

Data Collection Form

LMRF Portable Health Clinic Project: Standardized Health Assessment Data Collection Form

Project Title: LMRF Portable Health Clinic Project

Instructions for Health Assistants

This standardized form and informed consent form should be completed for all adult participants (≥ 18 years) receiving services through the Portable Health Clinic Project. All measurements should be conducted using calibrated equipment following standard protocols. Data should be entered into the GramHealth PHC software system on the same day of assessment.

Informed Consent for the Participants

You are being invited to receive health services through the LMRF Portable Health Clinic. The purpose of this service is to assess your general health through routine measurements such as blood pressure, blood glucose, hemoglobin, height, and weight using calibrated equipment and standard procedures. Your participation is voluntary. The information collected during this health assessment will be recorded in the GramHealth Portable Health Clinic software system on the same day of assessment. Your data will be kept confidential, stored securely, and de-identified before being used for health monitoring and public health research purposes. Your name or personal identifiers will not be included in any reports or publications.

You may refuse to participate or withdraw at any time without affecting your access to healthcare services. If any abnormal results are found, you will be informed and advised on appropriate follow-up care.

If you have any questions, you may ask the health assistant at any time.

Consent

☐ I am 18 years of age or older.

☐ I have read (or had explained to me) the above information.

☐ I voluntarily agree to receive services and allow my anonymized health information to be used for health monitoring and research purposes.

Participant's verbal consent obtained: ☐ Yes ☐ No

Date:

Name/Code of Health Assistant:

Section 1: Participant Identification and Demographics

Item	Variable	Response/Measurement
1.1	Participant ID	(auto-generated by system)
1.2	Date of Assessment	DD / MM / YYYY: / _____
1.3	Location - Union	☐ Daulatpur ☐ Narayanhat ☐ South Silmuri ☐ Goliara
1.4	Location - Village	_____
1.5	Name	(de-identified in dataset)
1.6	Age (years)	_____ years
1.7	Gender	☐ Male ☐ Female
1.8	Marital Status	☐ Unmarried ☐ Married ☐ Widowed ☐ Divorced/Separated
1.9	Primary Occupation	☐ Farmer ☐ Homemaker ☐ Day laborer ☐ Business ☐ Service ☐ Student ☐ Unemployed ☐ Other: _____
1.10	Education Level	☐ No formal education ☐ Primary (1-5 years) ☐ Secondary (6-10 years) ☐ Higher secondary (11-12 years) ☐ Graduate and above
1.11	Household Size	_____ persons

Section 2: Anthropometric Measurements

Instructions: Measure height and weight with minimal clothing, no shoes. Measure waist at midpoint between lowest rib and iliac crest. Measure hip at maximum circumference. Record to nearest 0.1 cm or 0.1 kg.

Item	Variable	Measurement	Unit	Normal Range
2.1	Height		cm	Adult: >140 cm
2.2	Weight		kg	Adult: 40-150 kg
2.3	Body Mass Index (BMI)	_____	kg/m ²	Auto-calculated: Weight(kg)/Height(m) ²
2.4	Waist Circumference		cm	M: <90 cm, F: <80 cm
2.5	Hip Circumference		cm	--
2.6	Waist-to-Hip Ratio		ratio	Auto-calculated: Waist/Hip

Section 3: Vital Signs Assessment

Instructions: Blood pressure measured after 5 minutes rest in seated position using calibrated aneroid sphygmomanometer. Record two readings 5 minutes apart; use average. Temperature and SpO₂ measured using digital devices.

Item	Variable	1 st Reading	2 nd Reading	Average/Final	Unit
3.1	Systolic Blood Pressure				mmHg
3.2	Diastolic Blood Pressure				mmHg
3.3	Pulse Rate		--		beats/min
3.4	Body Temperature		--		°F
3.5	Blood Oxygen Saturation (SpO ₂)		--		%

Action Required: ☐ Referral for hypertension ☐ Counseling provided ☐ No action needed

Section 4: Point-of-Care Laboratory Tests

Instructions: Blood tests conducted using portable diagnostic analyzers integrated in Portable Health Clinic. Follow manufacturer protocols. Ensure quality control daily. Record exact values.

