INTERVIEW SCHEDULE:

Respondent of Research purpose only: Respondent No...

I. GENERAL INFORMATION:

1) Name of the respondent: ............................................................

2) Address: Village/Area -------------
   : Taluka
   : District

3) Caste/Community:
   a) Scheduled Caste [ ]
   b) Scheduled Tribe [ ]
   c) Backward Class [ ]
   d) Others [ ]

4) Mother Tongue
   a) Kannada [ ]
   b) Hindi [ ]
   c) Telugu [ ]
   d) Urdu [ ]
   e) Others [ ]

5) Religion
   a) Hindu [ ]
   b) Muslim [ ]
   c) Christian [ ]
   d) Boudha [ ]
   e) Others [ ]

6) Age of the Respondent
   a) 18 to 20 [ ]
   b) 20 to 22 [ ]
   c) 23 to 26 [ ]
   d) 26 to 28 [ ]
   e) 28 above [ ]
II. SOCIO-ECONOMIC BACKGROUND OF PARENTS:

7) Number of family members
   a) 2 or 4 [  ]  b) 4 or 6 [  ]
   c) 6 or 8 [  ]  d) 8 above [  ]

8) Types of family
   a) Nuclear family [  ]  b) Joint family [  ]
   c) Extended family [  ]

9) Educational status of mother
   a) Primary education [  ]  b) Secondary education [  ]
   c) Pre-university [  ]  d) Any other specify [  ]

10) Educational status of father
    a) Primary education [  ]  b) Secondary education [  ]
    c) Pre-university [  ]  d) No formal education [  ]
    e) Any other specify [  ]

11) Nature of residence
    a) Own house [  ]  b) Rented house [  ]
    c) Temporarily settlement [  ]  d) Slum [  ]

12) Family background
    a) Rural [  ]  b) Urban [  ]
    c) Sub-urban [  ]  d) Town [  ]

13) Which of the following facility do you have?
    a) APL [  ]  b) BPL [  ]
    c) Other [  ]  d) Not any [  ]

14) Occupation of father
    a) Agriculture [  ]  b) Labour [  ]
    c) Daily wage employee [  ]  d) Govt. Employee [  ]
    e) Non-Govt. Employee [  ]
15) Occupation of mother
   a) House wife [ ]
   b) Agriculture labour [ ]
   c) Labour [ ]
   d) Govt. Employee [ ]
   e) Non-Govt. employee [ ]

16) Annual income of family (in Rupees)
   a) 10,000 to 20,000 [ ]
   b) 20,000 to 40,000 [ ]
   c) 40,000 to 60,000 [ ]
   d) 60,000 Above [ ]

17) Who does take decision in family?
   a) Husband [ ]
   b) Father in law or mother in law [ ]
   c) Both husband and wife [ ]
   d) Relatives/Brother in law [ ]
   e) Others [ ]

18) Opinion of relationship with husband?
   a) Proper understanding [ ]
   b) Good co-operation [ ]
   c) Friendly relation [ ]
   d) Not- satisfactory [ ]
   e) Not- applicable [ ]

III. CHILD HEALTH:

19) Name of child ………………………………

20) Age of child (months)
   a) 0 to 1 months [ ]
   b) 01 or 2 months [ ]
   c) 02 or 3 months [ ]
   d) 03 or 5 months [ ]

21) Gender
   a) Male [ ]
   b) Female [ ]

22) Number of under five in the family?
   a) 01 [ ]
   b) 02 [ ]
   c) 03 [ ]
   d) Above 4 [ ]
23) Birth order of the child (Number of child)

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<td>a) 01</td>
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<td>b) 02</td>
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<td>c) 03</td>
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<td>d) 04</td>
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<td>e) 4 &amp; above</td>
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24) Do you know how to register your child's birth?

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<td>a) Yes</td>
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<td>b) No</td>
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<td>c) Don't know</td>
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25) Do you have a Birth Certificate?

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<td>a) Yes</td>
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<td>b) No</td>
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<td>c) Don't know</td>
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26) Have you dewormed the child every 6 months?

