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APPENDIX-I

List of Anganawadi included in the Survey

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>District</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Thottada Anganawadi</td>
<td>Kannur</td>
</tr>
<tr>
<td>2</td>
<td>Chovva Anganawadi</td>
<td>Kannur</td>
</tr>
<tr>
<td>3</td>
<td>Valliyai Anganawadi</td>
<td>Kannur</td>
</tr>
<tr>
<td>4</td>
<td>Chindangapoyil Anganawadi</td>
<td>Kannur</td>
</tr>
<tr>
<td>5</td>
<td>Theruvanatheruv Anganawadi</td>
<td>Kannur</td>
</tr>
<tr>
<td>6</td>
<td>Uloor Anganawadi</td>
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<tr>
<td>7</td>
<td>Pongumoodu Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>8</td>
<td>Pattoor Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>9</td>
<td>Kannanmooola Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>10</td>
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<td>Thiruvananthapuram</td>
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<tr>
<td>11</td>
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<td>Thiruvananthapuram</td>
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<tr>
<td>12</td>
<td>Elamkulam Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>13</td>
<td>Chempazanthi Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>14</td>
<td>Kurissadi Anganawadi</td>
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<tr>
<td>15</td>
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<td>Thiruvananthapuram</td>
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<td>16</td>
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<tr>
<td>17</td>
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<td>Thiruvananthapuram</td>
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<tr>
<td>18</td>
<td>Aniyoor Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>19</td>
<td>Vikas Nagar Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>20</td>
<td>Sangeetha Nagar Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>21</td>
<td>Gandhipuram Anganawadi</td>
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<tr>
<td>22</td>
<td>Parottukonam Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>23</td>
<td>Manvila Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>24</td>
<td>Cheruvikkal Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>25</td>
<td>Kuzhivila Anganawadi</td>
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<tr>
<td>26</td>
<td>Rose Nagar Anganawadi</td>
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<tr>
<td>27</td>
<td>Pinakkattukonam Anganawadi</td>
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<td>28</td>
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<td>Thiruvananthapuram</td>
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<td>29</td>
<td>Eitikonam Anganawadi</td>
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</tr>
<tr>
<td>30</td>
<td>Heeragardens Anganawadi</td>
<td>Thiruvananthapuram</td>
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<td>31</td>
<td>Archana Nagar Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>32</td>
<td>Edaroad Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>33</td>
<td>Kadinamkulam Anganawadi</td>
<td>Thiruvananthapuram</td>
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<tr>
<td>34</td>
<td>Mundanchira Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>35</td>
<td>Sreesastha Anganawadi</td>
<td>Thiruvananthapuram</td>
</tr>
<tr>
<td>36</td>
<td>Pallurthi Anganawadi</td>
<td>Ernakulam</td>
</tr>
<tr>
<td>37</td>
<td>Kacheripadi Anganawadi</td>
<td>Ernakulam</td>
</tr>
<tr>
<td>38</td>
<td>Deepam Anganawadi</td>
<td>Ernakulam</td>
</tr>
<tr>
<td>39</td>
<td>Karanamkodam Anganawadi</td>
<td>Ernakulam</td>
</tr>
<tr>
<td>40</td>
<td>Anchumuri Anganawadi</td>
<td>Ernakulam</td>
</tr>
</tbody>
</table>
APPENDIX-2

QUESTIONNAIRE

NUTRITIONAL STATUS AND DIET INTAKE OF PRE-SCHOOL CHILDREN IN KERALA

DEPARTMENT OF DEMOGRAPHY
UNIVERSITY OF KERALA
(Confidential for Research Purpose Only)

<table>
<thead>
<tr>
<th>Sl.No:</th>
<th>Date:</th>
</tr>
</thead>
</table>

1. District:

2. Name of the Respondent:

3. Name of the Child (Under five):

4. Religion:

5. SC/ST: Yes / No

6. Place of Residence: Rural / Urban / Coastal

7. Details of Household Members:-

<table>
<thead>
<tr>
<th>No</th>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Education</th>
<th>Occupation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
8. Type of House: Pucca / Kutch
9. Toilet Facility: Yes / No
10. Source of Drinking Water: Common Well / Own Well / Common Tap / Own Tap / Else
11. Average Monthly Income:
12. First Antenatal Visit:
13. Frequency of Antenatal Visit: Weekly / More than Once in Month / Monthly / Irregularly
14. Did you receive Tetanus Injection during Pregnancy: Yes / No
15. Did you receive Iron-Folic Tablets during Pregnancy: Yes / No
17. Premature birth: Yes / No
18. Birth Weight of the Baby:
19. Birth order of the Baby:
20. Acceptance of BCG Vaccination: Yes / No
21. Acceptance of DPT (3nos.): Yes / No
22. Acceptance of Polio Vaccination: Yes / No
23. Acceptance of Measles: Yes / No
24. When did you initiate Breast Feeding: Within one hour / Within the first day/ After first day
25. Are you still feeding the Child: Yes / No
26. If No, Duration of Lactation Period:
27. Did the Child suffer from Cold, Cough, Fever, and Diarrhea in the last two weeks: Yes / No
28. If Yes, did you give any medicine: Yes / No
29. Is the Child suffering from any Continuous Disease: Yes / No
30. If Yes, Mention it and detail of the Medicine given:

31. Does the Child brush teeth everyday: Yes / No
32. Does the Child take bath everyday: Yes / No
33. Does the Child wash his/her hands & mouth before and after eating: Yes / No
34. Does the Child wash his/ her hands after using the toilet: Yes / No
35. Who take care of the child: Mother / With Husband / With Senior Persons / With Servants
36. Whether you receive any assistance from the following for proper child care:-

(i) Anaganawadi: Yes / No
(ii) Doctors or Hospital: Yes / No
(iii) Senior Persons: Yes / No
(iv) News Paper: Yes / No
(v) Radio or Television: Yes / No

37. When did you start Supplementation of Food:
38. Nature of Food given to the Child: Solid / Liquid / Semi Solid
39. Type of Food given to the Child: Vegetarian / Non Vegetarian
40. Nature of Drinking Water: Hot / Cold / Both
41. How many times does the Child take Water in a day:
42. How many times does the Child take Food in a day:
43. Does the Child have proper Digestion: Yes / No
44. Type of Salt for the Food preparation:
45. Type of Oil for the Food preparation:
46. Do you use the following for the Food Preparation:

<table>
<thead>
<tr>
<th>Name</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ginger</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pepper</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cumin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coriander</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamarind</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Turmeric</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
47. Does the Child receive any medicine for malnutrition: Yes / No
48. Is there any pressure needed for the food intake: Yes / No
49. What kind of Food that your Child prefers: Sweet / Salted / Pungent / No Specialty
50. How often the following food is given to the child:

<table>
<thead>
<tr>
<th>Name of Food Item</th>
<th>Daily</th>
<th>More than once in a Week</th>
<th>Occasionally</th>
<th>Irregularly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rice</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wheat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pulse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Milk</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Leafy Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Vegetables</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Egg</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meat</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruits</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuts</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Ragi</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

51. Anthropometric Measurement:

<table>
<thead>
<tr>
<th>Name of the Child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Time of Measurement</td>
<td></td>
</tr>
<tr>
<td>Height of the Child</td>
<td></td>
</tr>
<tr>
<td>Weight of the Child</td>
<td></td>
</tr>
</tbody>
</table>

52. Any Remarks:-