

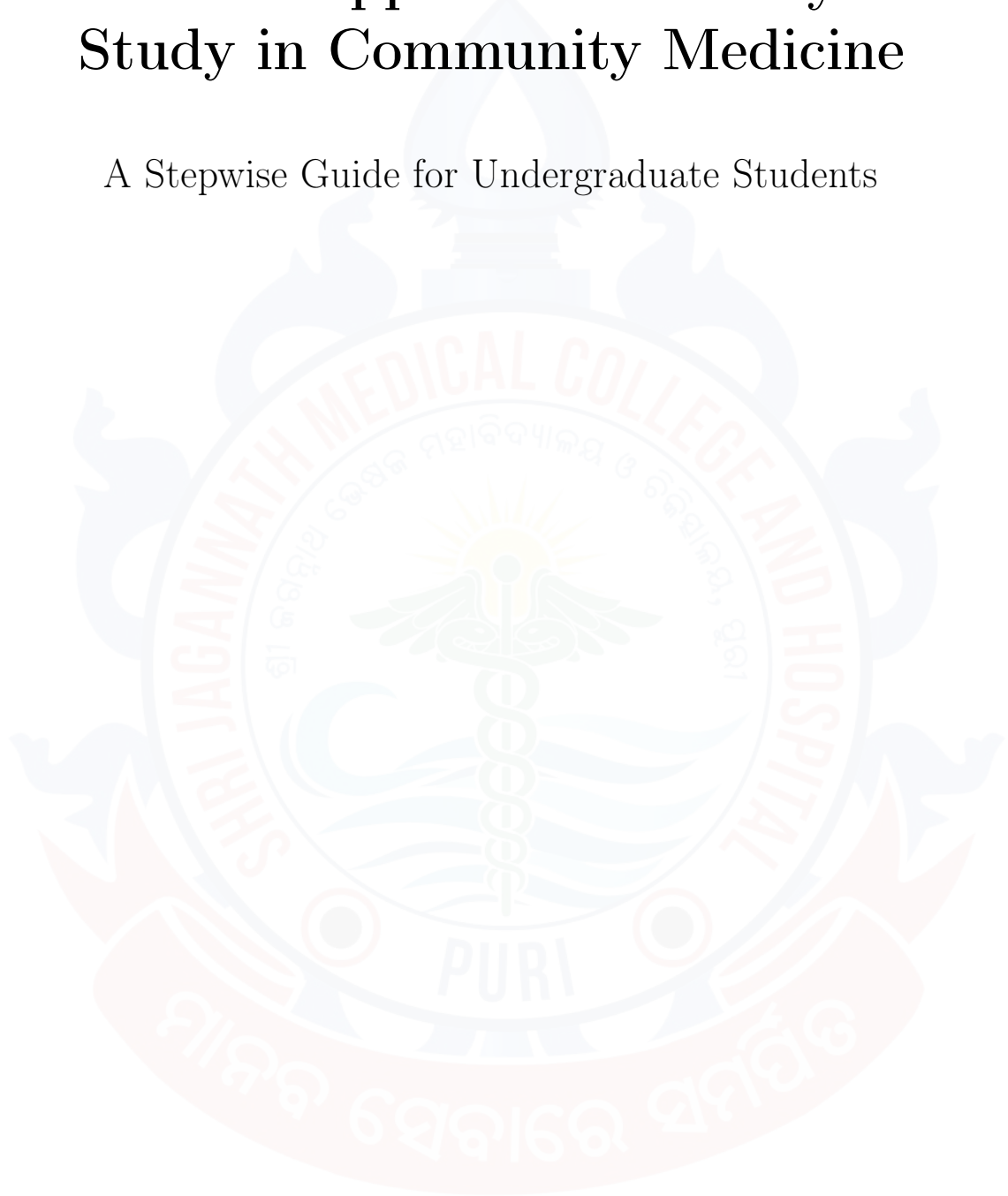
Structured Approach to Family Case Study in Community Medicine



**Department of Community Medicine,
Shri Jagannath Medical College & Hospital, Puri**

Structured Approach to Family Case Study in Community Medicine

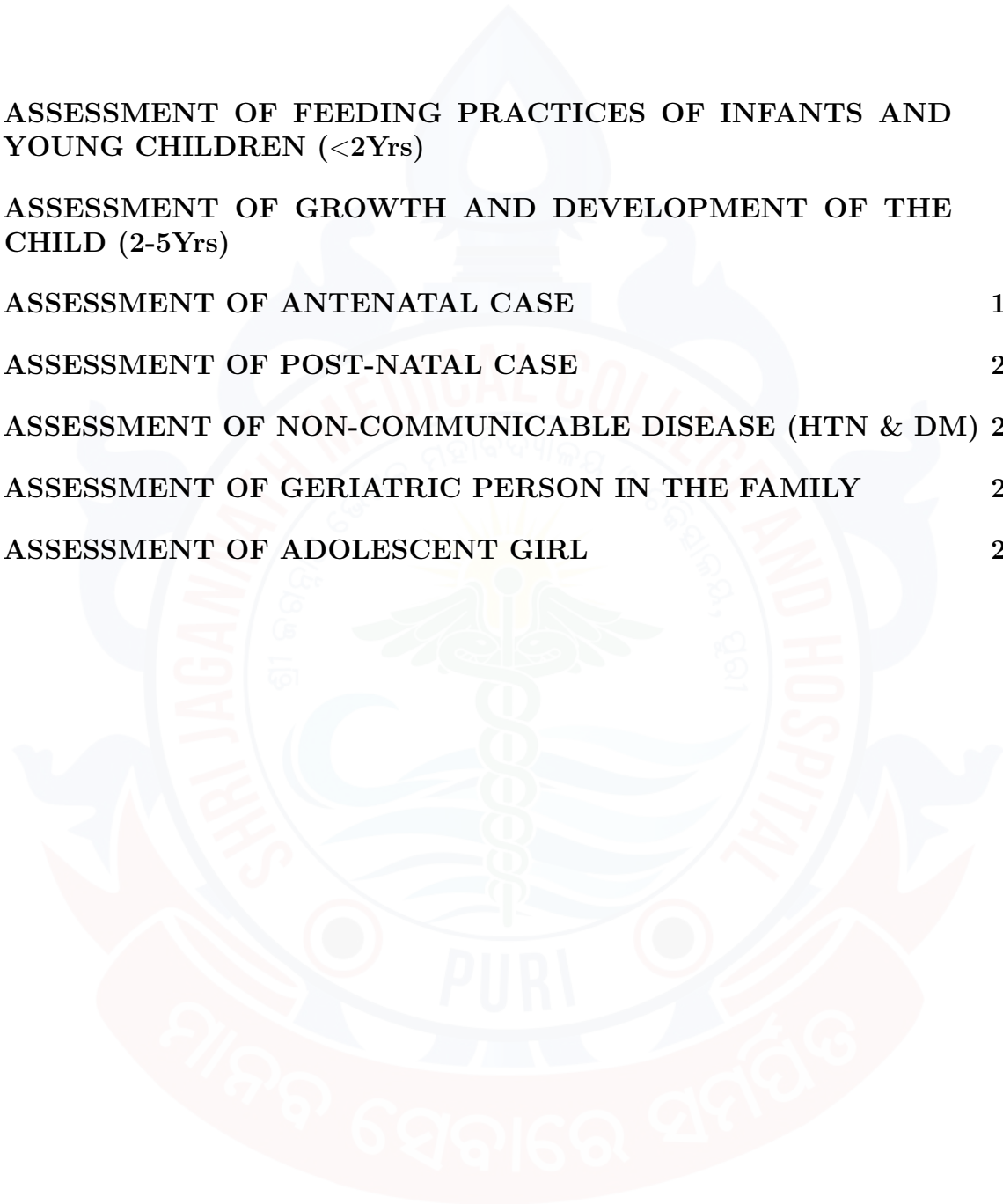
A Stepwise Guide for Undergraduate Students



