



SHORT COMMUNICATION

Suggested Format for Documentation of Demographic Data, Living Conditions, and Health Status for Research-oriented Health Care Programs

¹Thugutla Maheswar, ²Sobaran Singh, ³Renu Singh, ⁴Shruti Khanduri, ⁵Sarada Ota, ⁶Narayanam Srikanth

ABSTRACT

Central Council for Research in Ayurvedic Sciences (CCRAS) has initiated various research-oriented health care programs, such as Tribal Health Care Research Program (THCRP) under Tribal Subplan, Ayurveda Mobile Health Care Program (AMHCP) under Scheduled Caste Subplan, and Swasthya Rakshan Program (SRP) linked with Swachh Bharat. The aim of these programs is to study the living condition of people, to make them aware about the importance of good health, knowledge about hygiene, awareness about cleanliness of domestic surrounding and environment, documentation of folk medicine and local health traditions, availability and use of common medicinal plants in that area, and to extend medical aid at their doorstep. Through peripheral institutes of CCRAS, THCRP is being executed in 14 states, AMHCP in 18 states, and SRP in 19 states.

As an effective information generation tool for research-oriented health care programs, CCRAS has developed a comprehensive format for documentation of demographic data, living conditions and health status, etc. of population, which can be well utilized as a tool for uniform documentation of information by students, scientists, and researchers of various organizations involved in such type of research activities.

Keywords: Demographic data, Health Care Research Program, Health status, Living condition.

How to cite this article: Maheswar T, Singh S, Singh R, Khanduri S, Ota S, Srikanth N. Suggested Format for Documentation of Demographic Data, Living Conditions, and Health Status for Research-oriented Health Care Programs. *J Drug Res Ayurvedic Sci* 2017;2(3):241-246.

Source of support: Nil

Conflict of interest: None

INTRODUCTION

The ethnic diversity in India is represented by as many as 400 ethnic groups including tribes. Since ancient times, India has displayed varied hues of culture, religion,

language, and so on. This variety in race, culture, religion, etc. accounts for the existence of different ethnic groups, who although live within the sanctum of one single nation, profess different social habits and characteristics.^{1,2}

The primary concern of rural health care programs is proper health services and awareness in rural areas, which are lacking in health care facilities and suffer from a poor health delivery system. For planning and effective functioning of health care programs, the knowledge of lifestyle, socioeconomic status, and incidence of diseases of that particular population is essential. Tribal Health Care Research Program, AMHCP, and SRP were initiated by the CCRAS to conduct door-to-door survey in tribal pockets, scheduled caste population, and also in urban colonies to study vital data that constitute living conditions of people, availability and use of medicinal plants in that area, study of diet habits, sociodemographic profile, information related to health status, personnel hygiene, food habits, addiction, occupation, etc. of that population and also to provide Ayurvedic treatment apart from the health awareness.^{3,4}

Format for Systematic Documentation

The CCRAS has developed a well-designed format by incorporating the suggestions received from the officers involved in this field from time to time. The format could be well utilized for the documentation of living conditions of population. The format is available in the current edition of the Journal for its wider utility among the stakeholders (Annexure 1).

The format contains four parts:

1. *General information regarding the area:* This includes population according to last census, percentage of Schedule Tribe population, language/languages spoken, environmental status/sanitation prevalent tribes/castes, road conditions, transportation facilities, electricity, natural resources available, educational and health facilities, health indicators for the area, and prevalent disease in the area, etc.
2. *A. Information of each house:* It includes details of family members, income per capita, facilities available, i.e., type of house, electricity, water, cooking fuel used,

^{1,3-5}Research Officer (Ayurveda), ²Ex-Assistant Director (Ayurveda), ⁶Deputy Director General

¹⁻⁶Central Council for Research in Ayurvedic Sciences, New Delhi, India

Corresponding Author: Thugutla Maheswar, Research Officer (Ayurveda), Central Council for Research in Ayurvedic Sciences New Delhi, India, e-mail: mahesh_rri@yahoo.co.in

vehicle used, entertainment facility like TV, radio etc., furniture, sanitation facility, addiction-related health hazards, Reproductive and Child Health indicators, i.e., antenatal care, delivery at home or hospital, immunization, occupational health hazards, etc.

