APPENDICES
APPENDIX I

INTERVIEW SCHEDULE FOR MOTHER

A. GENERAL INFORMATION

(a) Name of the mother:
(b) Age:
(c) Educational level:
(d) Religion:
(e) Community:
(f) Type of marriage:
   (i) Within religion: yes/no
      (If no, mention the religion)
   (ii) Within same caste: yes/no
      (If no, mention the caste)
(g) Address:

(h) Composition of the family:
   (i) Nuclear (ii) Joint (iii) Other:

B. INFORMATION OF THE MOTHER’S PREVIOUS PREGNANCIES AND CHILDHOOD DEATH

(a) Total number of pregnancies:
   (i) Successful:
   (ii) Unsuccessful:
(b) Number of:
   (i) Live born but died after birth: (mention the time period)
   (ii) Still born:
   (iii) Abortion/miscarriage:

(c) Mother’s age at
   (i) First pregnancy:
   (ii) Last pregnancy:

C. FUNCTIONS/RITEs DURING PREGNANCY

(a) Did you perform any rite at the onset or any time during pregnancy? Yes/No
(b) If yes, in which month it was performed?
(c) What was the purpose of its performance?
(d) Who performed the rite?
(e) Is there any particular name for the rite? Yes/No
(f) If yes, what was it?
(g) Is the function performed only in the first pregnancy or subsequent pregnancies as well?
(h) What were the materials required for the function?
(i) How was it performed?

(D) PROHIBITION DURING PREGNANCY

(a) Was any food prohibited for you in pregnancy? Yes/No
(b) If yes, give the following information:

<table>
<thead>
<tr>
<th>Name of the Food Items</th>
<th>During pregnancy in which period it was restricted?</th>
<th>Reason(s) of restriction</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>
(c) Was your movement restricted during pregnancy? Yes/No
(d) If yes, name the place(s) of restriction:
(e) What was the reason of restriction?
(f) Were you allowed consuming alcoholic beverages? Yes/No
(g) If yes, was that taken everyday or occasionally?
(h) Do you have the habit of chewing/smoking tobacco? Yes/No
(i) If yes, did you restrict it during pregnancy? Yes/ No
(j) Did you eat earthen pot, chalk or any other non-food materials during pregnancy? Yes/ No
(k) If yes, why?

(E) CARE DURING PREGNANCY

(a) Did you receive any special attention in your diet during pregnancy? Yes/No
(b) If yes give the following information

<table>
<thead>
<tr>
<th>Name of food item</th>
<th>When was it given</th>
<th>Reason of giving</th>
</tr>
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<tbody>
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</table>

(c) Were you asked to consume more food than usual? Yes/No
(d) If yes, why?
(e) Did you have more food than usual? Yes/No
(f) Did you carry out your normal routine work during pregnancy?
   (i) Almost all
   (ii) To some extent
   (iii) Not at all
(g) If so, up to which month?
(h) Was your work shared by any family member any time during pregnancy? Yes/No

(i) If yes, who shared?

(j) Which are the activities where you received help?
   (i) Fetching water
   (ii) Drawing water
   (iii) Agricultural work
   (iv) Collecting firewood
   (v) Cooking
   (vi) Washing clothes
   (vii) Sweeping and moping
   (viii) Washing utensils
   (ix) Looking after children
   (x) Weaving
   (xi) Any other

(k) Did you receive any health care either from the medical doctor or traditional practitioner during pregnancy? Yes/No

(l) If yes, did you receive:
   (i) T.T. vaccine
   (ii) Iron and folic acid tablets
   (iii) Regular health check up
   (iv) Any other

(F) CARE DURING DELIVERY

(i) Where did the delivery (ies) take place?
   Home Hospital
   (a)
   (b)
   (c)
(ii) If home delivery (ies) who attended it?
   (a) Doctor
   (b) Nurse
   (c) Trained dai
   (d) Untrained dai
   (e) Untrained village women
   (f) Family members
   (g) Husband
   (h) Any other:

(iii) Delivery (ies) was
   (a) Normal
   (b) Forceps
   (c) Operation

(iv) Who from the family stayed with you at the time of delivery?

(v) What was the responsibility of your husband at the time of delivery?

(vi) Was there any performance of rite for safe delivery? Yes/No

(vii) If yes, who did that?

(viii) What was done?

(ix) What was used for cutting the umbilical cord?
   (a) New blade
   (b) Knife
   (c) Bamboo splinter
   (d) Any other:

(x) Where did you dispose off the placenta?

(xi) Did you perform any rite while disposing the placenta? Yes/No

(xii) If yes, give detail

(xiii) Did you apply any substance on the navel of the new born? Yes/No

(xiv) If yes, what was it and why it was applied?

(xv) Was your baby given bath, immediately after birth?

