

सहमति पत्र

मैं अपनी इच्छा से उल्लेख किये गये नैदानिक अध्ययन में शामिल होने की स्वीकृति देता / देती हूँ। इस अध्ययन का उद्देश्य मुझे अपनी भाषा में समझाया गया था। मुझे किसी प्रकार के दबाव में नहीं डाला गया था।

मैं समझ गया हूँ कि, मैं इस अध्ययन में कोई भी जानकारी पूछने के लिए स्वतंत्र हूँ और हमारी शंकाओं का अन्वेषक द्वारा जवाब दिया जायेगा। मैं समझ गया हूँ कि अध्ययन के दौरान मेरे बच्चों की ऊँचाई और वजन माप लिया जाएगा। मैं समझ गया हूँ कि कोई कारण बताए बिना अध्ययन से मैं किसी भी समय अपनी भागीदारी को वापस ले सकता हूँ और इससे मुझपर किसी तरह का प्रभाव नहीं पड़ेगा।

अध्ययन का संलेख मुझे अपनी भाषा में समझाया गया है और मैंने पूरी समझने के बाद अपनी सहमति दी है। इससे हमारे किसी भी मौलिक अधिकार का उल्लंघन नहीं हुआ है।

माता/पिता का नाम

माता/पिता का हस्ताक्षर / अंगूठे का निशान

Schedule for Children (7-9 years)

Date of Interview :.....

Duration of interview

SECTION A. General Profile

A1. Name of Block			
A2. Name of Village			
A3. Name of School			
A4. Name of Child/ respondent	Tangana Khatun		
A5. Name of Father	Amjaan Ansari		
A6. Sex(Male / Female)	Female		
A7. Age (DOB)	5/9/2011yrs.....months	
A8. Class-	III		
A9. Religion: (Hindu / Muslim / Christian / others)	Hindu (1), Muslim (2), Christian (3), others (4).....	Write Code -	
A10. Name of the caste	Ansari		
A11.Category (Gen/ OBC / SC/ST)	General (1) OBC(2) SC(3) ST(4)	Write Code -	
A12.School Performance -	Very Good (1) Good (2) Average (3) Poor (4) Very Poor (5)	Write Code -	
A13.Interesting Subjects			
A14. No of Siblings (excluding child)	1		

SECTION B. Anthropometric Measurement

B1.Height (in cm)	121.2
B2.Weight (in kg)	418.3.
B3.BMI	

SECTION C. Clinical Assessment

C1. General Appearance			
a) Very Good (1)	b) Good (2)	c) Fair (3)	d) Poor (4)
C2. Hair			
(a) Shiny , Firm , Not easily plucked (1)	(b) Hair dull and dry , lack of natural shine , can be easily plucked (2)	(c) Thin and sparse (3)	(d) hair fine , silky and straight (4)
C3. Condition of hair scalp			
(a) clean (1)	(b) dandruff (2)		
C4. Eye			
C4.1 Bright , clear , shiny (a) Yes	(b) No	C4.3 conjunctiva infection (redness of membranes) (a) Present	(b) Absent
C4.2 Pale Conjunctiva (Eye membrane are pale) (a) Present		C4.4 Bitot's spot (a) Present	(b) Absent
C5. Lips			
C5.1 Smooth not chapped or swollen (a) Yes		(b) No	
C5.2 Cheilosis (Redness and swelling/ crack of mouth or lips ; especially at the corner of mouth) (a) Present			
C6. Tongue color			
(a) Deep red in appearance (1)	(b) Swelling (2)	(c) Scarlet and raw tongue(3)	(d) Magenta (purplish color)(4)
C7. Teeth			
C7.1 Dental Cavities / Caries (a) Present	(b) Absent	C7.2 Pain in teeth (a) Present	(b) Absent
C7.3 Fluorosis (gray or black spots) (a) Present			
C8. Gums			
C8.1 Healthy, red, (a) Yes	(b) No	C8.2 Bleeding (a) Present	(b) Absent
C9. Glands			
C9.1 Thyroid enlargement (front of neck) (a) Present		C9.2 parotid enlargement (cheeks become swollen) (a) Present	
C10. Skin			
C10.1 rashes (a) Present		C10.2 Dryness of skin (Xerosis) (a) Present	
C11. Nails			
C11.1 Firm , Pink (a) Present		C11.2 Spoon -shape (kollonychia) (a) Present	
C11.3 Brittle, ridged nail (a) Present			
C12. Pedal Edema			
(a) Present (1)		(b) Absent (0)	
C13. Ascites (a) Present (1)		(b) Absent (0)	

