

**DEPARTMENT OF FOODS AND NUTRITION  
FACULTY OF FAMILY AND COMMUNITY SCIENCES  
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA  
VADODARA 390 002 - INDIA**



**INFROMED CONSENT FORM FOR COMMUNITY WORKERS AND MOTHERS FOR PARTICIPATING IN  
THE STUDY**

**INFORMATION SHEET**

I am Chitrapita Saha from The Department of foods and nutrition, M. S. University of Baroda doing research on improving food and nutrition security (FNS) of rural households. The aim of this research is to gather information on various drivers of food and nutrition security from all ICDS centres and ASHA workers and households with mothers and children less than 6 years. I would like to collect data regarding your socio-economic status, child care, hygiene and cooking practices, morbidity profile, dietary habits and nutritional status of you and your child by the process of interview, group discussion, anthropometric assessment and blood test. You will also be involved in the intervention programme. I assure you that this data will be strictly for research purpose only and will be kept confidential.

Signature of Researcher / person taking the consent \_\_\_\_\_

Signature of guide and the principal investigator \_\_\_\_\_

**CERTIFICATE OF CONSENT**

I am \_\_\_\_\_ from \_\_\_\_\_ village understood the aim of the study “Improving Food and Nutrition security in rural households” and I’m willing to share information and be a part of the study.

Signature of Participant \_\_\_\_\_

Or

Thumb print of participant



Date \_\_\_\_\_

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અભ્યાસમાં ભાગ લેવા માટે સમુદાય કામદારો અને માતાઓ માટે માહિતીસંમતિપત્રક

માહિતી પત્ર

હું ચિત્રાર્પિતા સાહા, ખોરાક અને પોષણ વિભાગ, એમ.એસ. યુનિવર્સિટી ઓફ બરોડા, ગ્રામીણ પરિવારોને ખોરાક અને પોષણ સુરક્ષા સુધારવા પર સંશોધન કરી રહી છું. આ સંશોધનનો હેતુ તમામ આઈસીડીએસ કેન્દ્રો અને આશાકામદારો અને માતાઓ અને 5 વર્ષ કરતાં નાના બાળકો સાથે ઘરોમાં ખોરાક અને પોષણ સુરક્ષા ના વિવિધ કારણોપર માહિતી એકત્રિત કરવાનો છે. હું, સામાજિક-આર્થિક પરિસ્થિતિ, બાળક ની સંભાળ, આરોગ્ય શાસ્ત્ર, રાંધવા ની પ્રથાઓ, આહાર નિયમો અને ટેવો અને પોષણ સ્તર ને લગતી માહિતી મેળવવા ઇચ્છુ છું. હું આ ઇન્ટરવ્યુઅનેયર્યા દ્વારા, અનેતમારી અને તમારા બાળક ની ઉંચાઈ અને વજન નું માપન અને લોહીની તપાસ દ્વારા આ માહિતી મેળવવા માંગું છું. તમે નિર્ણય કરો તે પહેલા તમે યાહો અને આરામદાયક લાગે તે વ્યક્તિ સાથે વાત કરી શકો છો. આ સંમતિ પત્રક મા એવા શબ્દો હશે જે ના સમજાય. માહિતી આપતા દરમિયાન મને અટકાવી અને પૂછી શકો છો. હું તમને સહાયતા આપવા માટે સમય ફાળવીશ. તમનેપાછી કોઈ પ્રશ્ન હોઈ તો મને પૂછી શકો છો.

સ્વૈચ્છિક સહભાગિતા  
આ સંશોધન મા તમારી સહભાગિતા સ્વૈચ્છિક છે. તમારે ભાગ લેવો કે નહિ તે તમારું વિકલ્પ છે. જો તમે ભાગ ન લેવા નું નક્કી કરો તોપણ આ કેન્દ્ર પરથી મળી રહેલી બધી સેવાઓ ચાલુ રહેશે અને તે નિર્ણય ની તેની પર કોઈ અસર થશે નહિ.

ભરપાઈ

આ સંશોધન મા ભાગ લેવા બદલ તમને કોઈ રૂપિયા અથવા ભરપાઈ કરી આપવા મા આવશે નહિ.

ગુપ્તતા

અમે આ માહિતી કોઈ બીજા ને આપશું નહિ. આ માહિતી ગુપ્ત રાખવા મા આવશે. તમારી માહિતી એક આંક દ્વારા ઓળખવા મા આવશે અને તેને તાળા ચાવી મા રાખવા મા આવશે.

ના પાડવાનો અથવા ના ભાગ લેવાનો અધિકાર

તમે ન યાહતા હોવ તો તમારે આ સંશોધન મા ભાગ લેવાની જરૂર નથી. આના થી તમારી નોકરી અથવા આ કેન્દ્ર થી મળતી સેવાઓ પર કોઈ અસર થશે નહિ.

સંપર્ક

તમને કોઈ પણ પ્રશ્ન હોઈ નો નીચે આપેલ માહિતી પર સંપર્ક કરી શકો છો.

