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Mississippi Health Project

Alpha Kappa Alpha Sorority

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Mississippi Health Project Blank Draft Report

Alpha Kappa Alpha

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ALPHA KAPPA ALPHA

CHART NO.	Surname	First Name	Address
			Plantation
Age	No. Children	Occupation or School	Plantation Owners Name
Previous Physician	Date Treated	Complaint	
Address			
Previous Treatment		Blood Test Diag.	Date
Present Complaint		Reexamination and Progress Notes	
Lesion	Date appeared	Character Location	
Height	Weight	Blood Pressure Sys. Dias.	
Lungs	Heart	Pupils	
Diagnosis		Reflexes	
V. D. HISTORY			
		Dental Care	Dentist
Examined by		Date	

NEUROLOGY AND PSYCHIATRIC

EYE FINDINGS

SPECIAL HEART FINDINGS

CHART NO.	Social Record	No. in family	Adults Children	Date
Surname		First Name		Address
				Plantation
Kin	Members of Household	Birthdate	Birthplace	* Owners Name
			Number Rooms including Kitchen Number of beds	Have you other relatives? Where?
			Does Plantation owner Provide house?	Do you receive cash each month, week, year? How much last year? Do you receive Scrip - Furnish?
			Do you own any Real Property, Live Stock?	What foods are provided in commissary?
			Length of Residence on this plantation	What do you usually eat for Breakfast
			Length of time on job or plantation prior to this	Lunch Supper
			Reason for leaving	
			Condition of House Good, Fair, Bad Does roof leak?	Source of water supply - cistern, well, spring, hydrant, river, creek How far from house?
			Screens Doors Windows	Work hours per day
	Education HS	College	Bath Tub - yes, no Toilet - inside, outside	Do you work - Spring, Summer, Fall, Winter? How? Are you employed after crop is gathered?
	What grade did you complete last? Have you had any other training? Where? When? What kind? Would you attend night school if one was available? yes no What would you like to study?		Furniture - Good Fair Bad	
			Does patient sleep alone?	Can you purchase - Fruits, Vegetables elsewhere?
			Number of beds	Do you have a truck garden?
			Member of church	
			Religion	

WASSERMAN V. D. HISTORY

Exposed	Ago	Prostitute	Clandestine	Date Lesion appeared	Location		
Name	Address	Contact		Character			
				Adenitis	Date		
No. attacks urethritis G. C. last.	D W M	Ago	Treatment				
	yes no D W M	Ago		Eruption			
Complications	Stricture	Epididymitis	Prostatitis	Arthritis	Character		
Discharge	Occasional	A.M.	All Day	Slight	Profuse		
Mucoid	Purulent	Watery	Thick	Bloody	Mucous Patches-Mouth		
Urinary Frequency	Day		Night		Condolomata		
Pain	Burning	Before	During	After	Slight	Profuse	
						Other Lesion	
Incontinence	Urgency		Dribbling	Retention		Mental Condition	
Pus	Epithelium	Mucus	Bacteria	G.C.		Pupils-Reflexes	
Urine	1. Clear	Hazy	Cloudy	Shreds	Blood	Romberg	Hemoglobin
	2. Clear	Hazy	Cloudy	Shreds	Blood		
Scrotum Rt. Cord	Tender	Thick	Painful	Normal		Blood Pressure Sys.	Dias
	Lt. Cord	Tender	Thick	Painful	Normal		
Rt. Epidid. Enlarge.	Tender	Hard	Soft	Normal		Heart	Lungs
Lt. Epidid. Enlarge.	Tender	Hard	Soft	Normal			
Prostate	Firm	Heartshape	Enlarged			Height	Weight
	Soft	Fluctuant	Flat	Broad	Painful		
Median Groove	R. Vesicle	L. Vesicle	Stricture				
Urine	Smears and	Complaints and					
Date Dis.	Cultures	Treatments					
	D						
	O						
	H						