

SECTION 1: BACKGROUND INFORMATION					
No.	Question	Response	Code	Go to	
1_01	District	West Singhbhum	1		
		Mayurbhanj	2		
		Keonjhar	3		
		Ranchi	4		
		Ramgarh	5		
		Sarguja	6		
		Motihari	7		
1_02	Cluster code				
1_03	Name of Mother	_____			
1_04	Name of father	_____			
1_05	Date of interview	____/____/____ (day) (month) (year)			
1_06	How many living children less than 3 years old, including newborns, do you have? <i>Number of children</i> -----	-----			
1_07	Names of all children below the age of 3 years (oldest child first)		Names	Sex	(day) month)(year)
		1			/ /
		2			/ /
		3			/ /
		4			/ /
1_08	What is the birth interval between this child and the last living child in months in years If the mother has only one child/ or this is the first child	-8		
1_09	Did you attend any PLA meetings about children's health issues? (Only for PLA and crèche)	Yes	1	2_01	
		No	2		
1_10	How many of these meetings did you attend?	_____			
1_11	What kind of benefit did you get? (circle all mentioned by mother – do not prompt) [Multiple response]	1. Information	1		
		2. Support from other women	2		
		3. Support from facilitator	3		
		4. monetary support	4		
		5. Other-----	5		
		6. Other-----	6		
		7. Other-----	7		
		8. Other-----	8		
SECTION 2: SOCIO-ECONOMIC INFORMATION					
2_01	Do you belong to any of the following?	Scheduled Tribe (ST)	1	2_02	
		Scheduled Caste (SC)	2	2_03	
		Other Backward Caste (OBC)	3	2_04	
		None of the above	4	2_04	
2_02	Which tribe do you belong to? (name of the tribe)	Please specify.....			
2_03	Which caste do you belong to? (name of the caste)	Please specify.....			
2_04	Highest years of schooling completed by you?	Class.....		2_06	
		No schooling	-8		
2_05	Can you read this passage for me please? (Interviewer to decide the ability level)	Easily	1		
		With difficulty	2		
		Cannot read	3		

SECTION 1: BACKGROUND INFORMATION					
No.	Question	Response	Code		Go to
			Y	N	
2_06	Which of these do you presently have in your household? [Ask for each item]	1.Mattress	1	2	
		2.Cot / bed	1	2	
		3.A chair	1	2	
		4.A table	1	2	
		5.A pressure cooker	1	2	
		6.Electricity	1	2	
		7.A Fan	1	2	
		8.Radio / Transistor / Tape	1	2	
		9.TV	1	2	
		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 worked under NREGA?	Yes	1		
		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 shop in the last three months (ask for the last three completed months)?	Yes, every month	1		
		Yes, only once	2		
		Yes, twice	3		
		No, not at all	4		

SECTION 3 : HEALTH RELATED - Questions related to DIARRHOEA					
3_01	What is the main source of drinking water for members of your household? (for most of the months of the year)	Hand pump/Tube well	1		
		Dug well (covered)	2		
		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 before drinking water	No water treatment	1		
		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	
3_04	What are the instances in which you use soap to wash your hands? [Ask for each option] [Multiple response]	1. After use of toilet	1	2	
		2.Before eating	1	2	
		3.After attending a child who has defecated	1	2	
		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 most of the times?	Children always use the latrine	1		
		Children's faeces are thrown outside	2		
		Children's faeces are thrown into the latrine	3		
		Children's faeces are rinsed away	4		
		Buried /Covered with mud/Ash	5		
		Other_____	6		
3_06	Do you wash vegetables and fruits before consumption?	Always	1		
		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		
3_08	Have you ever fed your baby with cup/bowl and a spoon	Yes	1		
		No	2		
SECTION RELATED TO ARI determinants					
3_09	In this household, which of the following do you use most of the times to cook food?	Stove	1		
		Chullah	2		
		Open Fire	3		
		Other_____	4		
3_10	Does one of your household members (people with whom you live under the same roof) smoke cigarettes/bidi/other tobacco?	Yes	1		
		No	2		
		Don't know	-9		
3_11	Where do you mostly cook food? <i>Ask and observe at the same time</i>	In the same room where you sleep in	1		
		In a separate room/kitchen	2		
		Outdoors	3		

