## FAMILY HEALTH REGISTER

**Form 1**

<table>
<thead>
<tr>
<th>SI.NO</th>
<th>Name Of the Family Member</th>
<th>Name of the Head Of the Family</th>
<th>Whether Usual Resident (Yes/No)</th>
<th>Age With Sex (Date Of Birth if possible)</th>
<th>Marital Status</th>
<th>Education</th>
<th>Occupation</th>
<th>Income</th>
<th>Number Of Living Children</th>
<th>M/F</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Instructions for filling up of family Health Register

**Col 1**: This should be running number starting from (1) for each family separately.

**Col 2**: Name of all the members of the family should be given in this column. Casual; Members may also be shown in this column, if they start for long.

**Col 3**: Head of the family shall be the same for casual members also.

**Col 4**: Nature of stay of member may be shown here.

**Col 5**: The age of each member should be entered in complete years against his/her name.