નામ: ચિત્રાર્પિતા સાહા

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સંમતિ પ્રમાણપત્ર

હું \_\_\_\_\_ ગામ \_\_\_\_\_ "ગ્રામીણ ધરોમાં ફૂડ એન્ડ ન્યુટ્રીશન સુરક્ષા સુધારવાના" આ અભ્યાસ ના હેતુને સમજુ છું. આ સંશોધન મા સ્વૈચ્છિક સહભાગિતા માટે હું મારી સંમતિ આપું છું.

સહભાગી હસ્તાક્ષર \_\_\_\_\_

તારીખ: \_\_\_\_\_

**અભણ હોઈ તો**

આ સંશોધન મા ભાગ લેનાર વ્યક્તિ ને સંશોધન ને લગતી પૂરી માહિતી આપવા મા આવીલ છે, વાંચ ને સંભળાવેલ છે અને તેના બધા પ્રશ્નો ના સંતોષપૂર્વક જવાબ આપેલ છે તેનો હું સાક્ષી છું. હું પુષ્ટિ કરું છું કે ભાગીદારએ સ્વૈચ્છિક સહભાગિતા માટે સંમતિ આપેલ છે.

સાક્ષી નું નામ: \_\_\_\_\_ ભાગ લેનાર ની અંગુઠા ની છાપ

સાક્ષી ની સહી: \_\_\_\_\_

તારીખ: \_\_\_\_\_

**સંશોધક ધ્વારા નિવેદન**

મેંચોક્કસૈપુર્વક ભાગ લેનાર વ્યક્તિ ને બધી માહિતી આપેલ છે અને મારી શ્રેષ્ઠ ક્ષમતા પૂર્વક ખાતરી કરેલ છે. હું પુષ્ટિ કરું છું કે સહભાગીને પ્રશ્ન પૂછવાની તક આપવા મા આવી હતી અને પૂછવા મા આવેલ બધા પ્રશ્નો ના સંતોષપૂર્વક જવાબ આપવા મા આવ્યા હતા. હું પુષ્ટિ કરું છું કે ભાગ લેવા માટે કોઈ જબરજસ્તી કરવા મા આવેલ નથી અને આ

વ્યક્તિએ સ્વૈચ્છિક ભાગ લીધો છે.

સંશોધકના હસ્તાક્ષર/સંમતિ આપનારના હસ્તાક્ષર \_\_\_\_\_

માર્ગદર્શક અને મુખ્ય તપાસનીસના હસ્તાક્ષર \_\_\_\_\_

તારીખ: \_\_\_\_\_

## QUESTIONNAIRE FOR Anganwadi Workers (AWWs)

Name of Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

Name of the AWC: \_\_\_\_\_ Name of the AWW: \_\_\_\_\_

Timing of AWC: \_\_\_\_\_ No of Anganwadi helper: \_\_\_\_\_

No of beneficiaries registered:

1) Pregnant Women: \_\_\_\_\_ 2) Lactating Women: \_\_\_\_\_ 3) Adolescent girls: \_\_\_\_\_ 4) Children (under 5 years): \_\_\_\_\_

Personal detail of AWW:

1) Age: \_\_\_\_\_ 2) Marital status: Married/Single 3) Religion: Hindu/Muslim/Others 4) Caste: General/SC/ST/Others

5) Educational status: Primary/Middle/Secondary/higher secondary/graduation

Infrastructure facilities:

1) Roof: Kaccha/Pakka 2) Drinking water: Provided/Not provided 3) Electricity: Present/Absent

4) Drainage facilities: Present/Absent 5) Utensils for cooking/serving: Present/Absent 6) separate kitchen: Present/absent

7) Sanitary Latrine: Present/Absent

8) List down the Charts and Posters provided by the government for AWC:

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9) Which equipments are given by the government for AWC: Weighing machine/Assan Patta/Attendance Register/Record Register/Utensils/others

Services Provided:

- 1) Do you carry out health check up camp in the AWC? YES/NO
- 2) Do you fixed any day for medical health check-up for children, pregnant and lactating mothers? YES/NO
- 3) Do you refer people to the health center when required? YES/NO
- 4) Do you use growth chart for growth monitoring of the children? YES/NO
- 5) Do you use separate growth chart for boys and girls? YES/NO
- 6) Which kind of activities do you conduct for pregnant and lactating women?

