

Appendix IV

UTILIZATION OF SERVICES

	<u>Immunization</u>	:
1	Have you been immunized with tetanus toxoid prior to enrollment?	:
	1) Yes	:
	2) No	:
2	At what gestational age did you get T.T.?	:
	Age of 1st T.T.:	:
	Age of 2nd T.T.:	:
	Age of 3rd T.T.:	:
	<u>Iron Supplementation</u>	:
3	Have you received Iron-folic acid supplementation prior to enrollment?	:
	Yes / No	:
	If Yes,	:
	Total no. of tablets received _____	:
	Duration over which received _____	:
	Number of tablets consumed _____	:
	<u>Antenatal check-up</u>	:
4	Have you had a health check-up during this pregnancy prior to enrollment?	:
	1) Yes	:
	2) No	:
5	If Yes, when did you make the first visit?	:
6	How many visits have you made between 20 w	:
	20-24 w:	:
	24-28 w:	:
	28-32 w:	:
	32-36 w:	:
	<u>Supplementary food</u>	:
7	Supplementary feeding:	:
	Do you receive food at the anganwadi?	:
	1) Yes	:
	2) No	:
8	When did you first start receiving food from anganwadi during pregnancy?	:
9	How many days did you receive? 20 w	:
	20-24 w:	:
	24-28 w:	:
	28-32 w:	:
	32-36 w:	:
