



**NARAYNA AROGYA CHAITHANYALAYA**  
**A Health Initiative**

**ASSESSMENT OF NUTRITIONAL STATUS**

Name:

Age:

Sex:

Education

Occupation

Address with phone No:

Menstrual history

Height:

Weight:

BMI:

Mid arm circumference

Skin fold thickness:

Food habits:

Other habits:

**Nutrition focused physical signs:**

Skin :

Nails:

Hair:

Eyes:

Oral cavity:

**INTERPRETATION:**





**NARAYANA AROGYA CHAITHANYALAYA**  
**A Health Initiative**

**ASSESSMENT OF OBESITY**

Name:

Age:

Sex

Skin fold thickness:

Address with phone no:

Family history of obesity:

Menstrual history

Height:

Weight:

BMI:

Mid arm circumference

Skin fold thickness:

Food habits:

Other habits:

Activities of daily living:

Anxiety & depression :





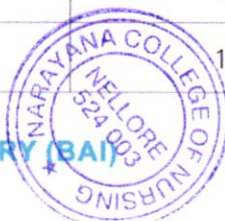
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A HEALTH INITIATIVE

## ANXIETY ASSESSMENT SCALE

	Not at all	Mildly, but it didn't bother me much	Moderately – it wasn't pleasant at times	Severely – it bothered me a lot
Numbness or tingling	0	1	2	3
Feeling hot	0	1	2	3
Wobbliness in legs	0	1	2	3
Unable to relax	0	1	2	3
Fear of worst happening	0	1	2	3
Dizzy or lightheaded	0	1	2	3
Heart pounding / racing	0	1	2	3
Unsteady	0	1	2	3
Terrified or afraid	0	1	2	3
Nervous	0	1	2	3
Feeling of choking	0	1	2	3
Hands trembling	0	1	2	3
Shaky / unsteady	0	1	2	3
Fear of losing control	0	1	2	3
Difficulty in breathing	0	1	2	3
Fear of dying	0	1	2	3
Scared	0	1	2	3
Indigestion	0	1	2	3
Faint / lightheaded	0	1	2	3
Face flushed	0	1	2	3
Hot / cold sweats	0	1	2	3

SOURCE: BECK ANXIETY INVENTORY (BAI)





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**ASSESSMENT OF ACTIVITIES OF DAILY LIVING**

Waking up time:

Bowel habits :

Exercises:

If yes

Type of exercise

Duration of exercise

Personal hygiene:

Sleeping time:

No of sleeping hours on average:



*B. Anuj*

Principal  
NARAYANA COLLEGE OF NURSING  
Chinthareddypalem,  
NELLORE - 524 003





# NARAYANA AROGYA CHAITHANYALAYA

*A Health initiative*

## REGISTRATION FORM

**Age:**

**Sex:**

**Education:**

**Occupation:**

**Address:**

**Health history:**

**Personal history:**

**Family history :**

**Comorbid condition:**

**Drug free interventions:**

**Home advice:**

**Follow up date:**

*B. Anuj*



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**FEEDBACK FORM**

Name of the

Visitor:

Age:

Address:

Have you attended this type of program before:

Criteria	Very satisfied	Satisfied	Neutral	Unsatisfied
Content:				
Usefulness				
Overall satisfaction:				

Would you recommend this services to others:

Suggestions:



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