7) Which days are celebrated in the AW?

a) Mamta day b) Annprasan Day c) immunization day d) other (Specify)

8) Is the information provided to mothers in advance? Yes / No

9) If yes, who inform the mothers? \_\_\_\_\_

10) How many home visits you conducted for informing and meeting to the mothers? \_\_\_\_\_

11) How much time you spend for each home visit? \_\_\_\_\_

12) Do all the registered mothers come to the AW center at special days? Yes / No

13) If no, what is the main reason for that? \_\_\_\_\_

14) How do you encourage (convince) them to come? \_\_\_\_\_

15) What kind of health related information provided to the mother? \_\_\_\_\_

16) Do you grant Iron and Folic acid tablets for mothers? YES/NO

17) Do you grant Iron and Folic acid tablets for adolescent girls? YES/NO

18) If yes, is there any charge for it? Yes / No

19) If yes, How much? \_\_\_\_\_

20) Do you provide supplementary nutrition to the children? YES/NO

21) What food is used for supplementary nutrition? Flour/RTE/Boiled Chana/Rice/Other(specify) \_\_\_\_\_

22) What is provided in the supplementary feeding programme by the government? \_\_\_\_\_

23) What are the different preparations made from supplementary food? (Investigator to ask informer how each preparation is made, material and methods in detail) \_\_\_\_\_

24) Is it consumed by the children? Yes / No

25) If some child does not consume what steps you take? \_\_\_\_\_

- 26) Do you provide pre-school education for the children? YES/NO
- 27) What are the activities carried out for pre-school education? \_\_\_\_\_
- 28) During this week how many children were immunized? \_\_\_\_\_
- 29) Which vaccine was administered? BCG/DPT/POLIO/Measles/Vitamin A
- 30) During this week how many pregnant women received TT immunization? \_\_\_\_\_
- 31) Do you organize health and nutrition education programme? YES?NO
- 32) At what time do you organize? \_\_\_\_\_
- 33) What was your latest topic of discussion? \_\_\_\_\_
- 34) How many beneficiaries were present? \_\_\_\_\_
- 35) The beneficiaries who don't come do you make home visit for them for providing nutrition and health education?

#### Assessment of knowledge of AWWs

- 1) What should be average weight for a new born? \_\_\_\_\_
- 2) When the breastmilk should be initiated to a new born? \_\_\_\_\_
- 3) How long should the exclusive breastfeeding continued? \_\_\_\_\_
- 4) At what age the child should be initiated complementary food? \_\_\_\_\_
- 5) What food should be given initially to the child as complementary food? \_\_\_\_\_
- 6) How much supplementary food should be given to a malnourished child? \_\_\_\_\_
- 7) How ORS has to be prepared at home? \_\_\_\_\_
- 8) What are the iron rich foods available in the area? \_\_\_\_\_
- 9) What diseases can be caused by Vitamin A deficiency? \_\_\_\_\_
- 10) What is the average height of a 1 year old child? \_\_\_\_\_
- 11) What is the ideal age for marriage of a girl? \_\_\_\_\_
- 12) Spacing between two children: \_\_\_\_\_

#### Opinion of AWWs:

- 1) Do you think more AWWs are needed for smooth and effective implementation of the programme? YES?NO
- 2) Do you think enough place is there in the AWC for the children? YES?NO
- 3) Do you think more materials should be provided for education purpose? \_\_\_\_\_
- 4) If yes, then what? \_\_\_\_\_
- 5) Do you think the participation of the beneficiaries in the AWC is satisfactory? \_\_\_\_\_
- 6) Do you think proper pre-school education is provided to the children in AWC? \_\_\_\_\_
- 7) Do you think health and nutrition education is properly provided by you? \_\_\_\_\_
- 8) Do you think more variety should be there in the supplementary food provided by AWC? \_\_\_\_\_
- 9) What is your idea to improve the facilities of AWC? \_\_\_\_\_

## Questionnaire for mothers

Name and Signature of the Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

1. Schedule no. \_\_\_\_\_ 2. Block: \_\_\_\_\_ 3. Village: \_\_\_\_\_

4. Name of the mother: \_\_\_\_\_ 5. Age: \_\_\_\_\_

6. Name of the child: \_\_\_\_\_ 7. DOB: \_\_\_\_\_ 8. Age: \_\_\_\_\_ 9. Gender: \_\_\_\_\_

## Socioeconomic particulars

10. Religion: a) Hindu b) Muslim c) Others

11. Community: a) General b) Scheduled Caste c) Scheduled Tribe d) Backward Caste

12. Type of Family:

a) Nuclear	b) Extended Nuclear	c) Joint
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13. Family Size: \_\_\_\_\_

a= <= 5,	b= 6-10,	c= 11-15,	d= 16 - 20	e= > 21
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14. Educational status of mother: \_\_\_\_\_ 15. Educational status of father: \_\_\_\_\_

16. Mother's profession: \_\_\_\_\_ 17. Father's profession: \_\_\_\_\_

19. Total family income: Rs \_\_\_\_\_ 20. Mother's individual income: Rs \_\_\_\_\_

21. Main source of Income:

a. sale of food crops and cash crops	b. milk and other dairy sales	c. livestock sales	d. labour (agriculture, construction)	e. trade (transport, resale of goods)	f. sale of wild foods	g. craftwork (mats, baskets, pots)	h. others
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22. Main Source of expenditure:

a. food	b. firewood, charcoal, kerosene	c. household items	d. transport fees	e. drinking water	f. school fees	g. taxes	h. house rent	i. health	j. miscellaneous
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23. Type of house:

a) Mud/Thatched wall + Thatched Roof	b) Mud wall + Tiled / Asbestos / Tin Roof
c) Brick / Stone wall + Thatched Roof	d) Brick / Stone wall + Tiled / Asbestos / Tine roof / Stone slabs
e) Brick / Stone wall + RCC Roof	