(xvi) What were used for that?
(xvii) Details about specific care of the neonate
   (physical, dietary, magico-religious)
(xviii) What was the period of seclusion for you after childbirth?
(xix) Did you perform any purification ceremony after child birth? Yes/No
(xx) If yes, when and how it was performed?
(xxi) Information about the child (including birth weight):

(G) CARE OF NURSING MOTHER
   (i) Did you receive any special attention in your diet after delivery? Yes/No
   (ii) If yes, give the following information:

<table>
<thead>
<tr>
<th>Name of the food</th>
<th>Duration of inclusion</th>
<th>Reason(s)</th>
</tr>
</thead>
<tbody>
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</table>

(iii) Were you given any special food or medicine for enhancement of milk production? Yes/No
(iv) If yes, what were given?

(H) FEEDING PRACTICES

(i) When did you give the breast milk to the baby for the first time?
   (a) Immediately after birth
   (b) On the first day itself
   (c) On the second day
   (d) On the third day
   (e) After the third day
(ii) Did you give any pre-lacteal food to the baby? Yes/No
(iii) If yes, what was it?
(iv) Till what age you breast fed your child?
(v) During that period did you give any artificial milk? Yes/ No
(vi) If yes, what did you give
(vii) How did you give:
   (a) From a bottle
   (b) From a cup/glass
   (c) From bowl and spoon
   (d) Any other
(viii) Feeding schedule of the child was
   (a) Fixed schedule
   (b) Demand schedule
   (c) Mixed schedule
(ix) Was there any reason for stopping breast feeding? Yes/No
  (x) If yes, what was it?
     (a) Cumbersome to continue
     (b) Milk production decreased
     (c) Another pregnancy
     (d) Return to work
     (e) Any other
(xi) Did you stop breast feeding forcibly? Yes/No
(xii) If yes, did you use any deterrent? Yes/No
(xiii) If yes, which of the following deterrent was used?
       (a) Dried neem leaves
       (b) Chilli /chilli powder
       (c) Any other
(xiv) If no, was the breast feeding stopped:
       (a) Gradually from ______ to ________ months
       (b) Abruptly at _________ month
(I) WEANING PRACTICES/ INTRODUCTION OF COMPLEMENTARY FOOD

(i) When was weaning started?
   (a) Before 4 months
   (b) Between 4-6 months
   (c) Between 6-9 months
   (d) Between 9-12 months
   (e) After completion of 1 year (specify)

(ii) Which specific food was given and why?

(iii) What was the method of preparation?

(iv) What were/are the other foods that you gave/give to your baby as weaning/complementary foods?

(v) At the beginning did the child:
   (a) Accept the food
   (b) Reject the food

(vi) When introducing a weaning food, did you give:
   (a) Only one food
   (b) More than one food

(vii) Is the food:
   (a) Specially prepared for the baby
   (b) Taken out of the adult meal without spices
   (c) A part of adult diet is given
   (d) Any other:

(viii) Do you perform any ritual/ceremony before giving any other food to infants? Yes/ No

(ix) If yes, at what age the ceremony was performed?

(x) What is the name of that ceremony?

(xi) How do you perform the ceremony?

(xii) Do you feed the children from a separate utensil? Yes/ No
(xiii) Who feeds your baby:
   (a) Yourself
   (b) Husband
   (c) Mother in law
   (d) Sister in law
   (e) Older children
   (f) Any other (specify)

(xiv) Up to what age a child is fed by others?

(xv) Do you encourage the child to eat on his/her own? Yes/ No

(xvi) If yes, do you wash your child’s hands before eating? Yes/No

(xvii) Do you give your children rice beer? Yes/No

(xviii) If yes, is it given-
   (a) Occasionally
   (b) Very often

(xix) At what age of the child you start giving rice beer?

(xx) Why do you give rice beer to your child?

(xxi) Is there any restriction of food for children? Yes/No

(xxii) If yes, give the following information:

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of restricted item</th>
<th>Period of restriction</th>
<th>Reason of restriction</th>
</tr>
</thead>
<tbody>
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</table>

(J) FAMILY PLANNING

(i) Do you know about family planning? Yes/ No

(ii) If yes, from which source?

(iii) Do you adopt any method? Yes/ No
(iv) If yes, which method do you adopt?
(v) Has anybody insisted for it? Yes/ No
(vi) If yes, who insisted you?
(vii) If no, do you adopt on your own? Yes/ No
(viii) If yes, do your family members know about it? Yes/ No
(ix) If yes what is the reaction of your:
   (a) Husband
   (b) Father in law
   (c) Mother in law
   (d) Any other
(x) Which device do you use?
(xi) Why do use that device?

(K) HEALTH CARE AND ASSESSMENT OF NUTRITIONAL STATUS OF CHILDREN

(i) Was your child (ren) immunised?
   (a) Completed
   (b) Continuing
   (c) Not yet started
   (d) Discontinued
   (e) Not given at all

(ii) Was the child given any supplement (vitamins, growth tonic, etc.) for good health? Yes/ No

(iii) If yes, what did you give?

