Mother ID									
Questionnaire ID									

Informed consent from the Mother:

Name of monitor/interviewer		
Hamlet Household identification note		
Village name		
Panchayat		
Block		
ny other observations:		
If consent is given proceed with the interview, if consenterviewer's notes: Please write your own comments on terview (e.g. finding the respondent / getting respondenterview) or conducting the interview)	on the followin	ng points: Any problems in arranging the
Signature / Thumb print (primary respondent)_		
Consent given?	Yes	No
Interview procedure and process explained ?	Yes	No
We thank you for taking time to understand and	your interest	in the study.
This interview will take 1 hour to complete. Your discontinue your participation at any time without	•	
personal identifiers that could reveal your identit made public or shared between people other tha Neither the researcher will speak about anything that there is a real risk to your own or your child'	an the main re that you pers	esearchers working on the project.
Some information we collect will make it possible	e to identify yo	you as a participant in this study. Any
When we have analysed the data we will dissemi	inate the findi	ings to you.
your child's health, nutrition and also about any it to assess the growth of your child by weighing hi We will give you feedback about your child's mea When we take measurements of your child we mage and they could benefit from some extra help	illness your ch m and measur asurements an nay find out th	hild may have had . Finally, we would like Iring his height and arm circumference. nd explain what they mean.
If you agree to take part we will ask you to help u your household, and about feeding habits of you	-	- · · · · · · · · · · · · · · · · · · ·
You should only participate if you want to; choos way. Before you decide whether you want to tak information carefully and discuss it with others if or if you would like more information.	ke part, it is im	mportant to listen to the following
and we are conducting a study about the health chattisgarh, Bihar and Odisha.	status of child	dren (under 3) living in Jharkhand,
Namaskar/Johar. My name is	I work to	for Action Against Malnutrition Project,

SECTIO	N 1: BACKGROUND INFORMATION						
No.	Question			Response		Code	Go to
1_01	District			West Singhbh	um	1	
				Mayurbhanj		2	
				Keonjhar		3	
				Ranchi		5	
					Ramgarh		
				Sarguja			
1_02	Cluster code			Motihari		7	
1_03	Name of Mother						
1_04	Name of father						
1_05	Date of interview		,	/	/ (year)		
1_06	How many living children less than	3 ye	ars old,				
_	including newborns, do you have?	-					
1_07	Names of all children below the		Names	Sex	(day) month)(yea	r)	
-	age of 3 years	1			/ /		
	(oldest child first)	2			/ /		
		3			/ /		
		4			/ /		_
1_08	What is the birth interval between last living child	this	child and the	e in m in ye			
					cars		
				If the mother h	nas only one child/ or child	-8	
1_09	Did you attend any PLA meetings a	bout	children's	Yes		1	
	health issues? (Only for PLA and o	rèche	e)	No		2	2_01
1_10	How many of these meetings did y	ou at	tend?				
1_11	What kind of benefit did you get?			1. Information		1	
	(circle all mentioned by mother – o	do no	t prompt)	2. Support from	n other women	2	
				3. Support from	3		
	to a list			4. monetary su	4		
	[Multiple response]			5. Other		5	
				6. Other		6	
				7. Other		7	
				8. Other		8	
	N 2: SOCIO-ECONOMIC INFORMATI						
2_01	Do you belong to any of the follow	ing?		Scheduled Trib		1	2_02
				Scheduled Cas		2	2_03
				Other Backwar		3	2_04
2.62	l with the last term of			None of the above		4	2_04
2_02	Which tribe do you belong to? (nar	ne of	the tribe)	Please specify.			
2_03	Which caste do you belong to? (na	me o	f the caste)	Please specify.			
2_04	Highest years of schooling complet	ed by	you?	Class			
				No schooling		-8	2_06
2_05	Can you read this passage for me p		?	Easily		1	
	(Interviewer to decide the ability le	evel)			With difficulty		
				Cannot read		3	

