

Health Research Methodology

Objective

It has been more than two decades that Keystone has been involved with ecologically balanced development with various indigenous communities. It is seen that though income levels have gone up and conservation efforts are taken, the health and well being of the indigenous population is deteriorating. While the physical symptoms say something, there is much more behind an indigenous person's health and wellbeing. The objective of this research is to have a better understanding of the drivers of health for select communities in the Nilgiri Biosphere Reserve. A holistic approach is necessary to capture the issues that come together and result in the current health situation. . A survey will be conducted to understand the determinants and the general status of their health. Based on the outcomes, a larger programme will be built to address the issues using an action-research approach.

Research Area, Population and Methodology

The indigenous communities being addressed are the Kurumba, Irula, Kasava and Vettakadu peoples of Tamil Nadu and the Cholaniaken, Paniya, Kattunaicken, Muduva and Aranadan peoples of Kerala.

In Tamil Nadu, there are a total of 104 villages whereas in Kerala there are 18 villages to be surveyed to cover the communities mentioned above.

Sampling:

The sampling is done with an ethnographic perspective, maintaining distinction between communities. A 50% random sampling of the villages will be done for the survey in Tamil Nadu.

However, in Kerala the tribal groups have small numbers of villages, and those with less than 5 villages would be considered for survey as whole without random sampling. After the random selection we would have a total of 67 villages. (Ref Annexure 1)

Household Listing and Informed consent:

In the chosen villages, first, a complete household listing would be done using PRA techniques, after which a physical check would take place to check inhabitation and the tribes of each house. A block randomisation method would be then used with the blocking factors of tribal families, dominant tribe of the village and inhabited houses in the village and 10 households would be selected randomly, or all the households if the village has less than 10 households.

The household listing does not require any intervention inside the household. However, once the sample households are chosen, administering the survey would require consent from the key informants. The interviewer would then inform the key informants about the research being taken to understand the general health seeking behaviour, knowledge and practices regarding health. This survey is being taken in 65 other villages and after that is completed, the data would be analysed to assess the needs of the people and actions would be taken accordingly. The respondents would be asked to sign a consent form if they gave their consent before commencing the survey. (Ref Annexure 2)

Respondents' Eligibility Criteria: Of the randomly chosen household a general household composition form would be filled. This would not only give details about the household but it would also lead to the key respondent. Who would be preferably the woman of reproductive age or if more than one of those, the woman with the most children below 18 years old.

Health Survey : The survey covers the respondent's basic knowledge of infant feeding and hygiene, the nutritional and sanitation availability and practices, apart from that a free listing of risk factors and illnesses would be taken from the respondents to understand their notion of illness and risks. (Ref Annexure 3)

Focus Group Discussion: The qualitative measures will be taken by conducting a focus group discussion with preferably two groups of key informants, women and men respectively.

- 1) Paint us a picture of your village 20 years ago with comparison to your village at present.
- 2) How would you want to see your village 20 years down the line?

Through this the interviewers will make sure that these areas are covered or touched upon:

- Health- illness, Traditional medicines, Beliefs, Healers
- Culture- Rituals, language
- Linkages - to forests, land etc
- Nutrition
- Agriculture
- Youth
- Unity- Violence, issues
- Identity- Pride

Guidelines:

- The groups will consist of a maximum of 8 key informants.
- The focus group discussion shall not exceed duration of 45 minutes.
- The questions for discussions would be generic and not pointing at any individuals.
- In case where there are few individuals speaking up mainly, the others must be encouraged to participate or voice their opinion in order to have a unanimous response.
- The notes of the Focus Group Discussion must be expanded the same day to have the ethnography narrative in entirety.
- The interviewers must probe with “why or why not” or “what about”, in case certain areas are not covered.

Access to health care:

At the time when the interviewers are present in the village to conduct the survey, data about the accessibility of the village to the nearest health care facility. For acquiring this, a GPS marking of the village and its nearest health care facility would be taken to be visually portrayed on a map of remoteness which would be attached to the report.