(vi) Was the child frequently gets illed? Yes/ No

(v) What do you do when your child fall sick?
   (a) Straightway go to hospital
   (b) Treat at home with home remedy first
   (c) Worship or appeasement to the God
   (d) Any other:
(vi) What household remedies you have to treat your children?

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of ailment</th>
<th>Household remedy</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Fever</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Common cold/cough</td>
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<tr>
<td>3.</td>
<td>Stomach ache</td>
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</tr>
<tr>
<td>4.</td>
<td>Diarrhoea/ dysentery</td>
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<tr>
<td>5.</td>
<td>Constipation</td>
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</tr>
<tr>
<td>6.</td>
<td>Cut</td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td>Burn</td>
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<tr>
<td>8.</td>
<td>Injury</td>
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<tr>
<td>9.</td>
<td>Mumps</td>
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<tr>
<td>10.</td>
<td>Measles</td>
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<tr>
<td>11.</td>
<td>Skin rash</td>
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<tr>
<td>12.</td>
<td>Worm infestation</td>
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</tr>
<tr>
<td>13.</td>
<td>Nausea/vomiting</td>
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<tr>
<td>14.</td>
<td>Any other</td>
<td></td>
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</tbody>
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(vii) Do you give/ avoid any special food during illnesses? Yes/ No
(viii) If yes, what are those?

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Ailment</th>
<th>Foods given</th>
<th>Reason</th>
<th>Foods avoided</th>
<th>Reason</th>
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<tr>
<td>13.</td>
<td>Any other</td>
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</tbody>
</table>
(ix) Do you have any other measures to protect your children from diseases? 
Yes/ No
(x) If yes, give detail:
(xi) Do you have any other measure to protect your children from evil spirits? 
Yes/No
(xii) If yes, give detail:
(xiii) Weight of the Children (In kg):

(L) INFORMATION REGARDING MOTHER’S ATTITUDE TOWARDS CHILD HEALTH

(i) From which source you receive nutrition and health messages:
   (a) Books
   (b) Magazines
   (c) Relatives
   (d) Doctor/medical stuff
   (e) Radio/television
   (f) Anganwadi center
   (g) Any other:

(ii) Do you believe in hot and cold foods? Yes/ No
(iii) If yes, what are those?

   Hot foods                              Cold foods

(M) PERSONAL CLEANLINESS

(i) Do you take regular bath? Yes/ No
(ii) Do you give regular bath to your baby below one year? Yes/ No
(iii) If yes how often?
(iv) Do you use soap for your baby? Yes/No
   (a) If yes, how often?
   (b) If no, what do you use?
   (c) Do you allow your children to take bath themselves? Yes/No
   (d) If yes, since when?
   (e) If no, why?
(v) Where do you go for defecation?
   (a) Latrine
   (b) Forest
   (c) Field
   (d) Backyard
   (e) Any other
(vi) Where do your children go for defecation?
   (a) Latrine
   (b) Forest
   (c) Field
   (d) Backyard
   (e) Any other
(vii) What do you use for cleaning children’s clothes?

(N) SLEEP AND REST

(i) Who makes the child sleep?
(ii) With whom the child sleeps?
(iii) How do you make the child sleep?
(iv) How do you make bedding for the children?
(v) Up to what age children sleep with adults?
(vi) For neonate and infant do you make separate pillow or mattresses? Yes/No
(vii) If yes, with what?
(O) TOILET TRAINING
(i) Do you train your children on toilet habit? Yes/ No
(ii) If yes, at what age?
   (a) Bladder --------------- months
   (b) Bowel ----------------- months
(iii) How do you train on toilet habits?
(iv) Do you give punishment for it? Yes/ No
(v) If yes, what type of?

(P) SOCIALISATION
(i) At what age your child was named?
(ii) Who named the child?
(iii) Did you perform any name giving ceremony? Yes/ No
(iv) If yes, when and how it was performed?
(v) Do you scold/beat your children? Yes/ No
(vi) If yes, why?

(Q) PLAY
(i) Do you encourage your children to play?
(ii) What games do your children play?
(iii) Do you or your husband play with your children? Yes/ No
(iv) If no, why?
(v) Does anybody tell stories or teach any game or song to children? Yes/ No
(vi) If yes, who are the individuals?
(vii) Do you provide them any play materials/toys, etc. for play? Yes/ No
(viii) If yes, what are those?
(ix) Do the other siblings or family members play with your children? Yes/ No
R. GENERAL HOUSEHOLD LEVEL INFORMATION

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name</th>
<th>Sex</th>
<th>Age</th>
<th>Relation with household head</th>
<th>Education</th>
<th>Occupation</th>
<th>Marital status</th>
<th>Monthly Income</th>
<th>Remarks</th>
</tr>
</thead>
</table>

House type: 
Area of land owned: 
Area of cultivable land: 
No. of bullocks: 
No. of buffaloes: 
No. of cattle: 
No. of goats: 
No. of pigs: 
No. of fowls: 
No. of ducks: 
No. of pigeon: 
Crops grown: