

College Logo

University Logo

Name of the College.....

Name of University.....

**KAMIL-E-TIBB-O JARAHAT**  
**BACHELOR OF UNANI MEDICINE & SURGERY (B.U.M.S.)**  
**SECOND PROFESSIONAL B.U.M.S.**

**TAHAFFUZI WA SAMAJI TIB**  
**(PREVENTIVE AND SOCIAL MEDICINE)**  
**(UNIUG-TST)**

**PRACTICAL RECORD BOOK**

Name of the Student : .....

Institutional Roll No. : .....

Academic Year: .....

**Department of Tahaffuzi wa Samaji Tib**

UNIVERSITY LOGO

COLLEGE LOGO

NCISM LOGO

COLLEGE NAME.....

APPROVED BY

NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINE, NEW DELHI

AFFILIATED TO

UNIVERSITY NAME.....

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UNIVERSITY NAME.....

**CERTIFICATE**

This is to certify that, Mr./Mrs./Miss..... (Name of student) bearing Roll No..... and University Register/Enrolment No..... has satisfactorily completed all the Practical of **TAHAFFUZI WA SAMAJI TIB (PREVENTIVE AND SOCIAL MEDICINE) (UNIUG-TST)** prescribed by the National Commission for Indian System of Medicine as a part of Second Professional B.U.M.S Course.

**HEAD OF THE DEPARTMENT**

Submitted for the Practical Examination Conducted by ..... (University Name), held on .....(date) at .....(College name).

**EXAMINERS**

Date: -----  
Place: -----

Internal: -----  
External: -----

**INDEX**

<b>Sr. No.</b>	<b>Date</b>	<b>Name of Practical</b>	<b>Term</b>	<b>Page No.</b>	<b>Signature of Teacher</b>
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## INSTRUCTIONS & GUIDELINES

### General

1. The common format for the practical prescribed by the NCISM is aiming to maintain uniformity among colleges/institutions across the country.

### Instructions to Students

2. The student will prepare the practical record book, including the cover page, first inner page, certificate page, and index page as per the format prescribed by the NCISM here.
3. The student will record in the practical record book handwritten immediately after each practical and get the signature of the concerned teaching faculty.
4. The student will use the specific format/template for recording each practical in the practical record book.

### Instructions to Teachers/HOD

5. It is the responsibility of the department to conduct practicals as per the list, schedule, method, etc., specified in the curriculum.
6. The teacher must instruct the student to record his/her work as per the specific format prescribed by the NCISM here **(List of practical and format reference are enclosed herewith)**.
7. After each practical, the concerned teacher must verify the completion of the record work and put the signature in the index page.
8. The certificate page of the practical record will be certified and signed by the concerned head of the department along with the departmental seal at the end of the session.
9. Normal values or any other important information confined to the subject, if any, may be printed in the last pages.

### Guidelines specific to the subject:

10. The field visits will be organized by the college.
11. Prepared IEC materials may be used on the patients and general population for spreading awareness.
12. Draw neat label diagram, wherever necessary.

## List of Practical

S.No	Name of Practical	Learning Objective	Term	Hours	Template
<b>1</b>	<b>Tadabeer Hifzane Sehat</b>		<b>1</b>	<b>5</b>	
1.1	Hand Washing and Hand Sanitation	Demonstrate different techniques of hand washing various disinfectants used for hand sanitation.		1	I
1.2	Respiratory/oral hygiene	Prepare IEC material for respiratory/oral hygiene to prevent the transmission of infectious diseases.		1	II
1.3	Dal'k	Demonstrate various techniques of Dal'k for the maintenance of health		1	III
1.4	Riyazat	Perform various techniques of Riyazat for the maintenance of health		1	III
1.5	Healthy living plans according to Mizaj.	Prepare Healthy living plans for various Mizaj individuals and to different seasons in light of Asbabe Sitta Zarooriya		1	IV
<b>2</b>	<b>Tadabeere Abdane Za'eefa</b>		<b>1</b>	<b>5</b>	
2.1	Healthy dietary plan in the light of Asbabe Sitta Zarooriya	Prepare healthy dietary plan for elders, pregnant women, neonates in the light of Asbabe Sitta Zarooriya according to their <i>Mizaj</i> .		3	VI
2.2	Tadabeer Hifze Sehat for elder persons	Demonstrate the various Tadabeer Hifze Sehat for elder persons in light of Asbabe Sitta Zarooriya		1	IV
2.3	Tadabeer hifze sehat for pregnant women & neonates.	Observe the various tadabeer hifze sehat for pregnant women & neonates in light of Asbabe sitta zarroriya.		1	IV
<b>3</b>	<b>Maholyat aur sehate insani (Environment and Human Health)</b>		<b>1</b>	<b>30</b>	
3.1	Ventilation	Demonstrate various methods ventilation.		2	I
3.2	Estimation of Chlorine demand, Turbidity, TDS and pH of water	Estimate the chlorine demand of water using Horrock's Apparatus. Estimate the Turbidity, TDS, and pH of water using different instruments and discuss the acceptability criteria of drinking water.		4	VII
3.3	Biomedical waste management	Report the Biomedical		3	VIII

