

# **APPENDIX VIII** **UTILIZATION OF SERVICES**

## Immunization :

1. Have you been immunized with tetanus toxoid during this pregnancy ?  
  - a. Yes
  - b. No
2. At what gestational age did you get T.T.? age of T.T.

## Iron Supplementation :

3. Have you received Iron - folic acid supplementation during this pregnancy ?  

1st trimester	a. Yes	
	b. No	1st trim Fe
2nd trimester	a. Yes	
	b. No	2nd trim Fe
3rd trimester	a. Yes	
	b. No	3rd trim Fe

## 1st trim.

- a. No. of tablets recd. 1 day
- b. No. of tablets given each time
- c. Total no. of tablets received
- d. Duration over which received

## 2nd trim

- a. No. of tablets recd. 1 day
- b. No. of tablets given each time
- c. Duration over which recd.
- d. Duration over which received

## 3rd trim.

- a. No. of tablets recd. 1 day
- b. No. of tablets given each time
- c. Total no. of tablets recd.
- d. Duration over which recd.

Antenatal checkup :

4. Have you had a health check-up during the pregnancy by an ANM / doctors ?
  - a. Yes
  - b. No
5. If yes, how many checkups have you had ?
  - a. One
  - b. Two
  - c. Three
  - d. > 3. (Specify)
  - e. Any other.
  - f. Can't recall
  - g. None.
6. From where & by whom ?
  - a. AWW
  - b. ANM
  - c. Dr.
  - d. Dai
  - e. Any other

Supplementary feeding :

7. Do you receive food at the anganwadi ?
  - a. Yes
  - b. No
8. When did you first start receiving food from anganwadi during pregnancy ?

Months of participation

No. of months preg. when 1st received food at the AW.
9. Is the food shared ?
  - a. Yes
  - b. No

Additional Questions

10. Where will you be staying for your delivery ?
  - a. At home
  - b. Mother's house
  - c. Any other
  - d. NA

11. Where will you be having your delivery ?
  - a. At home
  - b. Hospital
  - c. Not decided.
12. If at home, who will conduct delivery ?
  - a. Trained person.
  - b. Untrained person.
  - c. NA
  - d. DK
13. If in the hospital, please bring your child's recorded birth weight.