Psychological assessment forms:

Along with the research, a special focus would be given to identify the mentally ill by filling a psychological assessment form which will be administered only on individuals, who might have a mental health issue, so as to keep a record and follow up. The form contains the demographic information, presenting complaints, medical, psycho-social, developmental and educational history of the patient. The assessment tool also tries to understand the patient's social support system, substance use and major stressors in life. (Ref Annexure 4)

Annexure 1

List of Villages

Name of Tribe/ Sub tribe	Village
Kurumba	1 6 acre lease
	2 Anilkadu
	3 Anthiyarai
	4 Bambalakombai
	5 Banagudi
	6 Baviyur
	7 Bellati Combai
	8 Chinna Kurumbadi
	9 Doddacombai
	10 Gumaramuti
	11 Indira nagar
	12 Johicombai
	13 Kallur
	14 Kil chembukarai
	15 Kolikorai
	16 Kozhithorai
	17 Mallikorai
	18 Maricodu
	19 Mavalacombai
	20 Mel Kattabettu
	21 Mel Korangamedu
	22 Niralacombai
	23 Nedugalcombai
	24 Pambarai
	25 Periyakurumbadi
	26 Puthukadu
	27 Puttakuli
	28 Ramranari
	29 Selarai
	30 Sengal combai
	31 Sengal Pudur
	32 thaniya kandi
	33 Thumbanericombai
	34 Veeracombai
	35 Vellari Combai
Irula	1 Alakarai
	2 Araiyyur
	3 Attadi
	4 Attikadu
	5 Bakkana
	6 Bangalapadigai
	7 Chinna komabai
	8 Dhalamokai

- 9 Garikaiyur
- 10 Godagur
- 11 Godaparai
- 12 Gurugundah
- 13 Jediyan Kombai
- 14 Kadasolai
- 15 Kambiyur
- 16 Kandipatti
- 17 Kannetty
- 18 Kil Kattabettu
- 19 Kokodu
- 20 Kolikarai
- 21 Kollikuttai
- 22 Koppaiyur
- 23 Kottimukai
- 24 Kunjapanai
- 25 Kuvakari
- 26 Mel Coupe
- 27 Mettukal
- 28 Mudiyyur
- 29 Muppkadu
- 30 Nandipatti
- 31 Nattukal
- 32 Neramokkai
- 33 Pettola
- 34 Porracchankai
- 35 Pudur
- 36 Samigodar
- 37 Sedical
- 38 Semmanarai
- 39 Sundapatti
- 40 Thumbibettu
- 41 Vaghapanai
- 42 Vakkanamarm

Kasava (irula)

- 1 Anaikatty
- 2 Boikkapuram Thottyalingi
- 3 Bokkapuram
- 4 Boothanatham
- 5 Chokkanalli
- 6 Guppakapuram
- 7 Kovilpatti
- 8 Mavanalla
- 9 Semmanatham
- 10 Siriyur
- 11 Vazhithottam

Vettkadu

- 1 Baralikadu
- 2 Gethesal

- 3 Kadamanchai
- 4 Kil Pillur
- 5 Kodiyur
- 6 Korathpathy
- 7 Mel Pillur
- 8 Neeradai
- 9 Nelli marathur
- 10 Poochamarathur
- 11 Sengalur
- 12 Sethumadai
- 13 Sirigenuru
- 14 Sittugunai
- 15 Thondai
- 16 Verrakal

Cholanaiken

- 1 Manjeeri
- 2 Allekal

Paniya

- 1 Vaniampuzha
- 2 Irrutakutti
- 3 Tharipapotti

Kattunaicken

- 1 Appankapu
- 2 Chembra
- 3 Etapara
- 4 Kumbalapara
- 5 Malankundu
- 6 Mundakadavu
- 7 Pattukarimba
- 8 Punjakoli
- 9 Thandankalu
- 10 Uchakulam

