BIBLIOGRAPHY
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APPENDICES
### HEALTH STATUS OF URBAN PRIMARY SCHOOL CHILDREN OF JHANSI

#### INDIVIDUAL SCHEDULE

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Name of School:...</td>
</tr>
<tr>
<td>2.</td>
<td>Father’s Name:...</td>
</tr>
<tr>
<td>3.</td>
<td>Sex: M/F:...</td>
</tr>
<tr>
<td>4.</td>
<td>Date of Birth:...</td>
</tr>
<tr>
<td>5.</td>
<td>Father’s Education Status: Illiterate/Middle &amp; Primary/Inter/High School/Professional/Graduate.</td>
</tr>
<tr>
<td>6.</td>
<td>Mother’s Education Status: Illiterate/Middle &amp; Primary/Inter/High School/Professional/Graduate</td>
</tr>
<tr>
<td>7.</td>
<td>Mother’s Occupation: Service/Business/Agriculture/Housewife/Labourer/Skilled worker/Others Specify</td>
</tr>
<tr>
<td>8.</td>
<td>Father’s Occupation: Service/Business/Agriculture/Labourer/Skilled worker/Others Specify</td>
</tr>
<tr>
<td>9.</td>
<td>Total Family Income:...</td>
</tr>
<tr>
<td>10.</td>
<td>Total no of family members: Adult/Children:...</td>
</tr>
<tr>
<td>11.</td>
<td>Total no. of Siblings:...</td>
</tr>
<tr>
<td>12. (A) Religion</td>
<td>Hindu/Muslim/others (specify)</td>
</tr>
<tr>
<td>(B) Cast</td>
<td>Upper/Scheduled/Backward/ Others (Specify)</td>
</tr>
</tbody>
</table>
13. Immunisation status : I II III Booster
B.C.G. : ....
Polio : .... .... .... ....
D.P.T. : .... .... .... ....
Measles : ....

14. Personal Hygiene : Good/Fair/Poor
Hair : Dirty/clean
Nails : Cut/Uncut
Mouth/Teeth : clean/dirty
Bathing : Daily/Irregular
Ears : Clean/Dirty
Clothing : Clean/Dirty
Foot Wear : Clean/Dirty
Ablution : Hand washing-soap/soil/water

15. Food Habits : Vegetarian/Non Vegetarian

16. History of past illness :
H/o passing worms :

17. Present complaints with duration:

18. Physical Examination
A. General Examination :
Posture : Normal/Kyphosis/Scoliosis/ Flat feet
Skin : Normal/Dry/Follicular Hyperkeratosis/Petichial/Pellagrous dermatosis/Phynoderma.
Scabies : Present/Absent
Furunculosis : Present/Absent
Tinea & Fungus : Present/Absent
<table>
<thead>
<tr>
<th>Condition</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Leprosy</td>
<td>Present/Absent</td>
</tr>
<tr>
<td>Others (Specify)</td>
<td></td>
</tr>
<tr>
<td>Hair</td>
<td>Normal/Dull and Dry/Dyspigmented/Thin &amp; Sparse/Easily Dluckable/Flag Sign.</td>
</tr>
<tr>
<td>Clinical Anemia</td>
<td>Present/Absent</td>
</tr>
<tr>
<td>Eyes</td>
<td>Normal/Impaired</td>
</tr>
<tr>
<td>Vision</td>
<td></td>
</tr>
<tr>
<td>Vision without glasses</td>
<td></td>
</tr>
<tr>
<td>Vision with Glasses</td>
<td></td>
</tr>
<tr>
<td>Congenital Anomalies</td>
<td>Squint/Epicanthus/Corneal opacity/Ptosis/Colour Blindness/None.</td>
</tr>
<tr>
<td>Signs of Vitamin A</td>
<td>Night blindness/Conjunctival Xerosis/Corneal xerosis/Bitot’s spot/Keratomalacia/None.</td>
</tr>
<tr>
<td>Trachoma</td>
<td>Present/Absent</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Present/Absent</td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
</tr>
<tr>
<td>Glands</td>
<td></td>
</tr>
<tr>
<td>Thyroid</td>
<td>Normal/Enlarged</td>
</tr>
<tr>
<td>Parotid</td>
<td>Normal/Enlarged</td>
</tr>
<tr>
<td>Cervical Lymph Nodes</td>
<td></td>
</tr>
<tr>
<td>Others (specify)</td>
<td></td>
</tr>
<tr>
<td>Nails</td>
<td>Normal/Koilonychia/Tranverse Ridging</td>
</tr>
<tr>
<td>Oedema</td>
<td>Present/Absent</td>
</tr>
<tr>
<td></td>
<td>(specify) .........................................</td>
</tr>
</tbody>
</table>
Rachitic Change: Knock knees/Bowlegs/Epiphyseal Enlargement/Beeding of Ribs/Pigeon Chest/Nose.

13. Systemic Examination:
   Respiratory system:
   Cardiovascular system:
   Gastro-Intestinal system:
   Hepatomegaly: Present/Absent
   Splenomegaly: Present/Absent
   Others (specify):
   Gentio-Urinary system:
   Ears:
   Hearing: Normal/Impaired
   Ototorrhoea: Present/Absent
   Lips: Normal/Red & Raw/Fissured/Geographic/Atrophic Papillae.
   Speech: Normal/Stammering/lalling/staccato/Slurring.
   Gums and Teeth: Normal/Mottled enamel/Enamel hypoplasia/Enamel erosion/Filled/Missed/Malocclusion.

