

ANNEXURE I

Interview scheduled for AWWs: ICDS services

A. GENERAL INFORMATION:

- a.1] Name of the Anganwadi worker:
a.2] Contact No. of Anganwadi worker:
a.3] Anganwadi no.:
a.4] Zone: a.6] Ghatak:
a.5] Anganwadi Centre Address:

a.6] Supervisors Name & Contact No.:

B. AWW's PERSONAL INFORMATION

b.1]	Age of AWW	18-25	1
		26-35	2
		36-45	3
		46- 60	4
		> 60	5
b.2]	Educational qualification	Illiterate	1
		4 th – 7 th	2
		8 th – 10 th	3
		11 th – 12 th	4
		Up to Degree	5
b.3]	Marital status	Single	1
		Married	2
		Divorced	3
		Widowed	4
b.4]	Religion	Hindu	1
		Muslim	2
		Jain	3
		Christian	4
		Other	5
b.5]	Caste	Open	1
		SC	2
		ST	3
		DT	4
		Other	5
b.6]	Mother tongue	Gujarati	1
		Hindi	2
		Marathi	3
		Urdu	4
		Other	5
b.7]	Given better job opportunity will you leave this job	Yes	1
		No	2
b.8]	Do you stay in this area?	Yes	1

		No	2
b.9]	What is the distance between workplace & residence (Kms)?	Upto 2 Kms 2-5 Kms 5-7 Kms Above 7 Kms	1 2 3 4
b.10]	Since how many years are you working as AWW (years)		
b.11]	Did you receive any training before starting work in ICDS?	Yes No	1 2
b.12]	If no, then after how long did you receive training (months)		
b.13]	Did your training include:		
	b.13.1] Growth Monitoring	Yes No	1 2
	b.13.2] Supplementary food& IYCF practices	Yes No	1 2
	b.13.3] Nutrition Health education	Yes No	1 2
	b.13.2] Maternal & child care	Yes No	1 2
	b.13.2] common childhood illness	Yes No	1 2
b.14]	Did you experience any difficulty in understanding the content of your training?	Yes No	1 2
b.15]	Did you receive refresher training?	Yes No	1 2
b.16]	If yes, how many months back (months)		

C. ANGANWADI DETAILS

c.1]	Describe Anganwadi building	RCC RCC with cement roof Brick wall with tin roof Other	1 2 3 4
c.2]	What is the major type of your community populations?	Migratory Permanent	1 2
c.3]	Which is the major profession followed by the community?	Daily wage labour work Monthly labour work Self employed Domestic servants service	1 2 3 4
c.4]	which religion does your community population majorly belong to	Hindu Muslim Jain	1 2 3

		Christian	4
		Other	5
c.5]	which caste does your community population majorly belong to	Open	1
		SC	2
		ST	3
		DT	4
		Other	5
c.6]	How many Beneficiaries are enrolled in your AWC?	Beneficiary 6 months to 1 year 1 year – 3 years 3 years- 5 years 5 years – 6 years Pregnant woman Lactating mothers Adolescent girls	
c.7]	How many regularly attend AWC		
c.8]	How many children in your AWC are in yellow band?		
c.9]	How many children in your AWC are in red band?		
c.10]	Does the Anganwadi have toilet facility?	Yes No	1 2
c.11]	When was the last visit of the supervisor?		
c.12]	What were the problems discussed and solution given?		
c.13]	Is any NGO involved with the community?	Yes No	1 2
c.14]	If yes, what work does the NGO do?		

D. KNOWLEDGE, ATTITUDE & PRACTICES OF AWW: Supplementary Nutrition & IYCF

d.1]	What should be given to the child immediately after birth	breast milk water prelacteals top milk nothing other	1 2 3 4 5 6
d.2]	If pre-lacteals, then why?	to remove dirt from child's stomach inculcates sanskar due to no breast milk secretion initially elders advised do not know others	1 2 3 4 5
	Colostrum Feeding		
d.3]	Do you think colostrum should be fed to the child immediately after birth?	Yes No Don't know	1 2 3

d.4]	If yes, why?	Child becomes healthy Colostrum is nutritious and energy dense Provides immunity others	1 2 3 4
d.5]	If no, why?	Unhealthy for the child It is dirty It is stale Don't know others	1 2 3 4 5
	Initiation of Breast Feeding		
d.6]	How long after birth should the child be put to breast? (hours)		
d.7]	Till what age should the child be exclusively breast fed? (months)		
d.8]	When a mother feeds her child, she should:	Empty one breast first before offering other Give little milk from both breasts at each feed	1 2
d.9]	When should one begin to give water to the child? (months)		
	Complementary Feeding		
d.10]	From what age should the top milk/foods should be introduced? (months)		
d.11]	What are the benefits of giving complementary foods to the child?	Child remains healthy Child becomes playful Child sleeps well Child does not fall ill Don't know others	1 2 3 4 5 6
d.12]	Why should we not delay weaning after 6 th month?		
d.13]	How much food and how often in a day should complementary foods be fed to the child?		
	Type of food	Amount per serving (Std cups)	No. of times
	Feeding During and After Illness		
d.14]	If mother is ill, should she breast feed her child? Reason the answer:	Same as before Less than before Stop breast feeding The amount child demands	1 2 3 4
d.15]	If child is ill, should she breast feed her child? Reason the answer:	Same as before Less than before Stop breast feeding The amount child demands	1 2 3 4

d.16]	If child is receiving complementary foods, should she breast feed her child? Reason the answer:	Same as before Less than before Stop breast feeding The amount child demands	1 2 3 4
	Health Seeking belief & Practice		
d.17]	What should be done when a child falls ill?	Go to the doctor Go to AWW Go to faith healer/get rid of evil eye Wait for the child to get well by himself/herself Try some home remedies Refer to older women Increase the amount of food given others	1 2 3 4 5 6 7 8 9
d.18]	What do you think is the cause of malnutrition?	Evil eye Food deficiency Illness & infection Don't know others	1 2 3 4 5

D.A] Checklist to assess practices of AWW regarding SN: (Observe and report)

PRACTICE	Yes/No	Remark/ Note
Attendance during spot feeding		
Does the AWW correctly estimate the Nutritional requirement of each child		
Is the cup standardized? (check)		

E. KNOWLEDGE, ATTITUDE & PRACTICES OF AWW: Growth Monitoring

e.1]	What are the objectives of growth monitoring/ why is it done?		
e.2]	Who are the beneficiaries of this service?		
e.3]	How do you use the information given in the growth card?		
e.4]	Have you fixed some time for growth monitoring every month?	Yes No	1 2
e.5]	Out of the most children, who are weighed more often/ regularly?	Boys Girls both	1 2 3
e.6]	Do you experience any difficulty in implementing this service?	Yes No	1 2
e.7]	If yes, describe:		
e.8]	Give suggestions to improve this service (probe: by NGO)		

