

## 1. Anthropometrics and child roster

Sr. No.	Question	Options	Skip Pattern
A	Section A: Details and child roster		
A1	Name of the respondent	[Enter text]	
A2	Name of tracking baby	[Enter text]	
A3	Gender of tracking baby	0 – Girl 1 – Boy	
A4	Date of birth of the tracking baby	[DD/MM/YY]	
A5	Does the child mentioned in the tracking have a twin child who is alive?	0 No 1 Yes	
A6	Name of twin	[Enter text]	If the child has a twin
A7	Gender of twin	0 – Girl 1 – Boy	If the child has a twin
A8	Date of birth of the twin	[DD/MM/YY]	If the child has a twin
A9	How many children does the respondent have?	[Enter integer]	
	<i>For each child:</i>		
A9.1	Name of the child	[Enter text]	
A9.2	How is this child related to the respondent?	[Select relation]	
A9.3	Gender of the child	0 – Girl 1 – Boy -88 – Other	
A9.3	Is this child older than 2 years of age?	0 No 1 Yes	

A9.4	Age (years completed)	[Enter integer]	If the child is older than 2 years
A9.5	Age (months completed)	[Enter integer]	If the child is younger than 2 years
A10	Is this child available for measurement?  (If the child is not currently available because the child is at school mark 'Yes' If the child is not currently available in the house but will be available sometime in the next 7 days mark 'Yes')	0 No  1 Yes	
B	Section B: Anthropometry		
	<p>In this section, we will collect the <u>height and weight</u> of:</p> <ol style="list-style-type: none"> <li>1) The Poshan Pahal child (also referred to as the tracking child, who has been surveyed in previous rounds)</li> <li>2) Up to 3 siblings of the Poshan Pahal child, randomly selected from the roster in Section A</li> </ol> <p>The eligibility criteria for the selection of sibling(s) is</p> <ul style="list-style-type: none"> <li>• 'Yes' to A10</li> <li>• Meets age eligibility criteria <ul style="list-style-type: none"> <li>o Phase 1 - 1.8 years to 10 years old</li> <li>o Phase 2- 1 year to 10 years old</li> </ul> </li> </ul> <p><u>Note- If this is our second attempt to measure sibling(s) then we will measure all available children and not do a randomisation.</u></p> <p><u>Note- height will be collected only for children who can stand by themselves</u></p>		
[M1]	<b>Mother's height - only to be collected when height has not been collected before</b>		
B1	Is this survey being done with the biological mother or an adopted mother?	1- Biological Mother  2- Adopted Mother  3- Other household Member	Skip mother's height if 3

B2	Is the respondent disabled or unable to stand for any reason? <i>[Surveyor to fill]</i>	0- No 1- Yes	Skip mother's height if "Yes"
B3	Stadiometer Number	[Enter integer]	
B4	Record mother's height	____.____ cm	[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 cm]
[M2]	<b>Tracking child height - Height will only be collected if the child can stand by themself.</b>		
B5	Is the child disabled or unable to stand for any reason? <i>[Surveyor to fill]</i>	0- No 1- Yes	Skip to M3 if child's height if "Yes"
B6	Stadiometer Number	[Enter integer]	If mother's height was not measured then record code
B7	Record child's height	____.____ cm	[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 cm]
[M3/ M4/M 5]	<b>Sibling height - Height will only be collected if the child can stand by themself. Sibling height will be collected for up to 3 eligible children, in addition to the Poshan Pahal child.</b>		
B8	Is the child disabled or unable to stand for any reason? <i>[Surveyor to fill]</i>	0- No 1- Yes	Skip child's height if "Yes"
B9	Stadiometer Number	[Enter integer]	
B10	Record child's height	____.____ cm	[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 cm]
[M6]	<b>Poshan Pahal child weight- we collect the weight alone if the child can stand by themselves and if they cannot stand by themself we ask the respondent/any adult who is willing and able to carry the child.</b>		
B11	Surveyor Input:  Can <child name> stand by themself?	0 – No  1 - Yes	