No.	Question	Response	Code	Go to
		<u> </u>	Y N	
2_06	Which of these do you presently have in your	1.Mattress	1 2	
	household?	2.Cot / bed	1 2	
		3.A chair	1 2	
		4.A table	1 2	
	[Ask for each item]	5.A pressure cooker	1 2	
		6.Electricity	1 2	
		7.A Fan	1 2	1
		8.Radio / Transistor / Tape	1 2	
		9.TV	1 2	1
		10.Watch / Clock	1 2	
		11.Telephone / mobile phone	1 2	
		12.Animal-drawn cart	1 2	
		13.Bicycle	1 2	
		14.Motorcycle	1 2	
2_07	Do you have any agricultural land?	Yes	1	
		No	2	
2_08	Do you own a NAREGA card	Yes	1	
		No	2	2_11
2_09	Have you or any of your family members ever	Yes	1	
	worked under NREGA?	No	2	2_11
2_10	For how many days did you/your family members work under NREGA in the last one year	in days		
2_11	What kind of a ration card do you have?	APL	1	
		BPL	2	
		AAY	3	
		No Ration Card	4	
2_12	Did you get rations (rice/wheat) from the ration	Yes, every month	1	
	shop in the last three months (ask for the last three	Yes, only once	2	
	completed months)?	Yes, twice	3	
		No, not at all	4	

SECTION	N 3 : HEALTH RELATED - Questions related to DIARRHO	DEA			
3_01	What is the main source of drinking water for	Hand pump/Tube well		1	
	members of your household? (for most of the	Dug well (covered)		2	
	months of the year)	Dug well (not covered)		3	
		River/Canal/Stream /Spring		4	
		Chuan/ Surface water/ Pond	5		
		Others		6	
3_02	Which water treatment method do you mostly use	No water treatment	1		
	before drinking water	Boiling		2	
		Chlorine treatment	3		
		Filter with cloth		4	
		Others		5	
3_03	Is soap used in your house	Yes		1	
		No		2	3_05
			Υ	N	
3_04	What are the instances in which you use soap to	 After use of toilet 	1	2	
	wash your hands?	2.Before eating		2	
		3.After attending a child who has	1	2	
	[Ask for each option]	defecated			
	[Multiple response]	4.Before preparing food	1	2	

		5.Before feeding child	1	2	
		6.After handling cow dung/dirt	1	2	
3_05	How do you handle or dispose of children's faeces	Children always use the latrine	1		
	most of the times?	Children's faeces are thrown outside	2)	
		Children's faeces are thrown into the	3	3	
		latrine			
		Children's faeces are rinsed away	4	ļ.	
		Buried /Covered with mud/Ash	5	;	
		Other	6	;	
3_06	Do you wash vegetables and fruits before	Always	1		
	consumption?	Most of the time	2		
		Rarely	3		
		Never	4		
3_07	How do you wash utensils before feeding?	Use soap	1		
		Not used soap	2		
	Have you ever fed your baby with cup/bowl and a	Yes	1		
3_08	spoon	No	2		
SECTION	N RELATED TO ARI determinants				
3_09	In this household, which of the following do you use	Stove	1	1	
	most of the times to cook food?	Chullah	2	2	
		Open Fire	(1)	3	
		Other	4	4	
3_10	Does one of your household members (people with	Yes		1	
	whom you live under the same roof) smoke	No		2	
	cigarettes/bidi/other tobacco?	Don't know	-9	9	
3_11	Where do you mostly cook food?	In the same room where you sleep in	1	1	
		In a separate room/kitchen	2	2	
	Ask and observe at the same time	Outdoors	3	3	

SECTION 4: FOOD SECURITY

No.	Question	Response	Cod	de	Go to
4_01	What is your family's main staple food?	Rice	1	<u>l</u>	
		Wheat	2	2	
		Ragi	3	3	
		Other, specify	4	1	
4_02	What is the main way that you obtain your family's	Own production	1		
	staple food most of the time?	Purchased from regular shop	2	2	
		Purchased from ration	(1)	3	
		Barter, borrow, exchange for labour,	4		
		gift			
		Other, specify	E	5	
			Υ	N	
4_03	Has your household experienced any of the following	1. A major health problem in your	1	2	
	during the last 12 months?	household (if different from			
		disease epidemic)			
	[Ask for each option]	2. Marriage of a family member	1	2	
	[Multiple response]	3. Damage to houses or crops by	1	2	
		elephants			
		4. Death of a close one	1	2	
		5. Did not experience any such	1	2	
		problem in last 12 months			

