

BATCH 2022

**FAMILY
ADOPTION
PROGRAM
LONI KHURD**



**Dr. Balasaheb Vikhe Patil Rural Medical College
Pravara Institute of Medical Sciences
(Deemed to be University), Loni**



Forward

The institute has a long history of Community Based Medical Education. The motto of University is “Value Based Education and Research Based Healthcare”.

The Family Adoption Programme (FAP) at Dr. Balasaheb Vikhe Patil Rural Medical College, Loni, India, stands as a beacon of holistic medical education and community engagement. Rooted in the philosophy of service to humanity, this pioneering initiative bridges the gap between medical students and the rural communities they will ultimately serve. By fostering empathy, understanding, and a hands-on approach to healthcare delivery, the programme redefines the scope of medical education to encompass not only clinical expertise but also the social determinants of health.

Dr. BVP Rural Medical College, renowned for its commitment to quality education and rural healthcare, has set a precedent through FAP. The programme enables students to adopt families in rural areas, offering them a platform to learn through real-world experiences. It integrates community-based medical care with an in-depth understanding of the socio-economic and cultural contexts influencing health. This approach encourages students to go beyond the confines of textbooks, nurturing critical thinking, problem-solving abilities, and a compassionate outlook essential for the healthcare professionals of tomorrow.

At its core, FAP reflects the institution's mission to produce well-rounded medical professionals equipped to meet the unique challenges of rural healthcare in India. It also underscores the ethos to create socially responsible doctors who can address the diverse challenges of rural healthcare. Through this program, students are immersed in the daily lives of the families they adopt, learning firsthand about the barriers to accessing healthcare, the influence of lifestyle on health, and the importance of preventive measures. This exposure not only enriches their clinical knowledge but also instills a profound sense of empathy and cultural sensitivity.

The Family Adoption Programme is more than just an academic exercise; it is a transformative journey for both students and the communities they serve. By conducting health assessments, educating families on basic healthcare

practices, and advocating for better health outcomes, the students become active participants in improving the lives of these families. In turn, they develop a deep understanding of the role of a physician as a healer, advocate, and community leader.

Dr. BVP Rural Medical College's vision to integrate community service with medical education is a step toward addressing India's pressing healthcare needs. In a country where rural areas often face a paucity of medical resources and professionals, programs like FAP are instrumental in creating a future generation of doctors who are not only skilled but also deeply committed to serving underserved populations.

As we celebrate the achievements and milestones of the Family Adoption Programme, it is a testament to the power of education, service, and compassion. This initiative inspires us all to think beyond ourselves and work toward a future where healthcare is accessible and equitable for everyone.

It is my sincere hope that this program continues to thrive and inspire other institutions to adopt similar models, creating a ripple effect that transforms healthcare delivery across rural India. Let this initiative remind us that meaningful change begins with understanding, collaboration, and a steadfast commitment to serving humanity.

AVM (Retd.) Dr. Rajvir Bhalwar
Dean
DBVPRMC, Loni

From the HODs Desk

At the Department of Community Medicine, Dr. BVP Rural Medical College, Loni, the Family Adoption Programme (FAP) exemplifies our commitment to integrating community service with medical education. This unique initiative has been meticulously planned to ensure holistic development for both students and the rural families they engage with.

The programme begins with a systematic orientation, preparing students to connect with the social and health realities of rural communities. Each student adopts a family, conducting detailed health assessments and addressing medical, social, and environmental determinants of health. Regular mentorship and guided interventions are integral to the process, fostering a comprehensive understanding of healthcare delivery in resource-limited settings.

Through well-structured field visits, health education sessions, and continuous monitoring, FAP not only bridges the gap between academic learning and practical application but also instills values of empathy, responsibility, and service. We are proud to shape future physicians who lead with compassion and skill.

Dr. D.B Phalke
Professor & Head, Community Medicine
DBVPRMC, PIMS (DU), Loni

Words from the Coordinator

The Family Adoption Programme (FAP) at Dr. BVP Rural Medical College is a collaborative effort involving students, faculty, and rural communities, ensuring effective implementation through a systematic and innovative approach. At the heart of this initiative is the active participation of multiple stakeholders—students, faculty mentors, local health workers, and community members—working together to achieve sustainable health outcomes.

The use of digital tools like EpiCollect5 enhances the programme's efficiency by enabling students to record, analyze, and monitor family health data seamlessly. This real-time data collection ensures accurate assessments and informed decision-making, fostering a data-driven approach to community health.

Faculty members provide continuous guidance and support, ensuring students are equipped with both technical knowledge and practical skills. Through hands-on activities like health assessments, counseling, and community education, students gain invaluable real-world experience, building their competence and empathy.