F. KNOWLEDGE, ATTITUDE & PRACTICES OF AWW: Food and Nutritional Supplementation

f.1]	What is the objective of food supplementation?		
f.2]	Who are the beneficiaries?		
f.3]	Is there any change in the health status of children after receiving supplementary food?	Yes No	1 2
f.4]	Do beneficiaries like balbhog?	Yes No	1 2
f.5]	Do beneficiaries like breakfast?	Yes No	1 2
f.6]	Do beneficiaries like lunch from Akshay patra?	Yes No	1 2
f.7]	Do children consume the entire food supplement given at AWC	Yes No	1 2
f.8]	If no, how much is taken home?	Completely taken home > half taken home < half taken home	1 2 3
f.9]	If the beneficiaries demand second helping do you serve them?	Yes No	1 2
f.10]	What do you do with the left over food?		
f.11]	Do you maintain record for this service?	Yes No	1 2
f.12]	If yes, how?		
f.13]	What is the amount of food given to each child		
f.14]	Which nutritional supplements are given to children		
f.15]	Children of which age receives the above mentioned supplements?		
f.16]	How many IFA tablets should a pregnant female receive?		
f.17]	what is ORS?		
f.18]	Do you distribute ORS? When?	Yes No	1 2
f.19]	Give suggestions to improve this service (probe: by NGO)		

G. KNOWLEDGE, ATTITUDE & PRACTICES OF AWW: Nutrition & Health Education

g.1]	What are the objectives of NHE service?		
g.2]	Who are the beneficiaries?		
g.3]	How do mothers benefit from this service?		

g.4]	Which audio-visual aids are used by you to impart this service?		
g.5]	Do you keep record for this service?	Yes No	1 2
g.6]	If yes, how?		
g.7]	In one month how many times do you hold NHE?	Once Twice Thrice > 3 times	1 2 3 4
g.8]	Which topics did you cover under NHE in the past 3 months?		
	Topics	Beneficiaries	
g.9]	Does NHE make any difference in their Health status?	Yes No	1 2
g.10]	If yes, what difference?		
g.11]	Do you experience any difficulty in giving NHE?	Yes No	1 2
g.12]	If Yes, give details:		
g.13]	Give suggestions to improve this service (probe: by NGO)		

ANNEXURE II

Observation Check List for Investigator

GENERAL INFORMATION:

- 1] Name of the Anganwadi worker:
- 2] Contact No. of Anganwadi worker:
- 3] Anganwadi no.:
- 4] Zone: 6] Ghatak:
- 5] Anganwadi Centre Address:

- 6] Supervisors Name & Contact No.:

A. Growth Monitoring

Sr. No.		observation	Code
a.1]	Monitors the child growth how frequently		
a.2]	Salter scale correctly placed at the eye level of AWW	Yes No	1 2
a.3]	Correctly plots on growth chart	Yes No	1 2
a.4]	Any explanation given to mother?	Yes No	1 2
a.5]	What explanation given?		
a.6]	Adjust the scale to zero before weighing	Yes No	1 2
a.7]	Correctly weighs the child (ask her to weigh 2 children in front of you and cross check with the recorded weight in the register)	Yes No	1 2
a.8]	Records the height of the child(ask her to measure 2 children in front of you and cross check with the recorded weight in the register)	Yes No	1 2

Sr. No.	Name of the child	Height		Weight	
		Recorded	Measured	Recorded	Measured
1					
2					

C. Food Supplementation

c.1]	Type of snack		
c.2]	Quantity given to children	Adequate Inadequate	1 2
c.3]	Type of meal		
c.4]	Quantity given to children	Adequate	1

		Inadequate	2
c.5]	Method of cleaning up after serving meals		
c.6]	Most children ate entire meals given to them	At AWC itself Took some home Took all home	1 2 3
c.7]	Second helping asked by most children	Yes No	1 2
c.8]	If asked are they given second helping	Yes No	1 2

D. Nutrition Health Education

d.1]	Total number of women participating in the session		
d.2]	Topics discussed		
d.3]	Audio-Visual aids used		
d.4]	Was the session interactive?	Yes No	1 2
d.5]	Were mothers interested?	Yes No	1 2
d.6]	How many women left before the session was over?		
d.7]	Did the AWW used the AV aids correctly/ effectively?	Yes No	1 2
d.8]	Positive points of the session		
d.9]	Drawbacks of the session		
d.10]	Duration of the session		
d.11]	Skills of the AWW	Correct posture Audible voice Eye contact Discussed with women Asked question Knowledge on the topic Justified the topic with respect to the content Confidence Made the session interactive Instigated women to participate in the discussion	1 2 3 4 5 6 7 8 9 10

E. Home Visits

e.1]	Number of home visits made per day		
e.2]	Target group (beneficiaries)		
e.3]	Topics covered		
e.4]	A-V aids used	Yes No	1 2

e.5]	Does the AWW keep records of the home visit?	Yes	1
		No	2

ANNEXURE III

Tool for accreditation

Sr.No.	Indicators	Point
1.	Cleanliness of the AWC <ul style="list-style-type: none">- Cleanliness inside the Centre- Cleanliness outside the Centre- Cleanliness of the kitchen- Cleanliness of the storage room	1
2.	Availability of water – access to safe drinking water	1
3.	Child friendly toilet in use	1
4.	95% of the children under 3 years are growth monitored (Check 5 children in different age group)	1
5.	All beneficiaries (Children under 3 and ANM) have received MCP Card and appropriate counseling.	1
6.	All AN mothers have registered by 12 weeks, have received MCP Card & the Cards are filled in (Check any 5 mothers)	1
7.	All AN mothers consume IFA tablets regularly	1
8.	All PN mothers are visited by AWW atleast thrice within 10 days and IMNCI forms are filled in.	1
9.	All children are born with adequate birth weight (Take the average number of children born during the past 3 months)	1
10.	All mothers provide exclusive breast feeding to the babies upto 6 months. (Check any 2 babies of 7-9 months old)	1
11.	90% grade shift of moderately malnourished children (Shift from grade II to Grade I or normal)	1
12.	All children get sufficient quantity of adequately nourished complementary food from the 7 th month along with breast milk (Ask 2 mothers of children - 8 to 10 months)	1
13.	All children are fully immunized at the completion of one year (Particulars to be collected from children (13 months) – 0 polio, BCG, 3 doses of DPT, 3 doses of oral polio, and Measles)	1
14.	All children < 5 years have received 2 doses of Vitamin A solution every year. (Ask any 3 children who have just completed 5 years – 61 to 65 months)	1
15.	All mothers of beneficiary children & AN mothers consume only iodised salt for cooking and eating cooked food (Ask one AN mother, one PN mother, one each of mothers of children 6 – 12, 13-24 and 25 – 36 months)	