3.4	Insecticides	Carryout the suitability, dose, dilution and contact period of various insecticides.		2	IX
3.5	Control measures of adult mosquitoes	Demonstrate and differentiate the various types and control measures of adult mosquitoes.		6	X
3.5	Water Purification and Sewage Treatment Plant visit	Report the various process involved in Water Purification/ Sewage Treatment Plant.		12	XI
<b>4</b>	<b>Sina'ti sehat (Occupational health)</b>		<b>2</b>	<b>6</b>	
4.1	Prevention and control of occupational diseases	Report the various measures adopted in prevention and control of occupational diseases in any industry		6	XI
<b>5</b>	<b>Ghiza wa Taghzia (Food and Nutrition)</b>		<b>2</b>	<b>14</b>	
5.1	Diet plans according to Mizaj	Counsel and advice the diet plan to 4 healthy individual having different Mizaj.		2	V
5.2	Diet plans according to age	Prepare the diet plan for any 3 subjects of different age-groups (Child/Adult/Elderly).		1	V
5.3	Diet plans according to seasons	Prepare the diet plan according to different Seasons.		1	V
5.4	Nutritional Status of Infant, Children, Adolescent and Elderly	Assess the Nutritional Status of Infant, Children, Adolescent and Elderly Subjects using Anthropometric Measures.		2	XII
5.5	Energy requirement according to physical activity	Estimate the daily energy requirement of any 2 subjects based on their physical activity level.		2	XIII
5.6	Milk Dairy Visit	Report the functioning of milk dairy like processing, pasteurization, preservation, testing and milk products.		6	XIV
<b>6</b>	<b>Wabaiyate Amraze Muta'diya (Epidemiology of Communicable Diseases)</b>		<b>2</b>	<b>12</b>	
6.1	Case studies on communicable diseases	Prepare the case studies with preventive measures		5	XV
6.2	Disinfectants	Identify and describe the suitability, dose, dilution, and contact period of the chemical disinfectants like Bleaching powder, Lysol, Phenol, Alcohol, Sodium Hypochlorite, Savlon etc		4	XVI
6.3	Hospital Visit	Report the Infection Control Practices of any one hospital.		2	VIII
6.4	Autoclaving	Demonstrate the sterilization procedure by using an autoclave.		1	XVII

<b>7</b>	<b>Wabaiyate Amraze Muzmina Ghair Muta'diya (Epidemiology of Non-Communicable Diseases) (NCDs):</b>		<b>2</b>	<b>6</b>	
7.1	Blood Sugar estimation	Estimate the Blood Sugar		1	VII
7.2	Assessment of risk of Diabetes	Estimate the risk of Diabetes by using Indian Diabetes Risk Score		1	XVIII
7.3	Case studies on non-communicable diseases	Conduct the study of any two Non-Communicable Diseases (Obesity/Diabetes/Hypertension) with structured Questionnaire and discuss the findings with possible Lifestyle Modification.		4	XV
<b>8</b>	<b>Sehati Dekhbhal ki farahami ka Nizam (Health Care Delivery System)</b>		<b>3</b>	<b>14</b>	
8.1	Aganwadi center/PHC/ CHC visit	Report the services provided at Aganwadi center/PHC/CHC. Demonstrate the functions and services provided by the ASHA worker to the community		12	XIX
8.2	Growth Monitoring of children	Infer Growth Monitoring Chart of WHO for children		2	XX
<b>9</b>	<b>Dimaghi Sehat (Mental Health)</b>		<b>3</b>	<b>2</b>	
9.1	Mental Status Assessment	Assess the Mental Status of a person using Depression, Anxiety, Stress Scale (DASS) questionnaire.		2	XXI
<b>10</b>	<b>Tibbi Inderajat wa Khandani Mansubabandi (Demography &amp; Family Planning)</b>		<b>3</b>	<b>12</b>	
10.1	Demographic indices	Calculate and interpret demographic indices including Birth rate, Death rate and Fertility Indicators like Total Fertility Rate (TFR, Net Reproduction Rate (NRR), Gross Reproduction Rate (GRR).		4	XXII
10.2	Family planning methods	Acquire the advantages planning methods.		2	XXIII
10.3	Family planning clinics Visit	Visit to family planning clinics and observe different IUD insertions.		6	XXIV
<b>11</b>	<b>Sehati Ta'leemat aur Mawaselat (Health Education and Communication):</b>			<b>18</b>	
11.1	Health education and communication in Rural community	Organize the appropriate media for effective health education and communication in Rural community.(Drama,puppet show, Geet, Mobile van, documentary, short movie, open theater).		6	XXV



11.2	Health education and communication in School children and youth population	Demonstrate Health Education and Communication to adopt healthy practices of personal hygiene and menstrual hygiene to School going children and youth population. (Flip charts, Models, presentation etc.)	<b>3</b>	6	XXV
11.3	Healthy food habits	Educate the importance of different healthy food habits to community		6	XXV
<b>12</b>	<b>Tadarukat barai aafa't (Disaster Management):</b>		<b>3</b>	<b>2</b>	
12.1	Disaster management	Perform Disaster preparedness, Response and Relief.		2	XXV

**Template – I**  
**Hand Washing and Hand Sanitation**  
**(Template for Practical-1.1)**

**Date .....**

**Time:.....**

**Objectives:**

**Materials used:**

**Significance:**

**Method/Steps:**

**Diagram:**

**Adverse effects (if any):**

**Other materials, which can be used for hand washing:**

**Teacher's Remarks:**

**Teacher's Signature:**

**Template - II**  
**Respiratory/Oral Hygiene**  
**(Template for Practical- 1.2)**

Date .....

