

IIHMR Health and Nutrition survey
आईआईएचएमआर स्वास्थ्य एवं पोषण सर्वेक्षण

Informed Consent: Greetings! I am _____ and I have come on behalf of Indian Institute of Health Management Research (IIHMR) Jaipur. We are carrying out a survey on health and nutrition. This discussion is expected to last approximately 15-20 minutes. Any information given by you will be kept confidential. Your participation in the survey is voluntary. However, we hope that you would take part in the survey since your participation is important. At any point in the survey if you feel that you're not ready to answer the question you can ask me to skip the question. At this point do you want to ask me anything about the survey? (Answer any question and address concerns of the respondent).

TO BE FILLED IN BY INVESTIGATOR

Village/town name: _____	
psu Primary sampling unit __ __ __	
hh Household id __ __	
iid Investigator id __ __	
Investigator name: _____	Signature: _____
Date: _____	

FOR OFFICE USE ONLY

sid Supervisor: _____	Signature: _____	__ __
feid Field editor: _____	Signature: _____	__ __
oeif Office editor: _____	Signature: _____	__ __
d1id Data entry op1: _____	Signature: _____	__ __
d2id Data entry op2: _____	Signature: _____	__ __

Remarks:	
Name: _____	Signature: _____

Fill in the information about the sampled mother and the child:

	Name	Sex (M=1, F=2)	Completed age (years)	Completed age (months)	Ever attended school or college?	Currently attending school or college?	5 or more years of education?
mother		_	_ _		_	_	_
child		_		_ _			

Who are family members that live with you now or mostly live with you?
Complete one line of the roster for each remaining household member:

	Name	Sex (M=1, F=2)	Completed age (years)	Completed age (months)	For persons aged \geq 5 years		
					Ever attended school or college?	Currently attending school or college?	5 or more years of education?
1		_	_ _	_ _	_	_	_
2		_	_ _	_ _	_	_	_
3		_	_ _	_ _	_	_	_
4		_	_ _	_ _	_	_	_
5		_	_ _	_ _	_	_	_
6		_	_ _	_ _	_	_	_
7		_	_ _	_ _	_	_	_
8		_	_ _	_ _	_	_	_
9		_	_ _	_ _	_	_	_
10		_	_ _	_ _	_	_	_
11		_	_ _	_ _	_	_	_
12		_	_ _	_ _	_	_	_
13		_	_ _	_ _	_	_	_
14		_	_ _	_ _	_	_	_
15		_	_ _	_ _	_	_	_
16		_	_ _	_ _	_	_	_

Check the roster regarding completeness!

re : What is your religion? *Tick one box only!*

Hindu	<input type="checkbox"/>	re=1
Muslim	<input type="checkbox"/>	re=2
Sikh	<input type="checkbox"/>	re=3
Christian	<input type="checkbox"/>	re=4
Jain	<input type="checkbox"/>	re=5
Buddhist	<input type="checkbox"/>	re=6
None	<input type="checkbox"/>	re=7
Prefer not to say	<input type="checkbox"/>	re=8
Other	<input type="checkbox"/>	re=9

MPI (Assets) Data

mpi1 : Does your household have electricity?

mpi2 : What fuels does your household use for cooking?
(If dirty fuel used then tick **only** for dirty fuel.)

Electricity	}	<input type="checkbox"/>		
Gas (LPG)		}	mpi2=1	
Biogas (Gobar gas)				
Kerosene				
Solar				
Coal / lignite	}			<input type="checkbox"/>
Charcoal		}	mpi2=2	
Wood				
Straw / shrubs / grass / crop residue				
Animal dung				

mpi3 : Main material of the floor of the dwelling?

*Tick **one** box only ...*

Dirt / earth / sand / dung / mixed	<input type="checkbox"/>	mpi3=1
Other (tiles, concrete, cement, wood)	<input type="checkbox"/>	mpi3=2

mpi4 : Does your household have ... ? *Fill in **all** boxes!*

Prompt for each item.