Department of Community Medicine
SJMCH, Puri
2025

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ASSESSMENT OF FEEDING PRACTICES OF INFANTS AND YOUNG CHILDREN (<2Yrs)

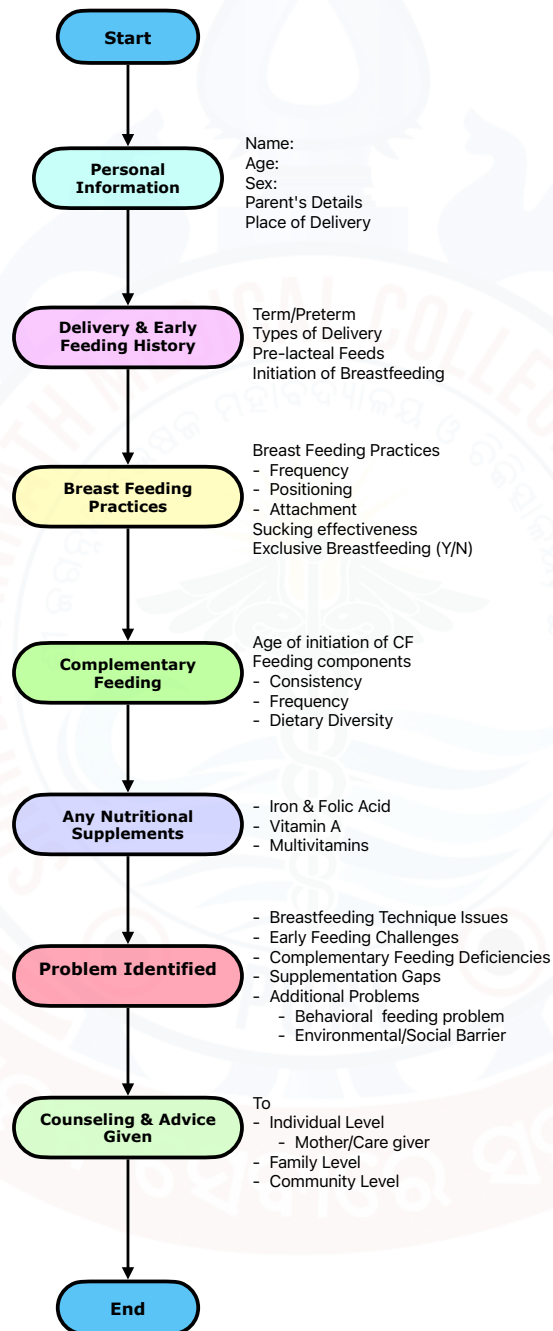


Figure 1.1: Data collection flow for Nutrition & Feeding (<2 years).

A. Personal Information

1. **Name of the child:** _____
2. **Age:** _____ Month _____ Year
3. **Gender:** Male/Female
4. **Name of the Mother:** _____
5. **Education of the Mother:** Illiterate/Primary/Middle/High School/Intermediate/Graduate or Post-graduate/Professional/Professional
6. **Occupation of the Mother:** _____
7. **Name of the Father:** _____
8. **Education of the Father:** Illiterate/Primary/Middle/High School/Intermediate/Graduate or Post-graduate/Professional/Professional
9. **Occupation of the Father:** _____

B. Delivery & Early Feeding Practices

10. **Gestational Status:** Term/Pre-term/Post-term
11. **Gestational Age:** If Pre-term, specify weeks _____
12. **Type of Delivery:** Normal / Caesarean / Forceps
13. **Congenital Anomalies:** Yes / No
14. **Pre-lacteal Feeding :** Yes / No (specify the reason) _____
15. **Initiation of Breastfeeding :** Immediately / <1 hr / 1-24 hrs / >24 hrs / Not initiated
16. **Vaccination History:**
 - a) At birth: _____
 - b) At 6 weeks: _____
 - c) At 10 weeks: _____
 - d) At 14 weeks: _____
 - e) At 9 months: _____
 - f) At 16-24 months: _____

C. Breastfeeding Practices

17. Frequency:

- a) **Continuing Exclusive Breastfeeding:** Yes/No
 - i. if No, reasons for non-EBF _____
- b) **Daily frequency of breastfeeding (exact count in last 24 hours):** ≥ 8 / < 8
- c) **Feeding on early cues:** Yes/No
- d) **Frequency of night-time breastfeeding (mention number)** _____
- e) **Feeding from one breast completely before shifting:** Yes/No

18. Positioning

- a) **Baby's whole body is supported not just neck or shoulders:** Yes/No
- b) **Baby's head and body are in one line without any twist in the neck:** Yes/No
- c) **Baby's body turned towards the mother (abdomens of the baby and the mother touching each other):** Yes/No
- d) **Baby's nose is at the level of the nipple:** Yes/No

19. Attachment

- a) **The baby's mouth is wide open:** Yes/No
- b) **Nipple and most of areola in the mouth, only upper Areola visible, not the lower one:** Yes/No
- c) **The baby's chin touches the breast:** Yes/No
- d) **The baby's lower lip is everted:** Yes/No

20. **Suckling:** Not suckling at all /not suckling effectively/suckling effectively

21. Exclusive Breast Feeding

- a) **Baby exclusively breastfed for 6 months:** Yes/No
- b) If not exclusively breastfed:
 - i. Reason for not exclusively breastfeeding: _____
 - ii. Specification of food items taken by the baby: _____
 - iii. Mode of feeding: Bottle/Katori & Spoon/Other
 - iv. Types of artificial milk used: _____

D. Complementary Feeding

22. Age of initiation of complimentary feeding: _____ months

23. Feeding components

a) Consistency

- i. **Type of consistency offered:** Liquid / Semi-solid / Soft-solid / Solid
- ii. **(For 6-9 months):** Is the food thick enough to stay on the spoon without running off? Yes/No
- iii. **For older infants (9–11 months):** Is the child given mashed/soft foods that can be eaten with fingers or spoon? Yes/No
- iv. **For toddlers (12–23 months):** Is the child eating family foods with appropriate modification (cut/mash) for age? Yes/No
- v. **Feeding difficulties observed:** Refusal, choking, too thin food, too thick food, other (specify)_____

b) Frequency

- i. **Number of meals per day (excluding breastfeeds) in the last 24 hours:** None/1-2 times/3-4 times/5 or more times
- ii. **Number of snacks offered per day (between meals):** None/1/ 2 or more
- iii. **Age-appropriate check (to verify adequacy):**
 - A. **For 6–8 months** → **At least 2 meals/day:** Yes/No
 - B. **For 9–11 months** → **At least 3 meals/day:** Yes/No
 - C. **For 12–23 months** → **At least 3 meals/day:** Yes/No
- iv. **Night -time feeding:** Was the child offered food at night in the past 24 hours? Yes/No
- v. **Meal Interval:** Average gap between meals/snacks (in hours): _____

