Morbidity Profile

Name of the Adolescent:

Student Code: Sex:

1. Did you fall sick in past 15 days?
   1. Yes  2. No

2. If yes, what illness were you suffering from?

3. What was the duration of the illness?
   1. < 4-5 days
   2. > 4-5 days
   3. Others (specify)

4. What do you think could be the reasons for the illness?
   a. Go to doctor  1. Yes  2. No  3. N A
   b. Go to vaid/local hakim  1. Yes  2. No  3. N A
   c. Got medicines from the medical shop  1. Yes  2. No  3. N A
   e. None at all  1. Yes  2. No  3. N A
   f. Others (specify)  1. Yes  2. No  3. N A

20