16.	90% of the adolescent girls receive and consume FST tablets regularly (Ask any 5 girls)	1
17.	90% of the children 3-6 yrs are enrolled and attending the preschool.	1
18.	Preschool activities are activity based using preschool materials	1
19.	Newborns, high risk mothers, severely malnourished and children in the same weight or losing weight are visited.	1
20.	Key messages on family practices are known to beneficiary families (Ask any 5 beneficiary families)	1
	Total	20 points

Grading:

1 to 4 points	: 1 star
5 to 8 points	: 2 stars
9 to 12 points	: 3 stars
13 to 16 points	: 4 stars
17 to 20 points	: 5 stars

Accreditation teams:

- The team will consist of functionaries from ICDS, Health, Education, Panchayat and Social Welfare
- There will be 7 teams per block
- The team will visit one AWC per day

ANNEXURE IV

Interview scheduled for Mother-Child Pair: ICDS services

A. GENERAL INFORMATION:

- a.1] Name of the Mother
a.2] Age of the mother
a.3] Name of the indexed child:
a.4] DOB child 1(C 1): _____ DOB of child 2 (C 2): _____
a.5] Anganwadi no.:
a.6] Zone: a.7] Ghatak:
a.8] Anganwadi Centre Address:

B. Background information

			C 1	C 2
b.1]	Religion	1. Hindu 2. Muslim 3. Others (specify)	1 2 3	1 2 3
b.2]	Total No. of family members	1. 1 2. 2 3. 3 4. 4 5. 5 6. 6 7. 7 8. 8 9. 9 10. >9	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
b.3]	Type of family	1. Joint 2. Nuclear	1 2	1 2
b.4]	Age of the Child	1. < 6months 2. 6 months 3. 7 months 4. 8 months 5. 9 months 6. 10 months 7. 11 months 8. 12 months 9. 24 months (2 years) 10. 36 months (3 years) 11. 48 months (4 years) 12. 60 months (5 years) 13. 72 months (6 years)	1 2 3 4 5 6 7 8 9 10 11 12 13	1 2 3 4 5 6 7 8 9 10 11 12 13
b.5]	Gender of child	1. Male 2. Female	1 2	1 2
b.6]	Birth order	1. 1 st child 2. 2 nd child 3. 3 rd child 4. 4 th child 5. 5 th child 6. 6 th child 7. Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
b.7]	Education of the mother	1. Illiterate 2. Literate	1 2	1 2

		3. Primary (7 th completed) 4. Secondary (10 th completed) 5. Higher secondary (12 th completed) 6. Graduate	3 4 5 6	3 4 5 6
b.8]	Age of father			
b.9]	Education of the father	1. Illiterate 2. Literate 3. Primary (7 th completed) 4. Secondary (10 th completed) 5. Higher secondary (12 th completed) 6. Graduate	1 2 3 4 5 6	1 2 3 4 5 6
b.10]	Type of house	1. Pucca (brick walls with concrete ceiling) 2. Semi Pucca (concrete walls tinned roof) 3. Semi Kaccha (brick walls tinned roof mud floor) 4. Kuccha (mud walls & floor tinned roof)	1 2 3 4	1 2 3 4
b.11]	Is kitchen separate from the rooms	1. Yes 2. No	1 2	1 2
b.12]	Source of drinking water	1. Well 2. Common municipal tap 3. Tap in house 4. Common hand pump 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
b.13]	Distance of water from the house	1. Near 2. In same lane 3. Farther away	1 2 3	1 2 3
b.14]	Toilet facility	1. Open defecation 2. Common toilet 3. Toilet within the house	1 2 3	1 2 3
b.15]	Garbage disposal	1. Outside the house 2. In a common dustbin 3. By sweeper 4. Other (specify)	1 2 3 4	1 2 3 4
b.16]	Total family income per month	1. < 5000 2. < 10000 3. 10001-15,000 4. > 15,000	1 2 3 4	1 2 3 4
b.17]	No. of earning members			

C. Reproductive History, Maternal Care& NHE

c.1]	Parity	1. 1 2. 2 3. 3 4. 4 5. 5 6. > 5	1 2 3 4 5 6	1 2 3 4 5 6
c.2]	Outcome of the last pregnancy	1. Still birth 2. Live birth	1 2	1 2
c.3]	ANC received during last pregnancy	1. Yes 2. No	1 2	1 2
c.4]	If yes, how many?			
c.5]	Where did you receive ANC	1. Private hospital 2. Govt. Hospital	1 2	1 2

		3. PHC 4. Other (specify) 5. Don't know	3 4 5	3 4 5
c.6]	Tetanus received during last pregnancy (2 doses)	1. Yes 2. No	1 2	1 2
C.7]	IFA received during last pregnancy	1. Yes 2. No	1 2	1 2
c.8]	IFA consumed during last pregnancy	1. Yes 2. No	1 2	1 2
c.9]	If yes, how many?			
c.10]	SN received during last pregnancy (Milk & Balbhog)	1. Yes 2. No 3. Other (specify)	1 2 3	1 2 3
c.11]	SN consumed?	1. Yes 2. No	1 2	1 2
c.12]	Where was last (indexed child) delivered?	1. Private hospital 2. Govt. Hospital 3. PHC 4. Home 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
c.13]	Did you register at AWC during pregnancy	1. Yes 2. No	1 2	1 2
c.14]	Did you attend AWC regularly during your entire pregnancy	1. Yes 2. No	1 2	1 2
c.15]	If yes, how many times a month?	1. Once a month 2. > once a month 3. Once in two months 4. Once in three months 5. once in entire term of pregnancy 6. never 7. don't know	1 2 3 4 5 6 7	1 2 3 4 5 6 7
c.16]	Did you receive counselling during pregnancy	1. Yes 2. No	1 2	1 2
c.17]	On which topics were you counselled?	1. Breast feeding 2. Diet and nutrition 3. Complementary feeding 4. Other (specify) 5. Don't know	1 2 3 4 5	1 2 3 4 5
c.18]	From whom did you receive counselling?	1. Doctor 2. AWW 3. ANM 4. Asha worker 5. Mother/mother in law 6. Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
c.19]	Have you received postnatal check-up after delivery within 7 days	1. Yes 2. No 3. Don't know	1 2 3	1 2 3

D. Breast feeding

D.1]	Pre-lacteal feeding			
d.1.1]	What was given to child immediately after birth (within 1 hour)?	1. Breast milk 2. Water 3. Pre-lacteals	1 2 3	1 2 3

