SYSTEM OF PROMOTING APPROPRIATE NATIONAL DYNAMISM FOR AGRICULTURE AND NUTRITION (SPANDAN)

INTEGRATED SURVEY ON AGRICULTURE & NUTRITION

Nutrition Questionnaire

NQ 1	Date of Interview	__ __ / __ __ / __ [DD/MM/YY]	Duration of interview NQ2a . _____ hours NQ2b. _____ Min
NQ 3	Interviewer's code, name & signature	☐	
NQ 4	Supervisor's name& signature		
NQ 5	Name of the head of the household		
NQ 6	Household Number	☐ ☐☐ ☐ ☐ ☐ ☐☐ ☐☐ State- District -Block- Village- Cluster -Household no.	

Conducted by

National Institute of Nutrition, Hyderabad
Indira Gandhi Institute of Development Research, Mumbai

Make a note of all family members' ID and Name from Part A of the questionnaire

	Member ID	Name	Age		Sex	Physiological status	Activity status	Food habits
			Years	Months				
	A	B		C	D	E	F	G
A1								
A2								
A3								
A4								
A5								
A6								
A7								
A8								
A9								
A10								
A11								
A12								
A13								
A14								
A15								

Sex
0= Male
1= Female

Physiological status
(only in case of women 15-45 years)

1= Non-pregnant non-lactating
2= Pregnant
3= Lactating
4=Pregnant & lactating
99=Not applicable

Food habits*

1 = Vegetarian (complete absence of egg/meat/chicken/fish)
2 = Non-vegetarian
3 = Not applicable (in case of young infants)

Activity status code:

1 = Sedentary
(Service, business, landlord, housewife, teacher & all other white collar workers)

2 = Moderate
(Agricultural Laborer, other laborer, cultivator, artisan, Mason, Servant maid, Tailor, Rickshaw puller etc.)

3 = Heavy
(Stone cutter, construction worker, blacksmith, wood cutter, railway gagman, mine worker etc.)

*Mention the usual consumption pattern of the household members.

SECTION B.1 REPRODUCTIVE HISTORY IN MOTHERS OF CHILDREN < 5 YEARS

	ID code	Name of mother	Age at marriage (y)	Age at first delivery (y)	Total No. of pregnancies	No. of abortions / still births	No. of live births	No. of deaths in children less than 5 yrs*	No. of deaths in children above 5 y	No. of children currently alive
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**
B1.1										
B1.2										
B1.3										
B1.4										
B1.5										
B1.6										

*** Deaths in children < 5 do not include still birth and abortions**

SECTION B.2 ANTENATAL CARE (ANC) IN CASE OF MOTHERS OF CHILDREN <2 YEARS

	ID code	Name of mother	ID code of the child	No. of ANC visits to health centre / No. of visits by ASHA / ANM to house/ Visits to/from Anganwadi centre	Place of AN care (see **code** below)	In which **MONTH OF PREGNANCY** did you visit health facility for Antenatal check up?	Did you take at least one TT injection? (1 = yes, 0= No)	How many **(Number** Iron folate tablets did you take during pregnancy?	Place of delivery (see **code** below)	Type of delivery	Received nutrition supplements from AWC (1=yes, 0=no)	Did the mother benefit from maternity entitlement payments from Government? (0 = No, 1= Yes, 2= Payment is currently being processed, 9 = Cannot remember / Unaware	If yes, how much did you receive in all? [Rs.]
	A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**	**J**	**K**	**L**	**M**
B2.1													
B2.2													
B2.3													
B2.4													

Place of Antenatal Care

1= Sub- centre
2= PHC
3= Other government facility (e.g. Anganwadi)
4= Private practitioner
5= At home / Visit by ASHA / ANM to house

Place of delivery

1= Home delivery by a relative
2= Home delivery by a trained birth attendant
3= Government facility
4= Private hospital

Type of delivery

1 = Vaginal delivery
2= Caesarean Section

SECTION C.1.BIRTH HISTORY (FOR ALL CHILDREN < 5 YEARS)

