

**ANNEXURE 15**  
**DEPARTMENT OF FOODS AND NUTRITION, THE M.S.UNIVERSITY OF BARODA**

**Interview Schedule for the Mother of the Infant: ICDS services**  
**(Post NHEC Intervention)**

i) ID. No.:	Date of interview:
ii) Name of village:	Time of interview:
iii) Name of the respondent:	Name of the interviewer:

**1 GROWTH MONITORING**

- 1.1) Why does the AWW weigh the child? (probe for the benefits of monthly weighing)
- 1.2) What information does the AWW give you regarding your <child's> weight at the time of GM?
- 1.3) Have you seen the growth of your <child>?(show the card)
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 1.4) Does she give any information from the growth chart regarding how to increase the weight of your <child>?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- Remarks:
- 1.5) Any difficulty faced in utilizing the service?

**2 SUPPLEMENTARY FEEDING**

- 2.1) How does the ICDS beneficiaries benefit from SF?
- 2.2) What is the quantity of supplementary food given to your child? \_\_\_\_\_
- 2.3) Where does your child eat his/her snack?
- |                |   |
|----------------|---|
| 1 at anganwadi | 1 |
| 2 at home      | 2 |
- 2.3.1) If at anganwadi,
- |                       |   |
|-----------------------|---|
| 1 whole snack         | 1 |
| 2 half of the snack   | 2 |
| 3 < half of the snack | 3 |
- 2.3.2) If child bring leftover food home who finishes it?
- |                            |   |
|----------------------------|---|
| 1 child himself/herself    | 1 |
| 2 Sibling shares the snack | 2 |
| 3 mother shares the snack  | 3 |

- |      |   |   |
|------|---|---|
| 2.4) | Does your child like SF?  |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |
| 2.5) | Is there any change in your child's health due to FS?   |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |
| 2.6) | Are you aware of the <i>rab</i> supplementation program going on in the AWC once every week?                    |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |
| 2.7) | If child is less then 12 months old, do you take your child once every week to the AWC for feeding <i>rab</i> ? |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |
| 2.8) | Has the anganwadi worker taught you how to make <i>rab</i> at home?   |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |
| 2.9) | Does she encourage you to feed your child <i>rab</i> everyday at home?  |   |
| 1    | yes   | 1 |
| 2    | no  | 2 |

### 3 NUTRITION HEALTH EDUCATION

- |      |  |   |
|------|--|---|
| 3.1) | Are you aware of the NHE given in the anganwadi                                  |   |
| 1    | yes  | 1 |
| 2    | no   | 2 |
| 3.2) | What are the activities conducted?   |   |
| 3.3) | Who conducts them?   |   |
| 3.4) | What were the topics taught under NHE in the last month?                         |   |
| 3.5) | What benefits do you get from this service?                                      |   |
| 3.6) | Is there any difference in your child's health due to this service?              |   |
| 1    | yes  | 1 |
| 2    | no   | 2 |
| 3.7) | Do you experience any difficulty in understanding the messages given in the NHE? |   |