SECTION D. Dietary Assessment

D1. Dietary pattern

a) Vegetarian (0)

b) Non Vegetarian (1)

c) Eggitarian (2)

D2. Non veg liked most

- a) Egg (0) b) Mutton (1) c) Fish (2) d) Chicken (3) e) all (4)

D3. Dietary Intake Type

- a) A (0) b) B (1) c) C (2) d) D (3)

A - Breakfast + Lunch + Dinner

B - Breakfast + lunch + Tea + Dinner

C - Breakfast + Mid Morning + Lunch + Tea + Dinner

D- Breakfast + Mid Morning +Lunch + Tea +Dinner + Bed Time

D4. Food liked by respondent

- a) Sweet (0) b) Salty (1) c) Spicy (2) d) Sweet and salty (3) e) All (4)

D5. Daily milk consumption

- a) yes (0) b) no (1)

D6. Nutritional drinks consumption

- a) Horlicks (0) b) Bournvita (1) c) Complan (2)

- d) Any one (3) e) None of them (4) f) any other homemade drinks (5)

D7. Do you eat junk food

- a) yes (0) b) no (1)

D8. Interval time to take junk foods

- a) Daily (0) b) Weekly (1) c) Fortnight (2) d) Monthly (3)

D9. Pattern of Junk Foods

- a) As a main meal (0) b) as a snack (1) c) as a additional (2)

D10. Reason for consuming junk foods

- a) to satisfy hunger (0) b) for its easily available (1)

- c) for taste (2) d) to add variety of food (3)

D11. Food Frequency Method

Food Group	Daily	2-4 day/ week	3-6 day / week	Occasionally	Never
Cereals (Rice , Roti, Bread etc)	✓				
Pulses (Dal)		✓			
Milk & Milk Products (milk , dahi, paneer etc)				✓	
Green leafy vegetables (All kind of Saag)	Weekly				
Other vegetables ; brinjal,cauliflower, beans, etc	✓				
Meat & Poultry (Non Veg)	Weekly				

School Going Children (7-9) yrs / Jyoti Kant

Roots and Tubers (potato, Sweetpotato , carrot etc)	<input checked="" type="checkbox"/>				
Fruits				<input checked="" type="checkbox"/>	
Sugar & Jaggery	<input checked="" type="checkbox"/>				
Fats & oils	<input checked="" type="checkbox"/>				

SECTION E . Personal Hygiene and Life Style :

E1. Does the child take bath daily?

- (a) Yes (0) (b) No (1)

E2. Time to cut your nails

- (a) Weekly (0) (b) Fortnight (1) (c) Monthly (2)

E3. Do you wash your hands before eating?

- (a) Yes (0) (b) No (1)

E4. Do you wash fruits before eating?

- (a) Yes (0) (b) No (1)

E5. Does the child stool in open area ?

- (a) Yes (0) (b) No (1)

E6. Does the child use toilet ?

- (a) Yes (0) (b) No (1)

E7. Do you wash your hand after coming from toilet?

- (a) Yes (0) (b) No (1)

E8. If yes, you use:

- (a) Detergent (0) (b) hand wash (1) (c) Soap (2) (d) Any other(3)

E9. Does the child brush his/her teeth everyday ?

- (a) Yes (0) (b) No (1)

E10. Does the child use separate towel ?