B. Data of each family member per house include marital status, educational status, occupation, diet, food habits, addictions, sanitation, health status, suffering from any disease, type of treatment facilities usually availing during illness, etc.

3. *Out Patient Department record*: This includes chief complaints, duration of illness, past illness, examination of patient, laboratory investigations, diagnosis, treatment, follow-up, and result of the treatment.
4. Format for documentation of local health traditions (already made available through JDRAS, April to June 2017 issue and can be downloaded at www.jdrascrcas.com).

The format for systematic documentation of demographic data/living status of individuals is now made available in this journal for wider utility of stakeholder, such as scientists, academicians, and research scholar

pursuing academic research, such as postgraduate, doctorate, postdoctoral in the field of public health and social medicine, etc.

This format will certainly help in accessing sociodemographic profile and living condition of individual in relation to current health status.

REFERENCES

1. Anonymous. Tribal Health Care Research—Health related demography of the tribes of Andaman and Nicobar Islands. New Delhi: Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India; 2010.
2. Anonymous. An appraisal of tribal folk medicine. New Delhi: Central Council for Research in Ayurveda and Siddha, Department of AYUSH, Ministry of Health and Family Welfare, Govt. of India; 1999.
3. Srikanth N, Maheswar T, Singh S. Methodical documentation of local health traditions and folklore claims: scope, relevance and suggested format. JDRAS 2017 Apr-Jun;2(2):149-155.
4. Maheswar T, Kale K, Suryawanshi MN, Murthy SN. Survey and surveillance study of selected population in Umrer Tehsil, Nagpur dist. (M.S) with reference to Tribal Health Care Research Programme. JDRAS 2010 Jul-Sep;31(3):81-92.

हिन्दी सारांश

अनुसंधान उन्मुख स्वास्थ्य देखभाल कार्यक्रमों के लिए जनसांख्यिकीय आंकड़े, निर्वाह की अवस्था एवं स्वास्थ्य स्थिति के प्रलेखन हेतु सुझाए गए प्रारूप

¹तूगुटला महेश्वर, ²सोबरन सिंह, ³रेनू सिंह, ⁴श्रुति खंडूड़ी, ⁵शारदा ओता, ⁶नारायणम श्रीकांत

केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद (सीसीआरएएस) ने विभिन्न अनुसंधान उन्मुख स्वास्थ्य रक्षा कार्यक्रम यथा आदिवासी उप-योजना के अंतर्गत आदिवासी स्वास्थ्य रक्षा अनुसंधान कार्यक्रम (टीएचसीआरपी), अनुसूचित जाति उप-योजना के अंतर्गत आयुर्वेद चल-स्वास्थ्य रक्षा अनुसंधान कार्यक्रम (एएमएचसीपी), एवं स्वच्छ भारत से संबंधित स्वास्थ्य रक्षण कार्यक्रम (एसआरपी) को आरंभ किया है। उक्त कार्यक्रमों का उद्देश्य लोगों के जीवन स्तर का अध्ययन करना, उन्हें अच्छे स्वास्थ्य के महत्व के विषय में जागरूक करना, स्वच्छता के विषय में ज्ञान प्रदान करना, घरेलू परिवेश एवं वातावरण की स्वच्छता के विषय में जागरूक करना, लोक औषधि एवं स्थानीय स्वास्थ्य परंपराओं का प्रलेखन करना है। उक्त क्षेत्र में उपलब्ध स्थानीय औषधीय पादपों का प्रयोग करना एवं उनके द्वार स्थल पर चिकित्सीय सहायता को बढ़ाना इत्यादि सम्मिलित है। सीसीआरएएस के परिधीय संस्थानों के माध्यम से, 14 राज्यों में टीएचसीआरपी, 18 राज्यों में एएमएचसीपी एवं 19 राज्यों में एसआरपी का संचालन किया जा रहा है।