Muduva

- 1 Palakayam

Aranadu

- 1 Kottapara
- 2 Valikettu

Annexure - 2

Consent Form



Hello. I am _____ from Keystone Foundation and I am here to collect data for the study related to “Health and Wellbeing among the indigenous community in the NBR”. The purpose is to study is to have a better understanding of the drivers of health for select communities in the Nilgiri Biosphere Reserve

You are being asked to participate in this study because you live in one of the communities selected for the present study. This consent form may contain words that you do not understand. Please ask the study staff to explain any words or information that you do not clearly understand. Any information that is obtained in connection with this study and that can be identified with you, will remain confidential and will be disclosed only with your permission. Your responses can be linked to your personal information only through a number that will be kept secure by the study administrator. The study will focus on the average answer within your community and not on individual answers. The honesty of your answers will be very important.

Your participation in this study is voluntary. You may decide not to participate or you may leave the study at any time. Your decision will not result in any penalty or loss of benefits to which you are entitled. We hope that you will participate in this survey since your views are important. Do you want to ask me anything about the survey at this time?

SECTION A: IDENTIFICATION

Interviewer should speak with the adult woman or mother of the children in the household. Please refer to Keystone census to obtain census ID. If this is a new household, not on Keystone census, a new ID should be assigned.

b

No.	Question	Response	Codes & notation
A01	Household ID (PTID)	_ _ _ _ _ _ _ _ _	
A02	Data Collector's ID	_____	
A03	Health Team Surveyor's ID	_____	
A04	Tribes	_ _ _	Code Kurumba-01 Irula-02 Kota-03 Toda-04 Soliga-05 Irula (urali)-06 Irula (Kasava)-07 Irula (Vettukadu)-08 JenKurumba-09 BettaKurumba-10 Kattunaicken-11 Paniya-12 Cholanaicken-13 Muduva-14 Aranadu-15

GPS code:

Signature of the supervisor

Visits	Date of visits						Completion Status
	Date	Date	Month	Month	Year	Year	
1 st visit							
2 nd visit							
3 rd visit							

Interview Completion status code	
Interview completed	1
Interview not completed	2

SECTION B: HOUSEHOLD COMPOSITION

INSTRUCTIONS:

Circle Member ID (B01) of all children less than two years of age.

Now we would like information on the different persons who usually live in your household.

Member ID	Name USE LINE 1 FOR MALE HEAD OF THE HOUSEHOLD Please tell me the names of all the persons who live in your household, starting with your name.	Relation to head of household <i>CODE 1 Response Options</i>	Sex <i>CODE 2</i> 01=Male 02=Female	Age <i>CODE 3</i> Confirm W/ Health Card Or Other Id 99 =Don't Know.	Marital Status <i>CODE 4 Response Options</i>	Tribe <i>CODE 5</i> 01=Yes 02=No	Education (highest class completed) <i>CODE 6 Response Options</i>	Currently attending school <i>CODE 7</i> 01=YES (day school) 02=YES (boarding school) 03=NO 04=Discontinued
B01	B02	B03	B04	B05	B06	B07	B08	B09
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								

CODE 1 (RELATION)	CODE 4 (MARITAL STATUS)	CODE 6 (EDUCATION)
01 = Head/ Self 02 = Wife or husband/partner 03 = Biologic son or daughter 04 = Son-in-law or daughter-in-law 05 = Grandson or granddaughter 06 = Father or mother 07 = Father-in-law or mother-in-law 08 = Brother or sister 09 = Uncle or aunt 10 = Nephew or niece 11 = Other relative (including cousin) 12 = Adopted/Foster/Stepchild 13 = Self 14 = Not related 15 = Other	01 = Married 02 = Cohabiting with partner 03 = Divorced or separated 04 = Widowed 05 = Never married or not cohabitating with partner	01 = Never attended school 02 = LKG 03 = UKG 04 = Standard 1 05 = Standard 2 06 = Standard 3 07 = Standard 4 08 = Standard 5 09 = Standard 6 10 = Standard 7 11 = Standard 8 12 = Standard 9 13 = Standard 10 14 = Standard 11 15 = Standard 12 16= Under graduation 17= Post graduation 99 = Don't know