	ID Code	Name of the child	ID of the **mother** (if mother is not alive=99)	ID of the **father** (if father is not alive=99)	D.O.B (mm/dd/yyyy)	Sex (0=M, 1=F)	Birth order	**Birth interval (months)** (Difference in age of the index child and the immediate elder child). In case of first born child, write NA	Birth weight		Whether the child was born preterm or term? 1= preterm 2=Term (See note below*)
									Kg	1= Record 2 = Recall	
	A	B	C	D	E	F	G	H	I	J	K
C1.1									☐.☐☐		
C1.2									☐.☐☐		
C1.3									☐.☐☐		
C1.4									☐.☐☐		
C1.5									☐.☐☐		
C1.6									☐.☐☐		

*Preterm birth means birth before 37 weeks of gestational age i.e. more than 3 week before the expected date of delivery.
Term birth means birth after 37 weeks gestational age

SECTION C.1 BREAST FEEDING & COMPLEMENTARY FEEDING PRACTICES IN CHILDREN<2 YEARS

	ID Code	Name of the child	Is the child currently breast fed? (1=yes, 0=no)	If the child is not currently breast fed, was the child breast fed earlier? (1=yes, 0=no) (If the child is currently breast fed, write NA.)	When did mother initiate breast feeding after delivery? (completed Hours) **(Write only if the child is currently breast fed or was breast fed earlier. If not, write NA)**	Did the mother give colostrum to the child? (1= yes, 0= No)	Pre-lacteal feeds given to the child **(See code below)**	Duration of breast feeding (Write this only if child stopped breast feeding otherwise write NA)	Did you ever give bottle feeding to the child? (1= yes, 0= No)	At what age (mo) did you start giving water/juices to this child? (never =99)*	At what age (mo) did you start giving animal milk to this child? (never =99)	At what age (mo) did you give Infant formulas to the child? (never =99)	At what age (mo) did you start giving semi solid/ solid foods to child? (never =99)	If answer to any of the questions J TO M * is less than 6 months, write 2 main reasons (see **code** below)	
	A	B	C	D	E	F	G	H	I	J	K	L	M	N1	N2
C1.7															
C1.8															
C1.9															
C1.10															

Pre-lacteal feeds:
0= not given
1=honey
2= animal milk
3= other woman's milk
4= other fluids(specify)

Reasons of giving water/milk, infant formula, semisolids/solids:
1=insufficient milk of the mother
2= excessive crying of the baby
3= needed to go to work outside
4=doctor advised
5= family members advised
6=other

* Write the age at which the **other foods** (J to M) were started for the baby and that were continued later on.

SECTION C.2.TYPE OF FOODS INCLUDED IN DIETS OF CHILDREN < 5YEARS (IN LAST 1 MONTH)

Feeding frequency: 1 = every day; 2= 2-3 times a week; 3= once a week; 4=once in fortnight, 5= once a month; 6 = Not given

	ID Code	Name of the child	Meal frequency & consistency				Frequency of feeding for different food groups																
			How many times in a day this child is given feeding? (write no. of meals / day including snacks)	Average amount of feeding at a time (write cup size using diet survey cups e.g. C 10)	Consistency (1= watery, 2=semi-solid, 3=solid)	Is the child breast fed? (0= No, 1= Yes)	Home cooked Cereals / Millets	Pulses	Roots & tubers	Leafy vegetables	Other vegetables	Vit A rich fruits/ veg * (See note below)	Other fruits	Milk / milk products	Commercial formula (Milk powders used for baby e.g. Lactogen, Dexolac etc.)	Eggs	Fish	Other flesh foods	Extra oil/ ghee added to child's food	Biscuits	Outside snacks (chips, kurkure etc.)	Chocolates	Bread/ cake/ bakery products other than biscuits
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W
C2.1																							
C2.2																							
C2.3																							
C2.4																							
C2.5																							
C2.6																							

*Notes: 1. Vitamin A rich fruits & vegetables include mango, papaya, carrots, pumpkin, green leafy vegetables or any dark coloured fruits/vegetables etc.
2. Use food list provided on page 10 to know various foods in each of the food groups in this table.