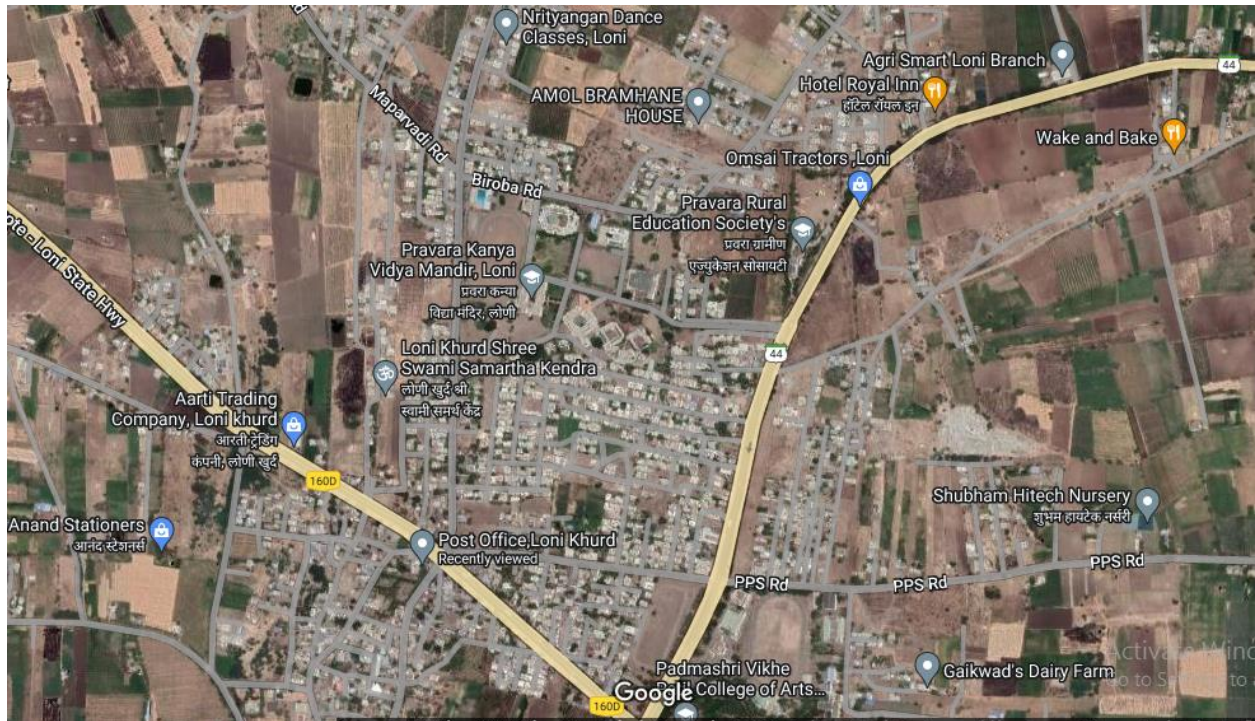
FAP exemplifies experiential learning, fostering future healthcare leaders rooted in service and innovation.

Dr. Mandar Baviskar
Associate Professor, Community Medicine
DBVPRMC, Loni

Village Schedule: Loni Khurd

Particulars	Total	Male	Female
Total No. of Houses	4,406	-	-
Population	22,728	11,644	11,084
Child (0-6)	2,281	1,253	1,028
Schedule Caste	3,927	1,931	1,996
Schedule Tribe	923	481	442
Literacy	85.91 %	91.86 %	79.75 %
Total Workers	9,024	6,034	2,990
Main Worker	7,996	-	-
Marginal Worker	1,028	471	557

- **Type of drinking water supply:** Tap
- **Street lighting:** Electric
- **Agricultural products:** Sugarcane
- **Major faction:** Hindu
- **Nearest city:** Rahata
- **Transport facilities:** Bus, Car, Others
- **Average rainfall:** 289.1mm
- **Climate:** Rainy
- **Nearest town PHC:** Kolhar
- **Nearest subcentre:** Gogalgaon
- **Nearest postoffice:** Loni Khurd



Satellite Map of Loni Khurd

Aim & Objectives

Aim: To conduct family health survey in the field practice area

Objectives

- To compile socio-demographic and health data of the families
- To reach a Community Diagnosis
- To assess the unmet health needs and formulate recommendations for the same
- To conduct outreach activities & address community needs

Methodology

- The area was mapped and village schedule was obtained from Gram Panchayat office.
- Names of Heads of Family were obtained from a preliminary survey and five families were allotted to the students. The students were then taken in batches to conduct the family survey.
- Micro-planning was done with help of Public Health Department (Figure)
- Five families were allotted to each student. The purpose of survey was explained to the families and data was collected using structured family study questionnaire. (Annexure)
- Interviews were conducted with available adult family members and observations were made regarding environmental factors.
- Households with locks for two consecutive visits were not included.
- Households where family members refused to provide information were excluded.
- Incomplete family study proforma, data entry by the students or absenteeism on part of students also reduced the number of families included in the report.