- (a) Yes (0) (b) No (1)

E11. Does the child take enough sleep everyday ?

- (a) Yes (0) (b) No (1)

E12. Does the child exercise ?

- (a) Yes (0) (b) No (1)

E13. if yes how frequently ?

- (a) Daily (b) 2-3 times in a week (c) weekly (d) monthly

E14. Does the children watch television ?

- (a) Yes (0) (b) No (1)

E15. If yes for how many hours ?

- (a) less than 1 hour (b) 1-2 hours (c) 2-3 hours (d) more than 3 hours

E16. If yes, which channel do you like most

- (a) Cartoon (0) (b) Movies (1) (c) Music (2) (d) News (3)
 (f) All channel (5)

E17. If yes Which advertisement does child like most

- (a) Horlicks & Bornvita (0) (b) Chocolates & Biscuits (1)
 (c) Kurkure & Chips (2) (d) All the above (3)

SECTION G. Survey of Respondent's Family / Mother

Mobile No (Compulsory)

Name of village

Muhalla / Tola

(A) General profile:-

GA1. Name and Age of Mother /Name of respondents Naseema khatun Age 25

GA2. Name of Father:-

GA3. Family Size :

- (a) Small : up to 4
- (b) Medium : 5-6
- (c) Large : More than 7

GA4. Type of family: (a) Nuclear (0) (b) Joint (1)

GA5. Religion of family

- (a) Hindu (0)
- (b) Muslim (1)
- (c) Christian (2)
- (d) Sikh (3)
- (e) others (4) mention the name

GA6. Education of respondent's parents:-

Education level	Father	Mother
Illiterate (0)		
Up to class 5 (1)		
From 6 to 10 (2)	<u>.....</u>	
Intermediate (3)		
Graduation (4)		
Above Graduation (5)		

GA7. Occupation of respondent's Father:

- (a) Farming (0)
- (b) Skilled Laborer (1)
- (c) Business (2)
- (d) Service (3)
- (e) Others (mention the name)

Mention the occupation.....

GA8. Occupation of respondent's Mother:

- (a) House wife (0)
- (b) Working lady (Service) (1)
- (c) Farmer (2)
- (d) Others (3)

Mention the name of occupation

GA9. Income of family (monthly)- (a) less than 1000 (0) (b) 1000-3000 (1) (c) 3001-5000 (2)
 (d) 5001-8000 (3) (e) 8001-10000 (4) (f) more than 10000 (5)

GA10. Own land available ? (a) Yes (1) (b) No (0)

GA11. If yes , how much land available ? N.R. Decimal/ Acre /Katha

GA12.Cattle Available ? (a) Yes (0) (b) No (1)

If Yes (mention the number of cattle also) (a) Cow(0) (b) Goat(1) 2 (c) Buffalo (2)
 (d) Hen/Duck (3) (e) Pig(4) (f) Others(5)

(B) Nutritional information about respondent's family:-

GB1. Dietary Pattern

- (a) Vegetarian (0)
- (b) Non-vegetarian (1)
- (c) Eggitarian (2)

GB2. Frequency to non-veg :

- (a) Daily (0)
- (b) Weekly (1)
- (c) Fortnight (2)
- (d) Monthly (3)

GB3. What type of cooking method mostly you used for cooking

- (a) Steaming (0) (b) Roasting (1) (c) Deep frying (2) (d) Pressure cooking (3) (e) All (4)

GB4. Do you include junk food (Chips , kurkure , samosa, chat etc) in your children's diet?

- (a) Yes (0) (b) No (1)

GB5. If yes, how often give junk foods ?

- (a) Daily (0) (b) Weekly (1) (c) Monthly (2) (d) Any time (3)

GB6.Type of oil used for cooking ?

- (a) Mustard oil (b) Refined oil (c) Any oil (d) Others (mention)

C) Hygiene and Sanitation practices of respondent's family:-

GC1. What is the source of water for cooking:

- (a) Personal tap water (0) (b) Hand pump water (1)
 (c) Supply water (2) (d) Any other (3)

GC2. Which utensil used for storage of drinking water

- (a) Bottles (0) (b) Cool case (1)
 (c) Bucket (2) (d) Other (Please mention) (3) *gagri*

GC3. Do you cover drinking water utensils?