A radio?	<input type="checkbox"/>	mpi4a
A television?	<input type="checkbox"/>	mpi4b
A mobile or any other telephone?	<input type="checkbox"/>	mpi4c
A bicycle or a tricycle?	<input type="checkbox"/>	mpi4d
A motorcycle, scooter, auto-rikshaw?	<input type="checkbox"/>	mpi4e
A car, truck, jeep, or tractor?	<input type="checkbox"/>	mpi4f
A refrigerator?	<input type="checkbox"/>	mpi4g
A computer / laptop / tablet	<input type="checkbox"/>	mpi4h
A horse/ox/camel/mule/donkey cart?	<input type="checkbox"/>	mpi4i

Short Birth History

The purpose of the short birth history (SBH) component is to determine whether any child that was recently born to the respondent has died within the past five years.

Tell the mother :

I will be asking about your recent births.

I am interested in your three most recent births.

I am interested in all children that were born alive.

Ask the following questions :

When was your most recent birth?

Where is this child now?

If **DEAD** then **record the death (YES) in d1** below and **GO TO w1**

Did you have a birth before this most recent one?

If **NO** (no previous birth) then record **NO in d1** below and **GO TO w1**

If **YES:** *Where is this child now?*

If **DEAD** then **record the death (YES) in d1** below and **GO TO w1**

Did you have a birth before that one?

If **NO** (no previous birth) then record **NO in d1** and **GO TO w1**

If **YES:** *Where is this child now?*

If **DEAD** then **record the death (YES) in d1** below and **GO TO w1**

d1 : A recently born child has died :

| □ |

Water, Sanitation, and Hygiene (WASH)

w1 : What is the **main source** of drinking water for you and your child?

Do not prompt!

Tick **one box** only!

- Piped water into dwelling / Tap
- Piped water into yard / plot / compound
- Public tap
- Standpipe
- Tube-well
- Borehole
- Protected dug well/spring
- Rainwater collection system
- Bottled water / sachet water



w1=1

- Unprotected dug well/spring
- Cart with small tank or drum
- Tanker-truck
- River or stream
- Dam, lake, or pond
- Canal or irrigation channel
- Other



w1=2

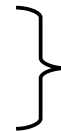
w2 : What do you **usually** do to the water to make it safer to drink?

Do not prompt

Probe: 'Anything else?'

Tick **one box** only ...

- Boil
- Add bleach / chlorine tablet
- Use a water filter / gravel / ceramic / sand
- Solar disinfection



w2= 1

- Strain it through a cloth **only**
- Let it stand and settle **only**
- Nothing
- Don't know
- Other



w2= 2

w3 : What kind of toilet facility do members of your household **usually** use?

Do not prompt

Tick **one box** only ...

Flush or pour flush into:

- Piped sewer system
- Septic tank
- Pit latrine
- Don't know

- Pit latrine with slab
- VIP Latrine
- Composting toilet



|__|
w3=1

Flush or pour flush into:

Elsewhere (not specified above)

- Pit latrine **without** slab
- Bucket
- Hanging latrine
- Bush, field, or no facilities → **tick [YES] w4**



|__|
w3=2

w4 : Do you share this facility with other households?

|__|

Household Hunger Scale (Food Security)

hh1 : How many times in the last month was there ever no food to eat of any kind in your house because of lack of resources to get food?

Number of times :

|__|__|

(RECORD 00 FOR "NONE")

hh2 : How many times in the last month did you go to sleep at night hungry because there was not enough food?

Number of times :

|__|__|

(RECORD 00 FOR "NONE")

hh3 : How many times in the last month did you go a whole day and night without eating anything at all because there was not enough food?

Number of times :

|__|__|

(RECORD 00 FOR "NONE")

Infant and Young Child Feeding (IYCF)

f1 : Is [NAME OF CHILD] currently breastfed?

f2 : Does [NAME OF CHILD] take any food or drink other than breastmilk?

f3 : How many times was [NAME OF CHILD] fed mashed or pureed food or solid or semi-solid food as a meal or a snack since this time yesterday?

Number of times :

(RECORD 00 FOR "NO FOOD")

Mother and Child Dietary Diversity

Since this time yesterday what food did you and [NAME OF CHILD] eat?

Probe: "Did you have any of the following things to eat or drink" for items not mentioned

*Check whether mother and child vegetarian or not to avoid offense in DD10-12

Tick or cross ALL boxes!

		Mother	Child
DD01	Plain water?	<input type="checkbox"/>	<input type="checkbox"/>
DD02	Tinned, powdered or fresh milk (excluding breast milk), Cares or infant formula such as Cerelac, Lactogen, Mother Dairy, Nan Pro (Nestlé)	<input type="checkbox"/>	<input type="checkbox"/>
DD03	Tea or infusion, light soup, sweetened or flavoured water, sodas, malt drinks (Horlicks), coffee, janam ghutti, nimou, liquor, beer	<input type="checkbox"/>	<input type="checkbox"/>
DD04	Any food made from grain such as millet (bajra), wheat, rice, maize, semolina, atta flour, maggi noodles, porridge, jau	<input type="checkbox"/>	<input type="checkbox"/>
DD05	Any food made from fruits or vegetables that have yellow or orange flesh such as red carrots, kachar, red sweet potatoes, ripe mangoes, ripe papaya, balam kakdi, khadoo, kachri	<input type="checkbox"/>	<input type="checkbox"/>
DD06	Any dark green leafy vegetables (palak, methi, cholei, sarso, bathua, sejan, spring onion and radish leaves)	<input type="checkbox"/>	<input type="checkbox"/>
DD07	Any food made from roots or tubers such as arbi, moli, jimmikand (white), white potatoes, white sweet potato, onions, ginger	<input type="checkbox"/>	<input type="checkbox"/>
DD08	Any food made from lentils, beans, Bengal gram, channa, urad, peas, green gram, horse gram, besan, moong, soya bean, ker, cowpea, sattu, peanut paste, kichari, nuts, or seeds	<input type="checkbox"/>	<input type="checkbox"/>
DD09	Any other fruits or vegetables (coconut, apple, green mango, banana, pomegranate, lemon, guava, brinjal, tomatoes, beetroot, fali, tinda, kakri, parwal, gilki, peppers, singara, lal sag, lauki, toru, guar, gawanar, kakdi, cauliflower, cabbage, cucumbers, sweet corn, sangri, kudu, bjindi)	<input type="checkbox"/>	<input type="checkbox"/>
DD10	Liver, kidney, heart, or other organ meats	<input type="checkbox"/>	<input type="checkbox"/>
DD11	Any meat such as chicken, goat, sheep, teetar, beef, pork	<input type="checkbox"/>	<input type="checkbox"/>
DD12	Fresh or dried fish, shellfish, or seafood, crabs, frogs, lizards and snakes, grubs	<input type="checkbox"/>	<input type="checkbox"/>
DD13	Curd, lassi, yoghurt, chaach, cheese, paneer, mawa barfi, shrikhand or other milk products	<input type="checkbox"/>	<input type="checkbox"/>
DD14	Eggs.	<input type="checkbox"/>	<input type="checkbox"/>
DD15	Sugary foods such as biscuits, sweets, candies, sugar cane, cakes, and chocolate	<input type="checkbox"/>	<input type="checkbox"/>
DD16	Any food made with oil, fat, butter, or ghee	<input type="checkbox"/>	<input type="checkbox"/>
DD17	Red palm oil	<input type="checkbox"/>	<input type="checkbox"/>

FLOUR FORTIFICATION COVERAGE

ff1 : Ask the mother:

*What types of flour does your household have now? Fill in **ALL** boxes!*

*What is the main flour consumed by your household? Tick **ONE** box only!
If two main flours consumed, give preference to atta wheat flour!

*Where do the flours come from? Fill in **ALL RELEVANT** boxes!*

		Have now	Main flour	Where from	Codes for "where from": 1 = Ground grains at home 2 = Ground grains at chakki 3 = PDS/ration shop 4 = Purchased from market/retailer 5 = Other
ff1a	Raj Atta flour	__	__	__	
ff1b	Atta wheat flour	__	__	__	
ff1c	Maida wheat flour	__	__	__	
ff1d	Millet flour	__	__	__	
ff1e	Maize flour	__	__	__	
ff1f	Barley flour	__	__	__	
ff1g	Mixed flour	__	__	__	
ff1h	Other: _____	__	__	__	
ff1i	Other: _____	__	__	__	

*If **NO** to **Raj** atta (have and main) but **YES** to **atta** wheat (have **OR** main) → **GO TO ff4***

*If **NO** **Raj** atta **AND** **NO** **atta** wheat flour → **GO TO ff10***

*If **YES** to **Raj** atta wheat (have **OR** main) → **GO TO ff2***

ff2 : For the most recent major purchase of Raj atta, how much did your household buy?

