APPENDIX - I

SCHEDULE FOR ASSESSMENT OF SOCIO-ECONOMIC STATUS

I Identification Particulars

1. Date : 7. Place of survey :
2. S.No. : a) Village/city :
3. Name of the Head of b) Block :
   the family : c) District :
4. Address :
5. Type of family : Single/Joint
6. Caste :

II 1. SOCIO-ECONOMIC DETAILS OF FAMILY MEMBERS :

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of the family member</th>
<th>Relation to the Head of the family</th>
<th>Sex (male/female)</th>
<th>Age (yrs/months)</th>
<th>Education level</th>
<th>Occupation major</th>
<th>Other source of income</th>
<th>Income</th>
<th>Remarks</th>
</tr>
</thead>
</table>

* Includes sources such as income from agriculture, cattle wealth, poultry and house rent etc.

2. Total Income :
3. Per Capita Income :

III Housing Conditions :

1. House : (a) Own
   (b) Rented
2. Type of house : (a) Pucca
   (b) Kutchcha
   (c) Semi Pucca
3. **Rooms**: (a) Number (i) 1 room
   of (ii) 2 rooms
   living (iii) 3 rooms or
   more rooms

4. **Kitchen facility**: (a) In living room
   (b) Separate

5. **Ventilation**: (a) No window
   (b) 1 window
   (c) 2 windows
   (d) 3 or more windows

6. **Electricity**: (a) Present
   (b) Absent

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**IV Sanitary Conditions** :

1. **Water Supply**: (a) Well
   (b) River / tank
   (c) Public tap
   (d) Hand pump
   (e) Piped water supply

2. **Lavatory facilities** :
   (a) Public latrin
   (b) Open field
   (c) Own latrin
   (d) Others

3. **Garbage disposal** :
   (a) Indiscriminate throwing
   (b) Proper disposal in dustbin

4. **Drainage facilities** :
   (a) Yes
   (b) No

5. **Surroundings**: (a) Clean
   (b) Unclean
APPENDIX - II

QUESTIONNAIRE FOR KNOWLEDGE, ATTITUDES AND PRACTICES OF INFANT FEEDING

Place: ........... Date:

Family No.: .......... Name of subject:....... Sex: Male/Female

Name of Father/Guardian ........... Age ...... Months ........ Days .......

1. Breast Feeding status:
   (a) Solely Breast Fed (SBF)
   (b) Partially Breast fed (PBF)
   (c) Non Breast Fed (NBF)

2. Prelacteal Feeding:
   (a) Honey
   (b) Jagary water
   (c) Glucose Water
   (d) Janam Ghutti
   (e) Cows milk
   (f) Plain water
   (g) Sugar Water
   (h) nothing

3. Colostrum feeding:
   (a) Yes
   (b) No

4. The age of first breast feeding:
   (a) Within 24 hours
   (b) Between 24-48 hours
   (c) Between 48-72 hours
   (d) After 72 hours

5. Frequency of breast feeding per day:
6. Feeding Schedule: (a) Demand Feeding  
                (b) Schedule feeding  

7. Reasons for stopping breast feeding:  

8. Age of introduction of Top Milk: Months ....  

9. Reasons for introduction of Top milk:  
        (a) Lactation failure  
        (b) Insufficiency of breast milk  
        (c) Working mother  
        (d) Pregnancy  
        (e) Other  

10. Type of Top milk:  
        (a) Cow's  
        (b) Buffalo's  
        (c) Goat's  
        (d) Powder milk  
        (e) other  

11. Dilution of Top milk:  
        (a) No dilution  
        (b) 1:1 (Milk : Water)  
        (c) 2:1 (Milk : Water)  
        (d) 3:1 (Milk : Water)  

12. Frequency of Top Milk/ per day:  

13. Quantity of Top milk per day:  

14 Age of introduction of Supplementary food:  

15. Type of liquid/semi solid/solid foods:  

16. Frequency of Liquid/Semi Solid/Solid food: per day/per week  

17. Quantity of Liquid/Semi Solid/Solid food: per food/per day/per week  

18. Type of feeding vessels used:  
        (a) Feeding bottle  
        (b) Cup and Spoon  
        (c) Bowl and spoon  
        (d) other type of bottle  
        (e) Glass  
        (f) others
19. Cleaning and sterilization done:
   (a) Yes
   (b) No
20. Techniques of sterilization and cleaning:
21. Ceremony if any: (a) Yes
    (b) No
22. Any beliefs regarding various food stuffs.

Contd., next page
### ATTITUDES OF MOTHER TOWARD INFANT FEEDING PRACTICES

<table>
<thead>
<tr>
<th>STATEMENT</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Breast feeding is very essential for the health of the infant.</td>
<td>Positive</td>
</tr>
<tr>
<td>2. Prelacteal feeding should be avoided as it would introduce outside infections and the reduced suckling action would reduce the flow of milk.</td>
<td>Negative</td>
</tr>
<tr>
<td>3. Feeding of colostrum is essential for the infant.</td>
<td>Positive</td>
</tr>
<tr>
<td>4. Breast feeding should be started immediately after the birth of infant.</td>
<td>Positive</td>
</tr>
<tr>
<td>5. Breast feeding should be continued till breast milk is available.</td>
<td>Negative</td>
</tr>
<tr>
<td>6. Along with breast feeding top milk should be started by 3-6 months age of infant.</td>
<td>Negative</td>
</tr>
<tr>
<td>7. Commercial milk is the best food for the infant.</td>
<td>Positive</td>
</tr>
<tr>
<td>8. Fruit juice should be started at least by the age of 3 months of the infant.</td>
<td>Negative</td>
</tr>
<tr>
<td>9. Solid food supplements should be started at the age of 5-6 months of infant.</td>
<td>Positive</td>
</tr>
<tr>
<td>10. Lactating mother should take more food than normal.</td>
<td>Negative</td>
</tr>
</tbody>
</table>

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No reply: This option was not selected for any of the statements.
APPENDIX - III

NUTRITIONAL ASSESSMENT SCHEDULE

Place ................ Date :
Family No, ...........
Name of the subject ..... 
Sex : Male/Female
Name of Father/Guardian ....
Age....... Months ........ Days ......

ANTHROPOMETRY

Weight (Kg)
Height (cm)
Arm circumference (cm)
Head circumference (cm)
Chest circumference (cm)