Item	Variable	Result	Unit	Reference Range
4.1	Blood Glucose (Random/Fasting*)		mg/dL	Fasting: <126 mg/dL; Random: <200 mg/dL
4.2	Hemoglobin		g/dL	Male: ≥13 g/dL; Female: ≥12 g/dL
4.3	Total Cholesterol		mg/dL	Desirable: <200 mg/dL
4.4	Uric Acid		mg/dL	Male: 3.4-7.0 mg/dL; Female: 2.4-6.0 mg/dL

Action Required: ☐ Referral for diabetes ☐ Referral for anemia ☐ Counseling provided ☐ No action needed

Section 5: Medical History and Current Conditions

Item	Variable	Response
5.1	Previously diagnosed with diabetes?	☐ Yes ☐ No ☐ Don't know
	If Yes, duration: _____ years	Currently on medication: ☐ Yes ☐ No
5.2	Previously diagnosed with hypertension?	☐ Yes ☐ No ☐ Don't know
	If Yes, duration: _____ years	Currently on medication: ☐ Yes ☐ No
5.3	Previously diagnosed with heart disease?	☐ Yes ☐ No ☐ Don't know
5.4	Previously diagnosed with kidney disease?	☐ Yes ☐ No ☐ Don't know
5.5	Previously diagnosed with anemia?	☐ Yes ☐ No ☐ Don't know
5.6	Family history of diabetes?	☐ Yes ☐ No ☐ Don't know
5.7	Family history of hypertension?	☐ Yes ☐ No ☐ Don't know
5.8	Current tobacco use?	☐ Never ☐ Former ☐ Current
	If current, type:	☐ Cigarettes ☐ Bidi ☐ Smokeless tobacco ☐ Other: _____

Section 6: Primary Clinical Assessment and Findings

Abnormal Findings Identified (check all that apply):

Finding	Identified	Value	Severity
Hypertension	☐ Yes ☐ No	BP: / mmHg	☐ Stage 1 ☐ Stage 2
Hyperglycemia	☐ Yes ☐ No	Glucose: _____ mg/dL	☐ Pre-diabetes ☐ Diabetes range
Anemia	☐ Yes ☐ No	Hb: _____ g/dL	☐ Mild ☐ Moderate ☐ Severe
High Cholesterol	☐ Yes ☐ No	Cholesterol: _____ mg/dL	☐ Borderline ☐ High
Obesity	☐ Yes ☐ No	BMI: _____ kg/m ²	☐ Overweight ☐ Obese
Other	☐ Yes ☐ No	Specify: _____	

Section 7: Counseling and Referral

Counseling Provided:

Topic	Counseling Given
Healthy diet	☐ Yes ☐ No ☐ N/A
Physical activity	☐ Yes ☐ No ☐ N/A
Medication adherence	☐ Yes ☐ No ☐ N/A
Blood pressure control	☐ Yes ☐ No ☐ N/A
Blood sugar control	☐ Yes ☐ No ☐ N/A
Iron-rich foods (anemia)	☐ Yes ☐ No ☐ N/A
Weight management	☐ Yes ☐ No ☐ N/A
Tobacco cessation	☐ Yes ☐ No ☐ N/A

Section 08: Referral Status

☐ **No referral needed:** Participant counseled, no urgent intervention required

☐ **Referral made:** Complete details below:

Referral Details
Reason for referral: ☐ Uncontrolled hypertension ☐ Suspected diabetes ☐ Severe anemia ☐ Other: _____
Referred to: ☐ PHC Doctor ☐ Public Hospital ☐ Private Hospital ☐ Other: _____
Urgency: ☐ Routine ☐ Urgent ☐ Emergency
Referral slip provided: ☐ Yes ☐ No
Family counseled about referral: ☐ Yes ☐ No

Section 09: Personnel Information and Signatures

Role	Name	Signature	Date
Health Assistant (DMT)	_____	_____	_____
ICT Assistant	_____	_____	_____
Supervising Physician (if consulted)	_____	_____	_____

Section 10: Quality Control Checklist

- ☐ Informed Consent taken
- ☐ Participant ID verified and unique
- ☐ All mandatory fields completed
- ☐ Measurements within plausible ranges
- ☐ Abnormal findings flagged and appropriate action taken
- ☐ Counseling/referral documented appropriately
- ☐ Participant confidentiality maintained
- ☐ Form reviewed by supervisor
- ☐ Data entered into electronic system and verified

Notes and Additional Comments