- (a) Yes (0) (b) No (1) (c) Sometimes (2) (d) always (3)

GC4. Do you wash hands before food preparation?

- (a) Yes (0) (b) No (1) (c) Sometimes (2) (d) always (3)

GC5. Do you wash vegetables before cooking?

- (a) Yes (0) (b) No (1) (c) Sometimes (2) (d) always (3)

(D) Nutritional knowledge of respondent's family/ mother:-

GD1. Do you know about nutrition?

- (a) Yes (0) (b) No (1)

GD2. Do you know about balance diet?

- (a) Yes (0) (b) No (1)

GD3. Do you take seasonal fruits in your/ child diet?

- (a) Yes (0) (b) No (1)

GD4. Do you know the benefits of taking green leafy vegetables?

- (a) Yes (0) (b) No (1)

GD5. Are you aware the harmful effect of junk foods?

- (a) Yes (0) (b) No (1)

GD6. Do you know about symptoms of malnutrition?

- (a) Yes (0) (b) No (1)

GD7. Do you know about cause of malnutrition?

- (a) Yes (0) (b) No (1)

GD8. Do you know about nutritional requirements of school going children?

- (a) Yes (0) (b) No (1)

GD9. Did you feed colostrums (first yellow milk after birth of baby) to your child at the time of birth?

(a) Yes (0) (b) No (1)

GD10. Do you know about anemia

(a) Yes (0) (b) No (1)

GD11. Do you know about the causes of anemia ?

(a) Yes (0) (b) No (1)

GD12. Do you know about the night blindness (Rataundhi)?

(a) Yes (0) (b) No (1)

GD13. Do you know about the food (vit A rich) that is good for healthy eyes ?

(a) Yes (0) (b) No (1)

Section H : Health Status and morbidities

H1. Does the child have any acute illness or injury during past one month ? (a) Yes (1) (b) No (0)

H2. If acute illness present , specify (see code below) mention the code.....

Acute Illness : 1=Diarrhoea , 2= Stomachache , 3= Vomiting , 4= Sore throat , 5= Fever , 6= Cough , 7= Head-ache , 8= Skin problem , 9=Dental Problem , 10=Eye problem , 11 = Ear problem , 12=Back Pain , 13 = Chest Pain , 14= Fracture , 15= wound , 16 = Burns , 17= Others acute illness , specify

H3. Does the child have any chronic illness (a) Yes (1) (b) No (0)

Chronic Illness: 1= Heart Disease , 2 = Liver disease , 3= kidney disease , 4 = Diabetes , 5= Asthma or other respiratory related problem, 6= Brain related disease, 7=Bone related problem, 8= skin related problem , Others (mention Name)

H4. If yes then mention the name and since how many years , child is suffering from these illness ?

1).....

2).....

3).....

mean score
0

3
3

H5. In case of acute or chronic illness, did child take treatment ?

(a) Yes (1) (b) No (0)-

H6. If yes , where did you take the treatment ?Mention code

1= Traditional healer (Vaidh / ojha etc) , 2= Private doctor's outpatient clinic ,3=Government outpatient clinic , 4= Government hospital , 5= Private hospital ,6= at home /self medications, 7= others

SECTION I : Socio - economic condition of Household

I1. What is the construction material of the wall and of the roof of the house in which you live ?

Wall - (a) Kachha (0) (b) Pucca (1) (c) Semi Pucca (2)

Roof - (a) Kachha (0) (b) Pucca (1) (c) Semi Pucca (2) chopra

I2. What is the main material of the floor ?