24. Type of Cooking Fuel:

a=Fire wood	b= Kerosene	c= Bio-gas	d= LPG	e = Agro waste of maize	f= cow dung	g= Any other. (specify)
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25. Electrification: a) Yes b) No

26. Consumption of liquor or tobacco in the family: a) Yes b) No

## MICRO LEVEL PDI (Questions regarding mother and her child)

## Questions to mothers regarding antenatal care:

27. How many ANC have you attended in your last pregnancy?

A = 1	B = 2	C = 3 ,	D = <= 4	E = none
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28. Have you eaten more food during pregnancy than what you usually eat? Y/N

29. Have you taken folic acid supplements during pregnancy? Y/N

30. Have you taken tobacco during pregnancy? Y/N

**Questions to mothers regarding child's birth:**

31. Child's birth weight: \_\_\_\_\_ kg

32. Where was your delivery conducted?

a) Govt. hospital	b) PHC	c) CHC	d) Sub center	e) Private hospital	f) Home
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PDI SCORE CARD FOR ANC AND CHILD'S BIRTH					
Indicators	1	2	3	4	5
Number of ANC	None	1time	2times	3times	4times
Amount of food eaten during pregnancy	Very Less food than normal	Less food than normal	same	Little more, or some special food	Much more than normal
IFA supplements taken in pregnancy	Never, don't even know about it	Not taken, as they have taken other medicines from private doctors	Taken, but very few, then stopped	Taken 100 tablets, but in first trimester	Taken more than 100 tablets if needed, and from 2 <sup>nd</sup> trimester
Tobacco taken during pregnancy	Always	Gutkha, masala frequently	Masala sometimes	Very rare	Never
Child's birth weight	Less than 1.5kg	1.5-2kg	2.1-2.4kg	2.5kg-3kg	More than 3kg
Delivery place	Home, in absence of professionals	Home in presence of professional	At hospital but without proper facilities	At hospital with some facilities	At hospital with all kind of facilities (baby friendly)

**Questions to mothers regarding IYCF practices:**

33. Does anyone help you in household work or child care practices? Y/N

34. If yes, then who?

a= Mother in law	b=father
c= other family members	d=siblings

**Question for mothers with children < 6 months:**

35. Do you provide breastmilk to the child? Yes/No

36. Do you provide exclusive breastfeeding to your child? Yes/No

37. When was the initiation of breastfeeding done by you after birth? a) within 1hour b)within 1 day c) within 3 days d) after 3 days