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<td>a) Yes</td>
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<td>b) No</td>
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<td>c) Sometimes</td>
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27) Where was the child born?

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<td>a) Hospital</td>
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<td>b) Clinic</td>
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<td>c) Home</td>
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<td>d) Community Health Centre</td>
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<td>e) Other specify</td>
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28) How regularly did you attend the clinic after birth?

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<td>a) Weekly</td>
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<td>b) Monthly</td>
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<td>c) Other specify</td>
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29) How long was the child partially breastfed (breast milk and formula or other food and drink)?

……………………………… months

30) What milk did the child drink, if not breastfed?

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<td>a) Formula milk</td>
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<td>b) Cows milk</td>
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<tr>
<td>c) Other Please Specify</td>
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31) How was the milk fed to the baby?
   a) Bottle [   ]  b) Cup [   ]  c) Spoon [   ]

32) At what age did the mother introduce solid foods? ............... months

33) How many glasses or bottles of water does your child drink per day?
   a) 1 bottle [   ]  b) 2 bottle [   ]
   c) 3 bottle [   ]  d) 3 bottle above [   ]

34) Who looks after the child during the day?
   a) Mother [   ]  b) Grand mother [   ]
   c) Neighbour [   ]  d) Day care centre [   ]
   e) Other Please Specify ..........................................

35) Did the child received de worming tablet within the last 6 months? (for children above 12 months?)
   a) Yes [   ]  b) No [   ]
   c) Don’t know [   ]

36) How is your child appetite?
   a) Good [   ]  b) Fair [   ]
   c) Poor [   ]  d) Very good [   ]

37) What are some of the foods that children are allowed to eat in your household?
   a) Parridge [   ]  b) T. Z. Rice [   ]
   c) Eggs, meat, fish [   ]  d) All foods [   ]

38) Did you take the child for treatment?
   a) Yes [   ]  b) No [   ]

39) Where did you take for the treatment?
   a) Private Hospital [   ]  b) Govt. Hospital [   ]
   c) Health post/SHP [   ]  d) PHC [   ]
   e) Traditional healer [   ]  f) Others
40) If you are unable to bring the child for treatment, Why?
   a) Distance of treatment   [   ]
   b) No staff HF   [   ]
   c) Facilities was Closed   [   ]
   d) Price of treatment   [   ]
   e) No belief in the health facility   [   ]
   f) Other .................................

41) Do you seek advice or treatment for the illness from any source?
   a) Yes   [   ]   b) No   [   ]

42) If Yes, where did you first seek advice for treatment?
   a) Private Hospital   [   ]
   b) Govt. Hospital   [   ]
   c) PHC   [   ]
   d) Traditional healer   [   ]
   e) Others .................................

43) Did the child receive breast milk yesterday?
   a) Yes   [   ]   b) No   [   ]

44) If you didn’t breastfed your child, what was the reason?
   a) Work load   [   ]
   b) New pregnancy   [   ]
   c) Child ill/weak   [   ]
   d) Mother ill/weak   [   ]
   e) Other specify .................................

45) Have you breastfed any alternative food after 6 months of delivery?
   a) Yes   [   ]   b) No   [   ]
   c) If Yes - what food .................................

46) Frequency of treatment to your child?
   a) Once on 5 to 10 days   [   ]
   b) Once on 10 to 15 days   [   ]
   c) Once on 15 to 20 days   [   ]
   d) Only at the time of illness   [   ]
47) Which of the following diseases does your child develop?
   a) Frequent cough/ cold  [ ]  b) Throat pain  [ ]
   c) Derrida  [ ]  d) Asthma  [ ]
   e) Others ...........................................

48) Which type of treatment do you get for your child?
   a) Home medicine  [ ]  b) Pray of god  [ ]
   c) Ju-Ju  [ ]  d) Others  [ ]

49) Does your child have any physical disability?
   a) Yes  [ ]  b) No  [ ]

50) If Yes, please name the physical disability?
   a) .............................................

51) Do you know why your child frequently falls sick?
   a) Yes  [ ]  b) No  [ ]

52) If Yes, provide details
   a) .............................................