अनुसंधान उन्मुख स्वास्थ्य देखभाल कार्यक्रमों के लिए एक प्रभावी सूचना सृजन उपकरण के रूप में, केंद्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद ने जनसमूहों के सांख्यिकी आंकड़े, निर्वाह की स्थिति एवं स्वास्थ्य स्थिति के प्रलेखन हेतु एक व्यापक प्रारूप का विकास किया है जिसका प्रयोग इस प्रकार के अनुसंधान कार्यकलापों में शामिल हुए विभिन्न संगठनों के विद्यार्थियों, वैज्ञानिकों एवं शोधकर्ताओं द्वारा समान प्रलेखन हेतु एक उपकरण के रूप में उचित रूप से प्रयोग किया जा सकता है।

Annexure 1**CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES**

Suggested Format for Documentation of Demographic Data, Living Conditions, and Health Status for Research-oriented Health Care Programs

FORMAT 1**Brief Information of Each village/pocket**

1. General information regarding the area:
 - 1.1 Name of the tribal pocket/villages, address (Taluk, District, etc.)
 - 1.2 Distance of village from institute and district headquarters in km
 - 1.3 Population according to last census (Male/Female/Others)
 - 1.4 Percentage of Schedule Tribe/Schedule Caste/Tribe population according to last census (Male/Female/Others)
 - 1.5 Name of Gram Pradhan/Sarpanch/other related person (along with contact no.)
 - 1.6 Language/languages spoken
 - 1.7 Environmental status/sanitation
 - 1.8 Prevalent tribes/castes (please specify the name of the tribes/castes)
 - 1.9 Road conditions (Kaccha/Pakka)
 - 1.10 Transportation facilities (Bus/Train/Private vehicle/Any other local transportation please specify)
 - 1.11 Natural resources available, if any
 - 1.12 Water resources (Presence of river, pond, drain, spring, etc.)
 - 1.13 Details of wasteland/community forest
 - 1.14 Details of industries in and around the pocket/villages
 - 1.15 Educational facilities (Schools/Colleges, etc.)
 - 1.16 Health facilities in and around the pocket/villages, like:
Community Health Centre/Primary Health Centre/Sub Health Centre/District Hospital/Mobile medical units/AYUSH Hospitals/Dispensaries/Any other
 - 1.17 Common vegetable, grains, fruit, etc. available in the vicinity
 - 1.18 Electricity
 - 1.19 Health indicators for the area
 - Crude birth rate
 - Crude death rate
 - Infant mortality rate (per 1,000 live births)
 - Child mortality rate (0–4 years) per 1000 children
 - Sex ratio
 - 1.20 Prevalent diseases in the area during last year
 - 1.21 Other related information

FORMAT 2A**Format for collecting the information about each house**

Name of the Village: _____

House No. _____

Date of Visit: _____

Total family members	
Earning members in the family	
Monthly income of the family	
Income per capita	

Sl. no.	Facility	Items	Availability	
			Yes	No
	Type of house	RCC		
		Pukka		
		Kaccha		
		Thatched		
	Electricity			
	Water	Tap		
		Well		
		Hand pump		
		Tap water		
		River		
		Stream		
		Others		
	Cooking (purpose)	Gas		
		Wood		
		Coal		
		Other (stove)		
	Vehicle	Cycle		
		Two wheeler		
		Car		
		Other (auto)		
	Amusement	TV-colour		
		TV-black and white		
		VCD/DVD		
		Cable Connection/dish		
		Radio		
		Tape recorder		
	Furniture	Cots		
		Mats		
		Chairs		
		Sofa		
	Animal shades	In-house		
		Outside of the house		
		Away from the house		
	Sanitation facilities	In-house		
		Pukka		
		Kaccha		
		Outside of the house		
		No facilities/open fields		
	Other significant Household Goods if any	Mobile		
	Disabled persons, if any	Type of disability	Yes (No. of person)	No
		(a) In seeing		
		(b) In speech		
		(c) In hearing		
		(d) In movement		
		(e) Mentally challenged		
	Addiction-related health hazards	Health hazards	Yes (No. of person)	No
		Cirrhosis of liver		
		Oral Cancer		
		Respiratory disorders		
		Any other (please specify)		
1.	RCH indicators	Complete antenatal care taken		
		Delivery at home		
		Institutional delivery		
		Full immunization (According to national immunization schedule)		
2.	Occupational health hazards	Health hazards	Yes (No. of person)	No
		Bronchial asthma		
		Silicosis		
		Occupational lung diseases		