38. Did you give any Pre lacteals to your child? Yes/No

If Yes, then what, when and why? \_\_\_\_\_

39. Did you give any other milk or formula along with or instead of breast milk? Yes/no

40. If Yes, then what, when and why? \_\_\_\_\_

41. Did you give any other food apart from milk? Yes/no

42. If Yes, then what, when and why? \_\_\_\_\_

43. How many times the child is breastfed during the day?

44. How many times the child is breastfed at night?

\_\_\_\_\_

45. How long do you breastfeed at a time?

\_\_\_\_\_

46. During illness do you change the amount of food given to the child? Y/N

47. What do you do about breastfeeding when you are sick? Do you continue to breastfeed? Y/N

#### Questions for mothers with children >6months

48. When was the initiation of breastfeeding done by you? \_\_\_\_\_

49. Did you give any Pre lacteals to your child? Y/N

If Yes, then what, when and why? \_\_\_\_\_

50. When was the first time you gave the child any other milk/formula? \_\_\_\_\_

51. When was the 1st time you gave the child water? \_\_\_\_\_

52. How long exclusive breastfeeding continued? \_\_\_\_\_ Months/ still continued/ never started

53. Till what age you breastfed your child? \_\_\_\_\_ Months/ still continued/ never started

54. Frequency of breastfeeding before 6 months: \_\_\_\_\_

55. Frequency of breastfeeding after 6 months: \_\_\_\_\_

56. At what age did you start giving complimentary food to your child? \_\_\_\_\_ months/still not started

57. What did you start giving in complementary feeds? \_\_\_\_\_

58. Do you give fish, meat, egg, pulses? Yes/no

59. Do you give milk and milk products? Yes/no

60. Do you give fruits and vegetables? Yes/no

61. Frequency of feeding: \_\_\_\_\_ times

62. Amount of food eaten per feeding: \_\_\_\_\_ gm

63. Do you buy food for the child from outside? Yes/No

64. If yes what food? Snacks/fresh food

65. Do you give your child fermented or sprouted product? Yes/no

66. Do you add oil (or any other lipid based nutrient) to child's food? Y/N

67. How much water the child consumes each day? Satisfactory/very less/only with food

68. Does your child eat by himself/herself? Yes/no

69. If yes then do you monitor his/her feeding? Yes/no

70. In your opinion what foods are not good for very young children? Why?

71. During illness do you change the amount of food given to the child? Y/N

72. What do you do about breastfeeding when you are sick? Do you continue to breastfeed? Y/N

PDI SCORE CARD FOR IYCF PRACTICES					
	1	2	3	4	5
Initiation of breastfeeding	Never started	After 3 days	Within 3days	Within first day	Within 1hour
Feeding of Prelacteals	From birth regularly	frequently	Just after birth	sometimes	Never given
Feeding of top milk	From birth regular	After 3 months	After 6 months	Very rare	Never given
Initiation of water before 6months	From birth always	frequently	When needed	sometimes	never
Exclusive breastfeeding	Never started	Only 1 <sup>st</sup> month	1 <sup>st</sup> 3months	1 <sup>st</sup> 5months	1 <sup>st</sup> 6months
Initiation of complementary feeding	Before 4months/after 1 yr/not initiated yet	Before 6 <sup>th</sup> month/after 9 <sup>th</sup> month	On 6 <sup>th</sup> month/8 <sup>th</sup> month	On 7 <sup>th</sup> month but not properly	On 7 <sup>th</sup> month and properly
Quality, quantity and frequency of complementary feeding	Not at all satisfactory	Not very satisfactory	Little satisfactory	Satisfactory	Very satisfactory
Young child feeding practices	Not at all satisfactory	Not very satisfactory	Little satisfactory	Satisfactory	Very satisfactory
Help in household work and child care	Not at all	Not very	Little satisfactory	Satisfactory	Very satisfactory

	satisfactory	satisfactory			
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**Questions to mothers regarding child's health care practices**

73. Are your children vaccinated? Y/N
74. Do you know how to prepare ORS? Y/N (note rightly said or not)
75. When your child has diarrhea, what do you feed him? \_\_\_\_\_
76. What do you avoid feeding him? \_\_\_\_\_
77. How do you know your child is sick? (signs of sickness) \_\_\_\_\_
78. Whom do you consult first? \_\_\_\_\_
79. Who decides what to do when there is a severe health problem at home? \_\_\_\_\_

**MESO LEVEL PDI (Questions to mothers and other family members regarding household food security and household practices)**






80. Do you have access to land? Y/N
81. If yes do you have your own land? Y/N
82. Which crops are grown? \_\_\_\_\_
83. What agricultural problems do you face? \_\_\_\_\_
84. Do you have your own livestock? Y/N
85. If yes what type of? \_\_\_\_\_
86. How is the milk yield? \_\_\_\_\_
87. How do you obtain your food?

a. own crop	b. own livestock	c. purchase from market	d. wild food collection	e. barter	f. loans	g. stocks	h. food at work/ at school	i. fishing/hunting	j. miscellaneous
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88. What foods do you buy? \_\_\_\_\_
89. How is the access to market? \_\_\_\_\_
90. Are their differences in diet between children, women and men? Y/N
91. If yes then what are they? \_\_\_\_\_
- 92.

**PDI SCORE CARD FOR HOUSEHOLD FOOD SECURITY**

Indicators	1	2	3	4	5
<b>Access to land</b>	Do not have own land	Own land, but no agricultural produce or income	Works on hired land to get seasonal income and farm produce	Own land with only vegetable crops in season	Own land, with cash crop and vegetable crop round the year
<b>Access to livestock</b>	Do not possess livestock	Possess livestock, but no food yield	Possess livestock, with occasional food yield	Possess livestock with yield for part of the family round the year	Possess livestock with regular income and yield for the HHs round the year
<b>Food availability</b>	Have to arrange for food daily	Can arrange for weekly food	Can buy and store monthly food	Can buy and store annual food grains	Have more than enough food for the entire HH
<b>Food affordability</b>	Skips eating daily	Skips meals weekly	Only selected purchase of food sometimes	Purchase of enough diverse food for HHs	Purchases and eaten enough for entire HH
<b>Safety nets</b>	No support available	PDS	PDS and ICDS	PDS, MDM	PDS, ICDS, MDM
<b>Financing program for farmers</b>	Not aware	Request but no support	Aware but do not avail	Support on request	Regular support
<b>Gender inequality in distribution of food</b>	Women always eat less, even the female	Women eat less, but not children	Women don't always eat less, but if guest	All eat same	Women, female adolescents, pregnant

	children		come or food finished accidentally		women eat more food than others
<b>Intra household food distribution</b>	Only men are fed well	Men and children are fed well	Men, children and grandmothers are fed well	Occasional equal distribution of food including women	Regular equal distribution of foods for all members
<b>Food preparation</b>	Only cereal /vegetable	Cereal/pulse/vegetable	Variety of food used Cereal/pulse/vegetable/ milk occasionally	Variety of food used Cereal/pulse/vegetable/ milk/sweets occasionally	Variety of foods prepared daily
<b>Consumption of breakfast</b>	No breakfast	Only Tea	Tea with some biscuits/snacks	Sometimes breakfast	Always proper breakfast
<b>Diet Pattern</b>	1 meal	2 meals	3 meals	4 meals	5 meals
<b>Meal Pattern</b>					