Time:.....

**Objectives:**

**Format for IEC material preparation and presentation**

<b>Sr. No.</b>	<b>PARTICULAR</b>	<b>DETAILS</b>
1	Name of the IEC to be prepared	
2	Type of IEC prepared	Chart/model/PPT/Video/GIF/others
3	Brief description about the material	
4	Objectives	
5	Specific points to be conveyed	
6	Duration of the presentation	
7	Target population	
8	Pretest questions to be asked	
9	Post test questions to be asked	
10	Overall impact on population	
11	Photograph of the activity/event	

**Teacher's Remarks:**

**Teacher's Signature:**

**Template - III**  
**Dal'k & Riyazat**  
**(Template for Practical-1.3, 1.4)**

**Date .....**

**Time:.....**

**Objective:**

**Brief description of activity and its Types:**

**Materials used:**

**Methods**

**Importance/Significance:**

**Teacher's Remarks:**

**Teacher's Signature:**

**Template – IV**  
**Healthy living plans according to Mizaj, Tadabeer Hifze**  
**Sehat for elder persons, pregnant women & neonates.**  
**(Template for Practical-1.5, 2.2, 2.3)**

Date .....

Time:.....

Objective:

Type of Mizaj:.....

<i>Asbabe Sitta Zarooriya</i>	<b>Seasons</b>			
	Rabee	Saif	Khareef	Shita
<i>Hawa</i>				
<i>Makool wa Mashroob</i>				
<i>Harkat wa Sukoon Badani</i>				
<i>Harkat wa Sukoon Nafsani</i>				
<i>Nawm wa Yaqza</i>				
<i>Ihtibas wa Istifragh</i>				

Teacher's Remarks:

Teacher's Signature

Note:

1. Prepare separate Healthy Living Plan for each type of Individual according to mizaj.
2. Use appropriate questionnaire for *Tashkheese Mizaj*.
3. Consider the seasonal changes and other factors of your region.

**Template – V**  
**Healthy dietary plan in the light of Asbabe Sitta**  
**Zarooriya**  
**(Template for Practical-2.1)**

Date .....

Time:.....

Objective:

Daily diet plan			
Name:		Age:	Gender:
Address:			
Mizaj:			
Meal	Time	Food	Quantity
Breakfast			
Brunch			
Lunch			
Evening Snacks			
Dinner			
Additional nutrition			

Seasonal Regimen (موسمی تدابیر):

Dietary restrictions (پریبیز):

Teacher's Remarks:

Teacher's Signature

Note:

1. Use an appropriate questionnaire to assess Mizaj.
2. For calculation of recommended dietary allowance (RDA); please refer RDA regulations of Food Safety and Standards Authority of India (FSSAI).
3. Also take a note of meal frequency.
4. Prepare separate healthy dietary plan for elders, pregnant women, neonates in the light of Asbabe sitta zarooriya according to their Mizaj.
5. Preparation of 3 diet plans for elders, pregnant women, neonates each is desirable.

**Template – VI  
Ventilation  
(Template for Practical-3.1)**

Date .....

Time:.....

**Objective:**

**Brief description of ventilation and its types:**

**Observations of different ventilations:**

**Conclusion:**

**Teacher's Remarks:**

**Teacher's Signature**

**Note:**

The student will visit any important area of the college or hospital like OPD/IPD/Auditorium/Class room/Library etc. and observe the type of ventilation used and providing appropriate remarks in conclusion.

**Template – VII**  
**Estimation of Chlorine demand, Turbidity, TDS and pH of**  
**water and Blood Sugar**  
**(Template for Practical-3.2, 7.1)**

Date .....

Time:.....

**Objective:**

**Requirement:**

**Description of Instrument/apparatus:**

**Procedure:**

**Observations:**

**Results:**

**Precautions:**

**Teacher's Remarks:**

**Teacher's Signature**



# Template – VIII

## Hospital Visit and Biomedical Waste Management (Template for Practical-3.3, 6.3)

Date .....

Time:.....

**Objectives:**

### GENERAL INFORMATION

Name and address of the hospital: ..... Type of hospital: .....  
Accreditation / Certification of the hospital: ..... Timing of hospital: From.....To.....  
Timings for emergency services: ..... Timings for visitors: .....  
Direct catchment area: ..... Extensive catchment area: .....  
Medical care charges: Complete / Nominal/Free

### OBSERVATION OF DIFFERENT SECTIONS

(visit each section and note important activities)

Major OT: ..... Minor OT: .....  
Labor room: ..... Office room: .....  
Isolation ward: ..... Medical record cell: .....  
RNTCP: ..... ART: .....  
Store room: ..... Drug store: .....  
Vaccine storage room: ..... Critical care unit: .....  
Sterilization unit: ..... Counseling room: .....  
Injection room: ..... Laundry: .....  
Rehabilitation center: ..... Psychiatric wards: .....  
AYUSH: ..... Kitchen: .....  
Mortuary and postmortem Center: ..... Waste management plant: .....

