APPENDIX X

MORBIDITY

Source of treatment
1. AWC
2. Government
3. Private
4. Home treatment
5. No treatment

Name :
Code :
Contact
Date of interview:

Complaints	Frequency			Severity			No.of days	Sources of treatment	Treatment provided	Duration of treatment (days)
	Always 3	Some time 2	Never 1	Severe 3	Mod 2	Mild 1				
1. Morning sickness (vomitting/nausea on just waking)										
2. Nausea/vomitting (during the day)										
3. Perverted appetite loss of appetite										
4. Heart burn (a) after food (b) before food										
5. General weakness										
6. Tiredness/fatigue (specify when)										
7. Breathlessness (specify when)										
8. Giddiness										
9. Increased frequency of mictuvition										
10. Burning in mictuvition										

11. Pain in pelvic region

12. Lucorrnea

13. Piles with bleeding
    without bleeding

14. Burning/itching
    in veginal region

15. Spot bleeding

16. Head ache

17. Cramps in lower
    limbs

18. Cedema (angles tight/
    anklet tight)

19. Irregular/Loss of
    fetal movement

20. Night-blindness

General Health Problems	No.of episodes	Severity severe 3	mod 2	mild 1	No.of days	source of treatment	Treatment provided	Duration of treat ment(day)	Prompt/ delayed treatment
21. URI Cough Cold									
22. Fever									
23. Malaria-Fever Shivering Abdoment pain High fever									
24. (A) Any other(Specify)									