CHAPTER - X

APPENDIX
I. IDENTIFICATION PARTICULARS:

1. Date: __________________________
2. S.No.: __________________________
3. Name of the Head of the family: __________________________
4. Address: __________________________
5. Community: __________________________
6. Religion: __________________________

7. Place of Survey:
   a: (Village / Town / City)
   b: Block
   c: District
   d: State

II. SOCIO - ECONOMIC DETAILS OF FAMILY MEMBERS:

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the Family Members</th>
<th>Relation to the Head</th>
<th>Sex (M/F)</th>
<th>Age (Yrs/Mth)</th>
<th>Marital Status</th>
<th>Educational Level</th>
<th>Occupation G (Major)</th>
<th>Subsidiary</th>
<th>Other Sources of Income</th>
<th>Total Income Rs./Pm</th>
<th>Physiological status</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>A</td>
<td>B</td>
<td>C</td>
<td>D</td>
<td>E</td>
<td>F</td>
<td>I</td>
<td>II</td>
<td>III</td>
<td>H</td>
<td>I</td>
<td>J</td>
</tr>
</tbody>
</table>

* Other sources of income: includes sources such as income from agriculture, cattle wealth and house rent.
8. AGRICULTURE:

(A) Land owned: Yes/No: If yes, number of acres of (B) (i) Wet land (ii) Dry land

9. CROPING PATTERN:

<table>
<thead>
<tr>
<th>Paddy</th>
<th>Wheat</th>
<th>Jowar</th>
<th>Other</th>
<th>Millets</th>
<th>Pulses</th>
<th>Vegetable</th>
<th>Commercial</th>
<th>Specify</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>II</td>
<td>III</td>
<td>IV</td>
<td>V</td>
<td>VI</td>
<td>VII</td>
<td>VIII</td>
<td>IX</td>
</tr>
</tbody>
</table>

A. No. of Acres Cultivated.
B. Cultivation during the year: Once / Twice
C. Yield per acres (bag / quintal)
D. Local market value (Rs. per bag / quintal)
E. Net yield (bags / Quintal / Rs. per Year)

10: CATTLE WEALTH.

<table>
<thead>
<tr>
<th>ANIMALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cow</td>
</tr>
<tr>
<td>I</td>
</tr>
</tbody>
</table>

A. Number
B. Yield of Milk (per animal / day)
C. Cost per litre (Rs.)
D. Net income (Rs. / Mth)

11. POULTRY:

<p>| | |</p>
<table>
<thead>
<tr>
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<th></th>
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</thead>
<tbody>
<tr>
<td>A.</td>
<td>No. of Chicken</td>
</tr>
<tr>
<td>B.</td>
<td>No. of eggs / day</td>
</tr>
<tr>
<td>C.</td>
<td>Cost of an egg (Rs.)</td>
</tr>
</tbody>
</table>
D. Net income (Rs. / Per mth)
   House rent received
   Yes / No. if Yes, Rs ___________ P / mth.

12. NET INCOME = Gross Income - Expenditure on Agriculture / Cattle wealth (Poultry etc.)

13. III HOUSING CONDITIONS.
   A. Type of House
   B. ____________________________ B
      Roof | Thatched | Tiled | Masonary
      Walls | Mud built | Brick built
   C. Staying in rented house:
      Yes / No. if yes, House rent paid Rs. ___________/mth.

D. House / Building / Bungalow type :
E. No of living rooms
F. No. of Windows
H. No. of Ventilators.

14. IV. SANITARY CONDITIONS.
   A. Sources of drinking water
      own well | Public well | Tank / River | Hand pump
      own tap | Public Tap
   B. Lavatory facilities
      Own W.C. / Public latrine / open field
   C. Drainage facilities
      Yes / No.