**Questions to mothers regarding hygiene and sanitation practices:**

93. Do you use soap? Y/N

94. If yes then when? a) during bathing b) during hand washing c)very rare

95. When do you wash your hand with soap?

a. After defecation	b. After contact with the child's stool	c. After going to the toilet	d. Before preparing food	e. Before eating	f. Before feeding a child	g. Before handling water for storage
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96. How often do you bathe your child?: \_\_\_\_\_

97. Do you provide the child boiled drinking water? Yes/no

98. What is the main source of drinking water for members of your household?

99. How long does it take to go there, get water, and come back?

100. Who usually goes to this source to fetch the water for your household?

101. Do you treat your water in any way to make it safer to drink? Y/N

102. If yes what do you usually do to the water to make it safer to drink?

103. Do you use sanitary latrine? Y/N

104. If yes, then do you share this facility with other households? Y/N

105. What type of latrine do you use?

1 = pucca with inbuilt water facility	2 = pucca with no water facility	3 = others specify
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106. If no, then where you go

1= field,	2= stable of cattle	3 =backyard of house	4 = kaccha toilet (made from woods, jute
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			sacks, stone )
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107. How many households use this toilet facility?

108. Do you have separate kitchen? Y/N

109. If yes then what type of? With ventilation/without ventilation

110. How do you store cooked food? Covered/uncovered

111. How frequently do you cut the nails of your child? \_\_\_\_\_

112. Does your child wear shoes while going out? Yes/no

#### PDI SCORE CARD FOR HYGIENE AND SANITATION

	1	2	3	4	5
Use of soap	never	Sometimes	Only for bathing	Bathing, washing clothes and utensils	Bathing, washing as well as hand washing
Purpose of hand washing with soap	Never (only with water)	After defecation/toilet/dealing with child's stools	Before feeding the child	Before preparing food, handling drinking water	Before eating food
Purification of drinking water	Directly taken	Just strained	Boiled or heated	Added some purifier	Used purifying machine
Use of sanitary latrine	Never, always everyone in field/outside	Used kaccha toilet only for women	Everybody use kaccha toilet	Pucca toilet shared with other households	Pucca toilet in own house
Separate kitchen	No, in poor condition	No, but well maintained	Yes, but without ventilation	Yes, with ventilation	Yes, with ventilation and well kept
Overall observation	Very Dirty nails, no shoes, dirty clothes	Little bit dirty nails, no shoes, little dirty clothes	Little dirty nails, clean clothes, no shoes	Clean nails, clean clothes, no shoes	Clean nails, clean clothes, with shoes

#### Questions to mothers regarding healthy cooking practices:

113. Do you cook food without lid? Yes/no

114. When do you cut your vegetables? Before washing/after washing

115. Do you keep the extra water or discard after cooking? Keep/discard

116. How do you keep your salt container? Covered/uncovered

117. Do you soak pulses before cooking? Yes/no

118. Do you keep extra oil from cooking and use it next day? Y/N

119. How much responsibility do you have for food shopping? a) little or none b) about half c)most or all

120. How much responsibility do you have for Planning meals? a) little or none b) about half c)most or all

121. How much responsibility do you have for preparing meals? a) little or none b) about half c)most or all

#### PDI SCORE CARD FOR HEALTHY COOKING PRACTICES

Indicators	1	2	3	4	5
Cooking food with lid	never	Very rare	sometimes	Most of the time	always
Cutting of vegetables	Always before washing	Most of the time	sometimes	Most of the time after washing	Always after washing
Use of extra cooked water	Always discarded	Most of the time	Sometimes kept	Most of the time kept and used	Always kept & used
Covering salt container	never	Very rare	sometimes	Most of the time	always
Soaking of pulses	never	Very rare	sometimes	Most of the time	always
Use of extra cooked oil	1week	More than 3 days	1-2 days	That day only	Not used

#### Questions for mother in law/grandmother

122. Do you think the yellow milk should be given to the child?

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123. In your opinion how long the exclusive breastfeeding should be continued?

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124. In your opinion, at what age should a child be given food in addition to breast milk?

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125. What are good foods for children less than two years old? Why?

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126. What foods should NOT be given to children less than two years old?

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127. Should a mother who is sick breastfeed?

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128. Should a mother who is pregnant continue to breastfeed her infant? 