No.	Question	Codes & notation	Skip
B13	Do you know how to read and write in Tamil?	Yes, read and write = 01 Can read only = 02 Can sign only = 03 >> SECTION C No, cannot read or write= 04>> SECTION C	If the respondent can sign only or cannot read or write ie Code 3 & 4 Skip to Section c.
B14	Can you read this sentence out loud? IN Tamil: My children use a lot of water. SHOW CARD. IF RESPONDENT CANNOT READ WHOLE SENTENCE, ASK HER TO READ ANY PART OF THE SENTENCE THAT SHE CAN.	Cannot read at all=01 Can read some of it=02 Can read whole sentence=03	

SECTION C: MOTHER'S Infant and Young Child Feeding Knowledge: for ALL mothers

INSTRUCTIONS:

The following questions are about the mother's *knowledge* and *attitudes* about infant and young child feeding (IYCF). These questions are not about the mother's actual IYCF practices. It may help to begin each question with the phrase, "according to you" to ensure that the mother understands the questions pertain to her own knowledge, beliefs or attitudes about the specific topic.

No.	Question	Milestone	
C01	According to you when do you think it is advisable to give your child		
C 01.1	Plain Water or tea	_ _	Codes Within the first month of life=01 When a breastfeeding baby starts crying/acting hungry/is not satisfied with only breast milk =02 When he/she can hold his head up alone=03 When he/she is 6 months old=04 Other=05 Please describe: _____ _____
C 01.2	Sugar water or honey	_ _	
C01.3	RagiKool	_ _	
C01.3	Traditional medicines	_ _	

SECTIOND: MOTHER'S WASH KNOWLEDGE: for ALL mothers

No.	Question	Codes & notation	Skip
D01	When should you wash your hands? Please tell me all your ideas. PROBE WITH 'ANYTHING ELSE' FOR ALL ANSWERS THAT APPLY.	After toilet use= 01 After a nappy change=02 After handling animal feces= 03 After cleaning the house/field / any other work=04 Before handling food=05 Before feed/serving food to a baby=06 Before eating=07 After eating=08 When hands are visibly dirty=09 Other=10 Don't know=99	
D02	Does hand washing with water alone make your hands clean?	Yes = 01 No = 02 Don't know =99	
D03	Is there a toilet or latrine of any type at home/in the village?	01 = Yes 02 = No →Section E	No→Section E
D04	What kind of toilet/latrine is it? IF MORE THAN ONE TOILET/LATRINE, ASK ONLY ABOUT THE TOILET/LATRINE THAT IS IN USE OR IS MOST COMMONLY USED BY HOUSEHOLD MEMBERS. THE INTERVIEWER WRITES HIS OR HER OBSERVATION.	Indian closet with flush =01 Indian closet without flush =02 Pit latrine with slab =03 Pit latrine with no slab =04 Open defecation =05 Others Please =06 specify _____	
D05	How many households share this toilet facility?	Number of households Not shared =01 Don't know=99	
D06	How old is the latrine?	Years Less than 1 year=01 Don't know=99	
D07	What is the latrine currently being used for? PROBE WITH 'ANYTHING ELSE' FOR ALL ANSWERS THAT APPLY.	Urinating=01 Defecation=02 Bathing=03 Storage=04 Other=05	

E. Dietary Diversity

Whatdid you eat yesterday...