		4. Top milk 5. Nothing 6. Other (specific)	4 5 6	4 5 6
d.1.2]	If pre-lacteals were given, specify	1. Water 2. Patasa water 3. Honey water 4. Ghee and jaggery water 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.1.3]	Who advised to give prelacteals to the child	1. Self 2. Mother-in-law 3. Mother 4. Sister-in-law 5. AWW 6. Mid wife (dai) 7. ANM 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
d.1.4]	How were pre-lacteals given to the child	1. Spoon 2. Finger 3. Cotton 4. Cloth piece 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.1.5]	Reason for giving pre-lacteals	1. Dirt in child's stomach is removed 2. Inculcates sanskar 3. Initially no breast milk and child is hungry 4. Family members advised so 5. Do not know 6. Others (specify)	1 2 3 4 5 6	1 2 3 4 5 6
D.2	Colostrum feeding			
d.2.1.	Do you know that the first milk that comes out of the breast looks different from the later milk?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
d.2.2.	Did you give this milk to child	1. Yes 2. No	1 2	1 2
d.2.3.	If yes, how much milk did you squeeze out before putting child to breast?	1. None 2. Few drops 3. Most/all	1 2 3	1 2 3
d.2.4.	Is colostrum good for the child?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
d.2.5.	If good, why?	1. Child becomes healthy 2. Colostrum is energy dense/ Nutritious 3. Improves the immunity 4. Other (specify) 5. Don't know	1 2 3 4 5	1 2 3 4 5
d.2.6]	If bad, why?	1. Unhealthy for the child 2. It is dirty 3. Stale milk 4. Don't know 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.2.7]	Who told you about this?	1. Self 2. Mother-in-law 3. Mother 4. Sister-in-law 5. Doctor 6. Mid wife (dai)	1 2 3 4 5 6	1 2 3 4 5 6

		7. AWW 8. ANM 9. Neighbour 10. Other (specify)	7 8 9 10	7 8 9 10	
D.3]	Initiation of Breast feeding				
d.3.1]	How long after birth did you first put your child to breast?	1. Within 1 hour 2. 1 st day 3. 2 nd day 4. 3 rd day 5. Other (specify)	1 2 3 4 5	1 2 3 4 5	
d.3.2]	Who advised you about this?	1. Self 2. Mother-in-law 3. Mother 4. Sister-in-law 5. Doctor 6. Mid wife (dai) 7. AWW 8. ANM 9. Neighbour	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9	
d.3.3]	Are you currently breastfeeding?	1. Yes 2. No	1 2	1 2	
d.3.4]	If yes, then till what age will you breast feed?	1. 6 months 2. 1 year 3. 1.5 years 4. 2 years 5. > 2 years	1 2 3 4 5	1 2 3 4 5	
d.3.5]	If no, till what age did you breast feed?	1. 6 months 2. 1 year 3. 1.5 years 4. 2 years 5. > 2 years	1 2 3 4 5	1 2 3 4 5	
d.3.6]	If no,Why did you stop breast feeding	1. Mother was ill/weak 2. Child was ill/weak 3. Mother had cracked nipples 4. Insufficient milk 5. Child refused breast 6. Mother separated from child for work/other reasons 7. Mother became pregnant 8. Child reached the age of weaning 9. Child has grown up 10. Other (specify)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10	
d.3.7]	When do you breast feed your child	1. When child cries 2. Some fixed time 3. When breast is full 4. When I think the child is hungry 5. Other (specify)	1 2 3 4 5	1 2 3 4 5	
d.3.8]	Usually, when you breast feed your child, you	1. Empty one breast first before you offer the other 2. Give little milk from both breasts at each feed	1 2	1 2	
D.4.	Water feeding				
d.4.1]	Do you give water to the child?	1. Yes 2. No	1 2	1 2	
d.4.2]	If yes, when did you start giving water to the child	1. 1 st month 2. 2 nd month	1 2	1 2	

		3. 3 rd month 4. 4 th month 5. 5 th month 6. 6 th month 7. After 6 th month 8. Other (specify)	3 4 5 6 7 8	3 4 5 6 7 8
d.4.3]	Why do you give water	1. Child's mouth will not dry up 2. To prevent dehydration 3. Child will remain cool 4. Child remains healthy 5. Don't know 6. Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
d.4.4]	Specify frequency of giving water	1. Daily 2. Occasionally 3. Other (specify)	1 2 3	1 2 3
d.4.5]	Do you think water feeding should vary according to the season (summer/winter)	1. Yes 2. No (give reason):	1 2	1 2
d.4.6]	Who advised you to feed water?	1. Doctor 2. Mother 3. Mother in law 4. Self 5. Neighbour 6. AWW 7. Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
d.4.7]	Has anyone advised you not to feed water?	1. Doctor 2. Mother 3. Mother in law 4. Self 5. Neighbour 6. AWW 7. Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
d.4.8]	Do you think, there is any water in the breast milk?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
D.5	Milk sufficiency			
d.5.1]	How long did you exclusively breast fed your child (not even water)	1. < 1 month 2. 2 months 3. 3 months 4. 4 months 5. 5 months 6. 6 months 7. > 6 months 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
d.5.2]	If mother still feeds, how long will you exclusively breast feed the child?	1. < 1 month 2. 2 months 3. 3 months 4. 4 months 5. 5 months 6. 6 months 7. > 6 months 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
d.5.3]	Do you think you are producing enough milk for the child?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3

		(reason)		
d.5.4]	If no, what have you done about it	1. Taken any special food (specify) 2. Taken any medicine 3. Consulted someone (specify) 4. Started top milk 5. Started top food 6. Give breast milk more often 7. Nothing 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
D.6	Top Milk			
d.6.1]	Do you give top milk to the child?	1. Yes 2. No	1 2	1 2
d.6.2]	If yes, since how many months?	1. < 1 month 2. 2 months 3. 3 months 4. 4 months 5. 5 months 6. 6 months 7. > 6 months 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
d.6.3]	Which type of milk do you give to the child?	1. Animal 2. Powdered 3. Tinned	1 2 3	1 2 3
d.6.4]	If you give top feed, why?	1. Child becomes healthy 2. Inadequate breast milk 3. Child learns to eat 4. Preparing child to leave breast feeding 5. Absence of mother 6. Don't know 7. Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
d.6.5]	Who advised you to give top milk?	1. Mother 2. Mother in law 3. Father 4. Self 5. AWW 6. Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
d.6.6]	How frequently do you give top milk?	1. Once a day 2. Twice a day 3. More than two times a day	1 2 3	1 2 3
d.6.7]	How do you feed top milk?	1. Nipple bottle 2. Cup & spoon 3. Cup 4. Other (specify)	1 2 3 4	1 2 3 4
d.6.8]	Who feeds the child?	1. Self 2. Mother in law 3. Father 4. Siblings 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.6.9]	If no, why?	1. Child is healthy 2. Child is not crying 3. Don't know 4. Other (specify)	1 2 3 4	1 2 3 4
d.6.10]	Has anyone advised you not to feed top milk?	1. Yes 2. No	1 2	1 2
d.6.11]	Who has advised you not to feed top milk?	1. Mother 2. Mother in law	1 2	1 2