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#### MACRO LEVEL PDI (regarding accessibility and utilization of the government scheme)

129. Do you go to AWC regularly? Y/N

130. If No then why? A) no anganwadi b) does not open on time c) services are not provided d) other

131. Do you attend Mamta Divas in Anganwadi? 

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132. Do you send your child to AWC? (Not applicable for <3 years)

133. Is food provided by the AWC (for all children <5 years)? Y/N

134. Do you attend the health checkup camp in the AWC? Y/N

135. Does the AWC provide iron and folic acid tablets? Y/N

136. Have you done the immunization of your children from the AWC? Y/N

137. Did you gain any knowledge regarding foods and nutrition from AWC? Y/N

#### ANTHROPOMETRIC MEASUREMENTS

##### a. Mother

PARAMETER	VALUE
Height ( cm)	
Weight (kg)	
BMI	

##### b. Child

PARAMETER	VALUE
Height/length (cm)	
Weight (kg)	

Food items	Daily	2-3 times /week	Once/week	Fortnightly	Once in a month	Seasonal	Occasional	Never
<b>Cereals and Grains</b>								
Jowar (juvar)								
Bajra (bajri)								
Ragi								
Rice (chokha)								
Rice, flakes (paunva)								
Rice, puffed (mamra)								
Maize								
Wheat (Gehu)								
Semolina (sooji)								
Bread								
<b>Pulses/Legumes</b>								
Bengal gram, dhal (chanani dal)								
Black gram, dhal (adadni dal)								
Field beans (valpapdi)								
Green gram (whole) (mag/moong)								
Green gram, dhal (mag ni dal)								
Lentil (Masoor)								
Moth beans (Muth)								
Peas								
Red gram dhal (tuver dal)								
Rajmah								
Soyabean								
Cow pea								
<b>Leafy vegetables</b>								
Cauliflower greens								
Colocasia leaves								
Fenugreek leaves (methi)								
Spinach								
Mint leaves								
Garden cress								
Drumstick leaves								
Cabbage leaves								
Cabbage (kobich)								
Coriander leaves (leeladhana)								
Curry leaves (limdi)								
Radish leaves (mudana pan)								
Bhindina pan								
Shepu (suvanibhaji)								
Spinach (palak)								
<b>Roots and tubers</b>								

Food items	Daily	2-3 times /week	Once/week	Fortnightly	Once in a month	Seasonal	Occasional	Never
Beet root								
Carrot (gajar)								
Onion (dungri)								
Potato (bataka)								
Radish (mudi/muri)								
Sweet potato (sakariya)								
<b>Other vegetables</b>								
Bitter gourd (karela)								
Bottle gourd (dudhi)								
Brinjal (ringan)								
Cauliflower (fulevar)								
Tindola (gilori)								
Galka								
Tomato								
Cluster beans (Govar)								
Cucumber (kakdi)								
Drumsticks (saragvo)								
French beans (fanshi)								
Kankoda								
Ladies finger (bhinda)								
Mango green (Ambo)								
Parwar								
Pink beans (valore)								
Dried dates (kharek)								
<b>Fruits</b>								
Amla								
Apple(safarzan)								
Bael fruit								
Banana (kela)								
Dates (khajoor)								
Grapes								
Guava (Jamfar)								
Jamun/ Jambu								
Jack fruit (Phanas)								
Mango								
Muskmelon (Sakarteti)								
Orange								
Papaya								
Lemon								
Sweet Lime								
Pineapple								
Wood apple (kothu)								
Watermelon (Tarbuch)								
Zizyphus (bor)								
<b>Nuts and Oilseeds</b>								
Groundnuts								
Gingelly seeds (Til)								

Food items	Daily	2-3 times /week	Once/week	Fortnightly	Once in a month	Seasonal	Occasional	Never
Niger seeds (Ram til/ kalatil)								
Coconut dry								
Mustard seeds (Rai)								
Watermelon seeds								
<b>Milk and milk products</b>								
Milk								
Curd								
Butter milk (Chach)								
<b>Fats/Oil</b>								
Ghee								
Oil								
Butter								
<b>Sugar</b>								
Sugarcane								
Jaggery								
Honey								
Sago								

## Questionnaire for post intervention assessment of mothers

Name and Signature of the Investigator: \_\_\_\_\_ Date: \_\_\_\_\_

1. Schedule no. \_\_\_\_\_ 2. Block: \_\_\_\_\_ 3. Village: \_\_\_\_\_

4. Name of the mother and child: \_\_\_\_\_

## HEALTH CARE PRACTICES

138. Does the AWW make home visits? Y/N (write down how many times and how long) \_\_\_\_\_

139. Did you gain any knowledge regarding foods and nutrition from AWC? Y/N

140. Do you receive balbhog from anganwadi? (for &lt;3 years) Yes/No

141. How many packets of balbhog do you receive per month? &lt;4 / 4-5 / 5-6 / 7 / don't know

142. Do you feed all the packets of balbhog to your child each month? Yes/No

143. Do you send your child to AWC? (Not applicable for &lt;3 years)

## IYCF AND CHILD CARE PRACTICES

144. Knowledge regarding colostrum: Right/wrong Knowledge regarding Initiation of breastfeeding: Right/wrong

145. Knowledge regarding exclusive breastfeeding: right/wrong Knowledge regarding pre-lacteals: Right/wrong

146. How long breastfeeding continued? Never started/still continued/ \_\_\_\_\_ months Knowledge regarding breastfeeding duration: right/wrong