Amount in kilos (kg):

|__|__|__|

ff3 : How long does this amount usually last in your household?

Number of days: |||

If **YES** to **atta** (have **OR** main) in ff1b → **GO TO ff4**

If **NO** to **atta** (main **AND** have) in ff1b → **GO TO ff9 and take a sample**

ff4 : For the most recent major purchase/grinding of atta wheat flour, how was the flour packaged? Tick **one box** only!

- Ground own, or at chakki ff5=1
- Don't know ff5=2
- "Open" flour (any quantity) ff5=3
- Packaged flour (any quantity) ff5=4
- Other ff5=5

ff5 : For the most recent major purchase/grinding of atta wheat flour, how much did your household buy/grind?

Amount in kilos (kg): |||.||

ff6 : How long does this amount usually last in your household?

Number of days: |||

ff7 : Can you tell me the brand? Tick **one box** only!

- Unbranded / grind at home or at chakki → **GO TO ff10** ff8=1
- Don't know brand (e.g. if open flour or someone else purchased) ff8=2
- Lakshmi Bhog ff8=3
- Aashirvaad ff8=4
- Shree Bhog ff8=5
- Swastik ff8=6
- Balaji ff8=7
- Other-specify: _____ ff8=8

ff8 : Do you have any of above mentioned flour available right now?

if **YES** → **GO TO ff9**, if **NO** → **GOTO ff10**

ff9 : May I take a small sample?

If **YES** → Record the PSU ID and Household ID below and on the sachet

ff9sn

Sample number: |||/|||
PSU ID HH ID

ff10 : Ask the mother:

In the last 7 days how many times did you and [NAME OF CHILD] eat products made from maida, such as [food item]?

If frequency = 0, don't ask the portion size!

Usually how much of [food item] did you and [NAME OF CHILD] eat at one sitting? Show pictures!

	Food item	Mother		Child	
		Frequency (# times)	Portion size	Frequency (# times)	Portion size
ff10a	Biscuits	_ _	_ _	_ _	_ _
ff10b	Toast / Rusk	_ _	_ _	_ _	_ _
ff10c	Bread	_ _	_ _	_ _	_ _
ff10d	Samosa	_ _	_ _	_ _	_ _
ff10e	Maggi Noodles	_ _	_ _	_ _	_ _
ff10f	Jalebi	_ _	_ _	_ _	_ _
ff10g	Fen	_ _	_ _	_ _	_ _
ff10h	Matri	_ _	_ _	_ _	_ _
ff10i	Kachori	_ _	_ _	_ _	_ _
ff10j	Shakar Pare	_ _	_ _	_ _	_ _
ff10k	Naan	_ _	_ _	_ _	_ _
ff10l	Pav	_ _	_ _	_ _	_ _
ff10m	Kulcha	_ _	_ _	_ _	_ _
ff10n	Patties	_ _	_ _	_ _	_ _
ff10o	Bun	_ _	_ _	_ _	_ _
ff10p	Pizza	_ _	_ _	_ _	_ _

Probe: Did you eat anything else made from maida (e.g. bathura, balushai, gujiya etc)?

Usually how much of the [food item] did you and [NAME OF CHILD] eat at one sitting?

	Food item	Mother	Child		Food item
ff10q	Other: _____	_ _	_ _	_ _	_ _
ff10r	Other: _____	_ _	_ _	_ _	_ _

OIL FORTIFICATION COVERAGE

of1 : Ask the mother:

What types of edible oils does your household have now? Fill in **ALL boxes!**

What is the main edible oil consumed by your household? Tick **ONE box only!**
If using *Desi ghee + other oil*, give priority to other oil as the main oil