	SECTION 5 A: CHILD HEALTH			
No.	Question	Response	Code	Go to

5_01	Name of the child					
5_02	Do you have a vaccination/ immunization/ health	Yes			1	
	card? May I see it?	No			2	-
5_03	Date of birth of the child	From card://				
_	(confirm the date of birth from vaccination/ immunization/ health card)	From recall://				
		Do not know			-9	
5_04	Has your baby ever been breastfed?	Yes			1	
		No			2	5_12
5_05	Was anything given to the baby (to drink, lick)	Yes			1	
	immediate after birth?	No Don't line out			2	
Г 0С	Probe (pre lacteal feeding)	Don't know			-9 1	
5_06	Was colostrum given to the baby (name) immediate after birth?	Yes No			1	
	מונכו טוונוו:	Don't know			2 -9	
5_07	When was the baby put to the breast after birth?	Within 1 hour		<u> </u>	1	
]	The state of the seast after sitting	After 1 hour			2	1
		Within 3 days			3	-
		After 3 days			4	1
		Not breastfed			5	1
		Don't know			<u>-</u> 9	1
5_08	How old was <i>(name)</i> the first time you gave him/her	months				
3_00	something other than breast milk?					
	(Exclusive Breastfeeding)	(if less than 1 months old, plea	se			
	, , , , , , , , , , , , , , , , , , ,	mention 0)				
5_09	Is (child's name) still being breastfed?	Yes			1	
		No			2	5_12
5_10	Was your child breastfed in the last 24 hours?	Yes			1	
		No			2	5_12
5_11	How many times was your child breastfed in last 24 hours ?	times				
5_12	Aside from breast milk, did (name) have cow/goat	Yes			1	
	milk since this time yesterday?	No			2	5_14
5_13	How many times did your child receive cow/goat milk	times				
	(NOT breast milk) in the last 24 hours?					
5_14	Aside from breast milk, did <u>(name)</u> have infant	Yes				
	formula/powdered milk since this time yesterday?	No		-		F 1C
		No				5_16
5_15	How many times did your child receive infant formula/powdered milk (NOT breast milk) in the last 24 hours?	times				
5_16	Has [name] ever been fed anything with a bottle?	Yes			1	
	The promojets seemed anything with a source	No			2	5 18
5_17	Was he/she bottle-fed yesterday	Yes			1	
	-,	No			2	1
			Υ	N	DK	
5_18	Now I would like to ask you about other liquids that	1. Vitamin or mineral syrups	1	2	-9	
	(name) may have had since this time yesterday	2. Iron syrup	1	2	-9	
	during the day or at night. I am interested in whether	3. ORS	1	2	-9	1
	your child had the item even if it was combined with	4. Plain water	1	2	-9	1
	other food or drink.	5. Infant formula	1	2	-9	1
	(6. Milk such as tinned	1	2	-9	1
	(Did (name) drink/eat any of the following?)	/powdered/ fresh animal				
	[Multiple response]	milk				

	[Ask for each option]	7. Clear broth (maad pani)	1	2	-9		
		8. Yogurt (dahi)	1	2	-9		
		9.Thin porridge(daliya)	1	2	-9		
		10.Any other liquid (specify)	1	2	-9		
5_19	Other than the liquids mentioned above, does	Yes			1		
	(NAME) normally eat/consume any solid/semi-solid food?	No Dont Know			2 -9		
5_20	How old was(NAME) when he/she was first fed any solid/semi-solid food	months Not yet fed			-9		
			Υ	N	DK		
5_21	So, since this time yesterday, did (name) drink/eat at least 10g of the following: WILL NEED TO SHOW GM WHAT 10G LOOKS/FEELS LIKE OF DIFFERENT COMMON FOODS	Bread, Rice, Wheat or other foods made from grains, including thick grainbased porridge?	1	2	-9		
	[Multiple response] [Ask for each option]	2. Pumpkin, carrots, or sweet potatoes that are yellow or orange inside?	1	2	-9		
		3. White potatoes, white yams or any other foods made from roots?	1	2	-9		
		4. Any dark green leafy vegetables?	1	2	-9		
		5. RIPE mangoes, RIPE papayas or (insert other local vitamin A-rich fruits)?	1	2	-9		
		6. Any other fruits or vegetables? (Including UNRIPE mangoes and papayas and locally grown fruits)	1	2	-9		
		7. Liver, kidney, heart or other organ meats?	1	2	-9		
		8. Any meat, such as beef, pork, lamb, goat, chicken, or duck?	1	2	-9		
		9. Eggs?	1	2	-9]	
		10. Fresh or dried fish, shellfish, or seafood?	1	2	-9		
		11. Any foods made from beans, peas, lentils, or nuts?	1	2	-9		
		12. Cheese, yogurt, or other milk products?	1	2	-9		
		13. Any oil, fats, Ghee, butter or foods made with any of these?	1	2	-9		
		14. Any sugary foods such as sweets, candies, cakes or biscuits?	1	2	-9		
		15. Condiments for flavour, such as chillies, spices, herbs or fish powder?	1	2	-9		
		16. Grubs, snails or insects?	1	2	-9]	
		17. Foods made with red palm oil, red palm nut, red palm nut pulp sauce?	1	2	-9		

			18. Any other food?	1	2	-9	
5_	22	How many times did your child receive semi solid, mushy, or solid feeds (NOT breast milk) in the last 24 hours?	times				

	SECTION 5B: [NAME'S] VACCINATIONS & HEALTH					
No.	Question					
Look at	t all the records available for the child and speak to the	mother to try to	o fill in the foll	owing		
	·	YES from card	YES from recall	NO	DK	
5_23	Measles (specify between 9 months to 1 year)	1	2	0	-9	
5_24	Other specify (Hepatitis or others)	1	2	0	-9]
5_25	Has (name) taken any drug to get rid of intestinal worms in the past 6 months?	1	2	0	-9	
5_26	Has [name] received vitamin A solution in the past 6 months?	1	2	0	-9	-
	Knowledge section			ı		
5_27	How much drink should be given to a child during	Less than usua	al		1	
	diarrhoea?	Same as usual			2	
		More than usu	<mark>ual</mark>		3	1
		Not given any	thing to drink		-8	1
5_28	How much a child should be given to eat during	Less than usua			1	
	diarrhoea?	Same as usual			2]
		More than usu	ual		3	
		Not given any	thing to eat		-8	1
5_29	How much breastfeed should be given to a child	Less than usua	al .		1	
	during diarrhoea?	Same as usual			2	
		More than usu	ual		3	
		Not breastfed	at all		-8	
5_30	How much drink should be given to a child during	Less than usua	1			
	fever and cough?	Same as usual			2	
		More than usu	ual		3]
		Not given any	thing to drink		<mark>-8</mark>	
5_31	How much a child should be given to eat during fever	Less than usua	a <mark>l</mark>		1	
	and cough?	Same as usual			2	_
		More than usu	ual		3	_
		Not given any			<mark>-8</mark>	
5_32	How much breastfeed should be given to a child	Less than usua	<mark>al</mark>		1	
	during fever and cough?	Same as usual			2	
		More than usu	ual		3	
		Not breastfed	at all		-8	
5_33	Has (name) had diarrhoea (<u>loose stools more than 3</u>	Yes			1	
	times a day) in the last 2 weeks?	No			2	5_40
5_34	How much (name) was given to drink during the	Less than usua			1	_
	diarrhoea?	Same as usual			2	1
		More than usu			3	1
F 35	Have march (name) was allowed as the second	Not given any			-8	
5_35	How much (name) was given to eat during the diarrhoea?	Less than usual			2	-
	ulaitilioea!	More than usu			3	1
					_	-
E 26	How much broactfood was given to formal during	Not given anyther Less than usual			-8	
5_36	How much breastfeed was given to (name) during the diarrhoea?				1	-
	the didifficed:	Same as usual			2	