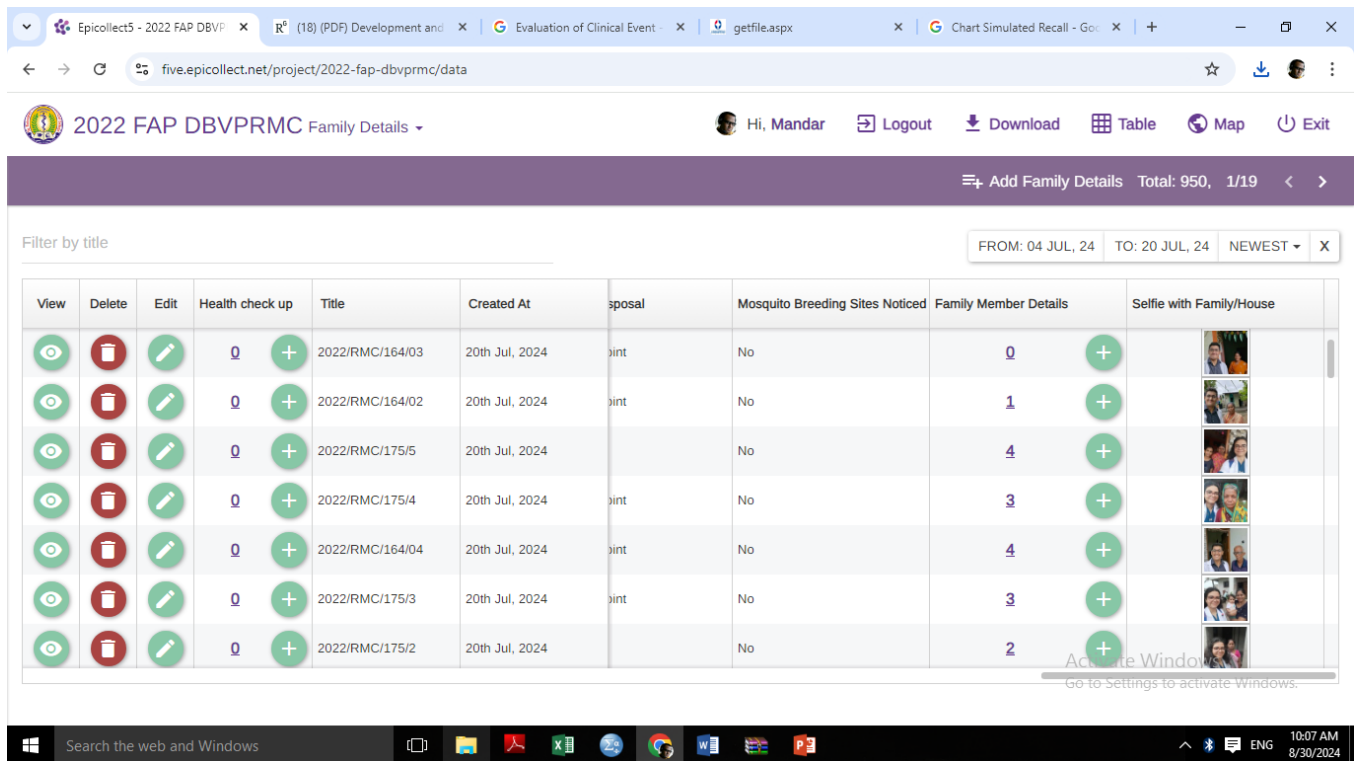
Coding

- Coding of Each household done
 - Name of Institute Name
 - Batch Year
 - Roll no. of Student
 - Family Number
- E.g.: RMC/2023/190/01
- This ensures tracking of families and prevents duplication of data

अनु क्र	टीम क्र	आशेचे नाव	भागाचे नाव	विद्यार्थी संख्या	Roll No.	शिक्षकाचे नाव	मोबाईल क्र.	आरोग्य पथक सुपरवायझर	BUS
१	१	सुनंता निकळे	आशीवादि नगर	१०	01 to 10	Rohan Adkar	9960088991	गाडकर एस एस	1
२	२	अनिता बाकणे	आशीवादि नगर	१०	11 to 20	Rohan Adkar	9960088991	गाडकर एस एस	1
३	३	वर्षा निकम	दत्तनगर	१०	21 to 30	Isha Tripathi	8279449103	गाडकर एस एस	1
४	४	सारिका मापारी	दत्तनगर	१०	31 to 40	Isha Tripathi	8279449103	गाडकर एस एस	1
५	५	काविता अहिरे	गावठाण मणियार गल्ली	१०	41 to 50	Debaditya Das	8368801299	गाडकर एस एस	1
६	६	निलाप्रभा गंगरे	गावठाण	१०	51 to 60	Debaditya Das	8368801299	गाडकर एस एस	2
७	७	रोहिणी फटागरे	हरिजन बस्ती	१०	61 to 70	Ayush Modi	8934831459	देकारे व्ही एस	2
८	८	मालती अहिरे	गावठाण	१०	71 to 80	Manoj Verma	7014608987	देकारे व्ही एस	2
९	९	संध्या तुपे	श्रीरामनगर	१०	81 to 90	Shivam Raj	9304435826	देकारे व्ही एस	2
१०	१०	अंजना कुलकर्णी	नवीन यशवंत नगर	१०	91 to 100	Shivam Raj	9304435826	देकारे व्ही एस	2
११	११	माधुरी ब्राह्मणे	विद्यानगर	१०	101 to 110	Jose Winston	6282396219	देकारे व्ही एस	1
१२	१२	रोहिणी बिडे	इरिगेशन बंगला ब्रह्मनि बस्ती	१०	111 to 120	Jose Winston	6282396219	देकारे व्ही एस	1
१३	१३	सायरा चौधरी	सिंधुताई नगर	१०	121 to 130	Sumit Sable	9764886924	जाधव एस के	1
१४	१४	लता वोरकर	लाम्हेर नगर	१०	131 to 140	Sumit Sable	9764886924	जाधव एस के	1
१५	१५	कुंदा भालके	साईरल नगर	१०	141 to 150	Meghraj Bhondwe	9421173233	जाधव एस के	1
१६	१६	मंगल शिंदे	चिंतमळा	१०	151 to 160	Meghraj Bhondwe	9421173233	जाधव एस के	2
१७	१७	मंगल माळी	बलबाजार	१०	161 to 170	Varsha Mahawarkar	9405333622	जाधव एस के	2
१८	१८	वैशाली घोडके	वीरभद्र नगर	१०	171 to 180	Varsha Mahawarkar	9405333622	जाधव एस के	2
१९	१९	अश्विनी पवार	शांती नगर	१०	181 to 190	Mandar Baviskar	9923340022	जाधव एस के	2
२०	२०	Mandar Baviskar	Larval Survey, Sanitary Survey, Environmental	१३	191 to 203	Mandar Baviskar	9923340022	जाधव एस के	2

Epicollect 5 Software was used to Collect Data

Epicollect5 is a free and easy-to-use mobile data-gathering platform. It has drag and drop form builder for questionnaire design. Geo-tagging the data is possible. Photos, videos, audio and barcodes can also be added as they are collected. Content is cloud based downloadable and editable for ease of data collection. Access can be restricted and differential levels of access can be given for privacy. The geo-tagging, photo linking, branching within the form and linking child forms functions make this app uniquely suitable for family study. A single project can save upto 50000 forms. The data can be downloaded as .csv file and imported in Google MyMaps where layering and visualization of data can be done on various maps in an easy to use graphical interface



The screenshot displays the Epicollect 5 dashboard for the project '2022 FAP DBVPRMC Family Details'. The interface includes a navigation bar with user information 'Hi, Mandar', 'Logout', 'Download', 'Table', 'Map', and 'Exit'. A summary bar shows 'Add Family Details Total: 950, 1/19'. Below this, there are filters for 'Filter by title', a date range 'FROM: 04 JUL, 24 TO: 20 JUL, 24', and a sort order 'NEWEST'. The main content is a table with the following columns: View, Delete, Edit, Health check up, Title, Created At, Marital status, Mosquito Breeding Sites Noticed, Family Member Details, and Selfie with Family/House. The table contains 8 rows of data, all created on 20th Jul, 2024. The 'Family Member Details' column shows counts ranging from 0 to 4, and the 'Selfie with Family/House' column contains small thumbnail images of families.

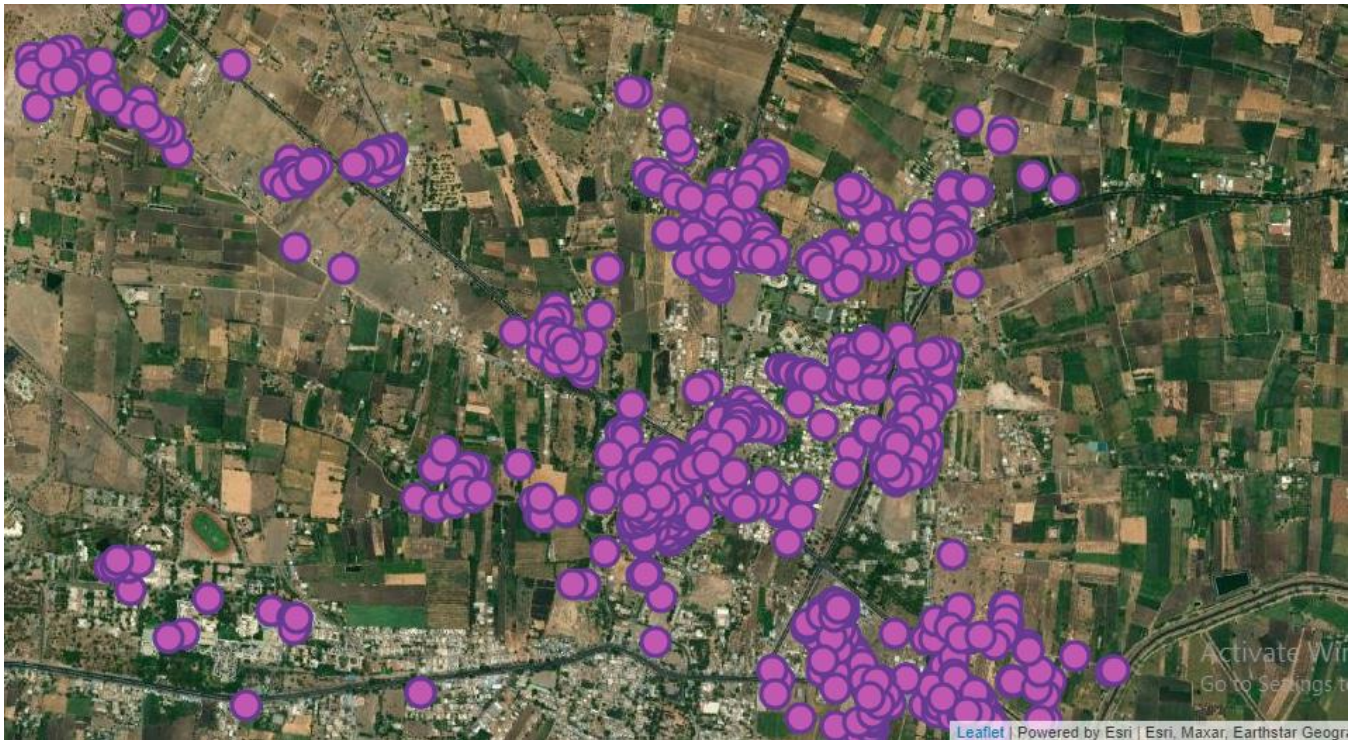
View	Delete	Edit	Health check up	Title	Created At	Marital status	Mosquito Breeding Sites Noticed	Family Member Details	Selfie with Family/House
			0	2022/RMC/164/03	20th Jul, 2024	Joint	No	0	
			0	2022/RMC/164/02	20th Jul, 2024	Joint	No	1	
			0	2022/RMC/175/5	20th Jul, 2024		No	4	
			0	2022/RMC/175/4	20th Jul, 2024	Joint	No	3	
			0	2022/RMC/164/04	20th Jul, 2024	Joint	No	4	
			0	2022/RMC/175/3	20th Jul, 2024	Joint	No	3	
			0	2022/RMC/175/2	20th Jul, 2024		No	2	