FORMAT 2B**(Data of each family member) per house**

Name of the Village/Pocket/Ward: _____ House No. _____

Date of Visit: _____

Name of the individual					
Father's name/Mother name/Husband name					
Sex					
Age					
Marital status	Married (1)	Unmarried (2)	Widow/er (3)	Divorcee/separated (4)	
Age of marriage					
Religion	Hindu (1)	Muslim (2)	Sikh(3)	Christian (4)	Others (5)
Caste	SC (1)	ST (2)	Others (3)		
Language spoken	Hindi	English	Local (please specify)		

Educational status					
Illiterate (1)	Primary School (2)	High School (3)	Intermediate (4)	Higher (≥ graduate) (5)	Technical Education (6)

Occupation						
None (1)	Landholder (2)	Agricultural laborer (3)	Unskilled laborer (4)	Skilled laborer (5)	Business (6)	Lower duties (7)
Jr./Sr. Executive (8)	Student (9)	Housewife (10)	Unemployed (11)	Retired (12)	Others (13)	

Diet	Vegetarian (1)			Nonvegetarian (2)			Vegetarian + Egg (3)	
Food habits								
• Grains	Rice (1)	Wheat (2)	Maize (3)	Barley (4)	Millet (Jowar) (5)	Pulses (6)	Others (7)	
• Meat	Fish (1)		Flesh (2)					
			Chicken (i)	Mutton (ii)	Pork (iii)	Beef (iv)	Other (v)	

• Any preference to particular taste	None (1)	Sweet (2)	Sour (3)	Salty (4)	Pungent (5)	Astringent (6)	Bitter (7)
--------------------------------------	----------	-----------	----------	-----------	-------------	----------------	------------

Addictions								
None (1)	Tobacco (2)	Snuff (3)	Smoking (4)	Bhang (5)	Ganja (6)	Alcohol (7)	Opium (8)	Others (9)

Sanitation	Open field (1)	Kaccha Latrine(2)	Sanitary (3)	Any other(4)
------------	----------------	-------------------	--------------	--------------

Health status				
1. Proper excretion of feces	Yes/No	8. Digestion of food ingested	Yes/No	
2. Proper excretion of urine	Yes/No	9. Proper assimilation for nutrition	Yes/No	
3. Equilibrium of dosa (dosic features)	Yes/No	10. Sound sleep	Yes/No	
4. Equilibrium of dhatu	Yes/No	11. Pleasing active state	Yes/No	
5. Desire for food	Yes/No	12. Appropriate sensuous (sense organ activities)	Yes/No	
6. Desire for liquid (drinkables)	Yes/No	13. Appropriate activities of Karmendiryā	Yes/No	
7. Inclination for food (<i>Ruchi</i>)	Yes/No	14. Appropriate mental activities	Yes/No	

Suffering from any disease?	Yes/No If yes {see Format 3 (B)}			
Type of treatment facilities usually availing during illness	Govt.	Private	Traditional healers	Household remedy

FORMAT 3

OPD Record

Tribal Health Care Research Project (Tribal Sub-Plan)

Chief Complaints				
Duration of Illness	_____ (days) Month of onset			
History of past illness & consultation taken	Yes/No; if yes then Govt. Health facility/Folk Healer			
Family history				
Physical examination	1. Height			
	2. Weight			
	3. Pulse rate			
	4. BP			
	5. Temperature			
	6. Respiratory rate			
	7. Others			
Systemic examination	1. CVS			
	2. CNS			
	3. Respiratory			
	4. Gastrointestinal			
	5. Urogenital			
	6. Musculoskeletal			
	7. Others			
Etiology	Infectious (1)	Non-infectious (2)	Behavioral (3)	Idiopathic (4)
Lab investigations	Blood	Hb		
		Blood Sugar (F)		
		Blood Sugar (PP)		
		Others		
		Urine		
	Stool			
Diagnosis				
Treatment (drug dose and duration)				
Follow-up	I follow-up visit on	II follow-up visit on	III follow-up visit on	
Result				
Any other information				

Date: _____

Signature of Responsible Officer

Signature

(Name of the Physician)