15. V. OTHERS FACILITIES:
   A. Electricity facilities
      Yes / No
   B. Recreational Facilities
      Own a radio or transistor / T.V. / Community Radio.
   C. Transport facilities
      Own a Bullock cart / bicycle / motar bike / car.
   D. Other facilities.
## INDIVIDUAL DIETARY INTAKE (ORAL QUESTIONNAIRE)

**Date:** ......................

**REGIONAL MEDICAL RESEARCH CENTRE FOR TRIBALS (INDIAN COUNCIL OF MEDICAL RESEARCH)**

**NAGPUR ROAD, JABALPUR**

**INDIVIDUAL DIETARY INTAKE (ORAL QUESTIONNAIRE)**

<table>
<thead>
<tr>
<th>Family No.</th>
<th>Village</th>
<th>Name of Head of family</th>
<th>District</th>
<th>State</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I.</th>
<th>Particulars</th>
<th>Serial Number of the Individual</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Name</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Age in years</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Sex</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Physiological status**</td>
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</table>

<table>
<thead>
<tr>
<th>II.</th>
<th>Type of Food stuff</th>
<th>Preparation</th>
<th>Raw amount</th>
<th>Total Cooked Quantity</th>
<th>Individual's Intake (Cooked Quantity)</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>Break fast</td>
<td>1.a</td>
<td>2.b</td>
<td>3.c</td>
<td>4.d</td>
</tr>
</tbody>
</table>

|     | 1st day             |    |    |    |    |    |    |    |
|     | 2nd day             |    |    |    |    |    |    |    |
|     | 3rd day             |    |    |    |    |    |    |    |

* Record participation in any feeding programme with details and food consumed outside the home.

**NPNL:** Non-pregnant Non lactating; **Preg:** Pregnant; **Lact:** Lactating; **BF:** Breast-fed only; **S:** Supplements

**Note:** The form is designed to capture individual dietary intake data, including details such as the name of the head of the family, family number, village, district, and state. It also includes sections for recording details of food intake, as well as participation in feeding programs and additional comments on food consumption outside the home.
<table>
<thead>
<tr>
<th>Type of Food</th>
<th>Preparation</th>
<th>Stuff</th>
<th>Raw</th>
<th>Total Cooked</th>
<th>Cooked Quantity</th>
</tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Individual</th>
<th>Lunch</th>
<th>Tea &amp; Snacks</th>
<th>Dinner</th>
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</thead>
<tbody>
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</tbody>
</table>
NUTRITIONAL ASSESSMENT SCHEDULE
CLINICAL ASSESSMENT

Name: ____________________________ Sr. No. _____
Address: ____________________________ Age. _____

Sex. __________
Date ______

1. General Appearance

2. Hair

3. Face

4. Eyes

5. Lips

6. Tongue

7. Teeth

8. Gums

9. Skin

10. Nails

11. Other disorders (if any)
NUTRITIONAL ASSESSMENT SCHEDULE
ANTHROPOMETRIC MEASUREMENTS

Name: ________________________________ Sr. No. ___________
Address: ______________________________ Age. ___________

Sex. ___________
Date ___________

1. Height (cm.)
2. Weight (kgs.)
3. Mid-arm circumference (cm)
4. Body-mass index (kg/m²)
5. Relative body weight (%)  
6. Skin fold thickness (mm)
NUTRITION & HEALTH EDUCATION QUESTIONNAIRE

Name: __________________________________________ Sr. No. ____________
Address: _________________________________________ Age: _____________
Sex: ________________ Date: ________________

I. BASICS OF HEALTH & NUTRITION.
1. Do you take meals in time? Yes / No / Doubt.
2. In your opinion, can well planned vegetarian diet be as nutritious as nonvegetarian diet? Yes / No / Doubt
3. In your opinion is taste more important than nutritive value while planning and cooking food? Yes / No / Doubt
4. In your opinion, are costly foods more nutritious than cheaper foods? Yes/No/Doubt
5. In your opinion is hand pounded rice better than milled rice? Yes / No / Doubt.
6. Is there any change in nutritive value of foods when they are cooked? Yes/No/Doubt
7. Are pulses beneficial for health? Yes / no / Doubt.