147. Initiation of complementary feeding? \_\_\_\_\_ knowledge regarding timely initiation of CF: right/wrong

148. Do you give your child fermented food? Y/N If yes, what? \_\_\_\_\_

149. Do you give your child sprouted product? Y/N If yes, what? \_\_\_\_\_

## HOUSEHOLD FOOD AVAILABILITY AND OVERALL DIETARY PATTERN

150. Which crops are grown? \_\_\_\_\_

151. Do you have your own livestock? Y/N If Yes what type of \_\_\_\_\_

152. How do you obtain your food? (ask as per food groups)

153. Cereals \_\_\_\_\_ Pulses \_\_\_\_\_ Non veg \_\_\_\_\_

154. Fruits \_\_\_\_\_ Vegetables \_\_\_\_\_

155. Milk \_\_\_\_\_ Milk products \_\_\_\_\_






156. Oil/Fats \_\_\_\_\_ Sugar \_\_\_\_\_

157. Distance from Household to market: (write the name of the market) \_\_\_\_\_

158. Availability of food in subsidized rate (APL/BPL): \_\_\_\_\_

159. Availability of kitchen garden \_\_\_\_\_

160. Family income (Increased/decreased/same) \_\_\_\_\_

Intra household food distribution	Only men are fed well	Men and children are fed well	Men, children and grandmothers are fed well	Occasional equal distribution of food including women	Regular equal distribution of foods for all members
Food preparation	Only cereal /vegetable	Cereal/pulse/vegetable	Variety of food used Cereal/pulse/vegetable/ milk occasionally	Variety of food used Cereal/pulse/vegetable/ milk/sweets occasionally	Variety of foods prepared daily
Consumption of breakfast	No breakfast	Only Tea	Tea with some biscuits/snacks	Sometimes breakfast	Always proper breakfast
Diet Pattern	1 meal	2 meals	3 meals	4 meals	5 meals
Meal Pattern					

**HYGIENE AND SANITATION PRACTICES**

161. Do you wash your hand with soap before food handling? Y/N

162. Do you strain or add purifier to your drinking water? \_\_\_\_\_

163. What is the main source of drinking water for members of your household?

164. Sanitary Latrine

1 = pucca with inbuilt water facility	2 = pucca with no water facility	3 = Kaccha toilet	4. No sanitary latrine (Field/backyard)
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**FOOD HANDLING AND COOKING PRACTICES**

165. When do you cut your vegetables? Before washing/after washing

166. Do you soak pulses before cooking? Yes/no

**DIETARY ASSESSMENT**

Time	Meal	Items	Amount consumed by mother	Amount consumed by child

**FOOD FREQUENCY QUESTIONNAIRE**

Food Items	Frequently	Not frequently	Food Items	Frequently	Not frequently
Bajra (bajri)			Field beans (valpapdi)		
Rice (chokha)			Green gram (whole) (mag/moong)		
Rice, flakes (paunva)			Green gram, dhal (mag ni dal)		
Rice, puffed (mamra)			Peas		
Maize			Red gram dhal (tuver dal)		
Wheat (Gehu)			Fansi		
Semolina (sooji)			Cauliflower greens		
Bread			Colocasia leaves		
Bengal gram, dhal (chanani dal)			Fenugreek leaves (methi)		
Black gram, dhal (adadni dal)			Spinach(Palak)		
Mint leaves			Pineapple		
Drumstick leaves			Watermelon (Tarbuch)		
Coriander leaves (leeladhana)			Groundnuts		

Curry leaves (limdi)			Gingelly seeds (Til)		
Radish leaves (mudana pan)			Niger seeds (Ram til/ kalatil)		
Bhindina pan			Coconut dry		
Shepu (suvanibhaji)			Mustard seeds (Rai)		
Beet root			Milk		
Carrot (gajar)			Curd		
Onion (dungri)			Butter milk (Chach)		
Potato (bataka)			Ghee		
Radish (mudi/muri)			Oil		
Sweet potato (sakariya)			Butter		
Cabbage(kobich)			Sugarcane		
Bitter gourd (karela)			Jaggery		
Bottle gourd (dudhi)			Honey		
Brinjal (ringan)			Chicken		
Cauliflower (fulevar)			Mutton		
Tindola (gilori)			Egg		
Galka			Fish		
Tomato					
Cluster beans (Govar)					
Cucumber (kakdi)					
Drumsticks (saragvo)					
Ladies finger (bhinda)					
Parwar					
Amla					
Apple(safarzan)					
Banana (kela)					
Grapes					
Guava (Jamfar)					
Mango					
Muskmelon (Sakarteti)					
Orange					
Papaya					
Lemon					
Sweet Lime					

Height of mother:

Height of child:

Weight of mother:

Weight of child: