

Annexure 4

Impact of Iron Folic Acid Supplementation in Primary School Girls

Int. No.____

- 1) Roll no : _____
- 2) Name of the School : _____
- 3) Full Name : _____
- 4) Class and Section : _____
- 5) Birth Date : _____
- 6) Age (in years) : _____
- 7) Religion (tick ✓)
 - 7.1 Hindu 1
 - 7.2 Muslim 2
 - 7.3 Christian 3
 - 7.4 Any other 4 _____
- 8) Type of Family (tick ✓)
 - 8.1 Joint 1
 - 8.2 Nuclear 2
 - 8.3 Extended 3
- 9) Total number of Family members: _____
- 10) Education (Standard completed)
Mother: _____
Father: _____
- 11) Occupation (Specify)
Mother: _____
Father: _____
- 12) Type of House (tick ✓)
 - 12.1 Kaccha 1
 - 12.2 Semi-kuccha 2
 - 12.3 Pucca 3
- 13) Total number of rooms in the house (including kitchen): _____
- 14) Toilet Facility (tick ✓)
 - 14.1 In house 1
 - 14.2 Shared 2
 - 14.3 Open 3
- 15) Drinking water Facility (tick ✓)
 - 15.1 Tap 1
 - 15.2 Shared tap 2
 - 15.3 Hand Pump 3
- 16) Have you started Menstruating? Yes / No
If yes, age at start of menstruation: _____
- 17) Did you fall sick in last 15 days such that you had to visit a doctor? Yes / No
If Yes, Cause: _____
Number of days you were sick: _____