		3. Father	3	3
		4. Self	4	4
		5. AWW	5	5
		6. Other (specify)	6	6
d.6.12]	In your opinion which is better? Give reason for your answer:	1. Mother's milk	1	1
		2. Top milk	2	2
		3. Both	3	3
		4. Don't know	4	4

E. COMPLEMENTARY FEEDING

e.1]	Do you give anything else to your child except breast milk?	1. Yes	1	1
		2. No	2	2
e.2]	If yes, what?	1. Raab	1	1
		2. Sheero/upma	2	2
		3. Khichdi	3	3
		4. Dal rice	4	4
		5. Chapatti and Vegetables	5	5
		6. Fruits	6	6
		7. Meat/Poultry pieces	7	7
e.3]	Which food groups were included in the diet of the child yesterday? (Ask the entire day's schedule, what did he/she eat after getting up till fallen asleep to wake up the next day. <i>Probe: Anything else?</i>)	1. Cereals and its Products	1	1
		2. Pulses and Legumes/Nuts or oil seeds	2	2
		3. Milk and Milk Products	3	3
		4. Meat and Poultry	4	4
		5. Yellow orange vegetables and fruits	5	5
		6. Green leafy vegetables	6	6
		7. Other fruits	7	7
		8. Fats/Oils	8	8
		9. Sugary/ sugary foods	9	9
e.4]	Since which age you started feeding above mentioned food	1. 1 month	1	1
		2. 2 months	2	2
		3. 3 months	3	3
		4. 4 months	4	4
		5. 5 months	5	5
		6. 6 months	6	6
		7. 7 months	7	7
		8. > 7 months < 12 months	8	8
		9. > 12 months	9	9
		10. Other (specify)	10	10
e.5]	Why did you start giving complementary food to your child?	1. Perceived breast milk insufficiency	1	1
		2. Child cries a lot	2	2
		3. Child is grown up now	3	3
		4. Eruption of teeth	4	4
		5. Child started sitting/ walking	5	5
		6. You thought the child is not growing well	6	6
		7. Absence of mother	7	7
		8. Preparing child to leave breast milk	8	8
		9. Child Requirements increase	9	9
e.6]	Who advised you about complementary feeding?	1. Doctor	1	1
		2. Neighbour	2	2
		3. Self	3	3
		4. Mother in law	4	4
		5. Father	5	5
		6. AWW	6	6
		7. Other (specify)	7	7

e.7]	What are the benefits of feeding complementary foods to the child?	<ol style="list-style-type: none"> 1. Child remains healthy 2. Child becomes playful 3. Child sleeps well 4. Child does not fall ill 5. Don't know 6. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 5 6 	<ol style="list-style-type: none"> 1 2 3 4 5 6
e.8]	Do you prepare any special food items for the child?	<ol style="list-style-type: none"> 1. Yes 2. No 	<ol style="list-style-type: none"> 1 2 	<ol style="list-style-type: none"> 1 2
e.9]	If yes, what?	<ol style="list-style-type: none"> 1. Dal 2. Rice 3. Khichdi 4. Raab 5. Sukhadi 6. Sheero 7. Upma 8. Balbhog 9. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9
e.10]	Do you avoid giving certain foods to the child?	<ol style="list-style-type: none"> 1. Yes 2. No 	<ol style="list-style-type: none"> 1 2 	<ol style="list-style-type: none"> 1 2
e.11]	If yes, what?	<ol style="list-style-type: none"> 1. Milk 2. Balbhog 3. Fruits (specify) 4. Cereal (specify) 5. Pulse (specify) 6. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 5 6 	<ol style="list-style-type: none"> 1 2 3 4 5 6
e.12]	Do you feel your child has a normal appetite? Reason:	<ol style="list-style-type: none"> 1. Yes 2. No 	<ol style="list-style-type: none"> 1 2 	<ol style="list-style-type: none"> 1 2
e.13]	How many times do you feed complementary foods to your child	<ol style="list-style-type: none"> 1. 2-3 times/day 2. 3-4 times/day 3. < 2-3 times/day 4. >3-4 times/day 5. Additional snacks 1-2 times/day 	<ol style="list-style-type: none"> 1 2 3 4 5 	<ol style="list-style-type: none"> 1 2 3 4 5
e.14]	What amount of complementary feeds are consumed by your child in entire day?	<ol style="list-style-type: none"> 1. < 9Tbsp (<130-180g/ 200Kcal/day) 2. 9-12 Tbsp/ 3/4th Cup (130-180g/ 200Kcal/day) 3. 1-1.5 cup (200-280g/ 300 Kcal/day) 4. 2-2.5 cup (370-520 g/ 550 Kcal/day) 5. > 2.5 cups (> 370-520 g/ 550 Kcal/day) 	<ol style="list-style-type: none"> 1 2 3 4 5 	<ol style="list-style-type: none"> 1 2 3 4 5
e.15]	As your child gets older do you give foods with thicker consistency	<ol style="list-style-type: none"> 1. Yes 2. No 	<ol style="list-style-type: none"> 1 2 	<ol style="list-style-type: none"> 1 2
e.16]	What bad would happen to the child on not feeding complementary food beyond 6 months?	<ol style="list-style-type: none"> 1. Child would become ill 2. Child would become malnourished 3. Don't know 4. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 	<ol style="list-style-type: none"> 1 2 3 4
e.17]	What is the source of your knowledge about child feeding practices	<ol style="list-style-type: none"> 1. Doctor 2. AWW 3. Nurse/ other health worker 4. Elders at home 5. TV/Radio 6. Newspaper 7. Friends 8. Don't know 9. Other (specify) 	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9 	<ol style="list-style-type: none"> 1 2 3 4 5 6 7 8 9
e.18]	Who feeds the child?	<ol style="list-style-type: none"> 1. Child himself/ herself 	<ol style="list-style-type: none"> 1 	<ol style="list-style-type: none"> 1

		2. Mother	2	2
		3. Mother in law	3	3
		4. Father	4	4
		5. Elder siblings	5	5
		6. Depends on the food	6	6
		7. Other (specify)	7	7
e.19]	How do you feed the child?	1. Force him/ her to eat	1	1
		2. Encourage the child to finish the meal	2	2
		3. Feed the child on demand	3	3
		4. Give food and leave him alone to finish	4	4
		5. Don't know	5	5
		6. Other (specify)	6	6
e.20]	Does child eat with the family member?	1. Yes	1	1
		2. No	2	2
		3. sometimes	3	3
e.21]	How do you feed your child	1. In your plate	1	1
		2. Separate vessel	2	2
e.22]	Do you always wash your hands before preparing food for the child	1. Yes always	1	1
		2. No	2	2
		3. Yes Sometimes	3	3

