APPENDIX
I. Particulars of the Mother:
1. Name: ........................................
2. W/o: ........................................
3. Place of Residence: ........................................
4. Place of Birth: ........................................
7. Income per Month: .............
8. Family: Type – Nuclear/Joint/Extended
9. Number of members: .............
11. Main Food intake: ........................................
12. Food avoidances: .............
13. State of health – Average/Slim/Stout

II. Obstetric history:
(a) Birth order ..............
(b) Birth interval ..............
(c) Gestation .............. L.M.P. ..............
(d) Pregnancy interval ..............
(e) Intrauterine infection (any acute/chronic disease) ..............
(f) Lactation during Pregnancy: ..............
(g) Nutrition intervention: ..............
(h) Antenatal check up: Done/Not done
   If done - How frequently ..............
   Tet Toxoid: Taken/Not taken
   Medicine such as - Iron tablets/Vitamins/Drugs/Calcium are taken/not taken.
(i) No. of miscarriages/ abortions occurred during the previous and present pregnancies:
   ..............
(j) Smoking or exposure to cooking smoke: ..............
(k) Family planning: Used/not used. If used method follow: ..............
(l) Health or Nutrition education: have/have not.
III. Husband’s information:
   Age: ............... Religion: ............... Caste/Tribe: ............... 
   Educational Qualification: ...... Occupation: ............... 
   Income per Month: ............... 
   Place of birth: ......................... 
   Present residence: ......................... 

IV. Baby’s information:
   1. Sex: Male/Female 
   2. Delivery: 
      (a) Date: ............... (b) Time: ............... 
      (c) Type: Singleton/twin (d) Mode: ND/C.S. 
   3. Date of Observation: ............... 
   4. Measurements:
      (a) Birth Weight ............... gm 
      (b) Birth length: ............... cm. 
      (c) Head circumference: ............... cm. 
      (d) Chest circumference: ............... cm. 
      (e) Mid-upper arm circumference: ............... cm. 
      (f) Thigh girth: ............... cm. 
      (g) Calf girth: ............... cm. 
      (h) Waist girth: ............... cm. 
      (i) Hip girth: ............... cm. 
      (j) Foot length: ............... cm. 
      (k) Foot breadth: ............... cm. 
   5. Morpho – genetical traits: 
      (a) Defect – (i) Clubed foot - present/absent. 
      (ii) Clubed thumb/finger - present/absent. 
      (iii) Polydactyle on hands/feet - present/absent. 
      (iv) Brachyphalangy - present/absent. 
      (v) Syndactyly - present/absent. 
      (vi) Harelip - absent/present (left/right) 
      (vii) Flat Feet .......................... 
      (viii) Cleft palate .......................... 
      (ix) Cleft chin .......................... 
      (x) Any other ..........................
(b) Normal traits:

(i) Hair Whorl:
   - Quantity – Single or Double or Multiple
   - Direction – Clockwise or Anticlockwise.

(ii) Earlobe:
   - Attachment – Free or Attached

(iii) Head Hair:
   - Quantity – Normal or Medium or Thick

(iv) Body hair:
   - Quantity – Normal or Medium or Thick

(v) Finger nails:
   - Growth length – Normal or Medium or Long
   - Lunulae – Absent/present

(vi) Toe nails:
   - Growth length – Normal or Medium or Long
   - Lunulae – Absent/present

(vii) Appearance of teeth
   - or not appeared.

(viii) Eyebrow
   - Quantity – Normal or Medium or Thick
   - Form – Straight or oblique
   - Separated or connected.

(ix) Mid-Phalangeal Hair
   - Left – II III IV V
   - Right – II III IV V

(x) Colour Spot – Present/absent
   - If present – Left/Right/Centre
   - Size –

(xi) Cerumen type – Wet/dry

Miss Th. Medhabati Devi
(Investigator)