APPENDIX V

PRACTICE SCHEDULE FOR MOTHERS

General Information

Date of Interview: __________

1 Name of the mother

Code No. of Mother: __________

2 Centre

3 Socio-economic data available
   1 ____ Yes
   2 ____ No

4 Pre-intervention knowledge data available
   1 ____ Yes
   2 ____ No

5 Participated in the NHE
   1 ____ Regularly (attended more than 75% of sessions)
   2 ____ Fairly regularly (50-75% of the sessions)
   3 ____ Irregularly (less than 25% of the sessions)
   4 ____ Not attended at all

If not attended, find out why?

6 Status of the mother
   1 ____ Pregnant
   2 ____ Lactating
   3 ____ Mother of 1-3 year old

7 Gestational age
   1 ____ I Trimester
   2 ____ II Trimester
   3 ____ III Trimester

8 Age of the breastfed child
   1 ____ Below 6 months
   2 ____ 6 months-1 year
Appendix V-A Schedule for Pregnant and Lactating Mothers

(This schedule is for pregnant and lactating mothers only. Lactating mother is one with a child less than 6 months old and is breastfed.)

1 Are you taking the supplementary food from the anganwadi regularly?
   (If not daily, how frequently?)
   1 _____ Yes
   2 _____ No

2 The quantity of the supplementary food recorded in terms of St-cup. If they received it from a source other than anganwadi, this was also recorded.

3 Have you taken the TT injection? / Did you take the TT injection when you were pregnant? (specify from where)
   1 _____ Yes
   2 _____ No

4 If Yes, how many have you taken / how many did you take?
   1 _____ One
   2 _____ Two
   0 _____ Unsure/DK

5 If a pregnant mother in III Trimester has not taken TT / or a lactating mother had not taken TT during pregnancy, reasons for not taking recorded

6 Have you taken ante-natal check up?
   1 _____ Yes
   2 _____ No
   0 _____ Unsure

7 By whom?
   1 _____ Trained dai
   2 _____ Untrained dai
   3 _____ ANM
   4 _____ Doctor

8 Post-natal check up
   1 _____ Yes
   2 _____ No
   0 _____ Unsure
9 By whom?
   1 _____ Untrained dai
   2 _____ Trained dai
   3 _____ ANM
   4 _____ Doctor
   5 _____ Private doctor

10 Have you received these tablets from the anganwadi (show the iron tablets from the anganwadi)? Record the sources if not from anganwadi
   1 _____ Yes
   2 _____ No
   3 _____ Yes - from a source other than the AW

11 How many tablets have you got? -
   1 _____ 100 tablets for 3 months
   2 _____ Any other

12 Are you taking it regularly?
   1 _____ Yes
   2 _____ Infrequently
   3 _____ No

13 Did you have any serious problem during pregnancy/delivery?
   1 _____ Yes
   2 _____ No

14 What was it? (open ended)

15 Were you referred to the hospital?
   1 _____ Yes
   2 _____ No

16 By whom?
   1 _____ AWW
   2 _____ ANM/IVH
   3 _____ Doctor

17 To which hospital?
   1 _____ PHO
   2 _____ SHC
   3 _____ Private hospital
   4 _____ District hospital
   5 _____ DK/Unsure
Appendix V-B Schedule for Mothers with Children
6 Months-5 Years

1. Is the child getting the supplementary food from the anganwadi?
   1. _____ Yes
   2. _____ No

2. How much does she/he get? Quantity recorded

3. Who collects it?
   1. _____ the child
   2. _____ the mother
   3. _____ the older sibling

4. Is the child getting the supplementary food daily?
   1. _____ Yes - regularly
   2. _____ Infrequently
   3. _____ Not at all

5. Are you taking the child regularly every month to the anganwadi for weighing?
   1. _____ Yes
   2. _____ No

6. Has the child received vitamin A syrup? (The bottle containing vitamin A syrup shown)
   1. _____ Yes
   2. _____ No

7. How much?
   1. _____ 1/2 tsp / 1 capsule
   2. _____ 1 tsp / 1 capsule
   3. _____ Any other

8. How long ago?
   1. _____ Less than 6 months ago
   2. _____ More than 6 months ago

9. Has the child been given iron folic acid syrup/tablets?
   1. _____ Yes
   2. _____ No
10 For how many months?
1 _____ 3 months/100 tablets
2 _____ less than 3 months
3 _____ Any other

11 Has the child received all the primary immunizations?

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<td>2</td>
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<tr>
<td>2</td>
<td>No</td>
<td>2 _____ Two</td>
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<tr>
<td>0</td>
<td>DK/Unsure</td>
<td>3 _____ Three</td>
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<th>e) BCG</th>
<th>f) Doses</th>
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<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>1 _____ One</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>0 _____ DK/Unsure</td>
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<tr>
<td>0</td>
<td>DK/Unsure</td>
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Please specify what illness your child has had in the past three months:
1 _____ Diarrhoea
2 _____ Fever
3 _____ Cold and cough
4 _____ Measles
5 _____ Chicken pox
6 _____ Vomiting
7 _____ Others

12 Whom did you consult for the illness?
1 _____ Native doctor/Private doctor
2 _____ Older family member
3 _____ AWW/ANM
4 _____ PHC doctor
5 _____ None
13 Has your child been ill with diarrhoea in the last - months?
   1 _____ Yes
   2 _____ No

14 What did you do for diarrhoea (open ended)?

15 Did you give the sugar-salt solution?
   1 _____ Yes
   2 _____ No

16 If Yes, how did you prepare it?
   a) Sugar
      1 _____ One kobo
      2 _____ Any other
      3 _____ DK

   b) Salt (enter here 1,2,3 finger pinch)
      1 _____ 2 pinches
      2 _____ Any other
      3 _____ DK

   c) Water
      1 _____ Two seria lota
      2 _____ Any other
      3 _____ DK

17 How much of this sugar-salt solution did you feed? (Recorded in terms of their measures converted to st. cups):

18 How frequently did you feed?

19 Did you continue to give food to your child during diarrhoea?
   1) _____ Yes - continued to breastfeed
   2) _____ Yes - Give usual foods
   3) _____ Reduced the amount of food
   4) _____ Stopped feeding