Epicollect 5 Dashboard

Students were trained to use Software in one day TOOLS FAST Workshop

Data Analysis

- Data was compiled by students,
- Descriptive Statistical Analysis was performed.
- Inferential statistical analysis conducted to find association between study variables



Mapping Families



Mapping Mosquito Larval Hotspots

Observations

Table 1: Details of FAP survey required to be submitted by college

Sr. No	Details Required	Details
1.	Total number of sanctioned MBBS seats for batch 2022	200
2.	Total number of students (from batch 2022) participating in the health camps	200
3.	Total number of faculty members involved from the Community Medicine Department	16
4.	Total number of faculty members involved from the Other Departments	04
5.	Total number of Residents (SR & JR) involved from the Community Medicine Department	03
6.	Total number of Residents (SR & JR) involved from the Other Departments	04
7.	Total number of Health Camps Organized (during FAP survey)	02
8.	Total number of households adopted	899
9.	Total population adopted	2851
10.	Total number of beneficiaries during the camps	328
11.	Total number of beneficiaries from the adopted households during the camps.	328

Table 2: Distribution of Families

Type of Family	Number
Nuclear	701
Joint	198
Total	899

Table 3: Age and Gender-wise Distribution of Population Adopted under FAP

Age	Male	Female	Total
<1 year	14	9	23
1-5 years	58	62	120
6-14 years	157	128	285
15-45 years	734	791	1526
46-60 years	250	292	542
>60 years	197	158	355
Total	1410	1440	2851

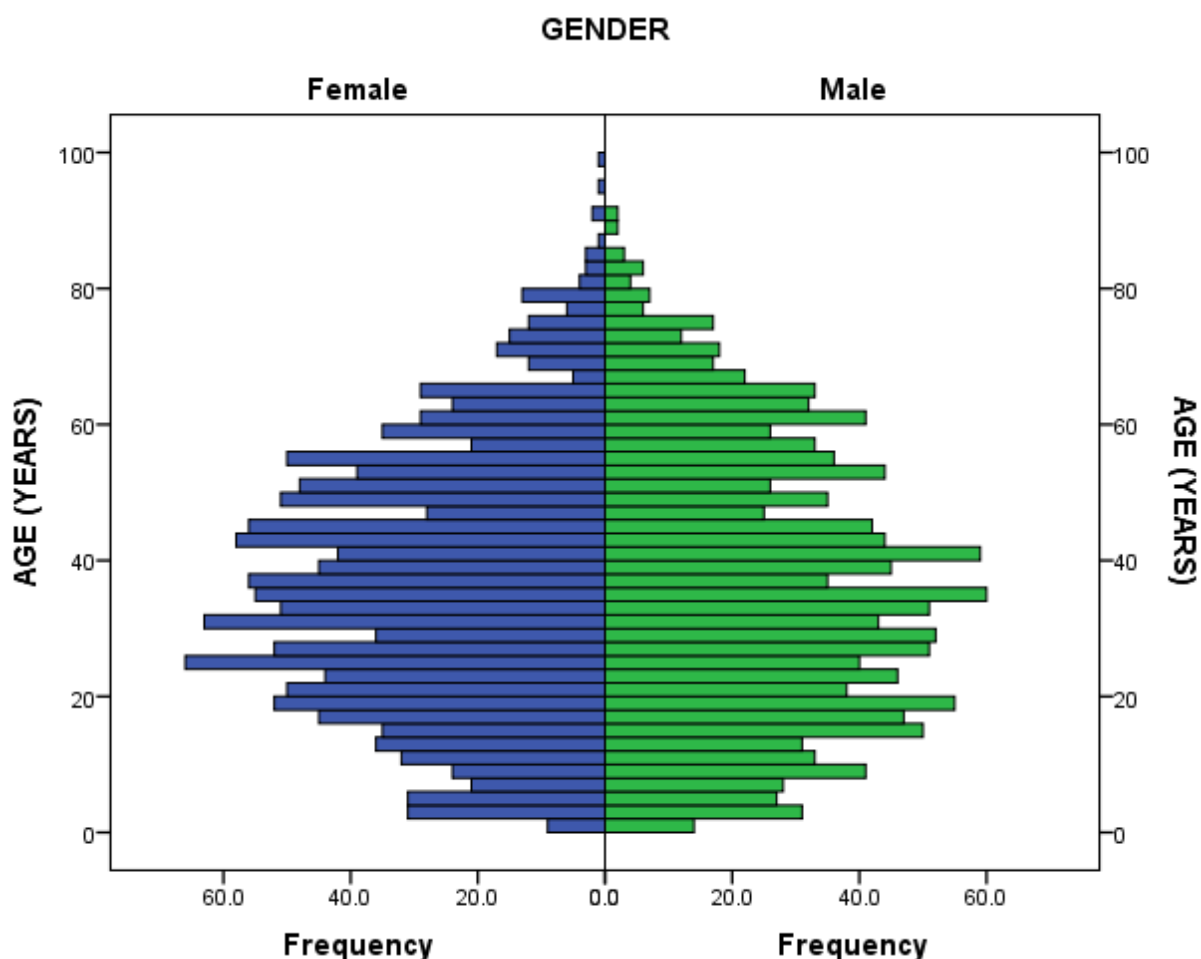


Table 4: Distribution of Families Adopted under FAP according to Socio-Economic Status (As per modified BG Prasad classification)F