c) Dietary Diversity

- i. **In the past 24 hours, did the child eat any of the following food groups?**
 - A. **Grains, roots, and tubers** (e.g. rice, wheat, maize, millet, bread, noodles, potatoes) Yes/No
 - B. **Legumes and nuts** (e.g. beans, lentils, peas, peanuts) Yes/No
 - C. **Dairy products** (e.g., milk, cheese, yogurt, infant formula) Yes/No
 - D. **Flesh foods (non-veg)** (e.g., meat, chicken, fish, liver, organ meats)
 - E. **Eggs**
 - F. **Vitamin A-rich fruits and vegetables** (e.g., carrot, pumpkin, mango, papaya, dark green leafy vegetables)
 - G. **Other fruits and vegetables**
- ii. How many food groups did the child consume yesterday? (A-G) → Total: _____
- iii. **Did the child consume from ≥ 4 food groups?** Yes/No

E. Any Nutritional Supplements

24. IFA supplementation being given as per recommendation: Yes/No
25. Albendazole provided as recommended: Yes/No
26. Vitamin A provided as recommended: Yes/No

F. Problem Identified

G. Counselling and Advice Given

1. At Individual Level (Mother/Caregiver)

2. At Family and Community Level

3. At Health System Level

ASSESSMENT OF GROWTH AND DEVELOPMENT OF THE CHILD (2-5Yrs)

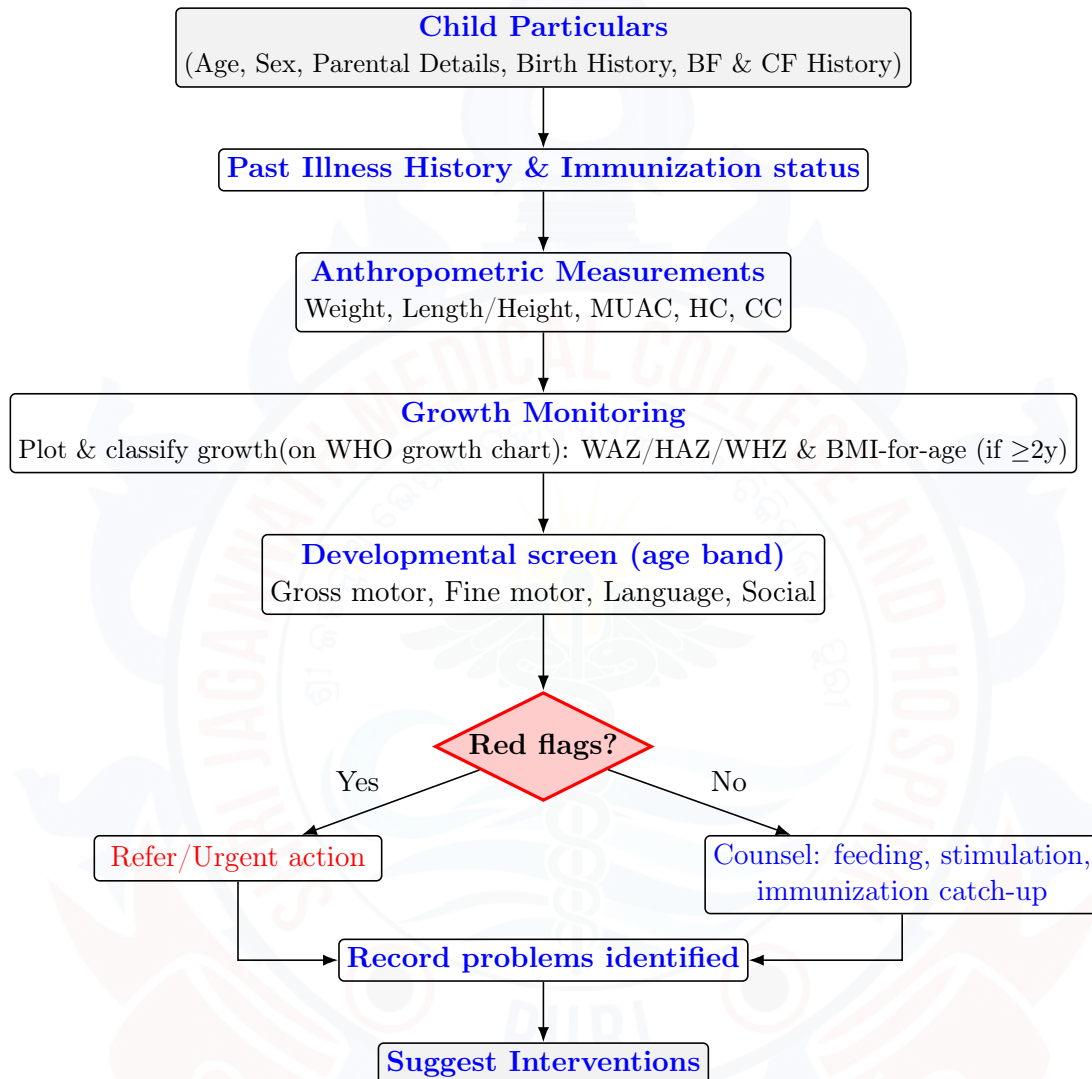


Figure 2.1: Flow of Growth & Development Assessment (2-5 Yrs.)

A. Child Particulars

1. **Name of the child:** _____
2. **Age:** _____ Month _____ Year
3. **Gender:** Male/Female
4. **Birth Weight:** _____ kg.
5. **Type of Delivery:** Normal / Caesarean / Forceps
6. **Initiation of Breastfeeding :** Immediately / <1 hr / 1-24 hrs / >24 hrs / Not initiated
7. **Exclusive breastfed for 6 months:** Yes/No
8. **Time of initiation of complementary feeding** _____ months
9. **any congenital defect:** Yes/No

B. Past Illness history & Immunization Status

10. **Recurrent common illness**
 - a) Frequent cough and cold: Yes/No
 - b) Repeated diarrhea episodes: Yes/No
11. **Serious illness/Hospitalization**
 - a) Any hospitalization?: Yes/No
 - b) If Yes, Reason _____
 - c) History of pneumonia: Yes/No
 - d) History of seizures/meningitis/encephalitis: Yes/No
12. **Congenital illness**
 - a) Congenital heart/kidney/liver disease: Yes/No
 - b) Any other long-term illness: _____
13. **Immunization Status**
 - a) At birth: _____
 - b) At 6 weeks: _____
 - c) At 10 weeks: _____
 - d) At 14 weeks: _____
 - e) At 9 months: _____
 - f) At 16-24 months: _____
 - g) At 5 years: _____
 - h) Others: _____

C. Anthropometric Measurements

- 14. Weight _____ kg.
- 15. Height _____ cm.
- 16. Mid-Upper Arm Circumference(MUAC) _____ cm.
- 17. Head Circumference(HC) _____ cm.
- 18. chest Circumference(CC) _____ cm.
- 19. BMI for children ≥ 2 yrs. _____ kg/m^2 .