SECTION C.3. SUPPLEMENTARY NUTRITION RECEIVED FROM ICDS (ANGANWADI)/ MID DAY MEAL FOR BENEFICIEARIES (IN LAST 1 MONTH)

Food code: 1=Rice, 2= Pulses, 3= Eggs, 4= Oil, 5=Fortified Food, 6= Iron Folate tablets

							ABOUT TAKE HOME RATIONS								FEEDING AT AWC/ MID DAY MEAL	
							If 'Take Home Ration' received in last 1 month, write quantity. (Write 0 if not received)						Which of these supplements you received but did not consume? Write food codes from the line above table. (If not received, write NA, If consumed all that received, write 99)	Reasons for not consuming (1= Poor quality 2= Other reasons, specify) (If not received or consumed all, write NA)	In last month, how many days did the child go to the Anganwadi & consumed foods given there or consumed Mid Day Meal?	What was the time taken to reach Anganwadi from home? (Minutes) (Write 99 if not gone)
	ID Code	Name of the child/adolescent girl/ pregnant / lactating woman	Age (y)	Sex 0=M, 1=F	Did this beneficiary take food supplements from the Anganwadi/ Mid Day Meal? [1=Yes, 0=No]* (This includes both Take home rations &foods eaten at AWC)	If not taken, what was the reason? (Code below) If taken, write 99 here.	1.Rice (Kg)	2.Pulses (Kg)	3.Eggs (No.)	4.Oil (Kg)	5.Fortified Food (Kg) E.g. Chatua in Odisha	6.IFA tablets (No.)				
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
C3.1																
C3.2																
C3.3																
C3.4																
C3.5																
C3.6																
C3.7																

Note: ***if a beneficiary has received Mid Day Meals, write MDM in bracket in column E.**

Reasons for not receiving supplementary feeds

1= Inadequate supply,
2= Poor quality food
3= Difficulty in access due to long distance
4= Time not suitable
5= Not aware
6= Did not need it
7= Child's / other beneficiaries name not included in AWC
8= AWC not functional
9= Denied of the benefits due to various reasons
10= Others(specify)

C.4.Immunization status & intake of vitamin A doses in children (<5 years): 1 = Yes, 2 = No, NA= Not applicable*

	ID Code	Name of the child	BCG (at birth)	OPV 1 (1.5 mo)	OPV 2 (2.5 mo)	OPV 3 (3.5 mo)	DPT1 (1.5 mo)	DPT2 (2.5 mo)	DPT3 (3.5 mo)	DPT booster 1 (18 mo)	Measles (9 mo)	No of Doses of Vitamin A given (every 6 months after 9 mo)	Information obtained from (1= record, 2= recall)
	A	B	C	D	E	F	G	H	I	J	K	L	M
C4.1													
C4.2													
C4.3													
C4.4													
C4.5													
C4.6													
C4.7													
C4.8													
C4.9													

*** If the child is younger than the age at which the vaccine is given, write NA i.e. not applicable.**

C. 5. CHILD CARE PRACTICES & HEALTH STATUS OF CHILDREN < 5 YEARS

	ID Code	Name of the child	Who feeds the child? (see code below)	Who looks after child if mother goes to work? (see code below) **(If mother does not go out to work, write 99)**	Do you wash hands with soap before feeding the child? (1=yes, 0=no)	Do you wash Child's hands with soap before the child eats? (1=yes, 0=no)	How active is the child compared to the children of similar age 1 = More active 2 = Same 3 = Dull	In your opinion, in last one year, how often the child was sick? (**see code below**)	How many times the child was **admitted to a hospital** in the last **1YEAR**? (Write 'o' if not admitted)	Did child have Measles in last **1mo**? (1=Y, 0=no)	Pneumonia in last **1 mo** (1=yes, 0=no)	No. of days of fever in last **1mo**	No. of days of diarrhoea in last **1 mo**	No of days of other illness in last **1 mo**	Does the child suffer from any chronic Illness? (1=yes, 0=no)	If yes, specify the disease If not, write NA.	In general, whom do you consult if child falls sick? **(See code below)**	In general, do you continue breast feeding when child is sick? (1=yes, 0=no, **(Write NA if child is not currently breast fed)**	Does the mother **know** about giving ORS/ liquids when child has diarrhoea? (1=yes, 0=no)
	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
C5.1																			
C5.2																			
C5.3																			
C5.4																			
C5.5																			
C5.6																			

Who feeds the child:

1= Mother
2= Grandmother
3= Father
4= Elder sibling
5= Other relative
6= Child eats her / himself
7 = Others ----------

Who looks after the child when mother goes to work :

1= Grandmother 2= Grandfather
3= Father 4= Sibling
5= Other relatives 6= Neighbours
7= Crèche 8= Anganwadi
9= Mother carries child to work place
10= No one, child takes care of her /himself
11= Other arrangement