Socio-Economic Status	Number
Upper Class	24
Upper-Middle Class	83
Middle Class	397
Lower Middle Class	281
Lower Class	77
Data Not Available	37
Total	899

Table 5: NCD Screening

Screening	Total Screened	Abnormal(Raised)	Known HTN/DM
Blood Pressure	2546	97	195
RBS	1032	318	129

Table 6: Distribution of Participants According to Their Biological Variables

No	Indicator	Total
1	Children under 5 years who are stunted (height-for-age)	26
2	Children under 5 years who are wasted (weight-for-height)	04
3	Children under 5 years who are severely wasted (weight-for-height)	01
4	Children under 5 years who are underweight (weight-for-age)	15
5	Children under 5 years who are overweight (weight-for-height)	03
6	Women* whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²)	160
7	Men* whose Body Mass Index (BMI) is below normal (BMI <18.5 kg/m ²)	101
8	Women* who are overweight or obese (BMI ≥25.0 kg/m ²)	280
9	Men* who are overweight or obese (BMI ≥25.0 kg/m ²)	157
10	Women* who have high risk waist-to-hip ratio (≥0.85)	349
11	Men* who have high risk waist-to-hip ratio (≥0.90)	134
12	Children age 6-59 months who are anaemic (<11.0 g/dl)	03
13	Non-pregnant women age 15-49 years who are anaemic (<12.0 g/dl)	63
14	Pregnant women age 15-49 years who are anaemic (<11.0 g/dl)	06
15	All women age 15-49 years who are anaemic	69
16	Men age 15-49 years who are anaemic (<13.0 g/dl)	07
17	Women* with Blood sugar level - high (141-160 mg/dl)	116
18	Women* with Blood sugar level - very high (>160 mg/dl)	22
19	Women* with Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level	22
20	Men* with Blood sugar level - high (141-160 mg/dl)	120
21	Men* with Blood sugar level - very high (>160 mg/dl)	27
22	Men* with Blood sugar level - high or very high (>140 mg/dl) or taking medicine to control blood sugar level	26

23	Women* with Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg)	26
24	Women* with Moderately or severely elevated blood pressure (Systolic \geq 160 mm of Hg and/or Diastolic \geq 100 mm of Hg)	03
25	Women* with Elevated blood pressure (Systolic \geq 140 mm of Hg and/or Diastolic \geq 90 mm of Hg) or taking medicine to control blood pressure	04
26	Men* with Mildly elevated blood pressure (Systolic 140-159 mm of Hg and/or Diastolic 90-99 mm of Hg)	42
27	Men* with Moderately or severely elevated blood pressure (Systolic \geq 160 mm of Hg and/or Diastolic \geq 100 mm of Hg)	11
28	Men* with Elevated blood pressure (Systolic \geq 140 mm of Hg and/or Diastolic \geq 90 mm of Hg) or taking medicine to control blood pressure	28

Table 6 ABHA Enrollment

Total Population Covered	2851
Total Population with ABHA Card	1180

Activity Details

- **Health Talk:** Health Talk regarding Prevention of Vector borne Diseases was given by Students.
- **Larval Survey:** Mosquito Larval Survey was conducted by students
- **Sanitary Survey:** Transect walk and Sanitary Survey was conducted by students
- **Role Play:** Role play on Tuberculosis was conducted by students in the weekly village market.
- **Environmental Sustainability:** Health Talk on importance of Environmental Conservation and Cleanliness was given by students.
- **ABHA card Generation:** All students were taught to make their own ABHA cards and also made ABHA cards for willing family members during the visit.
- **Any other Locally Prevalent Disease:** Seasonal Flu, Oral Tobacco use, Mishri use. Students conducted IEC activity in this regard during Camp.

