APPENDIX
ANALYSIS OF SOME ASPECTS OF GROWTH AND DEVELOPMENT DURING FIRST 2 YEARS OF LIFE AMONG KASHMIRI URBAN CHILDREN

A: Identification
Name of the child: ____________________________________________________________
Father's Name: ______________________________________________________________
Name of the Place: ____________________________________________________________
Zone/ward: _________________________________________________________________

B) Information of the child
Date of birth: _______________________________________________________________
Sex: Male ___________________ Female ________________________________________
Total No. of Siblings: _______________________________________________________
Ordinal Positions: __________________________________________________________
Religion: _________________________________________________________________

Birth Details
Baby Born: Full Term / Pre Mature / Post Mature ________________________________
Place of Delivery: Home / Hospital / Nursing Home _____________________________
Delivery conducted by: Doctor / Nurse / Mid. Wife / Untrained Dai. ---------------
Any complication at the time of Delivery, if yes (specify) __________________________
______________________________________________
Baby Born: Normal / Abnormal ________________________________________________
Baby Cried: Immediately / Not Immediately (delayed) ____________________________
Baby Breathed Normally: Yes / No, if not any assistance needed. --------------
Any injury to the baby at the time of delivery _________________________________
Yes/No, if yes please specify _____________________________________________

B) Family Information
Type of family Joint / Nuclear / Extended. _________________________________
Total Family Members: ___________________________________________________
Total Family Income: _____________________________________________________
Maternal Particulars
Age of Mother in Years: __________________________________________________
Age at Marriage: _________________________________________________________

Literacy status of Mother
Illiterate / Primary / Matric / College / Tech & Professional
Occupation of Mother
Class I / Class II / Class III / Class IV / Class V / Class VI
Whether mother had regular ante natal check ups, if not give reasons.
Normal / complicated pregnancy, if complicated, please specify
Diet Consumed During pregnancy:

Paternal Particulars
Age of the Father:

Literacy Status of Father
Iliterate / Primary / Matric / College / Tech & Professional

Occupation of Father
Class I / Class II / Class III / Class IV / Class V / Class VI

D) Feeding Practice
What was the first feed given immediately after birth
Diluted Milk / Boiled Water / Honey / Glucose Water / Breast Milk Any Other
If you have breast fed your infant have you given colostrum Yes/No, If yes why?
Good for Baby / For Immunity / Any other.
If not, Why?
Not easily digestible / Bad for baby / Any other.
In case of cows milk, what was the percentage of dilution
No. Dil. / 25% Dil. / 50% Dil. / 75% Dil. / 100% Dil.
Who advised you to do so
Doctor / Nurse / Mother / Mother-in-Law / Relatives / Any other
When did you give the first feed.
Immediately after birth / After 3 Hours / After 6 Hours / After 9 Hours / After 12 Hours / After 15 Hours / After 24 Hours

E) Assessment of Growth and Development

Anthropometric Measurement (0 month).

\[
\begin{array}{ccc}
CHL & Cms & Wt. & Kgs. \\
\end{array}
\]

Milestones Assessment at (0 month) [DDST]
Lifts Head
Vocalizes
OOO/AAH
Regard Face

Immunization

Anthropometric measurement (3 months)

\[
\begin{array}{ccc}
CHL & Cms & Wt. & Kgs. \\
\end{array}
\]
Milestones Assessment at (3 months) [DDST]
- Sits Head Steady
- Bear weight on legs
- Chest up arm support
- Rolls over
- Pull to sit no head lag
- Turns to rattling sound
- Turns to voice
- Imitate Speech Sounds
- Laughs / Squeal
- Grasp Rattle
- Hands together
- Social Smile
- Regards Raisin
- Regards own hand

Do you still continue with breast feeding Yes/No, if not give reasons
- Lack of Breast Milk / Next Pregnancy / Working Mother / Any other

Do you give supplementary milk to your child Yes/No, if yes at what age
- 0 Month / 3 Months / 6 Months / 9 Months / 12 Months / 15 Months / Any other

What type of supplementary milk was given to the baby.
- Cows milk / Goat milk / Tinned milk / Any other

Immunization

Anthropometric Measurement (6 months)

<table>
<thead>
<tr>
<th>CHL</th>
<th>Cms</th>
<th>Wt.</th>
<th>Kgs.</th>
</tr>
</thead>
</table>

Milestones Assessment at (6 months) [DDST]
- Sits with / without support
- Single syllables
- Dada/Mama Non specific
- Combine Syllables
- Jabbers,
- Looks for yarn
- Pass cube
- Takes 1 or 2 cubes in hand
- Works for Toy
- Feeds self

Immunization

Weaning Practices
Have you started weaning if yes, at what age.

4 months - 5 months - 6 months - 7 months - 8 months - Any other

With what was weaning started

Cerelac / Biscuits / Porridge / Banana / Egg - Any other

Who advised you to start weaning.

Doctor / Nurse / Mother / Mother-in-Law / Media / Any other

Anthropometric Measurement (9 months)

| CHL | Cms | Wt. | Kgs. |

Milestones Assessment at (9 months) [DDST]

Pulls to stand
Get to sitting
Stands two second
Dada Mama specific
Thumb finger grasp
Bangs 2 cubes held in hands
Plays pat-a-cake
Wave bye bye
Indicate wants
Drinks from cup

Immunization

Weaning

Anthropometric Measurement (12 months)

| CHL | Cms | Wt. | Kgs. |

Milestones Assessment at (12 months) [DDST]

Stands alone,
Stoop & recover.
Walks few steps,
Walks well
1 or 2 words combination
Puts block in cup.
Scribble
Plays ball with examiner.
Imitates activities.
Immunization

Weaning.

Anthroprometric Measurement (15 months)

<table>
<thead>
<tr>
<th>CHL</th>
<th>Cms</th>
<th>Wt.</th>
<th>Kgs.</th>
</tr>
</thead>
</table>

Milestones Assessment at (15 months) [DDST]

Walks Backward
Walks up steps
Runs
Kicks ball forward
3/4/5 words
Dumps Raisin Demonstrated
Tower of cubes
Help in House
Use spoon
Feeds Doll

Immunization

Weaning

Anthroprometric Measurement (18 months)

<table>
<thead>
<tr>
<th>CHL</th>
<th>Cms</th>
<th>Wt.</th>
<th>Kgs.</th>
</tr>
</thead>
</table>

Milestones Assessment at (18 months) [DDST]

Kicks ball forward
Throws ball overhand
Combine words
Name one picture
Points body parts
Point two / four pictures
Tower of cubes
Brush teeth with help
Wash hands

Immunization

Weaning

Anthroprometric Measurement (24 months)

<table>
<thead>
<tr>
<th>CHL</th>
<th>Cms</th>
<th>Wt.</th>
<th>Kgs.</th>
</tr>
</thead>
</table>
Milestones Assessment at (24 months) [DDST]

- Kicks ball forward
- Throws ball overhead
- Point two / four pictures
- Combine words
- Name one / two pictures
- Points body parts
- Knows two actions
- Tower of cubes
- Brush teeth with help
- Wash hands

Immunization

Weaning