### HOSPITAL KEEPING

Frequency of floor mopping: ..... Frequency of bed making: .....  
Disinfectants used: ..... Floor mopping: .....  
Linen: ..... Faeces: .....  
Sputum: ..... Vomitus: .....  
Urine: ..... Thermometers: .....  
OT: ..... Hands: .....

**Universal precautions observed**

- 1.
- 2.
- 3.
- 4.

5.

**BIOMEDICAL WASTE MANAGEMENT**

**Waste generated:** ..... Kg per bed

**Types of waste:**

**infectious:** ..... **Anatomical:** ..... **Sharps:** ..... **Pharmaceutical:** ...

**Chemicals:** ..... **Radioactive:** ..... **Containers:** .....

**Collection of waste:** Method used in collection and disposal of waste:

**Storage of waste:** Method .....Frequency.....

**Transportation of waste:** .....

**Treatment of waste (methods) :** .....

**Caution/Instruction and Emblem on waste container:** .....

**Health Care Waste**

**CHART FOR SEGREGATION**

<ul style="list-style-type: none"> <li>• Plastic syringe</li> <li>• IV set</li> <li>• Catheters</li> <li>• Tubings</li> <li>• Urosacs</li> <li>• Blood bags</li> <li>• Laboratory cultures, stocks, specimens of micro-organism live of attenuated vaccines, human and animal cell culture and in research and industrial laboratories, dishes and devices used for transfer of cultures.</li> </ul>	<ul style="list-style-type: none"> <li>• Human tissues, organs, body parts ,placenta</li> <li>• Items contaminated with blood, and body fluids including cotton, dressings, soiled plaster cast.</li> </ul>	<ul style="list-style-type: none"> <li>• Needles</li> <li>• Syringes</li> <li>• Scalpels</li> <li>• Blades</li> <li>• Glass, etc.</li> </ul> <p>That may cause puncture and cuts. This includes both used and unused sharps.</p> <ul style="list-style-type: none"> <li>• Opened ampoules</li> <li>• Vasofix.</li> </ul>	<ul style="list-style-type: none"> <li>• Ash from incineration of any biomedical waste</li> <li>• Chemicals used In production of biologicals</li> <li>• Chemicals used In disinfection, as insecticides, etc.</li> <li>• Waste comprising of outdated contaminated and discarded medicines.</li> </ul>
<b>Red</b>	<b>Yellow</b>	<b>Blue</b>	<b>Black</b>

**Segregation of Waste**

<b>Sl No.</b>	<b>Container color code</b>	<b>Type of waste collected</b>
1.	White/Blue	
2.	Yellow	
3.	Red	
4.	Black	

Periodic training for staff regarding waste management:

Is there any hospital waste management committee:

Rules regarding biomedical waste:

Authorities for controlling biomedical waste:

**Post Visit Observations:**

Are preventive services Available?

.....

Are promote services Available?

.....

Are curative services available?

.....

Assessment of Biomedical Waste Management:

.....

Status of Infection Control Measures:

.....

**Teacher's Remarks:**

**Teacher's Signature**

**Template – IX  
Insecticides  
(Template for Practical-3.4)**

Date .....

Time:.....

**Objective:**

**Brief description of Insecticides:**

**Materials used:**

**Procedure:**

**Result:**

**Conclusion:**

**Prepare the following table on the adjacent page for at least 5 insecticides.**

<b>S. No.</b>	<b>Name of the Insecticide</b>	<b>Suitability</b>	<b>Dose</b>	<b>Dilution</b>	<b>Contact Period</b>
1					
2					
3					
4					
5					

**Teacher's Remarks:**

**Teacher's Signature**

**Template - X**  
**Control measures of adult mosquitoes**  
**(Template for Practical-3.5)**

Date .....

Time:.....

**Objective:**

**Brief description of Adult Mosquito Control Measures:**

**Types of control measures:**

**Species Specific Control Measures:**

**Materials used:**

**Procedure:**

**Observations:**

**Conclusion:**

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XI**  
**Visit to Water Purification Unit/Sewage Treatment**  
**Plant/Industrial Unit**  
**(Template for Practical-3.6, 4.1)**

Date .....

Time:.....

**Objective:**

**Place:**

**Brief description of the Unit:**

**Various components of the Units:**

**Detailed summary of the visit:**

**Challenges/Obstacles:**

**Lessons learned/Conclusion:**

**Appendix (photograph, chart, sample, etc.)**

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XII**  
**Nutritional Status of Infant, Children, Adolescent and**  
**Elderly**  
**(Template for Practical-5.4)**

Date .....

Time:.....

**Objective:**

**Requirement:**

**General Information:**

• Name: .....

Age/Sex: ..... Occupation:.....

**Anthropometric Measurements:**

**Methodology-**

- Weight assessment:
- Height assessment –
- Head Circumference
- Chest Circumference
- Mid- upper arm circumference
- Skin fold thickness of 4 sites:

**Result/Conclusion:**

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XIII**  
**Energy requirement according to physical activity**  
**(Template for Practical-5.5)**

Date .....

Time:.....

**Objective:**

**Requirement:**

**General Information:**

- Name: ..... Age/Sex: ..... Occupation:.....

**Anthropometric Measurements:**

**Methodology-**

- Weight assessment:
- Height assessment:
- BMI Calculation:

**Type of Work:** Sedentary/Moderate/Heavy Worker

**Calorie Estimation: (in view of Balance Diet)**

- Requirement of Fat:
- Requirement of Protein:
- Requirement of Carbohydrate:

**Results/Conclusions:**

**Teacher's Remarks:**

**Teacher's Signature**

**Note:**

**The requirement of micronutrients must also be taken into consideration**



# Template – XIV Milk Dairy Visit (Template for Practical-5.6)

Date .....

Time:.....

**Objective:**

**Name and location of Dairy:**

**Brief description of the Unit:**

**Various components of the Units:**

**Processing:**

1. Type of Milk Received:
2. Milk Reception Procedure: \_\_\_\_\_
3. Milk Storage Capacity: \_\_\_\_\_
4. Processing Capacity (Liters/Day): \_\_\_\_\_
5. Fortification: (Yes/No)
6. Processing Steps Observed:
  - **Pasteurization** (Explain briefly the procedure)
  - **Homogenization** (Explain briefly the procedure)
  - **Standardization** (Explain briefly the procedure)
  - **Packaging** (Explain briefly the procedure)
  - **Other (Specify):** \_\_\_\_\_ Expiry date/best to use before

**Preservation Methods Used: (Check all that apply)**

- Refrigeration
- Freezing
- Dehydration
- Addition of Preservatives
- Other (Specify): \_\_\_\_\_

**Preservation Equipment:**

**Testing:** Types of Tests Conducted: (Check all that apply)

- Microbiological
- Chemical
- Physical
- Sensory
- Other (Specify): \_\_\_\_\_

**Testing Equipment:**

**Quality Control Measures:**

**Milk & Milk Products:**

- Type of Milk produced: Full cream/skimmed/Toned/double toned etc.
- Types of Milk Products Manufactured: (Check all that apply)
  - Milk powder/ Cheese/Paneer/Butter/Butter Milk/Ghee/Yogurt/Ice Cream/Other(Specify)

**Product Packaging:**

**Product Storage and Distribution:**

**Conclusions:**

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XV**  
**Case studies on Communicable/Non-communicable**  
**diseases**  
**(Template for Practical-6.1, 7.3)**

Date .....

Time:.....

**Objective:**

**1. General information:**

**Name:**

**Age/Gender:**

**Occupation:**

**Marital Status:**

**Address and Contact Information:**

**2. Date of Visit/Consultation:**

**3. Presenting Complaint Chief Complaint:**

- **History of Present Illness:**
- **Risk Factors Identified:** (Relevant lifestyle factors or exposures contributing to the disease, such as smoking, alcohol use, poor diet, lack of exercise, environmental exposures, etc.)
- **Social History:** (Living conditions, travel history, sexual history, and other relevant social context.)
- **Symptoms:** (List of symptoms with dates of onset and any changes over time.)

**4. Past Medical History Previous Illnesses:**

- History of Surgery:
- Previous Treatments and Medications:
- Allergies:
- Family History:
- Immunization History:

**5. Physical Examination General Appearance:**

**Vital Signs:**

- Temperature: °C
- Blood Pressure: \_\_\_\_\_mmHg
- Pulse: \_\_\_\_\_bpm
- Respiratory Rate: \_\_\_\_\_breaths/min
- Weight: \_\_\_\_\_kg
- Height: \_\_\_\_\_cm

## **Systemic Examination:**

- Head, Eyes, Ears, Nose, Throat (HEENT):
- Cardiovascular:
- Respiratory:
- Abdomen:
- Neurological:
- Musculoskeletal:

## **6. Laboratory and Diagnostic Investigations: (Laboratory Tests advised):**

- Imaging Studies:
- Screening Tests:
- Results:

## **7. Diagnosis**

- Primary Diagnosis:
- Secondary or Differential Diagnosis:
- Severity/Stage of Disease:

## **8. Preventive Measures and Recommendations**

- **Primary Prevention:**  
(Strategies to prevent the onset of the disease in the population, such as vaccination, lifestyle modification, or environmental changes.)
- **Secondary Prevention:**  
(Screening and early detection measures, such as regular check-ups, blood tests, or imaging, to catch disease early.)
- **Tertiary Prevention:**  
(Management and rehabilitation strategies, if the disease is diagnosed, to minimize disability or further complications.)
- **Patient Education and Counseling:**  
(Providing the patient with information on the disease, lifestyle changes, and self-care strategies.)
- **Follow-up Plan:**  
(Recommended follow-up visits, testing, and ongoing monitoring.)
- **Referral to Specialist (if needed):**  
(Recommendation for referral to a specialist for further management.)

## **9. Treatment and Management Plan**

- Medications Prescribed:
- Non-Pharmacological Interventions:  
(Lifestyle changes, physical therapy, dietary changes, or counseling.)
- Surgical or Procedural Interventions:
- Patient's Compliance with Treatment:  
(Any concerns about the patient's ability or willingness to follow the treatment plan.)