Where did the oils come from? Fill in **ALL relevant boxes!**

	Oil type	Have now	Main oil	Where from	Codes for "where from":
of1a	Soya-bean oil	__	__	__	1 = Produced at home 2 = Purchased from market/retailer 3 = PDS/ration shop 4 = Other → if Desi Ghee = main oil then move to mil
of1b	Mustard seed oil	__	__	__	
of1c	Sesame seed oil	__	__	__	
of1d	Groundnut oil	__	__	__	
of1e	Sunflower oil	__	__	__	
of1f	Rice-bran oil	__	__	__	
of1g	Vegetable blend oil	__	__	__	
of1h	Palm oil	__	__	__	
of1i	Vanaspati Ghee/Dalda	__	__	__	
of1j	Desi Ghee	__	__	__	
of1k	Don't know	__	__	__	
of1l	Other _____	__	__	__	
of1m	Other _____	__	__	__	

of2 : For the most recent major purchase of [main oil type], how was the oil packaged? Tick **one box only!**

Produce oil at home	__	of2=1
Don't know	__	of2=2
"Open" oil (any quantity)	__	of2=3
User pack of 5L/kg or less	__	of2=4
User pack of 10L/kg	__	of2=5
Tin of 15L/kg or bigger	__	of2=6
Other: _____	__	of2=7

OIL FORTIFICATION COVERAGE

of3 : For the most recent major purchase/home production of [main oil type], how much did your household buy/produce?

Quantity: |_|_|_|_|. |_|_|_|

Units: |_|_|
L=1, kg=2

of4 : How long does this amount usually last in your household?

Number of days: |_|_|_|_|

of5 : Can you tell me the brand?

- Unbranded / made at home |_|_| of5=1
- Don't know (e.g. if open or someone else purchased it) |_|_| of5=2
- Chambal |_|_| of5=3
- Fortune |_|_| of5=4
- Mahakosh |_|_| of5=5
- Parampara |_|_| of5=6
- Engine |_|_| of5=7
- Other: _____ |_|_| of5=8

MILK

mi1 : Where does your household usually get milk?

- Home production |_|_| mi1=1
- Market/retailer |_|_| mi1=2
- SARAS |_|_| mi1=3
- Lotus |_|_| mi1=4
- Amul |_|_| mi1=5
- Divya |_|_| mi1=6
- Onest |_|_| mi1=7
- Mother dairy |_|_| mi1=8
- Gift/Relief |_|_| mi1=9
- Don't know |_|_| mi1=10
- Other |_|_| mi1=11

SALT FORTIFICATION COVERAGE

sf1 : The last time your household purchased salt, how was it packaged?

Tick one box only!

Packed salt	<input type="checkbox"/>	sf1=1
Open salt	<input type="checkbox"/>	sf1=2
Don't know	<input type="checkbox"/>	sf1=3

sf2 : Can you tell me the brand? Tick one box only!

Tata	<input type="checkbox"/>	sf2=1
Bhaskar	<input type="checkbox"/>	sf2=2
Surya	<input type="checkbox"/>	sf2=3
Saffola	<input type="checkbox"/>	sf2=4
Captain Cook	<input type="checkbox"/>	sf2=5
Don't know	<input type="checkbox"/>	sf2=6
Other: _____	<input type="checkbox"/>	sf2=7

sf3 : May I take a small sample?

If YES → Record the PSU ID and Household ID below and on the sachet

sf3sn Sample number: |__|__|__|/|__|__|
PSU ID HH ID

Mother and Child Health and Nutrition Data

	Mother	Child
VAS	NOT APPLICABLE	SHOW: vitamin A syrup Took in past 6 months? __
FEFOL	SHOW: Iron tablet Took during pregnancy? __ Number received: __ __ __ Number used: __ __ __ Enter: 777 if don't know	NOT APPLICABLE
OEDEMA	NOT TAKEN	Oedema present __ If oedema YES → Refer! Enter 8 if refused
BCG	NOT TAKEN	BCG scar __ Note: Check left arm for scar Enter 8 if refused
MUAC	Note: Take MUAC on the left arm __ __ __ mm Enter: 777 if MUAC too big 888 if mother refused How was MUAC taken? Bare __ muact=1 Clothing (thin) __ muact=2 Clothing thick __ muact=3 Bangle __ muact=4 If mother MUAC < 210 mm → REFER!	Note: Take MUAC on either arm __ __ __ mm Enter 888 if refused Refer child to health facility if: <6 months and MUAC < 110 mm >6 months and MUAC < 115 mm
HC	NOT APPLICABLE	Mother child protection card __

***** CHECK THE QUESTIONNAIRE & THANK THE MOTHER!*****