B12	Weighing scale code	[Enter integer]	
B13	Which weighing scale type is being used?	1- SECA 2- Omron	
B14	Weight of child <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	<p><u>If child can stand on their own</u></p> <p>[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 kg and B6.1=1. Repeat thrice if the discrepancy is more than or equal to +/- 0.2 kg and B6.1=2]</p>
B15	Who is carrying the child for weight measurement?	1 Husband 2 Son 3 Daughter 4 Father-in-law .... (other relations) -87 Other -88 Did not know -89 Did not answer	<p><u>If child cannot stand on their own</u></p>
B16	Weight of adult who is carrying the child (without child) <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	<p><u>If child cannot stand on their own</u></p> <p>[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 kg and B6.1=1. Repeat thrice if the discrepancy is more than or equal to +/- 0.2 kg and B6.1=2]</p>
B17	Weight of adult who is carrying the child and child weight <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	[Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 kg and B6.1=1. Repeat thrice if the

			discrepancy is more than or equal to +/- 0.2 kg and B6.1=2]
B18	Is the child ill today?	0 No 1 Yes	
[M7/M8/M9]	<b>Sibling weight-</b> we collect the weight alone if the child can stand by themselves and if they cannot stand by themselves we ask the respondent/any adult who is willing and able to carry the child. Sibling weight will be collected for up to 3 eligible children.		
B19	Surveyor Input: Can the <child name> stand by themselves?	0 – No 1 - Yes	
B20	Which weighing scale type is being used?	1- SECA 2- Omron	
B21	Weight of sibling <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	<u>If child can stand on their own</u>  [Repeat twice. Repeat thrice if the discrepancy is more than or equal to +/- 0.5 kg and B20=1. Repeat thrice if the discrepancy is more than or equal to +/- 0.2 kg and B20=2]
B22	Who is carrying the sibling for weight measurement?	1 Husband 2 Son 3 Daughter 4 Father-in-law .... (other relations) -87 Other -88 Did not know -89 Did not answer	<u>If child cannot stand on their own</u>
B23	Weight of adult who is carrying the sibling (without child) <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	<u>If child cannot stand on their own</u>  [Repeat twice. Repeat thrice if the discrepancy is more than or

			equal to +/- 0.5 kg and B20=1. Repeat thrice if the discrepancy is more than or equal to +/- 0.2 kg and B20=2]
B24	Weight of adult who is carrying the sibling and sibling weight <i>(Surveyor note: Fill in kgs to the nearest 0.1kg)</i>	[Enter integer]	[Repeat twice. Repeat thrice if the error is more than or equal to +/- 0.5 kg and B6.1=1. Repeat thrice if the error is more than or equal to +/- 0.2 kg and B6.1=2]
B25	Is the sibling unwell today?	0 No 1 Yes	
B26	Was a flat surface available in the household to keep the weighing scale for measurements?	0 No 1 Yes	

## 2. Cognition

Sr. No.	Question	Options	Skip Pattern
1	When you ask "What is your name?" Does your child say her full name?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
2	Can your child tell the name of two or more family members or playmates? (Say your names of siblings, names of friends, names of cousins, his mother's name, his father's name?)	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	

3	Can your child tell the correct name of the village/tola/block she stays in?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
4	Can your child tell which day of the week it is today?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
5	Can your child count to 5? (If they can but mix up the order take as sometimes)	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
6	Can your child count to 10? (If they can but mix up the order take as sometimes)	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	If 4=Yes
7	Can your child count to 20? (If they can but mix up the order take as sometimes)	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	If 5=Yes
8	Can your child name the primary colours (red, yellow, blue)?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	

9	Does your child walk either up or down at least two steps of stairs by herself without holding onto the railing or wall? If they hold onto a railing or wall mark as sometimes	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
10	Without holding anything for support, does your child kick a ball by swinging her leg forward?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
11	Does your child catch a large ball with both hands?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
12	Does your child serve herself, taking food from one container to another using utensils? For example, does your child use a serving spoon to take rice?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
13	Does your child unbutton one or more buttons? This could be their own clothing or even a doll's clothing.	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
14	Does your child use a pencil, crayon or pen for writing or drawing and holds it properly like an adult between her thumb and finger?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	



15	Can your child draw a basic figure? (Say drawing of a person, scenery, house, sun, tree, river etc?)	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
16	Does your child brush her teeth by putting toothpaste on the toothbrush and brushing all her teeth without help? You may still need to check and re-brush your child's teeth.	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	
17	Can your child do paper folding?	1 Yes 2 Sometimes 3 Not Yet 4 Have never tried this with child so cannot say -88 Did not know -89 Did not answer	