C. Growth Monitoring

- 20. Height for Age(2-5 yrs.) BOYS

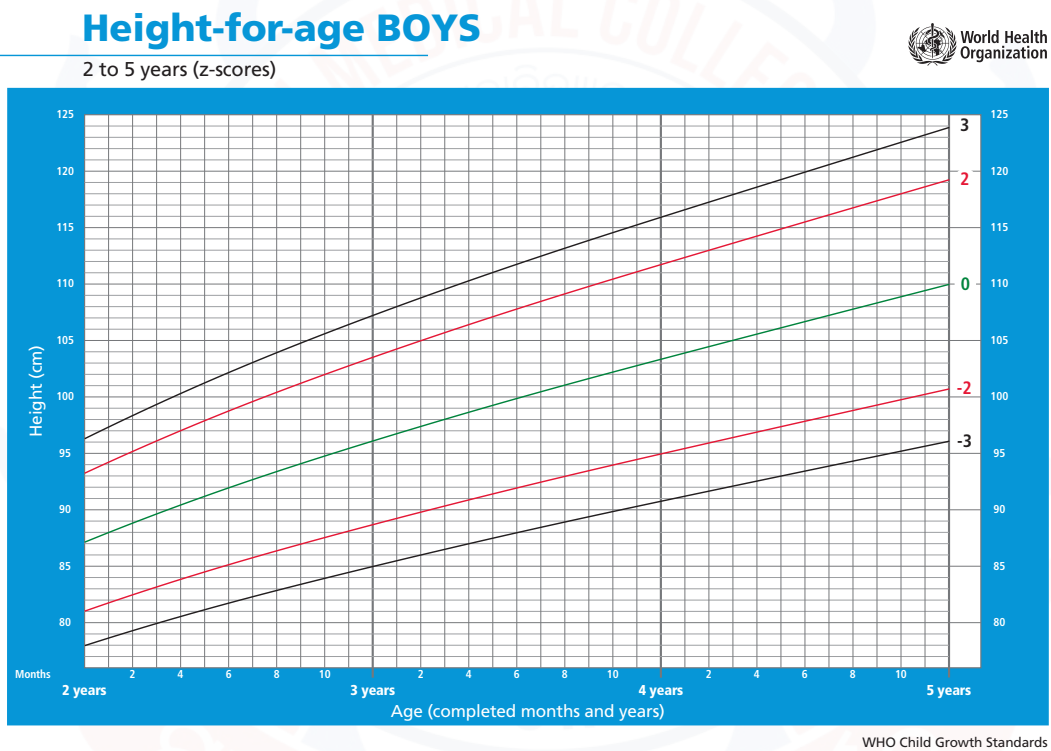


Figure 2.2: WHO Growth chart for the height-for-age for Boys

21. Height for Age(2-5 yrs.) GIRLS

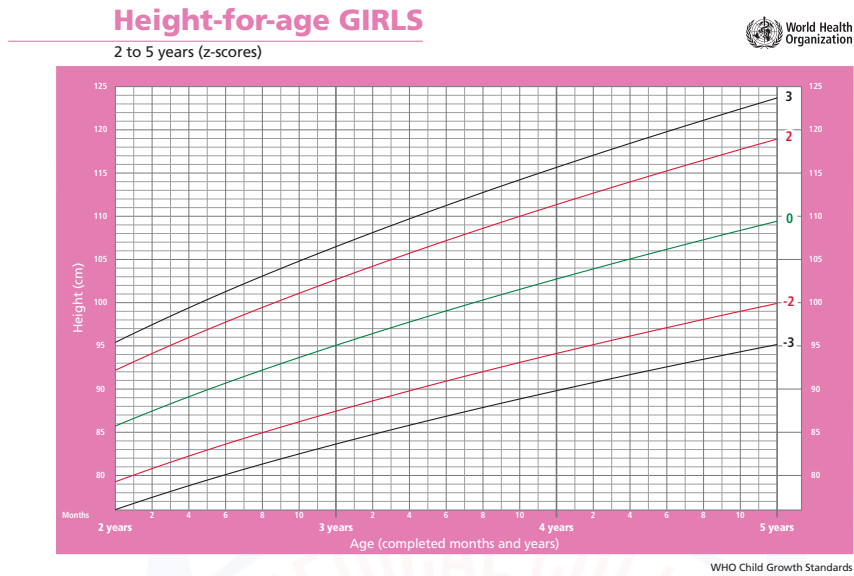


Figure 2.3: WHO Growth chart for the height-for-age for Girls

22. Weight for Age(2-5 yrs.) BOYS

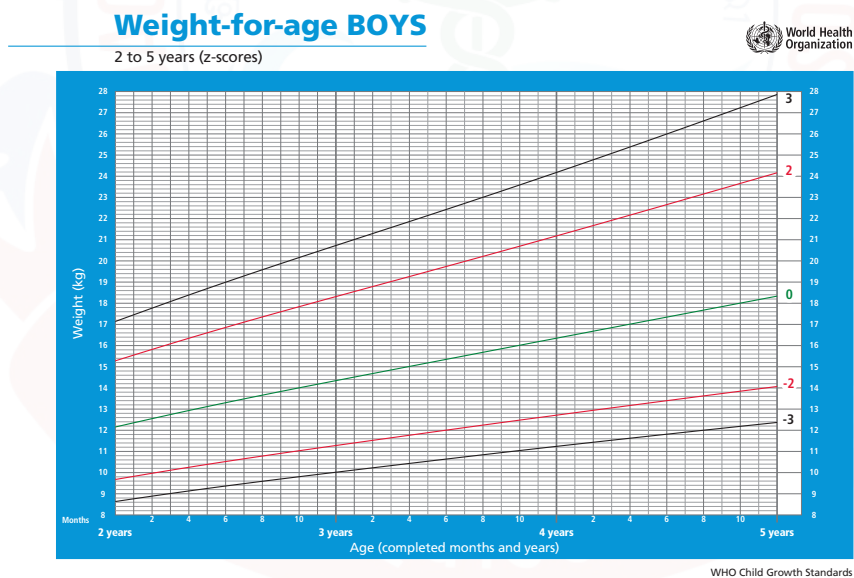
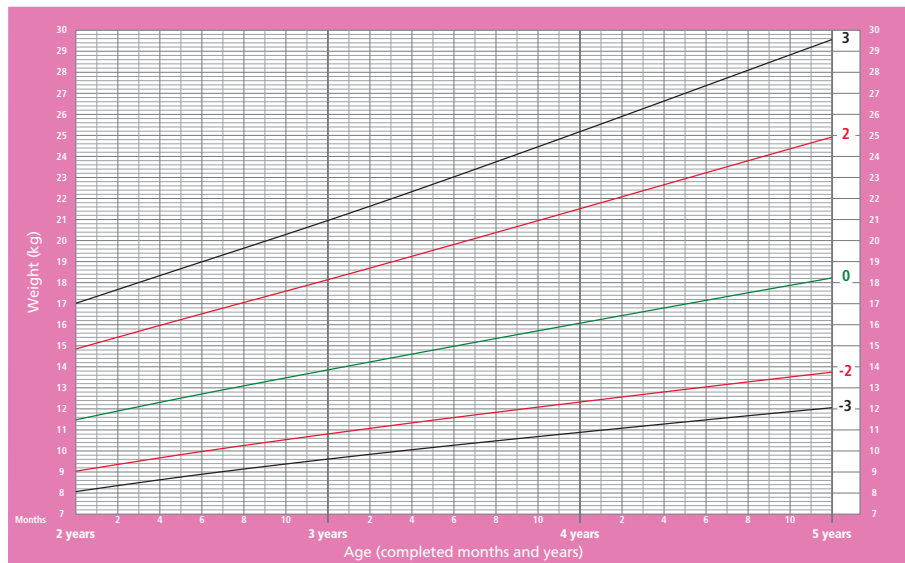