53) Which steps do you take to keep your child healthy?
   a) Feeding hot water  [ ]  b) Frequent breast feeding  [ ]
   c) Feeding ORS Liquid  [ ]  d) Keep away dirty clothes  [ ]
   e) Others  ........................................

54) From which source do you get information about child care?
   a) Mass media (T.V., Newspaper)  [ ]
   b) Neighbours  [ ]
   c) Anganwadi workers (Asha)  [ ]
   d) Family/Govt. Doctor  [ ]
   e) Others  ........................................

55) Did you feed breast soon after delivery?
   a) Yes  [ ]  b) No  [ ]
   c) If No, Why  .........................
56) Within what time of delivery did you feed breast?
   a) Within 1 hours [ ]   b) Within 1 to 2 hours [ ]
   c) Within 2 to 4 hours [ ]   d) After 4 hours [ ]

57) Have you observed that your child have milk properly?
   a) Yes [ ]   b) No [ ]
   c) If No, Why? ..........................

58) Other than breast feeding, does your child have any other liquid food?
   a) Yes [ ]   b) No [ ]
   c) If Yes, how many times .................
   d) If No, Why ...........................

59) Does your child have any of the following diseases?
   a) Unable to have (breast) milk [ ]
   b) Problem on respiratory [ ]
   c) Fewer [ ]
   d) Rapid respiratory [ ]
   e) Others

60) At the time of sickness, do you feed breast?
   a) Yes [ ]   b) No [ ]

61) Frequency of breast feeding in a day?
   a) 2 times [ ]   b) 3 times [ ]
   c) 4 times [ ]   d) 6 times [ ]

62) How do you record the weight of the child with protein-energy malnutrition?
   a) By maintaining diary [ ]
   b) By writing in a book [ ]
   c) By maintaining growth chart [ ]
   d) None of the above [ ]

IV. MOTHER HEALTH:

63) At what age did you get married?
   a) 15 – 20 [ ]   b) 20 – 22 [ ]
   c) 23 – 26 [ ]   d) 26 – 27 [ ]
   e) Above 27 [ ]
64) What was your age at the time of pregnancy?  a) ........................................

65) Which of the following medical facility did you get at the time of pregnancy?
   a) ECG [ ]  b) B-complex [ ]  c) Others [ ]

66) What is the gap between first and second child?
   a) 1 or 2 years [ ]  b) 2 or 4 years [ ]  c) 4 or 6 years [ ]  d) Above 6 years [ ]

67) Did you give birth before nine months?
   a) Yes [ ]  b) No [ ]  c) If Yes, mention the month ........................................

68) After how many years of marriage, did you get pregnancy?
   a) 1 or 2 years [ ]  b) 2 or 3 years [ ]  c) 3 or 4 years [ ]  d) Above 4 years [ ]

69) Which disease did you have at the time of pregnancy?
   a) Diabetes [ sugar] [ ]  b) Blood pressure [ B.P.] [ ]  c) Urinal related problems [ ]  d) Others

70) At the time of delivery, which problems you faced?
   a) ........................................

71) Place of delivery
   a) Home [ ]  b) Hospital [ ]

72) Type of delivery
   a) Normal [ ]  b) Caesarean [ ]

73) Did the mother take iron & folic acid tablets pregnancy?
   a) Yes [ ]  b) No [ ]

74) Did you go for antenatal check up during the pregnancy?
   a) Yes [ ]  b) No [ ]

75) Do you have a health card for child
   a) Yes [ ]  b) No [ ]

76) Food habits when you were pregnancy?
   a) Vegetables [ ]  b) Milk [ ]  c) Fruits [ ]  d) Eggs [ ]  e) Meat [ ]  f) Common food [ ]
77) Did Asha Anganwadi provide information regarding your child’s health and nutritious food?
   a) Yes [ ]    b) No [ ]
   c) If Yes, than say how? ………………………

78) Have you followed advices of Asha and Anganwadi workers?
   a) Yes [ ]    b) No [ ]
   c) If Yes, how you followed? ………………………
   d) If No, why not followed? ………………………