PHOTOGRAPHS



Transect Walk



Health Education By Role Play

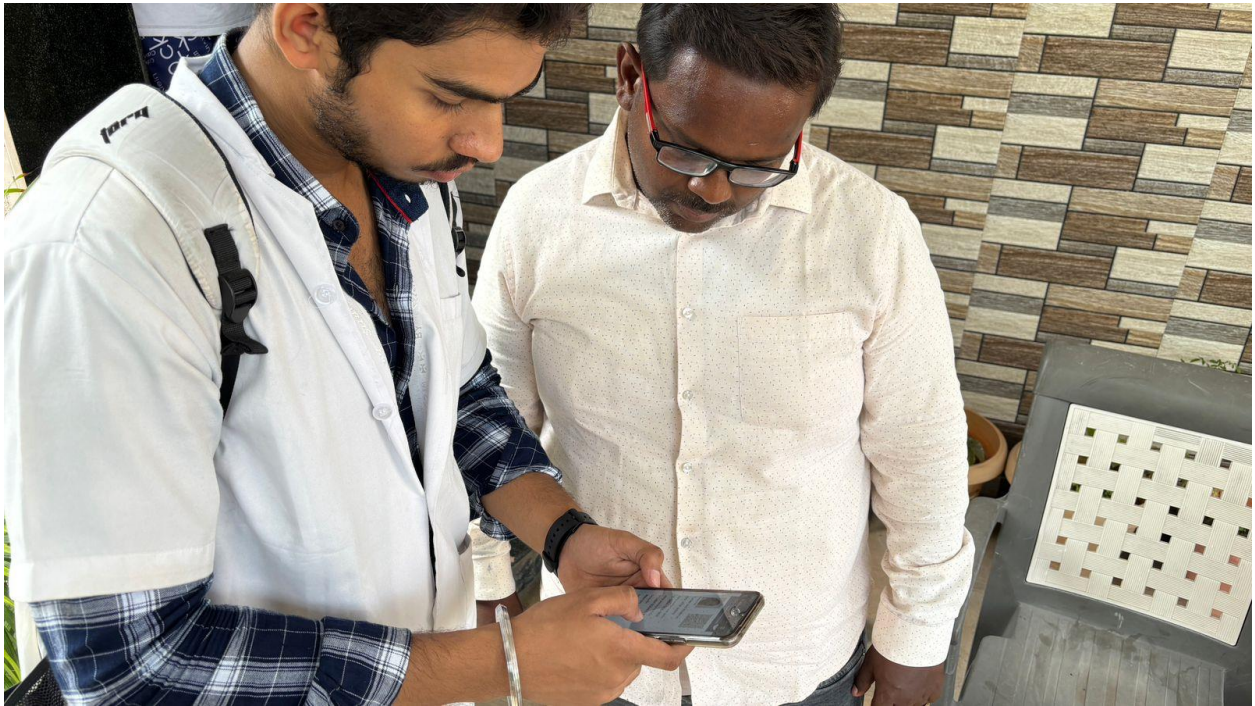


Community Engagement with help of ASHA





Family Health Survey



ABHA Card Generation for Family

IEC Activity Health Talks



Mosquito Larval Survey



Health Camp





Loni, MH, India
 Loni Road, Rahta, Loni, 413713, MH, India
 Lat 19.584267, Long 74.468907
 07/07/2024 09:14 AM GMT+05:30
 Note : Captured by GPS Map Camera



Loni, MH, India
 Loni Road, Rahta, Loni, 413713, MH, India
 Lat 19.584262, Long 74.468872
 07/07/2024 09:39 AM GMT+05:30
 Note : Captured by GPS Map Camera



Loni Kh., Maharashtra, India
 HGG2+4Q7, Pravaranagar, Loni Kh., Bhagwatipur, Maharashtra 413712, India
 Lat 19.595111°
 Long 74.507503°
 12/04/24 10:45 AM GMT +05:30



भगवतीपुर, महाराष्ट्र, भारत
 HFCX+WJG, भगवतीपुर, महाराष्ट्र 413712, भारत
 Lat 19.572092°
 Long 74.499213°
 15/06/24 10:00 AM GMT +05:30



Loni, MH, India
 Loni Road, Rahta, Loni, 413713, MH, India
 Lat 19.584400, Long 74.468813
 07/07/2024 11:32 AM GMT+05:30
 Note : Captured by GPS Map Camera



QUESTIONNAIRE

Family Details

Question	Mapping To
Date of Visit	<i>1_Date_of_Visit</i>
Household ID	<i>2_Household_ID</i>
Name of the Head of Family	<i>3_Name_of_the_Head_o</i>
Location GeoTag	<i>4_Location_GeoTag</i>
Contact Number	<i>5_Contact_Number</i>
Family Type	<i>6_Family_Type</i>
Nuclear	<i>Nuclear</i>
Joint	<i>Joint</i>
Three Generation	<i>Three Generation</i>
Other	<i>Other</i>

Question	Mapping To
Number of Family Members	<i>7_Number_of_Family_M</i>
Religion	<i>8_Religion</i>
Hindu	<i>Hindu</i>
Muslim	<i>Muslim</i>
Jain	<i>Jain</i>
Buddhist	<i>Buddhist</i>
Christian	<i>Christian</i>
Sikh	<i>Sikh</i>
Other	<i>Other</i>
Category	<i>9_Category</i>
Open	<i>Open</i>
OBC	<i>OBC</i>
SC	<i>SC</i>
ST	<i>ST</i>
SBC	<i>SBC</i>
Socioeconomic Status(BG Prasad)	<i>10_Socioeconomic_Sta</i>
Upper	<i>Upper</i>
Upper Middle	<i>Upper Middle</i>
Middle	<i>Middle</i>
Lower Middle	<i>Lower Middle</i>
Lower	<i>Lower</i>
Ration Card	<i>11_Ration_Card</i>
Yellow	<i>Yellow</i>
Orange	<i>Orange</i>
White	<i>White</i>
Card Unavailable	<i>Card Unavailable</i>
AADHAR Card	<i>12_AADHAR_Card</i>
Yes	<i>Yes</i>
No	<i>No</i>
ABHA Card	<i>13_ABHA_Card</i>
Yes	<i>Yes</i>
No	<i>No</i>

Dietary History	<i>14_Dietary_History</i>
Family Diet Type	<i>15_Family_Diet_Type</i>