### 3. Consumption

Now we will ask you some questions about the food the Poshan Pahal child and 1 other randomly selected sibling ate yesterday. Please think about all the food items consumed yesterday and let us know if your child consumed these items. For 1 randomly selected sibling (if any) we will ask about rice, roti, fruits and dairy.			
1	[Cereals #1] Did your child eat roti yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer	
1.1	How many rotis did your child eat yesterday?	[Enter decimal]	If 1 is Yes
2	[Cereals #2] Did your child eat rice yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer	
2.1	Which utensil was used to serve rice?	1 Round spoon	If 2 is Yes

		2 Flat spoon		
2.2	How much {utensils} of rice did your child eat yesterday?	[Enter decimal]	If 2 is Yes	
3	[Cereals #3] Did your child eat rice-based products like chilka roti, poha, chura, idli, or dosa yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
4	[Cereals #4] Did your child eat bread or biscuits yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
5	[Cereals #5] Did your child eat any other grains yesterday such as corn, millets, dalia, porridge, or cerelac?	0 No 1 Yes -88 Did not know -89 Did not answer		
6	[Legumes and Nuts #1] Did your child eat any dal yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
7	[Legumes and Nuts #2] Did your child eat soyabean dal or soyabean chunks yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
8	[Legumes and Nuts #3] Did your child eat any nuts like peanuts, almonds, cashews, pistachios, or walnuts yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
9	[White Roots and Tubers #1] Did your child eat potatoes or sweet potatoes yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
10	[White Roots and Tubers #2] Did your child eat breadfruit, yam, lotus root, turnip, water chestnut, or green bananas yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
11	[Dark Green Leafy Vegetables #1] Did your child eat any green leafy vegetables	0 No 1 Yes		

	yesterday such as spinach, mustard leaves, beet leaves, bathua leaves, or amaranth leaves?	-88 Did not know -89 Did not answer		
12	[Other Vegetables #1] Did your child eat any food that contained onion or tomato yesterday?			
13	[Other Vegetables #2] Did your child eat any other type of vegetable such as cauliflower, cabbage, patal, brinjal, beans, peas, mushroom, bamboo, green pepper, or garlic yesterday?			
14	[Vitamin A Rich Fruit and Veg #1] Did your child eat any orange vegetables such as pumpkin, carrot, sweet potato or squash yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
15	[Vitamin A Rich Fruit and Veg #2] Did your child eat any orange fruits such as mango, papaya, musk melon or apricots yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
16	[Other Fruits #1] Did your child eat any other fruits such as apple, banana, fig, guava, custard apple, pineapple, watermelon, amla, orange, grapes, raisins, pomegranate, jackfruit or melon yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
17	[Eggs #1] Did your child eat any eggs yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
18	[Non veg screener] Did your child eat any non-veg yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
18.1	[Flesh Meat #1] Did your child eat any non-veg yesterday such as chicken, mutton, pork, duck, or beef?	0 No 1 Yes -88 Did not know -89 Did not answer	If 18 is 1	
18.2	[Organ Meat #1] Did your child eat any organ meat yesterday like kidney or liver?	0 No 1 Yes -88 Did not know -89 Did not answer	If 18 is 1	

18.3	[Seafood #1] Did your child eat any seafood yesterday like fish, crabs, or prawns?	0 No 1 Yes -88 Did not know -89 Did not answer	If 18 is 1	
19	[Milk Products #1] Did your child consume any milk?	0 No 1 Yes -88 Did not know -89 Did not answer		
20	[Milk Products #2] Did your child consume any milk products such as milk, paneer, dahi, or cheese yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
21	[Milk Products #3] Did your child drink lassi or chaas yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
22	[Oils and Fats #1] Did your child consume oil, ghee, or butter through any of the items eaten yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
23	[Spices, Condiments, Beverages #1] Did your child consume chilli or spices through any of the items eaten yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
24	[Spices, Condiments, Beverages #2] Did your child drink tea or coffee yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
25	[Spices, Condiments, Beverages #3] and [Sweets #1] Did your child drink any cola, sherbet, or juice yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
26	[Sweets #2] and [Milk Products #1] Did your child eat kheer, halwa, laddo, or mithai yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer		
27	[Sweets #3] and [Milk Products #2] Did your child eat cake, chocolate, or ice cream yesterday?	0 No 1 Yes -88 Did not know		

		-89 Did not answer	
28	Did your child consume any other food item yesterday?	0 No 1 Yes -88 Did not know -89 Did not answer	
28.1	Please specify details	[Enter text]	