79) Co-operation of hospital staff?
   a) Average [ ]   b) Good [ ]
   c) Below average [ ]   d) Good it more provided [ ]

80) While breast feeding, do you mind your physical cleanness or cleanliness?
   a) Yes [ ]   b) No [ ]

81) How do you protect your child from mosquitoes?
   a) Use of mosquito cover [ ]
   b) Use of clean cloth [ ]
   c) Spray DDT powder surrounding of home [ ]
   d) Making good ventilation on home [ ]

82) Which of the following scheme your benefited?

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<th>Sl. No.</th>
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<tbody>
<tr>
<td>1.</td>
<td>Prasuthi Araike</td>
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<td>2.</td>
<td>Madilu</td>
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<td>3.</td>
<td>Thayi Bhagya</td>
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<td>4.</td>
<td>Gnyana Suraksha Yojene</td>
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<tr>
<td>5.</td>
<td>Suvarna Arogya Chaitanya</td>
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<td>6.</td>
<td>Arogya Kavacha (108)</td>
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<td>7.</td>
<td>Dialysis</td>
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<td>8.</td>
<td>Vajpayi Arogya Chaitanya</td>
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<td>9.</td>
<td>Geritrick</td>
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<tr>
<td>10.</td>
<td>Mother Card</td>
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V. MALNUTRITION & PERSONAL HEALTH AWARENESS:

83) What you do when your child is sick?
   a) Provide home medicine [   ]
   b) Pray to God [   ]
   c) Practice suppositious (mantra-tantra) [   ]
   c) Others ..............................................

84) Which methods you follow to take care of the child?
   a) Touch with washed hands [   ]
   b) Using clean cloths [   ]
   c) Hands washed with hot water [   ]
   d) Others ..............................................

85) How you purity your child’s drinking water?
   a) Distilled and purity on clean vessel [   ]
   b) Boll and distillation [   ]
   c) Borewell [   ]
   d) Purifier or purifying machine [   ]

86) Do you know of any nutritional programmes currently going on this area?
   a) Yes [   ]
   b) No [   ]
   c) Don’t know [   ]
   d) Missing [   ]

87) Do you usually access nutritional massages in this area?
   a) Yes [   ]
   b) No [   ]
   c) Sometimes [   ]
   d) Missing [   ]

88) If Yes, how do you receive these massages?
   a) News paper [   ]
   b) Television [   ]
   c) Radio [   ]
   d) Posters [   ]
   e) Other specify ........................................

89) Main source of your drinking water?
   a) Tubewell/borewell [   ]
   b) Public tap [   ]
   c) River/stream [   ]
   d) Dugwell [   ]
   e) Others ..............................................

90) What do you use to wash your hands?
   a) Nothing [   ]
   b) Soap [   ]
   c) Soil [   ]
   d) Plain water [   ]
91) Frequency of cleaning your surroundings?
   a) Everyday [ ]
   b) Once on two days [ ]
   c) Once on a week [ ]
   d) Rarely [ ]

92) Frequency of collecting potable water?
   a) Everyday [ ]
   b) Once on 1-2 days [ ]
   c) Once on 3-4 days [ ]
   d) Above 5 days [ ]

93) Is there proper drainage facility in your area?
   a) Open drainage [ ]
   b) Closed drainage [ ]

94) Frequency of drainage cleaning from municipality worker?
   a) Everyday [ ]
   b) Once on 10 days [ ]
   c) Once on 15 days [ ]
   d) Rarely [ ]

95) Is there separate toilet and bathroom in your house?
   a) Yes [ ]
   b) No [ ]

96) How you dispose solid water?
   a) Dumping to corporation dust bin [ ]
   b) Trough at surroundings [ ]
   c) Trough to road [ ]
   d) Trough in to drainage [ ]
   e) Deposits to corporation worker when they come [ ]

97) How you dispose waste water?
   a) Releasing on to road [ ]
   b) Releasing on to drainage [ ]
   c) Open ground near to home [ ]