(a) Cement (0) (b) Stone (1) (c) Mud (2) (d) Wood (3) (e) Sand
(4) (f) Others (5) , Please specify

13. What is the type of toilet do HH members use ?

- (a) Open defecation (0) (b) Pit toilet at home (1) (c) flush toilet at home(2)
(d) public pit toilet (3) (e) public flush toilet (4)

14. What is the type of toilet do children use ?

- (a) Open defecation (0) (b) Pit toilet at home (1) (c) flush toilet at home(2)
d) public pit toilet (3) (e) public flush toilet (4)

15. If 1, 2 was it built under the MGNREGA or any other govt plan?

- (a) No (0) (b) Yes (1)

16. What is the main source of light ?

- (a) Kerosene(0) (b) Candle(1)
(d) Solar Energy (3) (e) LPG/ bio gas (4) (c) Electricity (2)
(g) Diesel Generator (6) (h) Other specify (7)
(i) No Source / Natural(8) (only in case of absence of other sources) (f) Battery, torch(5)

17. What is the main source of fuel for cooking ?

- (a) Wood/ Charcoal (0) (b) Kerosene (1) (c) Electricity (2) (d) LPG/ biogas (3)
(d) Crop residue (4) (e) Dung Cake (5) (e) Others ,Specify (6)

18. What is the main source of drinking water ?

- (a) River/ canal (0) (b)Public Well (1)
(d) Own hand pump(3) (e) Own motor pump(4) (c) Public Hand Pump(2)
(g) Rainwater (6) (h) Purchased (7) (f) Piped water (5)
(j) Others , specify(8) (i) Own well

19. What is the distance to the main source of drinking water ?(In minutes) Write 0 if it is within the house.
.....
20 m,

10. How does the household dispose garbage ?

- (a) Open disposal (0) (b) Closed bin (1) (c) communal garbage pit (2)
(d) Burn (3) (e) Others , specify (4)

11. What is the distance of the household from the nearest open water body ? (in meters)

12. Does any household member have a bank account in their own name ?

- (a) No (0) (b) Yes (1)

13. Does any household member have a Kisan Credit Card ?

- (a) No (0) (b) Yes (1)

14. Has any member of the HH ever bought any insurance of the following type for members of the household?

I14(a). Health Insurance

- (a) No (0) (b) Yes (Private) (1) (c) Yes (Private) (2) (d) Both private and government

I14(b). Life Insurance

- (a) No (0) (b) Yes (Private) (1) (c) Yes (Private) (2) (d) Both private and government

I14(c). Crop Insurance

- (a) No (0) (b) Yes (Private) (1) (c) Yes (Private) (2) (d) Both private and government

I15. What type of ration card do you possess?

- (a) BPL (1) (b) APL (2) (c) Antyodaya (3) (d) Others, Specify (4)
- (e) no ration card (5)

I16. Which of these assets do you possess?

I16.a. Pressure Cooker

- (a) No (0) (b) Yes (1) 0 + 1 + 1 + 0 + 0 = 1 + 1

I16.c. Television

- (a) No (0) (b) Yes (1)

I16.d. Motorcycle / scooter

- (a) No (0) (b) Yes (1) 4
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I16.e. Four -wheel Vehicle

- (a) No (0) (b) Yes (1)

I16.f. Three -wheel vehicle

- (a) No (0) (b) Yes (1)

I16.g. Mobile Phone

- (a) No (0) (b) Yes (1)

I16.h. Fixed Telephone line

- (a) No (0) (b) Yes (1)

I16.i. Bicycle

- (a) No (0) (b) Yes (1)

I16.j. Cot/Bed

- (a) No (0) (b) Yes (1)

I16.k. Radio

- (a) No (0) (b) Yes (1)

I16.l. Refrigerator

- (a) No (0) (b) Yes (1)

SECTION J : 24 hrs Dietary Recall

J1. Was yesterday a normal day ? 0= No , 1 = Yes

(Normal here means there was no wedding or festival or religious ceremony in which the children participated.)

J2. Name of the Child -

1 2 -

J3. Name of the Father-

J4. Name of the Mother-

J5. Name of the School -

