HAD IT? Number of Weeks: (26-28)
Number of Days: (27)

R HOW MANY COLDS HAS THE CHILD HAD IN THE PAST 6 MONTHS? (ENTER ZEROS IF NONE) (29-29)

S PICA: None: 1 (30)
Soil: 2 (31)
Starch: 3 (32)
Paint: 4 (33)
Other: 5 (34)

T HAS CHILD EVER ACCIDENTALLY TAKEN MEDICINE OR POISON? No: 1
Yes, The Latest Accident: 2 (35)
- Within Last Six Months: 3
- Within Last Twelve Months: 4
- More Than Twelve Months Ago: 4
Number of Occurrences: (36-37)

NATURE OF MEDICINE OR POISON ACCORDING TO GROUPS (THE MOST RECENT OCCURRENCE FIRST)
I.C.D.A. CODE (38-42)
(43-47)

SIGNIFICANCE IN RELATION TO CURRENT NUTRITIONAL STATUS (ACCORDING TO JUDGEMENT OF MEDICAL PRACTITIONER): Negligible: 1
Slight: 2 (48)
Serious: 3
Very Serious: 4

U HAS THE CHILD HAD ONE OR MORE SERIOUS ACCIDENTS, RESULTING IN PHYSICAL INJURY IN THE PAST 6 MONTHS? No: 1
Burn(s): 2
Auto Accident(s): 3
Fall(s): 4 (49-55)
Flying Object: 5
Suffocation: 6
Other: 7

CONTINUED

V OPERATIONS: None: 1 (59)
Removal of Tonsils and/or Adenoids: 2
Other Major Operations: 3

REMARKS: (58-5)

A B C D E F G H

PLACE OF INTERVIEW NAME OF INTERVIEWER