	Food Group	Specifics <i>Use examples as prompts</i>	Yes/No	Where is it coming from? <i>Market, forest, etc.</i>	If no: do you ever consume these foods? <i>Now or in the past</i>
E01	Rice	Ration rice Idli Dosai			
E02	Millet	Raggi Samai Tenai			
E03	Maize				

E04	Grains	Puri Chapatti Roti Uppma Rava			
E05	Dhal				
E06	Beans, Pulses, Peas	Avarai Thuvarai Pattanai Konda kadalai Pasipayir Thuvaramparupu			
E07	Veg you <u>buy</u>	Carrot Tomato Beetroot Radish Potato (sweet) Eggplant Cauliflower Pepper Lady's finger			
E08	Veg you <u>grow</u> or <u>gather</u>	Squash Amaranth Mustard Kilange Keerai Tomato			
E09	Fruits you <u>buy</u>	Grapes Banana Orange Apple			
E10	Fruit you <u>grow or</u> <u>gather</u>	Gooseberry Mango Jackfruit Mango			
E11	Meat	Chicken Mutton Lamb Venison Hare			
E12	Fish				
13	Eggs	Chicken Duck Jungle fowl Wild game			
E14	Dairy	<i>Cow's or goat's</i> Milk Buttermilk Curd Ghee Butter			
E15	Nuts	Groundnut Cashew Soy			
E16	Packed Goods	Biscuits Chips Puffed rice/ pori Popcorn Mixture Murukku Masala/powders			
E17	Oils	Palm Castor Sunflower Coconut			

E18	Sugars	White sugar Raw sugar Jaggery			
E19	Bee product	Honey Larva Comb			

Section F. Risk Factor

Now I want to ask you about some health-related issues.

Does anyone in your HH experience _____? If no do you experience _____?

Code:

Yes : 01

No : 02

Note: Fill either of the column i.e. when it does not exist in the household level probe into the individual level. There can also be cases of no risk factors in the household.

	Risk Factors	Household	Individual
F01	High BP	_ _ _	_ _ _
F02	Anxiety	_ _ _	_ _ _
F03	Disturbed sleep	_ _ _	_ _ _
F04	Low appetite	_ _ _	_ _ _
F05	Being alone too much	_ _ _	_ _ _
F06	Chewing tobacco	_ _ _	_ _ _
F07	Not enough food	_ _ _	_ _ _
F08	Poor quality food	_ _ _	_ _ _
F09	Lack of enough water to drink	_ _ _	_ _ _
F10	Unclean water	_ _ _	_ _ _
F11	Exposure to Pesticides and Other Chemicals	_ _ _	_ _ _

Finally, I want to ask you a few more questions

No	Question	Household
F12	Does anyone drink alcohol in your household?	_ _ _
F13	Does anyone in your household smoke cigarettes?	_ _ _
F14	In your household has there been any violent conflict?	_ _ _
F15	In your household has anyone tried to hurt herself/himself?	_ _ _
F16	Does your house have a toilet or latrine? ○ If yes, does everyone use it?	_ _ _ _ _ _

,

G. Free listing of Illnesses

Please give us a list of illness that you commonly see in your community?

Children	Women	Men
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _
_ _ _	_ _ _	_ _ _

Codes	
Anemia	01
Cold and cough	02
Fever	03
TB	04
Thyroid	05
Stomach pain	06
Swelling of body	07
High BP	08
Sugar	09
Gangrene	10
Bad omen (katuaditichidu)	11
Body ache	12
Knee pain	13
Back pain	14
Stroke	15
Mentally ill	16
Headache	17
Dysentery	18
Vomiting	19
Period Problems	20
Jaundice	21
Cholera	22
Piles	23
Cancer	24
Varicose veins	25
Heart problems	26
Seizures	27
Others	28

No	Question	Code	Skip
H01	a) Does your household own land?	Yes= 01 No=02 Don't know =03	02= No >Section I
H02	If yes, is it nearby?	Yes =01 No = 02 Don't know = 03	01= Yes>H04
H03	If no, then how long does it take to get there?	-----	
H04	Is it being cultivated for food?	Yes =01 No = 02 Don't know = 03	