## **10. Health Promotion and Lifestyle Modification**

- Dietary Recommendations:  
(Specific dietary changes or nutritional advice relevant to the disease.)
- Exercise Plan:  
(Recommendations for physical activity, including intensity and frequency.)
- Smoking and Alcohol Cessation:  
(Interventions to assist the patient in quitting smoking or reducing alcohol consumption.)
- Stress Management:  
(Advice on managing stress, including relaxation techniques or mindfulness.)

## **11. Patient's Understanding and Agreement**

- Patient's Understanding of Disease:  
(Patient's knowledge about their condition and its preventive aspects.)
- Consent for Treatment and Preventive Measures:  
(Document patient's informed consent for treatment, diagnostic procedures, and preventive measures.)

## **12. Additional Notes**

- Other Relevant Information:  
(Any additional observations or considerations that may affect patient care.)
- Challenges in Preventive Care:  
(Identification of barriers to implementing effective preventive strategies in this particular case.)

## **13. Follow-up and Future Planning**

- Scheduled Follow-up Date:
- Long-Term Monitoring Strategy:
- Referral to Public Health Programs:  
(Recommendation for participation in any relevant public health prevention programs, such as vaccination drives or screening campaigns.)

**Teacher's Remarks:**

**Teacher's Signature**

**Template - XVI**  
**Disinfectants**  
**(Template for Practical-6.2)**

Date .....

Time:.....

**Objective:**

**Brief Description of Disinfectants:**

**Materials Required:**

**Procedure:**

**Result:**

**Conclusion:**

**Prepare the following table on the adjacent page**

<b>Name</b>	<b>Suitability</b>	<b>Dose</b>	<b>Dilution</b>	<b>Contact Period</b>
Bleaching Powder				
Lysol				
Phenol				
Alcohol				
Sodium Hypochlorite				
Savlon				

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XVII**  
**Autoclaving**  
**(Template for Practical-6.4)**

Date .....

Time:.....

**Objective:**

**Brief description of Autoclave:**

**Pre-Sterilization Preparation**

**Autoclave Settings and Parameters**

**Sterilization Process**

**Post-Sterilization Process**

**Safety Precautions**

**Observations:**

**Teacher's Remarks:**

**Teacher's Signature**

## Template – XVIII

### Assessment of risk of Diabetes (Template for Practical-7.2)

Date .....

Time:.....

**Objective:**

**Brief Description of risk of Diabetes:**

**Assessment:**

Categorized risk factors	Score
<b>Age</b>	
<35 years	0
35–49 years	20
≥50 years	30
<b>Abdominal obesity</b>	
Waist circumference female <80 cm, Male <90 cm (Reference)	0
Female 80–89 cm, Male 90–99 cm	10
Female ≥90 cm, Male ≥100 cm	20
<b>Physical activity</b>	
Vigorous exercise or strenuous at work	0
Moderate exercise at work/home	10
Mild exercise at work/home	20
No exercise and sedentary at work/home	30
<b>Family history</b>	
Two non-diabetic parents	0
Either parent diabetic	10
Both parents diabetic	20
<b>Maximum score</b>	<b>100</b>

Score ≥60: High risk, 30-50: Medium risk, <30: Low risk

**Result:**

**Significance:**

**Teacher's Remarks:**

**Teacher's Signature**



## Template - XIX

### Anganwadi center/PHC/ CHC visit (Template for Practical-8.1)

Date .....

Time:.....

Objective:

#### GENERAL INFORMATION

Name of Anganwadi: .....Address: .....

Working under ICDS project: Yes/No

PHC: .....

Sub centre: .....

Population covered: .....

Staff Pattern:

Particular	Anganwadi teacher	Helper	Mukhya sevika
Name			
Qualification			
Training			
Residence			
Duties			

Working Days ..... Working Hours: .....

#### INSPECTION:

**Building & environment:** Light, Ventilation, toilet, water, cleanliness, safety

**Food details:** observation of food preparation and distribution

**Food supply:** continuous/intermittent

**Number of days food supplied** .....

**Menu Prepared:** .....

**Timing and method of food distribution:** .....

**Food hygiene:** preparation, storage, distribution: Good/Average/Bad

**Nutritious (Protein + calorie) food distribution:** Yes/No

#### MEDICINE AVAILABLE

Vitamin A syrup, iron, folic acid, tablets, others

#### EQUIPMENTS AVAILABLE

**Weighting machine:** Yes/No

**Stadiometer:** Yes/No

**Mid arm tape:** Yes/No

**Growth charts:** Yes/No

**Educative material:** Picture/games/Toys

#### BENEFICIARIES OF ANGANWADI

Beneficiaries	Estimated number and coverage norms		Current utilization of services	
	Number	%age	Number	%age
3-3 year				
4-6 year				
Pregnant mother				
Lactating mother				
Adolescent girls				
Women of reproductive age				

#### NUTRITIONAL SERVICES PROVIDED

<b>Supplementary nutrition programme (SNP) (300 days/ year)</b>		
<b>Beneficiaries</b>	<b>Energy (Kcal)</b>	<b>Protein (gm)</b>
Children (well nourished)	500	12-15
Malnourished children	800	20-25
Mothers	600	18-20

