

CHAPTER - X

APPENDIX

PROFORMA - 1

NATIONAL INSTITUTE OF NUTRITION INDIAN COUNCIL OF MEDICAL RESEARCH

JAMIA - OSMANIA, HYDERABAD

SCHEDULE FOR ASSESSMENT OF SOCIO - ECONOMIC STATUS OF FAMILY

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 :

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

* 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. CROPPING PATTERN :

Paddy I	Wheat II	Jowar III	Other IV	Millets V	Pulses VI	Vegetable VII	Commercial VIII	Specify IX

- 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 .**ANIMALS**

Cow I	Buffalow II	Goat III	Sheep IV	Other V	Specify VI

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

11 . POULTRY :

- A. No. of Chicken
- B. No. of eggs / day
- C. Cost of an egg (Rs.)

PROFORMA - 2

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

NAGPUR ROAD, JABALPUR

INDIVIDUAL DIETARY INTAKE (ORAL QUESTIONNAIRE)

TRIBE.....

Date :

Family No. Village Name of Head of family District State

Particulars		Serial Number of the Individual						
		1	2	3	4	5	6	7
Name								
Age in years								
Sex								
Physiological status** NPNL/Preg / Lact / BF/ BF + S/S								

	Type of Preparation	Food stuff	Raw amount	Total Cooked Quantity	Individual's Intake (Cooked Quantity)								
					1.a	2.b	3.c	4.d	5.e	6.f	7.g		
Break fast	I	II	II	IV									
1 st day													
2 nd day													
3 rd day													

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

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

PROFORMA - 3

**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)

PROFORMA - 4**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/m^2)
5. Relative body weight (%)
6. Skin fold thickness (mm)

PROFORMA - 5

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

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|--|------------------|
| 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 to 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.

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|--|------------------|
| 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 |

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|--|------------------|
| 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

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|---|------------------|
| 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

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|---|------------------|
| 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 Malária 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