Section I. Discrimination if faced

No	Question	Code	Skip
I01	Have you ever been treated unfairly due to your tribe?	Yes = 01 No = 02 Don't know	
I02	Have you ever been treated unfairly due to your gender?	Yes = 01 No = 02 Don't know	

Section J Identity

No	Question	Code	Skip
J 01	Are you part of any organized group?	Yes = 01 No = 02 Don't know	
J02	If so, Please specify	<hr/>	

SECTION K: INFANT AND YOUNG CHILD FEEDING (IYCF) PRACTICES: Only for mothers with children < 3 years

INSTRUCTIONS:

Ask the following questions to the respondent mother about her current youngest child <3 years of age. Confirm that the child is <3 years of age from the birth date recorded in the answer to question B05 above and that he/she is the current youngest biological child. If she does NOT have a child <3 years of age, answer "NO" to K01 and End interview. If the respondent mother has twins or triplets <3 years of age, this module should be repeated for each child.

No.	Question	Codes & notation	Skip
K01	Is your youngest child less than two years of age?	Yes = 01 02 = No>> End interview	02 = No>> End interview
K02	Where was <CHILD'S NAME> delivered?	At home = 01 Health facility = 02 (public or private) Other = 03	

K03	How soon after birth did you put the baby to the breast for the first time?	<p>Amount of time in "hours" or "days".</p> <p>Amount of time _ _ </p> <p><1 hour to 1 hour = 00 (Mark "01,02, 03, etc." for number of hours/days)</p> <p> _ _ Hours/days</p> <p>Hours/days Hours = 01 Days = 02</p>	
K04	Did you give your baby the "first milk" or colostrum?	<p>Yes, gave to baby = 01 No, did not give to baby =02</p>	
K05	Are you breastfeeding this baby now?	<p>Yes= 01 No = 02</p>	01 = Yes>> K08
K06	<p>How old was your baby when you stopped breastfeeding?</p> <p>IF NEVER BREASTFED, RECORD: 0 DAYS.</p>	<p> _ _ Number Days/Weeks/Months</p> <p> _ _ </p> <p>Days = 01 Weeks = 02 Months = 03</p>	
K07	Why did you not breastfeed/stop breastfeeding <CHILD'S NAME>?	<p>Mother ill/weak = 01 Baby ill/weak = 02 Nipple/breast problem =03 Insufficient milk =04 Mother working=05 Baby refused =06 Baby began biting =07 Weaning age/age of stop =08 Became pregnant =09 Husband disapproved =10 Other family member disapproved =11 Concerned about infecting child with HIV =12 Baby living elsewhere =13 Skip to K12.1 14 = Other</p>	<p>PROBE FOR ALL ANSWERS THAT APPLY. AFTER RESPONSE, SKIP TO K12.1</p> <p>13= Baby living elsewhere>>Skip to K12.1</p>
K08	Did your baby drink anything from a bottle with a nipple yesterday?	<p>Yes = 01 No =02 Don't know =03</p>	
K09	At what age did you or anyone else put anything into <NAME>'s mouth other than to breastfeed him/her?	<p>Days = 01 Weeks = 02 Months = 03</p> <p> _ _ _ _ _ _ _ _ NumberDays/Weeks/Months</p>	

K10	Has <CHILD'S NAME> <u>ever</u> eaten special food for children from the Anganwadi Center?	Yes = 01 No = 02 → skip to Section L	No → Section L
K11	Has <CHILD'S NAME> eaten special food for children from the Anganwadi Center <u>in the past few days</u> ?	Yes = 01 No = 02	
K12.1	Have you ever seen your child eat soil?	Yes = 01 No = 02 → K13	No → K13
K12.2	At what age was this behavior first observed?	Age in months	
K12.3	Have you ever observed this behavior in the past month? IF NO, SKIP TO QUESTION K 13	Yes = 01 No = 02 → K13	No → K13
K12.4	How often have you ever observed this behavior in the past month?	Everyday = 01 Once per week = 02 Couple times = 03	
K13	Have you ever seen your child eat chicken poop?	Yes = 01 No = 02 >> Section L	No >> Section L