	Vegetarian	<i>Vegetarian</i>
	Mixed	<i>Mixed</i>
Is anyone Suffering from Malnutrition?		<i>16_Is_anyone_Sufferi</i>
	Yes	<i>Yes</i>
	No	<i>No</i>
Average Monthly Expenditure on Food		<i>17_Average_Monthly_E</i>
Is Supplementary nutrition given to children & Pregnant or lactating women?		<i>18_Is_Supplementary_</i>
	Yes	<i>Yes</i>
	No	<i>No</i>
	Not Applicable	<i>Not Applicable</i>
Growth Monitoring To Be Done on Charts Provided		<i>19_Growth_Monitoring</i>
	Yes	<i>Yes</i>
	No	<i>No</i>
	Not Applicable	<i>Not Applicable</i>
Environmental History		<i>20_Environmental_His</i>
House		<i>21_House</i>
	Kaccha	<i>Kaccha</i>
	Pakka	<i>Pakka</i>
	Semi Pakka	<i>Semi Pakka</i>
Overcrowding		<i>22_Overcrowding</i>
	Yes	<i>Yes</i>
	No	<i>No</i>
Water Supply		<i>23_Water_Supply</i>
	Tap	<i>Tap</i>
	Borewell	<i>Borewell</i>
	Tanker	<i>Tanker</i>
	Other	<i>Other</i>
Water Purification Method		<i>24_Water_Purificatio</i>
	None	<i>None</i>
	Boiling	<i>Boiling</i>
	Chlorination	<i>Chlorination</i>
	Water Filter	<i>Water Filter</i>
Water Storage Container/Tank		<i>25_Water_Storage_Con</i>

	Covered	<i>Covered</i>
	Non Covered	<i>Non Covered</i>
LPG Gas		<i>26_LPG_Gas</i>
	Available	<i>Available</i>
	Not Available	<i>Not Available</i>
Other Cooking Fuel Used, if any		<i>27_Other_Cooking_Fue</i>
Sanitary Laterine		<i>28_Sanitary_Laterine</i>
	Not Available	<i>Not Available</i>
	Private Toilet	<i>Private Toilet</i>
	Public Toilet	<i>Public Toilet</i>
Garbage Disposal		<i>29_Garbage_Disposal</i>
	Doorstep	<i>Doorstep</i>
	Common Point	<i>Common Point</i>
	No System/ Throw out	<i>No System/ Throw out</i>
Mosquito Breeding Sites Noticed		<i>30_Mosquito_Breeding</i>
	Yes	<i>Yes</i>
	No	<i>No</i>
Family Member Details		<i>31_Family_Member_Det</i>
Name		<i>32_Name</i>
Age		<i>33_Age</i>
Sex		<i>34_Sex</i>
	Male	<i>Male</i>
	Female	<i>Female</i>
Education		<i>35_Education</i>
	Not Applicable	<i>Not Applicable</i>
	Illiterate	<i>Illiterate</i>
	Primary	<i>Primary</i>
	Secondary/Higher Secondary	<i>Secondary/Higher Secondary</i>
	Graduate & Above	<i>Graduate & Above</i>
Occupation		<i>36_Occupation</i>

	Not Applicable	<i>Not Applicable</i>
	Student	<i>Student</i>
	Homemaker	<i>Homemaker</i>
	Farmer	<i>Farmer</i>
	Labourer	<i>Labourer</i>
	Skilled Worker	<i>Skilled Worker</i>
	Professional	<i>Professional</i>
	Buisness	<i>Buisness</i>
	Unemployed	<i>Unemployed</i>
Marital Status		<i>37_Marital_Status</i>
	Married	<i>Married</i>
	Unmarried	<i>Unmarried</i>
	Divorced/Widowed/Seperated	<i>Divorced/Widowed/Seperated</i>
Diet		<i>38_Diet</i>
	Mixed	<i>Mixed</i>
	Vegetarian	<i>Vegetarian</i>
Calorie Intake		<i>39_Calorie_Intake</i>
	Normal	<i>Normal</i>
	Deficit	<i>Deficit</i>
	Excess	<i>Excess</i>
Any Significant Medical Condition		<i>40_Any_Significant_M</i>
	Anemia	<i>Anemia</i>
	Hypertension	<i>Hypertension</i>
	Diabetes mellitus	<i>Diabetes mellitus</i>
	IHD	<i>IHD</i>
	CKD	<i>CKD</i>
	TB	<i>TB</i>
	Malnutrition	<i>Malnutrition</i>
	Disability	<i>Disability</i>
Addictions		<i>41_Addictions</i>
	Alcohol	<i>Alcohol</i>
	Smoked Tobacco	<i>Smoked Tobacco</i>
	Smokeless Tobacco	<i>Smokeless Tobacco</i>
	Other	<i>Other</i>
Monthly Expenditure on Addiction		<i>42_Monthly_Expenditu</i>
Immunization for Age (if Child)		<i>43_Immunization_for_</i>

	Complete	<i>Complete</i>
	Partial	<i>Partial</i>
	Not Immunized	<i>Not Immunized</i>
Contraception & Family Planning		<i>44_Contraception_Fa</i>
Name of Couple		<i>45_Name_of_Couple</i>
Contraceptive Use		<i>46_Contraceptive_Use</i>
	Terminal	<i>Terminal</i>
	IUD	<i>IUD</i>
	Condom	<i>Condom</i>
	Hormonal/Non Hormonal Medications	<i>Hormonal/Non Hormonal Medications</i>
	Other	<i>Other</i>
Reasons for Non Use		<i>47_Reasons_for_Non_U</i>
Selfie with Family/House		<i>48_Selfie_with_Famil</i>