F. MORBIDITY PROFILE OF THE CHILD

f.1]	Has your child fallen ill in the last 15 days	1. Yes	1	1
		2. No	2	2
		3. Don't know	3	3
f.2]	If yes, which illness?	1. Fever	1	1
		2. Cold & cough	2	2
		3. Diarrhoea	3	3
		4. Skin infection	4	4
		5. Ear infection	5	5
		6. Malaria	6	6
		7. Jaundice	7	7
		8. Other (specify)	8	8
f.3]	For what duration did above illness last?	1. <3 days	1	1
		2. 3-5 days	2	2
		3. 6-10 days	3	3
		4. > 10 days	4	4
		5. Other (specify)	5	5
f.4]	Was it severe or serious?	1. Yes	1	1
		2. No	2	2
f.5]	Was treatment given for the above illness?	1. Yes	1	1
		2. No	2	2
f.6]	Who treated the child?	1. Self	1	1
		2. AWW	2	2
		3. Private doctor	3	3
		4. PHC	4	4
		5. Other (specify)	5	5
f.7]	Did your child have health problems during teething?	1. Yes	1	1
		2. No	2	2
f.8]	If yes, then what problem did he/ she have	1. Fever	1	1
		2. Diarrhoea	2	2
		3. Irritable	3	3
		4. Other (specify)	4	4

f.9]	For how long did the above problem last (duration of teething problems)	1. Days (specify) 2. Months (specify) 3. Years (specify)	1 2 3	1 2 3
f.10]	Was the problem severe?	1. Yes 2. No	1 2	1 2
f.11]	Was treatment given for the above illness?	1. Yes 2. No	1 2	1 2
f.12]	Who treated the child?	1. Self 2. AWW 3. Private doctor 4. PHC 5. Other (specify)	1 2 3 4 5	1 2 3 4 5

G. FEEDING DURING AND AFTER ILLNESS

g.1]	If you are ill, will you breast feed your child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.2]	If child is suffering from cold/fever, will you breast feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.3]	If child is suffering from diarrhoea, will you breast feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.4]	If child is receiving complementary foods, than during cold/fever will you feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.5]	If child is receiving complementary foods, than during diarrhoea will you feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.6]	If child is recovering, what is the amount of breast feed given	1. Same as before 2. Less than before 3. More than before 4. The amount child demands	1 2 3 4	1 2 3 4
g.7]	If child is recovering, what is the amount of complementary feed given	1. Same as before 2. Less than before 3. More than before 4. The amount child demands	1 2 3 4	1 2 3 4

H. HEALTH SEEKING BELIEFS AND PRACTICES

h.1]	Do you think your child is healthy	1. Yes 2. No	1 2	1 2
h.2]	Why do you think your child falls ill?	1. Evil eye 2. Consumes less/inappropriate food 3. Unhygienic conditions 4. Illness is normal 5. Don't know 6. Any other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
h.3]	What do you do when your child is ill?	1. Go to the doctor 2. Go to AWW	1 2	1 2

		3. Get rid of evil eye/faith healer	3	3
		4. Wait for the child to get well by himself/herself	4	4
		5. Try some household remedies	5	5
		6. Refer to older women	6	6
		7. Increase the quantity & quality of food	7	7
		8. Other (specify)	8	8
h.4]	Do you think diet play important role in determining your child's health	1. Yes	1	1
		2. No	2	2
		3. Don't Know	3	3
h.5]	What do you think is the cause of malnutrition?	1. Evil eye	1	1
		2. Food deficiency	2	2
		3. Illness & infection	3	3
		4. Don't know	4	4
		5. other	5	5
h.6]	Do you visit AWC regularly?	1. Yes	1	1
		2. No	2	2
h.7]	If yes, how frequently/month?			
h.8]	If yes, which services do you use?	1. Supplementary food	1	1
		2. Vaccination	2	2
		3. NHE	3	3
		4. Pre-school facility	4	4
		5. Regular health check ups	5	5
		6. Referral services	6	6

I. FAMILY SUPPORT

I.1]	In what household chores, your husband helps you?	1. Purchase of daily food items	1	1
		2. Feeds the child sometimes	2	2
		3. Helps to keep the child clean	3	3
		4. Plays with the child	4	4
		5. Takes the child to the doctor	5	5
		6. None	6	6
		7. Other (specify)	7	7
I.2]	In what household chores, your mother in law helps you?	1. Purchase of daily food items	1	1
		2. Feeds the child sometimes	2	2
		3. Helps to keep the child clean	3	3
		4. Plays with the child	4	4
		5. Prepares food	5	5
		6. None	6	6
		7. Other (specify)	7	7
I.3]	Do you perceive you are in good health?	1. Yes	1	1
		2. No	2	2
I.4]	Do you think your health affects the way you take care of the child?	1. Yes	1	1
		2. No	2	2
I.5]	Are you happy with the way you take care of your child?	1. Yes	1	1
		2. No	2	2
	Explain:			

ANTHROPOMETRIC MEASUREMENTS

1. child 1 data

Date of birth: _____

Birth weight: _____

Parameter	Pre Intervention Assessment	Post Intervention Assessment
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	As per records	As per our records	As per records	As per our records
DATE				
WEIGHT (Kg)				
HEIGHT/ LENGTH (Cm.)				
MUAC				

ANTHROPOMETRIC MEASUREMENTS

1. child 2 data

Date of birth: _____

Birth weight: _____

Parameter	Pre Intervention Assessment		Post Intervention Assessment	
	As per records	As per our records	As per records	As per our records
DATE				
WEIGHT (Kg)				
HEIGHT/ LENGTH (Cm.)				
MUAC				

VACCINATION AND SUPPLEMENTATION PROFILE (Child 1)

Q. No	NAME OF VACCINE	DOSES										
		At Birth (0 mnth)	1.5 mnth	2.5 mnth	3.5 mnth	9 mnth	16-18 mnth	24 mnth	30 mnth	36 mnth	42 mnth	48 mnth
K.1	BCG	K.1.1										
K.2	Measles					K.2.1	K.2.2					
K.3	Polio	K.3.1	K.3.2	K.3.3	K.3.4		K.3.5					
K.4	DPT/ Pentavalent		K.4.1	K.4.2	K.4.3		K.4.4					
K.5	Hepatitis B	K.5.1										
K.6	Vitamin A					K.6.1	K.6.2	K.6.3	K.6.4	K.6.5	K.6.6	K.6.7
K.7	Deworming						K.7.1	K.7.2	K.7.3	K.7.4	K.7.5	K.7.6