**Other supplementation:** Vitamin A, Iron, Folic acid, others

**Health education:** Non-formal education to children

Nutritional education to mothers

**Growth monitoring:** Yes/No

**Mal nutrition grading:**

<b>Particulars</b>	<b>Number</b>	<b>Percent</b>	<b>Causes</b>	<b>Action taken</b>
Grade 1 <2 SD				
Grade 2 <3 SD				
No malnutrition				
Total				

### **Immunization**

Done by:

**Number of children fully immunized:** ..... **Number of children partially immunized:** .....

**Number of children not immunized:** ..... **Number of mothers immunized:** .....

**Action taken for non-immunized:** ..... **Routine health checkup** .....

### **Treatment of minor ailments**

**Provider:** .....

**Common ailments observed:** .....

**Treatment given:** .....

**Referral links:** referral centre/Nutritional rehabilitation centre/Sub center

### **Feeding back from referral centers:**

**Nutrition education:** Beneficiaries .....

Method of education .....

### **Other activities**

**Community/Village mapping:** ..... **Enlisting beneficiaries:** .....

**Women literacy:** ..... **Environmental activities:** .....

**Women empowerment:** ..... **Village health nutrition day:** .....

**Planning and implementation of ICDS programme:** .....

**Coordination: NGO, Mahila mandal, other department:** .....

**Programme for adolescent girls:** Operating/Non-operating

### **HEALTH TEAM VISIT**

<b>Particulars</b>	<b>Frequency of supervision</b>	<b>Corrective section</b>
Mukhya sevika		
Medical officer		
CDPO		
Other		

### **Records maintained:**

1.....2.....3.....

### **ROLE OF ANGANWADI**

- increase in child weight
- Increase in immunization coverage
- Reduction in mal nutrition
- Reduction in school drop outs
- Reduction in maternal and child mortality
- Others

### **QUESTIONS TO BE REVIEWED AFTER VISIT**

- Discuss about the services of Anganwadi under following headings:
  - Accessible
  - Affordable
  - Equitable
  - Effective
  - Reliable
  - Accountable
- Describe administration of ICDS project, list six function of Anganwadi
- Find the nutritive value of anganwadi food
- Comment on current growth chart used in anganwadi.

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XX**  
**Growth Monitoring of children**  
**(Template for Practical-8.2)**

Date .....

Time:.....

**Objective:**

**Brief Description of Growth Monitoring Chart of WHO:**

**Assessment:**

**Result:**

**Significance:**

**Teacher's Remarks:**

**Teacher's Signature**

# Template - XXI

## Mental Status Assessment (Template for Practical-9.1)

Date .....

Time:.....

**Objective:**

**Brief Description of Depression and anxiety and their assessment.**

**Assessment:**

### Depression Anxiety Stress Scale (DASS)

#### DASS Scale

Name:..... Date:.....

Please read each statement and circle a number 0, 1, 2 or 3 which indicates how much the statement applied to you over the past week. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows

- 0 Did not apply to me at all
- 1 Applied to me to some degree, or some of the time
- 2 Applied to me to a considerable degree, or a good part of time
- 3 Applied to me very much, or most of the time

1.	I found myself getting upset by quite minor things	0	1	2	3
2.	I was aware of dryness of my mouth	0	1	2	3
3.	I couldn't seem to experience any positive feeling at all	0	1	2	3
4.	I experienced breathing difficulty in the absence of physical exertion	0	1	2	3
5.	I just couldn't seem to get going	0	1	2	3
6.	I tended to over-react to situations	0	1	2	3
7.	I had a feeling of shakiness (eg, legs going to give way)	0	1	2	3
8.	I found it difficult to relax	0	1	2	3
9.	I found myself in situations that made me so anxious and I was most relieved when they ended	0	1	2	3
10.	I felt that I had nothing to look forward to	0	1	2	3
11.	I found myself getting upset rather easily	0	1	2	3
12.	I felt that I was using a lot of nervous energy	0	1	2	3
13.	I felt sad and depressed	0	1	2	3
14.	I found myself getting impatient when I was delayed in any way (eg, lifts, traffic lights, being kept waiting)	0	1	2	3
15.	I had a feeling of faintness	0	1	2	3
16.	I felt that I had lost interest in just about everything	0	1	2	3
17.	I felt I wasn't worth much as a person	0	1	2	3
18.	I felt that I was rather touchy	0	1	2	3
19.	I perspired noticeably (eg, hands sweaty) in the absence of high temperatures or physical exertion	0	1	2	3
20.	I felt scared without any good reason	0	1	2	3
21.	I felt that life was not worthwhile	0	1	2	3
22.	I found it hard to wind down	0	1	2	3
23.	I had difficulty in swallowing	0	1	2	3
24.	I couldn't seem to get any enjoyment out of the things I did	0	1	2	3
25.	I was aware of the action of my heart in the absence of physical exertion (eg, sense of heart rate increase, heart missing a beat)	0	1	2	3
26.	I felt down-hearted and blue	0	1	2	3
27.	I found that I was very irritable	0	1	2	3