SECTION 4 : FOOD SECURITY

No.	Question	Response	Code	Go to
4_01	What is your family's main staple food?	Rice	1	
		Wheat	2	
		Ragi	3	
		Other, specify.....	4	
4_02	What is the main way that you obtain your family's staple food most of the time?	Own production	1	
		Purchased from regular shop	2	
		Purchased from ration	3	
		Barter, borrow, exchange for labour, gift	4	
		Other, specify.....	6	
			Y	N
4_03	Has your household experienced any of the following during the last 12 months ? <i>[Ask for each option]</i> <i>[Multiple response]</i>	1. A major health problem in your household (if different from disease epidemic)	1	2
		2. Marriage of a family member	1	2
		3. Damage to houses or crops by elephants	1	2
		4. Death of a close one	1	2
		5. Did not experience any such problem in last 12 months	1	2

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 card? May I see it?	Yes	1		
		No	2		
5_03	Date of birth of the child (confirm the date of birth from vaccination/ immunization/ health card)	From 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) immediate after birth? <i>Probe (pre lacteal feeding)</i>	Yes	1		
		No	2		
		Don't know	-9		
5_06	Was colostrum given to the baby (name) immediate after birth?	Yes	1		
		No	2		
		Don't know	-9		
5_07	When was the baby put to the breast after birth?	Within 1 hour	1		
		After 1 hour	2		
		Within 3 days	3		
		After 3 days	4		
		Not breastfed	5		
		Don't know	-9		
5_08	How old was (name) the first time you gave him/her something other than breast milk? <i>(Exclusive Breastfeeding)</i>	_____ months <i>(if less than 1 months old, please mention 0)</i>			
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 milk since this time yesterday?	Yes	1		
		No	2	5_14	
5_13	How many times did your child receive cow/goat milk (NOT breast milk) in the last 24 hours? times			
5_14	Aside from breast milk , did (name) have infant formula/powdered milk since this time yesterday?	Yes			
		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		
		No	2	5_18	
5_17	Was he/she bottle-fed yesterday	Yes	1		
		No	2		
			Y	N	DK
5_18	Now I would like to ask you about other liquids that (name) may have had since this time yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other food or drink. (Did (name) drink/eat any of the following?) <i>[Multiple response]</i>	1. Vitamin or mineral syrups	1	2	-9
		2. Iron syrup	1	2	-9
		3. ORS	1	2	-9
		4. Plain water	1	2	-9
		5. Infant formula	1	2	-9
		6. Milk such as tinned /powdered/ fresh animal milk	1	2	-9

	[Ask for each option]	7. Clear broth (<i>maad pani</i>)	1	2	-9	
		8. Yogurt (<i>dahi</i>)	1	2	-9	
		9.Thin porridge(<i>daliya</i>)	1	2	-9	
		10.Any other liquid (specify)____	1	2	-9	
5_19	Other than the liquids mentioned above, does ____ (NAME) normally eat/consume any solid/semi-solid food?	Yes No Dont Know			1 2 -9	
5_20	How old was ____ (NAME) when he/she was first fed any solid/semi-solid food	_____ months Not yet fed			-9	
			Y	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 [Multiple response] [Ask for each option]	1. Bread, Rice, Wheat or other foods made from grains, including thick grain-based porridge?	1	2	-9	
		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 (<i>insert other local vitamin A-rich fruits</i>)?	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 all the records available for the child and speak to the mother to try to fill in the following						
		YES from card	YES from recall	NO	DK	
5_23	Measles (<i>specify between 9 months to 1 year</i>)	1	2	0	-9	
5_24	Other specify (<i>Hepatitis or others</i>)	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						
5_27	How much drink should be given to a child during diarrhoea?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to drink			-8	
5_28	How much a child should be given to eat during diarrhoea?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to eat			-8	
5_29	How much breastfeed should be given to a child during diarrhoea?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not breastfed at all			-8	
5_30	How much drink should be given to a child during fever and cough?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to drink			-8	
5_31	How much a child should be given to eat during fever and cough?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to eat			-8	
5_32	How much breastfeed should be given to a child during fever and cough?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not breastfed at all			-8	
5_33	Has (name) had diarrhoea (loose stools more than 3 times a day) in the last 2 weeks?	Yes			1	
		No			2	5_40
5_34	How much (name) was given to drink during the diarrhoea?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to drink			-8	
5_35	How much (name) was given to eat during the diarrhoea?	Less than usual			1	
		Same as usual			2	
		More than usual			3	
		Not given anything to eat			-8	
5_36	How much breastfeed was given to (name) during the diarrhoea?	Less than usual			1	
		Same as usual			2	