ANNEXURE V

POST INTERVENTION ASSESSMENT: Interview Schedule for Mothers

C. Reproductive History, Maternal Care& NHE

c.4]	How many ANC Check-up should you receive?			
c.5]	Where should you take ANC from?	1. Private hospital 2. Govt. Hospital 3. PHC 4. Other (specify) 5. Don't know	1 2 3 4 5	1 2 3 4 5
c.6]	How many tetanus should you take in entire term of pregnancy			
c.8]	Should you consume IFA during pregnancy?	1. Yes 2. No	1 2	1 2
c.9]	If yes, how many?			
c.12]	Where should you get your delivery done?	1. Private hospital 2. Govt. Hospital 3. PHC 4. Home 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
c.13]	Should you register at AWC during pregnancy	1. Yes 2. No	1 2	1 2
c.14]	Will you attend AWC during pregnancy when called	1. Yes 2. No	1 2	1 2
c.15]	If yes, how many times a month should you visit?	1. Once a month 2. > once a month 3. Once in two months 4. Once in three months 5. once in entire term of pregnancy 6. never 7. don't know	1 2 3 4 5 6 7	1 2 3 4 5 6 7
c.19]	Should you go for Post natal check-up after delivery	1. Yes 2. No 3. Don't know	1 2 3	1 2 3

D. Breast feeding

D.1]	Pre-lacteal feeding			
d.1.1]	What should you give to child immediately after birth (within 1 hour)?	1. Breast milk 2. Water 3. Pre-lacteals 4. Top milk 5. Nothing 6. Other (specific)	1 2 3 4 5 6	1 2 3 4 5 6
D.2	Colostrum feeding			
d.2.2.	Should you give colostrum	1. Yes	1	1

	to your child?	2. No	2	2
d.2.4.	Is colostrum good for the child?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
d.2.5.	If good, why?	1. Child becomes healthy 2. Colostrum is energy dense/ Nutritious 3. Improves the immunity 4. Other (specify) 5. Don't know	1 2 3 4 5	1 2 3 4 5
D.3]	Initiation of Breast feeding			
d.3.1]	After birth, when should you put the child to breast?	1. Within 1 hour 2. 1 st day 3. 2 nd day 4. 3 rd day 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.3.4]	Till what age should you breast feed the child?	1. 6 months 2. 1 year 3. 1.5 years 4. 2 years 5. > 2 years	1 2 3 4 5	1 2 3 4 5
d.3.7]	When should you breast feed your child	1. When child cries 2. Some fixed time 3. When breast is full 4. When I think the child is hungry 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
d.3.8]	Usually, when you breast feed your child, you	1. Empty one breast first before you offer the other 2. Give little milk from both breasts at each feed	1 2	1 2
D.4.	Water feeding			
d.4.2]	When should you start giving water to the child?	1. 1 st month 2. 2 nd month 3. 3 rd month 4. 4 th month 5. 5 th month 6. 6 th month 7. After 6 th month 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
d.4.5]	Do you think water feeding should vary according to the season (summer/winter) before 6 months of age	1. Yes 2. No (give reason):	1 2	1 2
d.4.8]	Do you think, there is any water in the breast milk?	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
D.5	Milk sufficiency			
d.5.1]	How long did you/will you exclusively breast fed your child (not even water)	1. < 1 month 2. 2 months 3. 3 months 4. 4 months 5. 5 months 6. 6 months 7. > 6 months 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
D.6	Top Milk			

d.6.1]	Should you give top milk to the child?	1. Yes 2. No	1 2	1 2
d.6.4]	If yes, why?	1. Child becomes healthy 2. Inadequate breast milk 3. Child learns to eat 4. Preparing child to leave breast feeding 5. Absence of mother 6. Don't know 7. Other (specify)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
d.6.7]	If under any circumstances you have to feed top milk, How will you feed top milk?	1. Nipple bottle 2. Cup & spoon 3. Cup 4. Other (specify)	1 2 3 4	1 2 3 4
d.6.9]	If no, why?	1. Child is healthy 2. Child is not crying 3. Don't know 4. Other (specify)	1 2 3 4	1 2 3 4
d.6.12]	In your opinion which is better?	1. Mother's milk 2. Top milk 3. Both 4. Don't know	1 2 3 4	1 2 3 4

E. COMPLEMENTARY FEEDING

e.1]	Do you give anything else to your child except breast milk?	1. Yes 2. No	1 2	1 2
e.2]	If yes, what?	1. Raab 2. Sheero/upma 3. Khichdi 4. Dal rice 5. Chapatti and vegetables 6. Fruits 7. Meat/ Poultry (Pieces)	1 2 3 4 5 6 7	1 2 3 4 5 6 7
e.3]	Which food groups were included in the diet of the child yesterday? (Ask the entire day's schedule, what did he/she eat after getting up till fallen asleep to wake up the next day. <i>Probe: Anything else?</i>)	1. Cereals and its Products 2. Pulses and Legumes/Nuts or oil seeds 3. Milk and Milk Products 4. Meat and Poultry 5. Yellow orange vegetables and fruits 6. Green leafy vegetables 7. Other fruits 8. Fats/Oils 9. Sugary/ sugary foods	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
e.4]	From which age should you start feeding complementary feeds?	1. 1 month 2. 2 months 3. 3 months 4. 4 months 5. 5 months 6. 6 th month 7. 7 th month 8. > 7 months < 12 months 9. > 12 months 10. Other (specify)	1 2 3 4 5 6 7 8 9 10	1 2 3 4 5 6 7 8 9 10
e.5]	Why should you start giving complementary food to your child?	1. Perceived breast milk insufficiency 2. Child cries a lot 3. Child is grown up now	1 2 3	1 2 3