SECTION L: HEALTH-SEEKING BEHAVIOR & CHILD HEALTH: Only for mothers with children < 3 years

No.	Question	Codes & notation	Skip
L01	Does <CHILD'S NAME> have a Child Health Card? IF YES, SKIP TO L03	Yes = 01 >> L03 No = 02	Yes >> L03
L02	If you do not have a Child Health Card, did you ever have one? AFTER RECORDING RESPONSE SKIP TO QUESTION L04	Yes = 01 >> L 04 No = 02 >> L04	Yes/No >> L 04
L03	May I see <NAME> your youngest child's Child Health Card? GET THE CARD FROM THE RESPONDENT (INCLUDING STAMPED, IMPROVISED CARDS) AND RECORD THE INFORMATION FOR THE FOLLOWING QUESTIONS. IF THE MOTHER DOES <u>NOT</u> HAVE THE CHILD'S HEALTH CARD, ASK THE FOLLOWING QUESTIONS AND CODE RESPONSES "CONFIRMED BY MOTHER".	Yes = 01 No/Do not have it = 02	
L04	Did the child receive a BCG vaccine?	Yes confirmed by card = 01 Yes confirmed by mother = 02 No = 03 Don't know = 04	
L05	How many Polio vaccines did the child receive? (out of 2 doses) Record whether this information was confirmed by the health card or by the mother	Number of doses ____ Don't know = 99 Confirmed by card = 01 Confirmed by mother = 02	
L06	How many DPT-HepB-Hib vaccines did the child receive? (out of 2 doses) Record whether this information was confirmed by the health card or by the mother	Number of doses ____ Don't know = 99 Confirmed by card = 01 Confirmed by mother = 02	

L07	Did the child receive at least one Measles vaccination?	Yes confirmed by card=01 Yes confirmed by mother=02 No=03 Don't know=99	
L08	How many doses of Vitamin A were received in the first year of life? Record whether this information was confirmed by the health card or by the mother	Number of doses____ Don't know=99 Confirmed by card=01 Confirmed by mother=02	

Annexure 4

Psychological assessment form



Psychological Assessment Form

Name : _____

Date of Birth & Age: _____

Gender : _____

Address : _____

Contact number: _____ Emergency contact name & number: _____

Education : Occupation: _____

Income : _____ Relationship Status: _____

AREA : _____
VILLAGE : _____
DATE : _____
SIGNATURE: _____

Genogram

Chief complaints	Onset	Severity	Frequency

Illnesses	Past	Present	Family members who have the illness
Heart Disease Hypertension Cancer Diabetes Lung Disease (asthma, etc.) Seizures Thyroid Sickle cell anemia Tuberculosis			

Biological Functioning

Sleep	↑	↓	_____
Appetite	↑	↓	_____
Energy	↑	↓	_____

Presenting symptoms _____

Areas of affect in life (daily functioning, occupation, education, social functioning & family functioning)

Major stressors in life _____

Social support systems of the individual _____

History of Medications

Prior experiences with alternative medicine, if any

Substance Use

Substance	Never used	
Alcohol		Per day Started at the age of _____
Tobacco		Per day _____ Started at the age of _____
Other drugs		_____

i. DEVELOPMENTAL HISTORY

- Birth and early developmental-
- Milestone-
- Physical illness during childhood:

ii. PSYCHOSOCIAL HISTORY

iii. FAMILY HISTORY

iv. EDUCATION & OCCUPATION HISTORY

Recommendation