#### 4. Sevika Interaction

1	Is the respondent the sevika herself?	0 No 1 Yes -88 Did not know -89 Did not answer	
2	How many days have your children received hot cooked meals at the AWC over the last week?	[Enter integer]	
2.1	In the past year have you availed hot cooked meals for any of your children?	0 No 1 Yes -88 Did not know -89 Did not answer	If 2=0
3	Over the last month, how many packets of THR did you receive?	[Enter integer]	
4	Over the last month did you receive any dry ration from the AWC?	0 No 1 Yes -88 Did not know -89 Did not answer	

#### 5. Sanitation

Sr. No.	Question	Options	Skip Pattern
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1	What is the main source of drinking water for this household?	1 Piped water inside the dwelling 2 Piped water in the yard or plot 3 Public tap/ Stand pipe 4 Tube well/ Bore well 5 Spring 6 Rainwater collection 7 Bottled water 8 Tanker truck 9 Community RO plant 10 Surface water (River/ Dam/ Lake) -87 Other -88 Did not know -89 Did not answer		
2	Does your household have a toilet?  <i>(Surveyor note: Do not include broken/ disused toilets)</i>	0 No 1 Yes -88 Did not know -89 Did not answer		
3	Some people defecate in the open, and some people use a toilet. Do you (the respondent) usually go in the open or in the toilet?  <i>(Surveyor note: Ask about toilets in the village if the respondent's household does not have a toilet)</i>	0 No 1 Yes -88 Did not know -89 Did not answer		
4	Where is the nearest toilet located?  <i>(Surveyor note: If there is no toilet in the house, ask about the nearest toilet that they can use)</i>	1 Inside the dwelling 2 Outside but attached to the dwelling 3 Outside but in the dwelling's compound 4 Within 10 minutes' walking distance 5 More than 10 minutes' walking distance -87 Other -88 Did not know -89 Did not answer		
5	Does your household have a handwashing station?	0 No 1 Yes (with soap) 2 Yes (but without soap) -87 Other -88 Did not know -89 Did not answer		

6	Do your neighbours mostly use latrines or do they mostly defecate in the open?	0 All defecate in the open 1 Mostly open 2 Mostly latrine 3 Half latrine and Half open 4 All use latrine	
7	Do your neighbours have a toilet in their house?	0 No households have a toilet 1 Some households have a toilet 2 All households have a toilet -88 Did not know -89 Did not answer	
<p><i>The following questions are to be filled by the surveyor by observing the immediate surroundings of the respondent's house and neighbouring areas.</i></p>			
8	Observable faeces in the neighborhood yard	0 No 1 Yes -89 Could not observe	
9	Wastewater in street	0 No 1 Yes -89 Could not observe	
10	Sewage ditch nearby	0 No 1 Yes -89 Could not observe	

## 6. Asset Index

	Do you have any of the following items in your household? How many?		
	Bed/ cot	[Enter integer]	
	Colour TV	[Enter integer]	

	2-wheeler vehicle	[Enter integer]	
	4-wheeler vehicle	[Enter integer]	
	Chair	[Enter integer]	
	Bicycle	[Enter integer]	
	Mobile	[Enter integer]	
	Pressure cooker	[Enter integer]	
	Chickens	[Enter integer]	
	Goats	[Enter integer]	
	Cows/ bulls/ buffaloes	[Enter integer]	
	Record GPS location		

#### Surveyor Input

	Survey status code	SS01 – Survey complete SS02 – Survey incomplete SS03 – Maternal death (baby unavailable) SS04 – Respondent cannot be found SS05 – Respondent not	
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		at home/ busy/ unwell  SS06 – Respondent not available for entire survey duration  SS07 – Refused before starting the survey  SS08 – Refused during the survey  SS09 – Other (disabled, etc)  SS10 – Miscarriage or infant death  SS11 – Wrong registration (overage baby)	
	What is your assessment of the respondent's accuracy?	1 Good/ Okay  2 Not so good/ Bad	
	Why was it bad?	[Enter text]	
	Was there a language problem when surveying this respondent?	0 No  1 Yes  2 Somewhat	
	Where was the survey conducted?	1 Respondent's in-law's house  2 Respondent's maternal home  -87 Other	

	Is the respondent:	1 Respondent is dead 2 Respondent has migrated	
	Who told you?	1 Household member 2 Neighbour	