		4. Eruption of teeth 5. Child started sitting/ walking 6. You thought the child is not growing well 7. Absence of mother 8. Preparing child to leave breast milk 9. Child's requirements increase	4 5 6 7 8 9	4 5 6 7 8 9
e.7]	What are the benefits of feeding complementary foods to the child?	1. Child remains healthy 2. Child becomes playful 3. Child sleeps well 4. Child does not fall ill 5. Don't know 6. Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
e.8]	Do you prepare any special food items for the child?	1. Yes 2. No	1 2	1 2
e.9]	If yes, what?	1. Dal 2. Rice 3. Khichdi 4. Raab 5. Sukhadi 6. Sheero 7. Upma 8. Balbhog 9. Other (specify)	1 2 3 4 5 6 7 8 9	1 2 3 4 5 6 7 8 9
e.13]	How many times do you feed complementary foods to your child	1. 2-3 times/day 2. 3-4 times/day 3. < 2-3 times/day 4. >3-4 times/day 5. Additional snacks 1-2 times/day	1 2 3 4 5	1 2 3 4 5
e.14]	What amount of complementary feeds are consumed by your child in entire day?	1. < 9 Tbsp (< 130-180g/ 200Kcal/day) 2. 9-12 Tbsp/ 3/4 th Cup (130-180g/ 200Kcal/day) 3. 1-1.5 cup (200-280g/ 300 Kcal/day) 4. 2-2.5 cup (370-520 g/ 550 Kcal/day) 5. > 2.5 cups (> 370-520 g/ 550 Kcal/day)	1 2 3 4 5	1 2 3 4 5
e.15]	As your child gets older do you give foods with thicker consistency	1. Yes 2. No	1 2	1 2
e.16]	What bad would happen to the child on not feeding complementary food beyond 6 months?	1. Child would become ill 2. Child would become malnourished 3. Don't know 4. Other (specify)	1 2 3 4	1 2 3 4
e.19]	How do you/should you feed the child?	1. Force him/ her to eat 2. Encourage the child to finish the meal 3. Feed the child on demand 4. Give food and leave him alone to finish 5. Don't know 6. Other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
e.20]	Does child eat with the family member?	1. Yes, always 2. No 3. Yes, sometimes	1 2 3	1 2 3
e.21]	How do you feed your child	1. In your plate 2. Separate vessel	1 2	1 2
e.22]	Do you always wash your hands before preparing food for the child	1. Yes always 2. No 3. Yes Sometimes	1 2 3	1 2 3

F. MORBIDITY PROFILE OF THE CHILD

f.1]	Has your child fallen ill in the last 15 days	1. Yes 2. No 3. Don't know	1 2 3	1 2 3
f.2]	If yes, which illness?	1. Fever 2. Cold & cough 3. Diarrhoea 4. Skin infection 5. Ear infection 6. Malaria 7. Jaundice 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
f.3]	For what duration did above illness last?	1. <3 days 2. 3-5 days 3. 6-10 days 4. > 10 days 5. Other (specify)	1 2 3 4 5	1 2 3 4 5
f.4]	Was it severe or serious?	1. Yes 2. No	1 2	1 2
f.5]	Was treatment given for the above illness?	1. Yes 2. No	1 2	1 2
f.6]	Who treated the child?	1. Self 2. AWW 3. Private doctor 4. PHC 5. Other (specify)	1 2 3 4 5	1 2 3 4 5

G. FEEDING DURING AND AFTER ILLNESS

g.1]	If you are ill, will you breast feed your child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.2]	If child is suffering from cold/fever, will you breast feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.3]	If child is suffering from diarrhoea, will you breast feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.4]	If child is receiving complementary foods, than during cold/fever will you feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.5]	If child is receiving complementary foods, than during diarrhoea will you feed the child	1. Same as before 2. Less than before 3. Stops breast feeding 4. The amount child demands	1 2 3 4	1 2 3 4
g.6]	If child is recovering, what is the amount of breast feed given	1. Same as before 2. Less than before 3. More than before 4. The amount child demands	1 2 3 4	1 2 3 4

g.7]	If child is recovering, what is the amount of complementary feed given	1. Same as before	1	1
		2. Less than before	2	2
		3. More than before	3	3
		4. The amount child demands	4	4

H. HEALTH SEEKING BELIEFS AND PRACTICES

h.1]	Do you think your child is healthy	1. Yes 2. No	1 2	1 2
h.2]	Why do you think your child falls ill?	1. Evil eye 2. Consumes less/inappropriate food 3. Unhygienic conditions 4. Illness is normal 5. Don't know 6. Any other (specify)	1 2 3 4 5 6	1 2 3 4 5 6
h.3]	What do you do when your child is ill?	1. Go to the doctor 2. Go to AWW 3. Get rid of evil eye/faith healer 4. Wait for the child to get well by himself/herself 5. Try some household remedies 6. Refer to older women 7. Increase the quantity & quality of food 8. Other (specify)	1 2 3 4 5 6 7 8	1 2 3 4 5 6 7 8
h.4]	Do you think diet play important role in determining your child's health	1. Yes 2. No 3. Don't Know	1 2 3	1 2 3
h.5]	What do you think is the cause of malnutrition?	1. Evil eye 2. Food deficiency 3. Illness & infection 4. Don't know 5. other	1 2 3 4 5	1 2 3 4 5
h.6]	Do you visit AWC regularly?	1. Yes 2. No	1 2	1 2
h.7]	If yes, how frequently/month?			
h.8]	If yes, which services do you use?	1. Supplementary food 2. Vaccination 3. NHE 4. Pre-school facility 5. Regular health check ups 6. Referral services	1 2 3 4 5 6	1 2 3 4 5 6

ANTHROPOMETRIC MEASUREMENTS

1. child 1 data

J.1. Name of the Child: _____

J.2. Date of birth: _____ J.3. Birth weight: _____

Parameter	Pre Intervention Assessment		Post Intervention Assessment	
	As per records	As per our records	As per records (post)	As per our records

	(pre)	(Pre)		(Post)
DATE				
J.4 / j.5 WEIGHT (Kg)	j.4:	J:5:	J.4:	J: 5:
HEIGHT/ LENGTH (Cm.)		J.6:		J.6:
MUAC		J.7:		J.7:

ANTHROPOMETRIC MEASUREMENTS

1. child 2 data

Date of birth: _____

Birth weight: _____

Parameter	Pre Intervention Assessment		Post Intervention Assessment	
	As per records	As per our records	As per records	As per our records
DATE				
WEIGHT (Kg)				
HEIGHT/ LENGTH (Cm.)				
MUAC				

VACCINATION AND SUPPLEMENTATION PROFILE (Child 1)

Q. No	NAME OF VACCINE	DOSES										
		At Birth (0 mnth)	1.5 mnth	2.5 mnth	3.5 mnth	9 mnth	16-18 mnth	24 mnth	30 mnth	36 mnth	42 mnth	48 mnth
K.1	BCG	K.1.1										
K.2	Measles					K.2.1	K.2.2					
K.3	Polio	K.3.1	K.3.2	K.3.3	K.3.4		K.3.5					
K.4	DPT/ Pentavalent		K.4.1	K.4.2	K.4.3		K.4.4					
K.5	Hepatitis B	K.5.1										
K.6	Vitamin A					K.6.1	K.6.2	K.6.3	K.6.4	K.6.5	K.6.6	K.6.7
K.7	Deworming						K.7.1	K.7.2	K.7.3	K.7.4	K.7.5	K.7.6