

APPENDIX – III

Morbidity Profile

Name of the Adolescent :

Student Code:

Sex :

1. Did you fall sick in past 15 days ?

1. Yes

2. No

☐

2. If yes, what illness were you suffering from ?

1. Fever / Malaria

1. Yes

2. No

9. N A

☐

2. Cold / Cough

1. Yes

2. No

9. N A

☐

3. Diarrhoea

1. Yes

2. No

9. N A

☐

4. Any others (specify)

1. Yes

2. No

9. N A

☐

3. What was the duration of the illness ?

1. < 4-5 days

☐

2. > 4-5 days

☐

3. Others (specify)

☐

4. What do you think could be the reasons for the illness ?

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5. What did you do ?

a. Go to doctor

1. Yes

2. No

3. N A

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b. Go to vaid/local hakim

1. Yes

2. No

3. N A

☐

c. Got medicines from the medical shop

1. Yes

2. No

3. N A

☐

d. Home remedies

1. Yes

2. No

3. N A

☐

e. None at all

1. Yes

2. No

3. N A

☐

f. Others (specify) _____

1. Yes

2. No

3. N A

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