Central Nervous system:
Skeletal system:

21. Social and Emotional Health:
   Thumb Sucking: Present/Absent
   Nail Biting: Present/Absent
   Bed wetting: Present/Absent
Backwardness in studies : Present/Absent

22. IQ

23. Anthropometric Measurements:
   Height : .......... cms.
   Weight : .......... Kgs.
   Mid Arm circumference : .......... Cms.

24. Laboratory Investigation :
   stool test :

25. Diagnosis if any :
   Field notes :

SIGNATURE OF INVESTIGATOR
II KEY TO SCORING OF PERSONAL HYGIENE

Level of personal hygiene has been assessed by the following scoring method.

Maximum marks : 16

1. Hair : clean - 2, Dirty - 0
2. Nail : cut - 2, uncut - 0
3. Mouth/teeth : clean - 2, Dirty - 0
4. Bathing : Daily - 2, Irregular - 1
5. Ears : clean - 2, Dirty - 0
6. Clothing : clean - 2, Dirty - 0
7. Foot-wear : clean - 2, Dirty -1

1. Washing of hands after toilet : 2
   With soap – 2, with soil –1, with water – 1, None – 0.

<table>
<thead>
<tr>
<th>Status</th>
<th>Marks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good</td>
<td>14-16</td>
</tr>
<tr>
<td>Fair</td>
<td>8-13</td>
</tr>
<tr>
<td>Poor</td>
<td>Less than 8</td>
</tr>
</tbody>
</table>
# APPENDIX - II

HEALTH STATUS OF URBAN PRIMARY SCHOOL CHILDREN OF JHANSI.

## SCHOOL ENVIRONMENT SCHEDULE

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>S.No</td>
</tr>
<tr>
<td>2</td>
<td>Name of school</td>
</tr>
<tr>
<td>3</td>
<td>Type</td>
</tr>
<tr>
<td></td>
<td>Hindi Medium/English Medium</td>
</tr>
<tr>
<td>4</td>
<td>Location of school</td>
</tr>
<tr>
<td>5</td>
<td>Site of school</td>
</tr>
<tr>
<td>6</td>
<td>Total no of children</td>
</tr>
<tr>
<td>7</td>
<td>Environment surrounding</td>
</tr>
<tr>
<td></td>
<td>Hygienic/Unhygienic</td>
</tr>
<tr>
<td>8</td>
<td>Structure</td>
</tr>
<tr>
<td></td>
<td>Single storeyed/Double storeyed</td>
</tr>
<tr>
<td>9</td>
<td>Average size of class room</td>
</tr>
<tr>
<td></td>
<td>Sq. meter</td>
</tr>
<tr>
<td>10</td>
<td>Total no of children in class room</td>
</tr>
<tr>
<td>11</td>
<td>Distance of black board from seats</td>
</tr>
<tr>
<td>12</td>
<td>Type of furniture in class room</td>
</tr>
<tr>
<td>13</td>
<td>Ventilation of class room</td>
</tr>
<tr>
<td></td>
<td>(a) Total no of windows</td>
</tr>
<tr>
<td></td>
<td>(b) Distance of windows from floor</td>
</tr>
<tr>
<td></td>
<td>(c) Cross ventilation</td>
</tr>
<tr>
<td></td>
<td>(d) No of Ventilators</td>
</tr>
<tr>
<td></td>
<td>Present/Absent</td>
</tr>
</tbody>
</table>


APPENDIX - II

HEALTH STATUS OF URBAN PRIMARY SCHOOL CHILDREN OF JHANSI.

**SCHOOL ENVIRONMENT SCHEDULE**

1. S.No : ..................
2. Name of school : ..................
3. Type : Hindi Medium/English Medium
4. Location of school : ..................
5. Site of school : ..................
6. Total no of children : ..................
7. Environment surrounding : Hygienic/Unhygienic
8. Structure : Single storeyed/Double storeyed
9. Average size of class room : Sq. meter
10. Total no of children in class room : ..................
11. Distance of black board from seats : ..................
12. Type of furniture in class room : ..................
13. Ventilation of class room :
   (a) Total no of windows : ..................
   (b) Distance of windows from floor : ..................
   (c) Cross ventilation : Present/Absent
   (d) No of Ventilators : ..................

(c) No of doors : ..................
(f) Ventilation : Adequate/Inadequate

14. Colour of wall of class room : .................

15. Lighting of class room : 
sufficient natural light : Present/Not present

16. Water supply : 
(a) Safe/Unsafe
(b) Continuous/Not continuous
(c) Water distributed by taps : Yes/No.
(d) Any other source than taps: .................

17. Eating Facilities
(a) Mid – day Meals : Provided/Not Provided
(b) Vendors : Allowed/Not allowed

18. Lavatory : 
(a) Urinals : No ..............
          Type ..............
(b) Latrines : No ..............
          Type : Septic tank/Services/Hand flush

(c) No of Lavatories for girls: .................
(e) No of Lavatories for boys: .................

19. Playground : Yes/No

20. First aid and emergency care facilities: Available/Not available

21. Facilities of Recreation : Available/Not available

22. Health education classes : Held/Not held

SIGNATURE OF INVESTIGATOR