



Community Health Nursing-I Record Book

for BSc Nursing Program
As per the Revised INC Syllabus

Semester V

Name of the Institution: _____

Name of the Candidate: _____

**C Manivannan
T Latha Manivannan
S Rathamani**

**3rd
Edition**



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2. COMMUNITY ASSESSMENT

2.1: Community Assessment (Rural)

Identification Data

1. Name of the area: Rural/urban : _____
2. House number : _____
3. Name of the health center : _____
4. Name of head of the family : _____
5. Family identification : _____
 - a. Total number of members in the family : _____
 - b. Type of family: Nuclear/nonnuclear (joint, extended) : _____
 - c. Religion : Hindu: _____ Muslim: _____ Christian: _____
Others: _____
 - d. Specify subcaste : _____
 - e. Language known : _____
 - f. Statement of expenditure of the family:

Items	Amount spent	Expenditure (%)	Items	Amount spent	Expenditure (%)
Food			Clothing		
House rent			Medicine		
Children's education			Recreation (movies, etc.)		
Smoking and/or liquor			Debt		
Savings			Others (specify)		
			Total		

6. Housing condition : _____
 - a. Type of house: _____
Kutcha: _____ Pucca: _____ Semipucca: _____
 - b. Living rooms: _____
Number: _____ Adequate: _____ Inadequate: _____
 - c. Occupancy: _____
Tenant: _____ Owner: _____ Monthly rent: _____
 - d. Ventilation: _____
Adequate: _____ Inadequate: _____ No ventilation: _____
 - e. Source of lighting: _____
Electricity: _____ Kerosene: _____ Others (specify): _____
 - f. Water supply: _____
Tube well: _____ Dug well: _____ Lake: _____ Pond: _____
Municipality water: _____ Others: _____
 - g. Kitchen condition: _____
Separate: _____ Corner of the house: _____ Veranda: _____
 - h. Disposal of waste: _____
Open dumping: _____ Incineration: _____ Manure pits: _____ Others: _____

- i. Sullage water disposal:
Open drainage: _____ Closed drain: _____ Soakage pit: _____ Kitchen garden: _____
- ii. Refuse disposal:
Indiscriminate throwing: _____ Garbage: _____ Compositing: _____
Burning: _____ Municipal collection: _____ Dumping: _____
- iii. Excreta disposal:
Open air defecation: _____ Separate latrine: _____ Shared latrine: _____
Public toilet: _____

7. Family profile:

Sl. No.	Name of the family members	Relation with head	Age in year	Sex	Education	Occupation	Income	Remark on health
1.								
2.								
3.								
4.								
5.								
6.								
7.								

a. Total family income per month/year : _____

8. Transport and communication:

a. Transport:

Own tempo/tractor : _____
Use of BMTC/KSRTC/private bus : _____
Any other : _____

b. Communication:

Telephone : _____
Television : _____
Radio : _____
Newspaper/magazine : _____
Post and telegraph : _____

9. Dietary pattern:

Food	Food used	Food preparation and storage		
		Traditional	Ideal	Unhygienic
Rice				
Ragi				
Jowar				
Wheat				
Vegetables				
Fish				
Meat				
Egg				
Milk and milk products				
Pulses				
Tubers				
Any others specify				

10. Nutritional status:

Name	Weight (kg)	Height (cm)	Body built				BMI (normal 19–25)		
			Thin	Moderate	Well	Obese	Below normal	Normal	Above normal

a. Nutritional deficiency:

Anemic: _____ Goiter: _____ Night blindness: _____

Scurvy: _____ Rickets: _____ Others: _____

11. Is there any case of fever? If yes, write name, age, treatment with remarks.

a. With rigors.

b. With cough.

c. With rash.

Sl. No.	Name	Age	Discuss	Treatment	Remarks
1.					
2.					
3.					

12. Does anyone have any skin disease (e.g., itching, patch, rash)?

Sl. No.	Name	Age	Discuss	Treatment	Remarks
1.	Itching				
2.	Patch				
3.	Rash				

13. Does anyone have cough more than 1 week?

Sl. No.	Name	Age	Discuss	Treatment	Remarks
1.					
2.					
3.					

14. Does anyone have any other illness?

Sl. No.	Name	Age	Discuss	Treatment	Remarks
1.					
2.					
3.					

15. Is there any woman pregnant? If yes, write the following remarks:

a. Specify gravida.

b. Has she been registered?

c. Is she getting iron and folic acid?

d. Has she had tetanus toxoid?

Sl. No.	Name	Age	Discuss	Treatment	Remarks
1.					
2.					
3.					

16. Have there been any (within year)—vital statistics?

a. Births

Sl. No.	Date of birth	Sex	Parents' name	Remarks
1.				
2.				
3.				

b. Deaths

Sl. No.	Date of death	Sex	Parents' name	Remarks
1.				
2.				
3.				

c. Marriages

Sl. No.	Date of marriage	Sex	Parents' name	Remarks
1.				
2.				
3.				

17. Are there any children below 5 years who have not received immunization? (Specify name, age, reasons for not immunized in remarks):

- BCG vaccination.
- DPT vaccination.
- Poliomyelitis vaccination.
- Measles vaccination.
- Vitamin A solution.

Sl. No.	Name	Age	Sex	BCG	DPT			Poliomyelitis	Measles	Vitamin A
					1	2	3			
1.										
2.										
3.										
4.										
5.										

18. Presence of the following:

- Mosquitoes: _____ House fly: _____
- Stray dogs: _____ Cats: _____ Specify number: _____
- Accident place environment:
 Sharp stones: _____ Slippery floor: _____ Stones: _____
 Open drainage: _____ Others (specify): _____

Signature of the Clinical Instructor
Date:

Signature of HOD of Community Health Nursing
Date:

2.2: Community Assessment (Urban)

Identification Data

1. Name of the area: Rural/urban : _____
2. House number : _____
3. Name of the health center : _____
4. Name of head of the family : _____
5. Family identification : _____
 - a. Total number of members in the family : _____
 - b. Type of family: Nuclear/ non-nuclear (joint, extended) : _____
 - c. Religion : Hindu: _____ Muslim: _____ Christian: _____
Others: _____
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 Public toilet: _____

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8. Transport and communication:

a. Transport:

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Vegetables				
Fish				
Meat				
Egg				
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Pulses				
Tubers				
Any others specify				

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Sl. No.	Name	Age	Discuss	Treatment	Remarks
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Sl. No.	Date of death	Sex	Parents' name	Remarks
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- Measles vaccination.
- Vitamin A solution.

Sl. No.	Name	Age	Sex	BCG	DPT			Poliomyelitis	Measles	Vitamin A
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2.										
3.										
4.										
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- Mosquitoes: _____ House fly: _____
- Stray dogs: _____ Cats: _____ Specify number: _____
- Accident place environment:

Sharp stones: _____ Slippery floor: _____

Stones: _____ Open drainage: _____

Others (specify): _____

Signature of the Clinical Instructor

Signature of HOD of Community Health Nursing

Date:

Date:

Community Health Nursing-I Record Book for BSc Nursing Program

Salient Features

- Planned and diligently arranged text.
- Fulfills the requirements of BSc Nursing course, as per Indian Nursing Council (INC) syllabus.
- Presents a simple and systematic aspect of community health nursing.
- Covers all aspects of community areas like primary health center (PHC), urban area, and rural area.
- Helps the student and easy to practice community health nursing during posting.
- Text to fulfills specific needs of student nurses.
- Emphasizes standard and desirable community health nursing practices.
- It is easily followed by clinical instructors.

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