Figure 2.4: WHO Growth chart for the Weight-for-age for Boys

23. Weight for Age(2-5 yrs.) GIRLS

Weight-for-age GIRLS

2 to 5 years (z-scores)



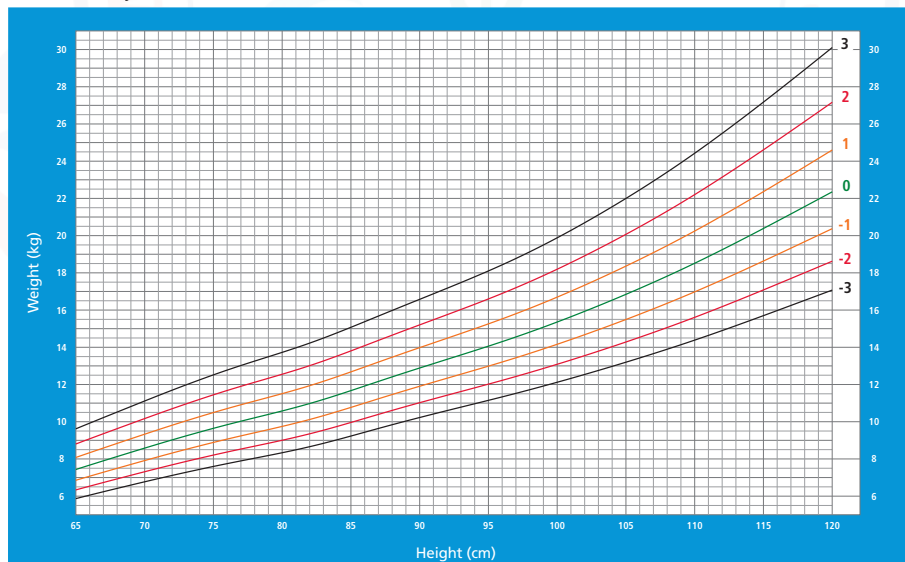
WHO Child Growth Standards

Figure 2.5: WHO Growth chart for the weight-for-age for GIRLS

24. Weight for height(2-5 yrs.) BOYS

Weight-for-height BOYS

2 to 5 years (z-scores)



WHO Child Growth Standards

Figure 2.6: WHO Growth chart for the weight-for-age for GIRLS

25. Weight for height(2-5 yrs.) GIRLS

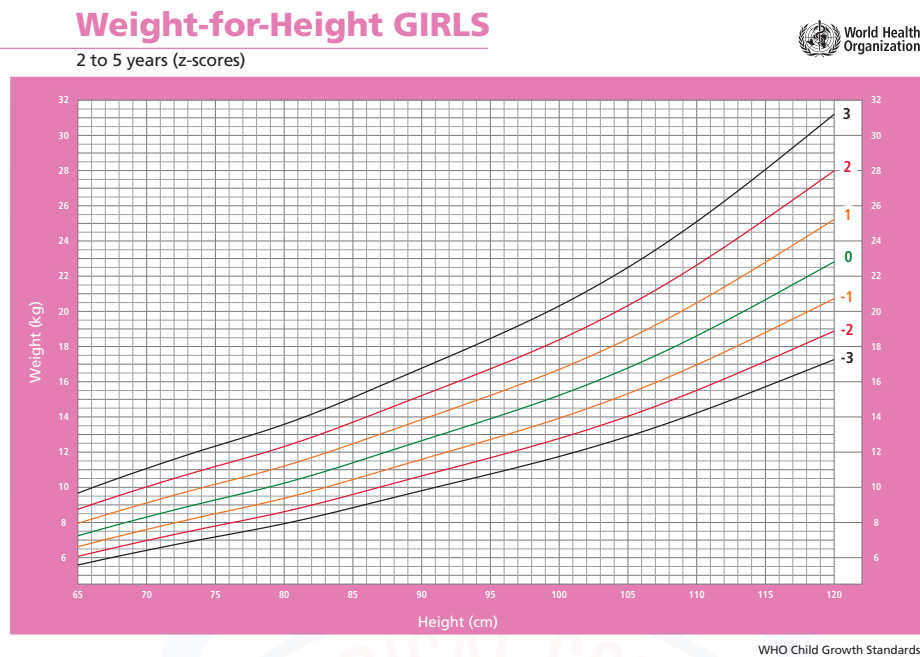


Figure 2.7: WHO Growth chart for the weight-for-age for GIRLS

26. Growth Assessment result

- a) **Weight-for-age:** Normal/Below 2SD/Below 3SD
- b) **Height-for-age:** Normal/Below 2SD/Below 3SD
- c) **Weight-for-height:** Normal/Below 2SD/Below 3SD

D. Developmental Screening

1. Age by 24 months

- a) Walks steadily even while pulling a toy- Yes/No
- b) Imitate Household chore- Yes/No
- c) Walks up and downstairs (two feet/steps)- Yes/No
- d) Can make tower of 6 blocks- Yes/No
- e) Ask for food/drink/toilet- Yes/No
- f) Correctly point out and name one or more body parts in person or in books- Yes/No
- g) 2-3 word sentences- Yes/No
- h) Can put on shoes and can undress completely- Yes/No

2. Age by 3 years

- a) Alternate feet go upstairs- Yes/No
- b) Rides tricycle- Yes/No

- c) Build Tower of 9- Yes/No
- d) Copies a circle- Yes/No
- e) Can dress and undress completely (if helped with buttons)- Yes/No
- f) Knows full name and gender- Yes/No

3. Age 4 years

- a) Alternate feet goes downstairs- Yes/No
- b) Unbuttons some buttons- Yes/No
- c) Copies cross- Yes/No
- d) Makes bridge with blocks- Yes/No
- e) Goes to toilet alone- Yes/No
- f) Plays co-operatively in a group- Yes/No
- g) Says song or poem- Yes/No

4. Age 5 years

- a) Dresses and undresses independently- Yes/No
- b) Copies Triangle- Yes/No
- c) Makes bridge and gate with tower- Yes/No
- d) Helps in Household task- Yes/No
- e) Counts from one to ten- Yes/No
- f) Asks meaning of words- Yes/No

E. Red Flag Signs

1. At 3 months

- a) No social smile
- b) No eye contact when being fed or cuddled
- c) Does not startle/wake up/ cry in response to sudden loud sound
- d) Head pushed back, with stiff arms and legs.
- e) Persistently hold thumb inside the palm, with hands kept open or fisted

2. At 6 months

- a) Lacks head control
- b) Cannot sit up even with help
- c) Does not grasp things within reach
- d) Does not vocalize by making different sounds such as “ah”, “eh”, “oo”
- e) Head and eyes do not move to follow/track a moving object.
- f) Unable to raise head when on tummy