II. NUTRITION FOR VULNERABLE GROUPS.
1. Do you think that regular medical check up during pregnancy is necessary? Yes / No / Doubt
2. Do you think that pregnant lady requires extra food than non pregnant lady? Yes / No / Doubt
3. Do you know that green leafy vegetables are necessary for pregnant ladies?  
   Yes / No / Doubt
4. Are there some foods which should be excluded from pregnant lady's diet?  
   Yes / No / Doubt
5. Is special diet necessary for lactating mother?  
   Yes / No / Doubt
6. Do you think that some food stuffs should be excluded from the diet of lactating mothers?  
   Yes / No / Doubt
7. Do you think that breast feeding just after birth is necessary for infants?  
   Yes / No / Doubt
8. Do you know how long breast feeding should be continued?  
   Yes / No / Doubt
9. Is mother's milk better than animal milk?  
   Yes / No / Doubt
10. Do you think that it is necessary to give milk to the infants and children after breast feeding is stopped?  
    Yes / No / Doubt
11. Is it necessary to give supplementary food to infants after six months?  
    Yes / No / Doubt
12. Apart from mid-day school lunch do you give lunch at home?  
    Yes / No / Doubt
13. During diarrhoea, do you give ORS to your children?  
    Yes / No / Doubt
14. Do you rush your child to doctor when he/she is ill?  
    Yes / No / Doubt
15. Is it necessary to vaccinate children?  
    Yes / No / Doubt
16. Do you believe in "Jhad Funk"?  
    Yes / No / Doubt

III. COOKING PRACTICES AND FOOD BELIEFS.
1. Do you wash vegetables & fruits before eating?  
   Yes / No / Doubt
2. Do you cut vegetables after washing?  
   Yes / No / Doubt
3. Is covered cooking better than open pan cooking?  
   Yes / No / Doubt
4. Do you cook your food in excess water?  Yes / No / Doubt
5. Do you discard the excess rice water after cooking?  Yes / No / Doubt
6. Is there any loss of nutrients by discarding rice water?  Yes / No / Doubt
7. Do you take raw vegetables as salad?  Yes / No / Doubt
8. Do you take lathyrus pulse and do you know about its bad effects?  Yes / No / Doubt
9. Do you consume seasonal fruits?  Yes / No / Doubt
10. In your opinion is vegetable oil better than hydrogenated fat?  Yes / No / Doubt
11. In your opinion is sugar better than jaggery?  Yes / No / Doubt
12. Do you use iodised salt in your foods?  Yes / No / Doubt

IV. IMMUNIZATION
1. Do you know about vaccines?  Yes / No / Doubt
2. Should pregnant women be vaccinated?  Yes / No / Doubt
3. Do you know how many vaccines are necessary for child?  Yes / No / Doubt
4. Do you know about D.P.T. vaccination?  Yes / No / Doubt
5. Do you know about polio vaccination?  Yes / No / Doubt

V. HEALTH AND HYGIENE
1. Do you agree with the fact that personal hygiene is necessary for maintaining good health?  Yes / No / Doubt
2. Is daily brushing of teeth necessary?  Yes / No / Doubt
3. Do you know that proper ventilation is necessary in the house?  Yes / No / Doubt
4. Do you think that cleanliness of hand is necessary before and after meals?  Yes / No / Doubt
5. Do you know that proper cleaning of hands are essential after you come from toilet?  
Yes / No / Doubt

6. Do you know that smoke of wood is harmful for eyes?  
Yes / No / Doubt

7. Do you know that impure water is the main source of many diseases?  
Yes / No / Doubt

8. Do you know that small pox is not caused by supernatural power?  
Yes / No / Doubt

9. Do you know that kitchen should be clean when you cook foods?  
Yes / No / Doubt

VI. ENVIRONMENTAL SANITATION

1. Do you know that sanitation of environment is essential for healthy life?  
Yes / No / Doubt

2. Do you know that mosquitoes of Malaria develop at pits?  
Yes / No / Doubt

3. Do you know that regular cleaning of well is necessary?  
Yes / No / Doubt

4. Do you know that accumulated water near wells and hand pump generate so many water born diseases?  
Yes / No / Doubt

5. Do you know that mosquitoes and flies are carrier of diseases?  
Yes / No / Doubt

6. Do you know that garbage produces mosquitoes and flies?  
Yes / No / Doubt