		More than usual	3	
		Not breastfed at all	-8	
5_37	Did you seek advice about the diarrhoea from any source?	Yes	1	
		No	2	5_39
5_38	From whom did you first seek advice about the diarrhoea?	AWW	1	
		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 packet called ORS?	1	2
		Gruel made from rice [other local grain]?	1	2
		Homemade ORS (<i>namak cheeni ka ghol</i>)	1	2
		Nothing was given	1	2
		Other _____	1	2
5_40	Has (name) been ill with a fever and cough at any time in the last 2 weeks?	Yes	1	
		No	2	5_46
5_41	How much (name) was given to drink during the fever and cough?	Less than usual	1	
		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 and cough?	Less than usual	1	
		Same as usual	2	
		More than usual	3	
		Not given anything to eat	-8	
5_43	How much breastfeed was given to (name) during the fever and cough?	Less than usual	1	
		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 any source?	Yes	1	
		No	2	5_46
5_45	From whom did you first seek advice about the fever and cough?	AWW	1	
		ASHA	2	
		ANM	3	
		Women's group member	4	
		Creche worker	5	
		Other specify.....	6	
			Y	N
				DK
5_46	Have you used any of these services of the Anganwadi Center in last 3 months? [Multiple response] [Ask for each option]	1. Take-home rations for women and infants	1	2
		2. Immunization	1	2
		3. Health check up for children	1	2
		4. Growth monitoring of children (child weighed)	1	2
		5. Health referral services	1	2
		6. Health and nutrition counselling for parents	1	2
		7. Home visits by Anganwadi worker	1	2
5_47	If child is 6 months or older: In the last 3 months how often has (NAME) received	Regular	1	
		Irregular	2	

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

5_48	In the last 3 months how many times has [name's] weight been measured by the AWW?	Not at all	-8	
		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 receive nutritional counselling?	None	-8	
		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 last 3 months has your child been ill/sick?	None	-8	
		1-2 times	1	
		3-4 times	2	
		5-6 times	3	
		7 or more times	4	
		Don't know/can't remember	-9	

Questions Related to Malaria				
5_52	Do you have a mosquito net in the house?	Yes	1	
		No	2	
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 sleeping under a bed net	2	
		Less or no mosquito bites in our locality	3	
		Baby was covered with cloth last night	4	
		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	6_01
		No	2	
		Do not know	-9	
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 Female	1 2										
6_03	Age of the child in months	-----in months -----in years										
6_04a	Weight of the child: 1 st ___ ___ . ___ ___ Kg	<table border="1"> <thead> <tr> <th></th> <th>Weight of the mother</th> <th>Weight of mother and child</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> </tbody> </table>		Weight of the mother	Weight of mother and child	1			2			
	Weight of the mother		Weight of mother and child									
1												
2												
6_04b	Weight of the child: 1 st ___ ___ . ___ ___ Kg											
6_05a	<u>If child is under 2 years of age or is not able to stand:</u> Recumbent length of child (in cm to nearest 5mm)	___ ___ ___ . ___ Cm										
6_05b	Recumbent length of child (in cm to nearest 5mm)	___ ___ ___ . ___ Cm										
6_06	Height of child (in cm to nearest 5mm)	___ ___ ___ . ___ Cm										
6_07a	Child MUAC measurement (in cm to nearest mm)	___ ___ . ___ Cm										
6_07b	Child MUAC measurement (in cm to nearest mm)	___ ___ . ___ Cm										
6_08	Child MUAC colour category	Green <input type="checkbox"/> Yellow <input type="checkbox"/> Red <input type="checkbox"/>	1 2 3									
6_09	Child with pitting oedema in BOTH feet?	Yes No	1 2									

Thank you