		Not breastfed at all			-8	
5_37	Did you seek advice about the diarrhoea from any	Yes			1	
	source?	No			2	5_39
5_38	From whom did you first seek advice about the	AWW			1	
	diarrhoea?	ASHA		2		
		ANM			3	
		Women's group member			4	
		Creche worker			5	
		Other			6	
5_39	Was he/she given any of the following at any time since he/she started having the diarrhoea	A fluid made from a special p called ORS?	acket		1 2	
		Gruel made from rice [other local grain]?		1 2		
				1 2	-	
		Homemade ORS (namak cheeni ka			_	
		ghol) Nothing was given			1 2	-
		Other			1 2	-
F 40	Her (news) have ill with a favor and south at any					
5_40	Has (name) been ill with a fever and cough at any	Yes			1	5.46
F 4:	time in the last 2 weeks?	No			2	5_46
5_41	How much (name) was given to drink during the	Less than usual			1	-
	fever and cough?	Same as usual			2	-
		More than usual			3	-
		Not given anything to drink			-8	
5_42	How much (name) was given to eat during the fever	Less than usual			1	
	and cough?	Same as usual			2	
		More than usual			3	
		Not given anything to eat			-8	
5_43	How much breastfeed was given to (name) during	Less than usual			1	
	the fever and cough?	Same as usual			2	-
		More than usual			3	-
		Not breastfed at all			-8	-
5 44	Did you seek advice about the fever and cough from	Yes			1	
-	any source?	No		2	5 46	
5_45	From whom did you first seek advice about the fever				1	
	and cough?	ASHA		2	-	
		ANM		3	-	
		Women's group member			4	-
		Creche worker		5	-	
		Other specify			6	
		Other specify	Υ	N	DK	
				1.4	אט	1
5 16	Have you used any of these services of the	1 Take-home rations for	1	2	۵۔	
5_46	Have you used any of these services of the Anganwadi Center in last 3 months?	Take-home rations for women and infants	1	2	-9	
5_46	Have you used any of these services of the Anganwadi Center in last 3 months?	women and infants				
5_46	· ·	women and infants 2. Immunization	1	2	-9	
5_46	Anganwadi Center in last 3 months?	women and infants 2. Immunization 3. Health check up for				
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children	1 1	2 2	-9 -9	
5_46	Anganwadi Center in last 3 months?	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of	1	2	-9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child	1 1	2 2	-9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed)	1 1	2 2 2	-9 -9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed) 5. Health referral services	1 1	2 2	-9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed) 5. Health referral services 6. Health and nutrition	1 1 1	2 2 2 2	-9 -9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed) 5. Health referral services 6. Health and nutrition counselling for parents	1 1 1	2 2 2 2	-9 -9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed) 5. Health referral services 6. Health and nutrition counselling for parents 7. Home visits by	1 1 1 1 1	2 2 2 2 2	-9 -9 -9 -9	
5_46	Anganwadi Center in last 3 months? [Multiple response]	women and infants 2. Immunization 3. Health check up for children 4. Growth monitoring of children (child weighed) 5. Health referral services 6. Health and nutrition counselling for parents	1 1 1 1 1	2 2 2 2 2	-9 -9 -9 -9	

food from the Anganwadi worker?	Never received	3	
---------------------------------	----------------	---	--

5_48	In the last 3 months how many times has [name's]	Not at all	-8	
	weight been measured by the AWW?	At least once a month	1	
		At least once in 3 months	2	
		Any other	3	
		Don't know	-9	
5_49	After [name] was weighed from whom did you	None	-8	
	receive nutritional counselling?	Anganwadi worker	1	
		ASHA	2	
		ANM	3	
		Womens' group facilitator	4	
		Group member	5	
		Others	6	
5_50	Was your child referred to MTC or NHRC ever?	Yes	1	
		No	2	
5_51	How many times in total in the <i>last 3 months</i> has	None	-8	
	your child been ill/sick?	1-2 times	1	
		3-4 times	2	
		5-6 times	3	
		7 or more times	4	
		Don't know/can't remember	-9	

Questi	ions Related to Malaria			
5_52	Do you have a mosquito net in the house?	Yes	1	
		No	2	5_55
5_53	What kind of net did (name) sleep under last night?	Ordinary net	1	5_55
		Insecticide treated bed nets(ITBN)	2	5_55
		Did not use a bed net	3	
5_54	Why did (name) not sleep under a bed net?	Did not see a need to use a net	1	
		Does not feel comfortable	2	
		sleeping under a bed net		
		Less or no mosquito bites in our	3	
		locality		
		Baby was covered with cloth last	4	
		night		
		Bed net damaged	5	
		Any other	6	
5_55	In the last 3 months did the child [name] have a blood test for malaria?	Yes	1	
		No	2	<u>[</u> 6_01
		Do not know	-9	J
5_56	Was the baby [name] treated for malaria (not with herbal medicines)?	Yes	1	
		No	2	
		Do not know	-9	

SECTION 6: ANTHROPOMETRY No. Question Response Code 6_01 Name of the child 6_02 Sex of the child Male Male Female 6_03 Age of the child in months -----in months -----in years Weight of the child: 1st ____ . ___ Kg 6_04a Weight Weight of 6 04b Weight of the child: 1st ___ . __ Kg of the mother and mother child 2 If child is under 2 years of age or is not able to __ __ .__ Cm stand: 6_05a Recumbent length of child (in cm to nearest 5mm) 6 05b Recumbent length of child (in cm to nearest 5mm) 6 06 Height of child (in cm to nearest 5mm) 6_07a Child MUAC measurement (in cm to nearest mm) 6_07b Child MUAC measurement (in cm to nearest mm) Cm 6_08 Child MUAC colour category Green

Yellow

Red

Yes

No

2

3

1

Thank you

6_09

Child with pitting oedema in BOTH feet?