28.	I found it hard to calm down after something upset me	0	1	2	3
29.	I fear that I would be "thrown" by some trivial but unfamiliar task	0	1	2	3
30.	I felt I was close to panic	0	1	2	3
31.	I was unable to become enthusiastic about anything	0	1	2	3
32.	I found it difficult to tolerate interruptions to what I was doing	0	1	2	3
33.	I was in a state of nervous tension	0	1	2	3
34.	I felt I was pretty worthless	0	1	2	3
35.	I was intolerant of anything that kept me from getting on with what I was doing	0	1	2	3
36.	I felt terrified	0	1	2	3
37.	I could see nothing in the future to be hopeful about	0	1	2	3
38.	I felt that life was meaningless	0	1	2	3
39.	I found myself getting agitated	0	1	2	3
40.	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
41.	I experienced trembling (eg, in the hands)	0	1	2	3
42.	I found it difficult to work up the initiative to do things	0	1	2	3

### Assessment

**Stress:**

<b>1</b>	<b>6</b>	<b>8</b>	<b>11</b>	<b>12</b>	<b>14</b>	<b>18</b>	<b>Score A</b>
<b>22</b>	<b>27</b>	<b>29</b>	<b>32</b>	<b>33</b>	<b>35</b>	<b>39</b>	<b>Score B</b>

Stress Score

**Anxiety:**

<b>2</b>	<b>4</b>	<b>7</b>	<b>9</b>	<b>15</b>	<b>19</b>	<b>20</b>	<b>Score A</b>
<b>23</b>	<b>25</b>	<b>28</b>	<b>30</b>	<b>36</b>	<b>40</b>	<b>41</b>	<b>Score B</b>

Anxiety Score

**Depression:**

<b>3</b>	<b>5</b>	<b>10</b>	<b>13</b>	<b>16</b>	<b>17</b>	<b>21</b>	<b>Score A</b>
<b>24</b>	<b>36</b>	<b>31</b>	<b>34</b>	<b>37</b>	<b>38</b>	<b>42</b>	<b>Score B</b>

Depression Score

### Result

	<b>Stress</b>	<b>Anxiety</b>	<b>Depression</b>
<b>Normal</b>	0-14	0-7	0-9
<b>Mild</b>	15-18	8-9	10-13
<b>Moderate</b>	19-25	10-14	14-20
<b>Severe</b>	26-33	15-19	21-27
<b>Extremely Severe</b>	34+	20*	28+

**Final Result:** .....

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XXII**  
**Demographic Indices**  
**(Template for Practical-10.1)**

Date .....

Time:.....

**Objective:**

**Birth Rate**

**Introduction & Importance:**

**Mathematical Expression and description of Birth Rate:**

**Note: Provide values of 5 years in continuation, calculate Birth Rate, and plot the values on a graph on adjacent page.**

**Total Fertility Rate (TFR)**

**Introduction & Importance:**

**Mathematical Expression and description of TFR:**

**Note: Provide values of 5 years in continuation, calculate TFR, and plot the values on a graph on adjacent page.**

**Crude Death Rate (CDR)**

**Introduction & Importance:**

**Mathematical Expression and description of CDR:**

**Note: Provide values of 5 years in continuation, calculate CDR, and plot the values on a graph on adjacent page.**

**Net Reproduction Rate (NRR)**

**Introduction & Importance:**

**Mathematical Expression and description of NRR:**

**Note: Provide values of 5 years in continuation, calculate NRR, and plot the values on a graph on adjacent page.**

## **Gross Reproduction Rate (GRR)**

**Introduction & Importance:**

**Mathematical Expression and description of GRR:**

**Note: Provide values of 5 years in continuation, calculate GRR, and plot the values on a graph on adjacent page.**

**Teacher's Remarks:**

**Teacher's Signature**



**Template - XXIII**  
**Family planning methods**  
**(Template for Practical-10.2)**

Date .....

Time:.....

**Objective:**

**Brief description of Family Planning Methods:**

Advantages and Disadvantages:

<b>S. No.</b>	<b>Family Planning method</b>	<b>Advantages</b>	<b>Disadvantages</b>
<b>1.</b>			
<b>2.</b>			
<b>3.</b>			
<b>4.</b>			
<b>5.</b>			

**Teacher's Remarks:**

**Teacher's Signature**

**Template - XXIV**  
**Family planning clinic Visit**  
**(Template for Practical-10.3)**

**Date .....**

**Time:.....**

**Objective:**

**Brief description of Family Planning Unit:**

**Detailed summary of the visit:**

**Challenges/Obstacles:**

**Lessons learned/ Conclusion:**

**Appendix (photograph, chart, sample, etc.): On the adjacent blank page**

**Teacher's Remarks:**

**Teacher's Signature**

**Template – XXV**  
**Health education and communication in Rural community,**  
**School children and youth population, Healthy food habits**  
**and Disaster management**

**(Template for Practical-11.1, 11.2, 11.3 and 12.1)**

Date .....

Time:.....

**Objective:**

**Title of the activity:**

**Date & Time of activity:**

**Place of Activity:**

**Means of transport** (if activity is outside of college campus)

**No. of Participants:**

**Name of participants** (If it is a class activity, e.g. role play, skit performance, etc.):

**Introduction & Objectives of the activity:**

**Detailed summary of the activity:**

**Challenges/Obstacles:**

**Lessons learned/ Conclusion:**

**Appendix (photograph, chart, sample, etc.): On the adjacent blank page**

**Teacher's Remarks:**

**Teacher's signature**