3. At 9 months

- a) Cannot roll over
- b) Needs support to sit
- c) Inability to take weight on legs with support
- d) Does not turn towards a sound
- e) Does not utter pa.. pa..pa, ma.. ma, ba.. ba..ba, etc
- f) Tilts head always to one side each time when looking at objects

4. At 12 months

- a) Does not stretch hands to be picked up
- b) Cannot stand with assistance
- c) Cannot pick small object with thumb and index fingers
- d) Does not respond to own name
- e) Does not search for half hidden toys

5. At 18 months

- a) Cannot crawl (14 months)
- b) Cannot walk with assistance (15 month)
- c) Cannot stand on his/her own without support (17 months)
- d) Cannot walk alone (18 months)
- e) Cannot put small objects in a container
- f) Does not say single words like “mama” or “dada”
- g) Does not respond to mother’s gestures and seems to be in his/her own world
- h) Does not use both hands for everyday activities (preference for one hand)

6. At 24 months

- a) Does not walk steadily while pulling a toy
- b) Cannot scribble
- c) Does not use two-word phrases such as “give milk”
- d) Does not point to body parts
- e) Does not make appropriate response to gestures such as responding to bye-bye/namaste

F. Problem Identified

G. Counselling and Advice Given

1. At Individual Level (Mother/Caregiver)
2. At Family and Community Level
3. At Health System Level

3

ANNEXURE

ASSESSMENT OF ANTENATAL CASE

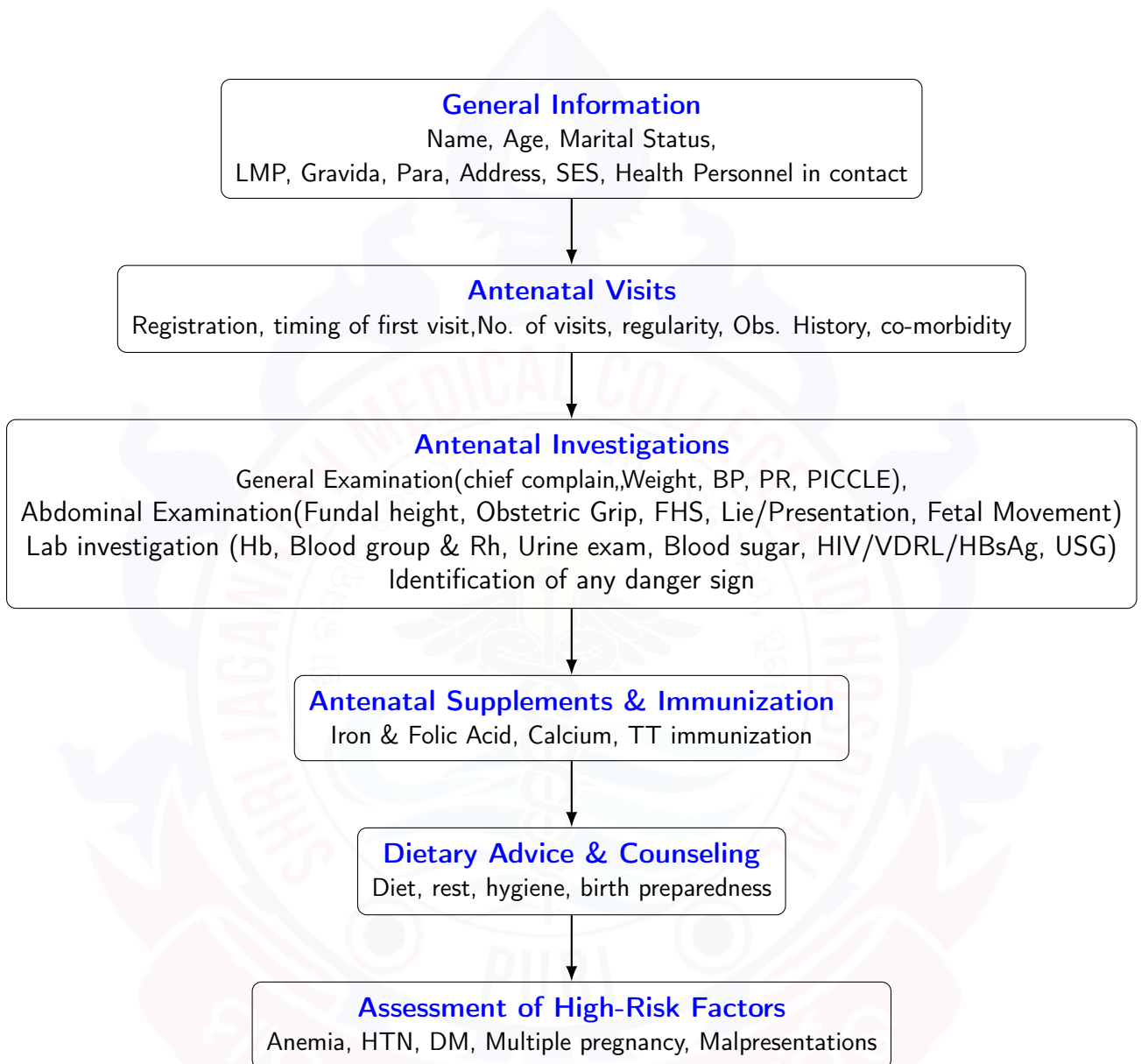


Figure 3.1: Flow Diagram: Assessment of Antenatal Care

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ANNEXURE

ASSESSMENT OF POST-NATAL CASE

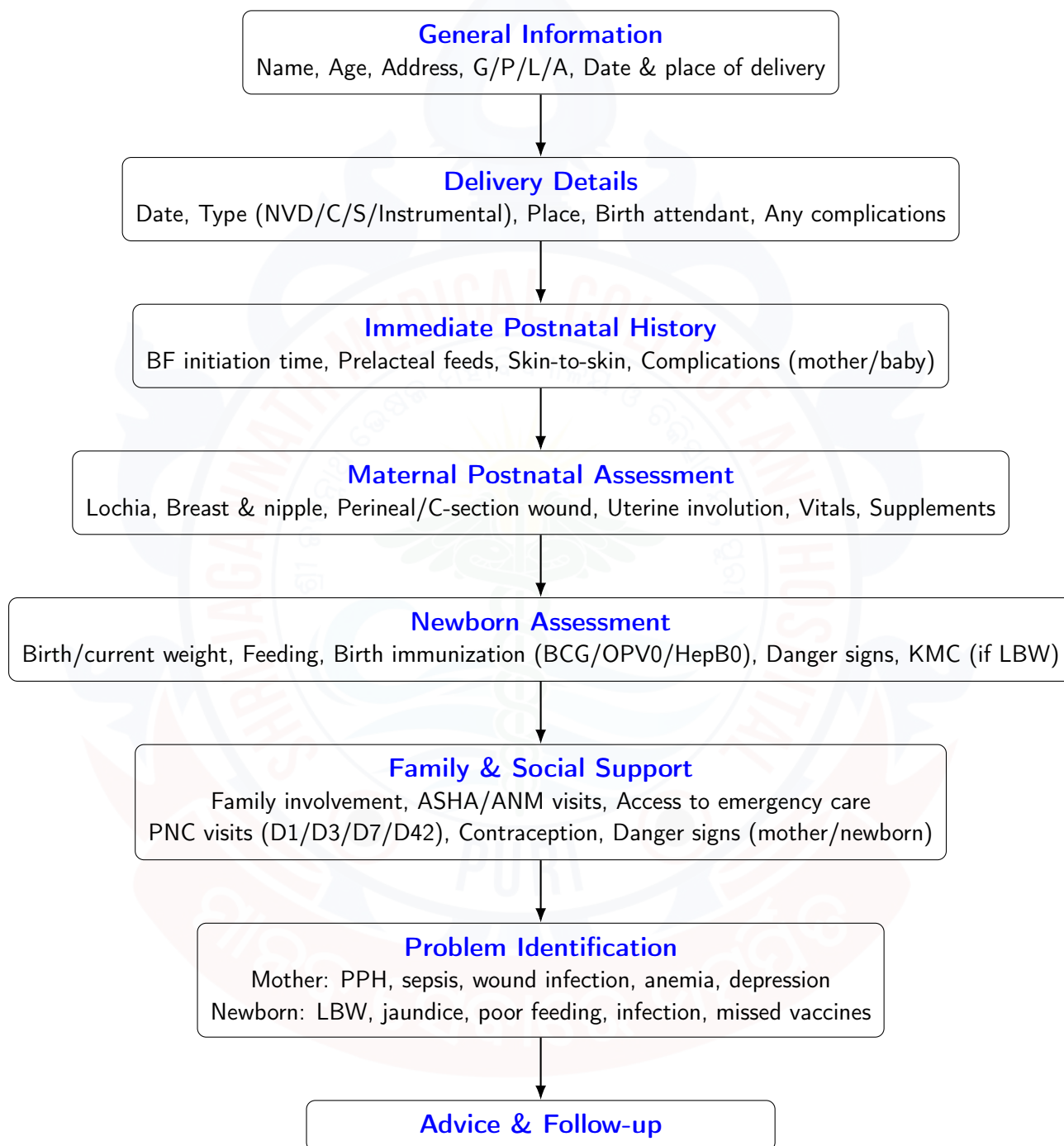


Figure 4.1: Flow Diagram: Postnatal Case Assessment

5

ANNEXURE

ASSESSMENT OF NON-COMMUNICABLE DISEASE (HTN & DM)

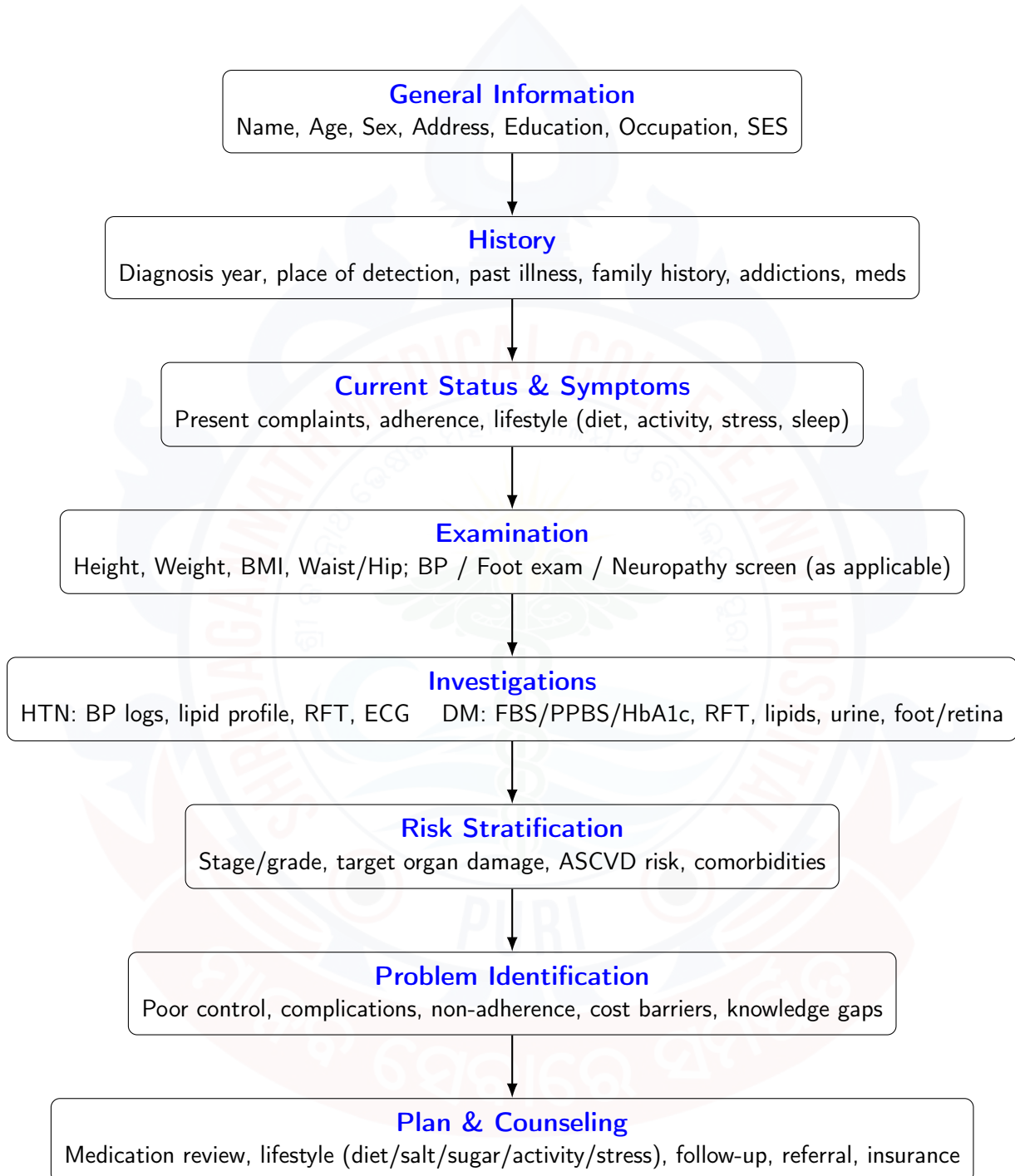


Figure 5.1: Flow Diagram: NCD Case Assessment (Reusable for HTN/DM)

6

ANNEXURE

ASSESSMENT OF GERIATRIC PERSON IN THE FAMILY

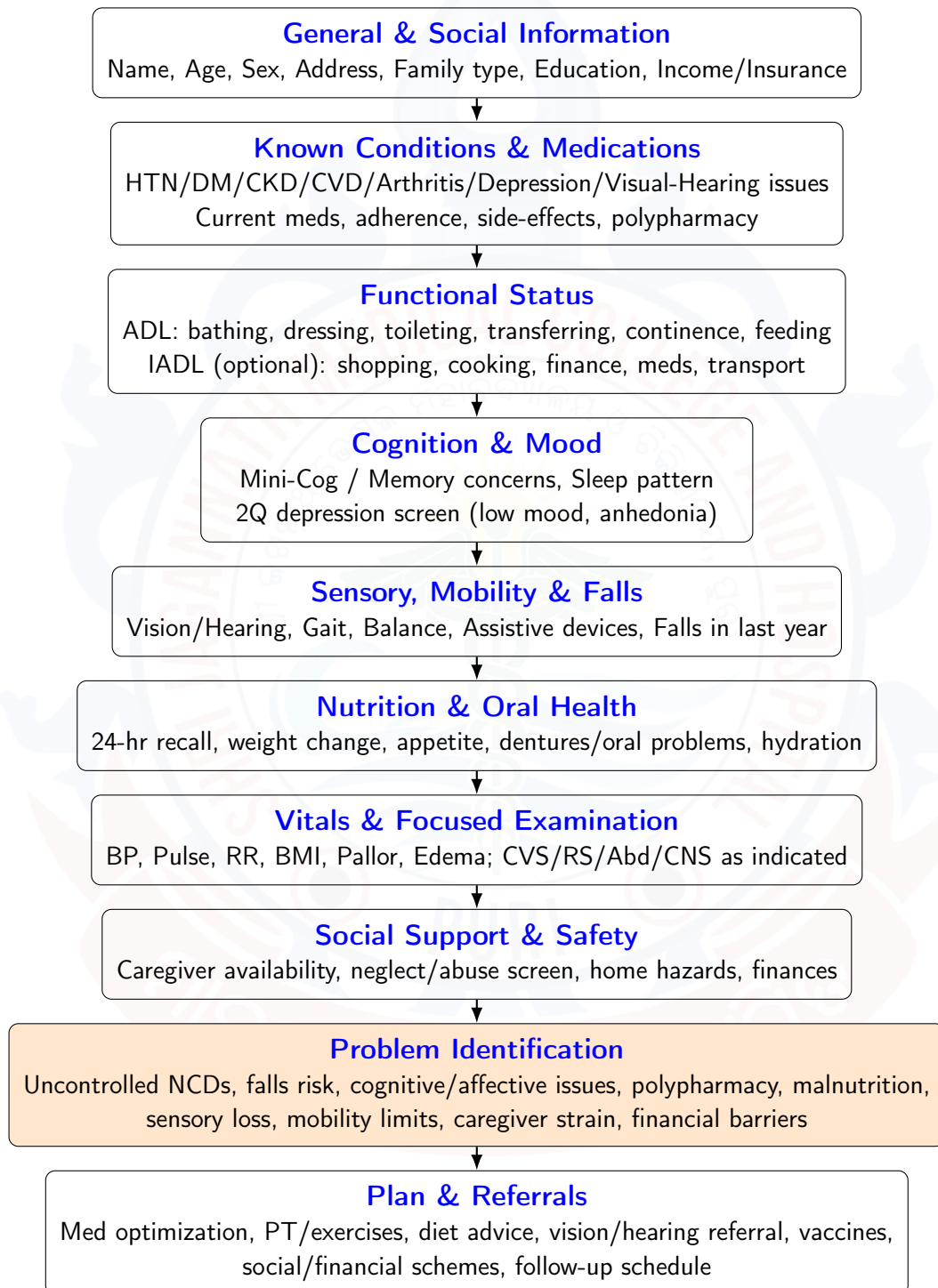


Figure 6.1: Flow Diagram: Assessment of Geriatric Person in the Family

7

ANNEXURE

ASSESSMENT OF ADOLESCENT GIRL

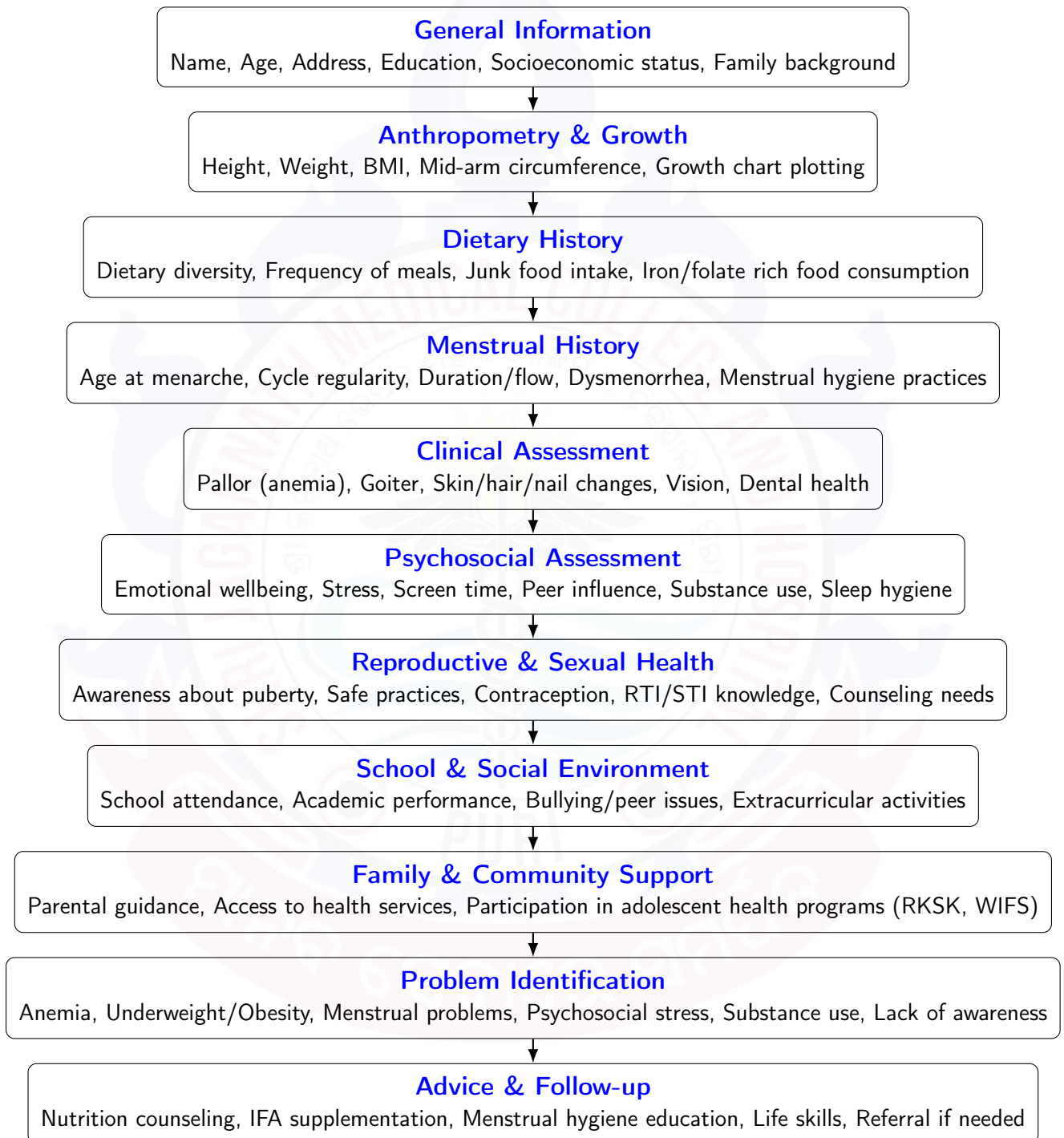


Figure 7.1: Flow Diagram: Adolescent Girl Assessment

Your Guide to Family study & Case Presentation

About the Book

Master family case studies in community medicine. This guide offers a [structured approach](#), essential for students and practitioners in family study and prepare the students for their Professional examination

About the Authors

Authored by [The Team](#) from the Department of Community Medicine, SJMCH, Puri. Experts dedicated to public health education.