How of often the child falls sick (opinion of the mother):

1= Once a Week,
2= Once in a fortnight (15 days)
3= Once in a month
4= Once in 3 months
5= Once in 6 months
6= Once in a year
7= Never

Generally, whom do you consult if child is ill:

1= Elders in family or neighbours
2= Anganwadi worker
3= ANM / Lady health visitor
4=Traditional birth attendant
5= Government doctor
6=Private doctor
7=Other, specify ----------
8.QUACKS/any unqualified personnel (e.g.: compounder)

FOODS CONSUMED BY THE FAMILY (reference period mentioned in brackets)

CODE	FOOD	CODE	FOOD	CODE	FOOD	CODE	FOOD	CODE	FOOD
Cereals & millets (1 mo)		31	Rajmah	**Other Vegetables (1 week)**		**Fruits (1 week)**		121	**Poultry & Meat (1 mo)**
1	Rice (raw)	32	Red gram dal	62	Bitter gourd	92	Apple	122	Eggs type ( )
2	Rice (Parboiled)	33	Red gram tender	63	Bottle gourd	93	Amla	123	Chicken type ( )
3	Rice (Puffed)	34	Soya bean	64	Brinjal	94	Apricot	124	Goat ( )
4	Rice (Flakes)	35	Field bean	65	Broad Beans	95	Banana	125	Beef ( )
5	Wheat	36	Others ( )	66	Cauliflower	96	Dates	126	liver ( )
6	Wheat Flour	37	Others ( )	67	Cucumber	97	Grapes (green)	127	Others ( )
7	Wheat (Bread)	38	Others ( )	68	Drumsticks	98	Grapes (Blue-Purple)	128	Others ( )
8	Wheat (Semilona)	**Green leafy vegetables (1 week)**		69	Ladies finger	99	Guava	129	**Milk & Milk Products (1 mo)**
9	Jowar	39	Coriander leaves	70	Ridge gourd	100	Jack fruit	130	Milk type ( )
10	Maize (tender)	40	Curry leaves	71	Tomatoes	101	Lemon	131	Curd type ( )
11	Maize (raw)	41	Mint leaves	72	Green chillies	102	Mango ripe	132	Milk powder(mention)
12	Others ( )	42	Spinach	73	Others ( )	103	Melon (musk)- red	133	Commercial formula(specify)
13	Others ( )	43	Cabbage	74	Others ( )	104	Melon (sweeter)	134	**Beverages (1 mo)**
14		44	Bengal gram leaf	75	Others ( )	105	Papaya	135	Lime soda (native)
Pulses(1 mo)		45	Radish leaf	**Spices/ Nuts and Oil Seeds (1 mo)**		106	Pomegranate	136	Coca cola/sprite/Maaza
15	Bengal gram whole	46	Others ( )	76	Coconut (dry)	107	Seethaphal	137	Toddy
17	Bengal gram dal	47	Others ( )	77	Coconut (fresh)	108	Sapota	138	Alcohol (Beer)
18	Bengal gram roasted	48	Others ( )	78	Til	109	Juices ( )	139	Alcohol spirits
19	Black gram dal	**Roots &Tubers (1 week)**		79	Ground nuts		Others ( )	140	**Outside foods (1 mo)**
20	Cow pea	49	Onions	80	Mustard seeds	111	Others ( )	141	Samosa/Pakoda/cutlet
21	Field bean dry	50	Potato	81	Coriander seeds	**Oils (1 mo)**		142	Kurkure/chips/mixture
22	Green gram whole	51	Beet root	82	Cloves	113	Oil type ( )	143	Dosa/uthapam/Idli
23	Green gram dal	52	Carrot	83	Chillies dry	114	Ghee/ butter	144	Others ( )
24	Horse gram whole	53	Colocasia	84	Nutmeg	115	Others ( )	145	Others ( )
25	Khesari dal	54	Radish	85	Pepper	**Fish and Fish products (1 mo)**		146	Biscuits(specify)
26	lentils	55	Tapioca	86	Turmeric/Powder	117	Fish type ( )	147	Chocolates
27	Peas green	56	Sweet potato	87	Cashew nuts	118	Prawns type ( )	148	Cakes/ bread/other bakery products
28	Peas dry	57	Ginger	88	cumin	119	Others ( )	149	Ice creams
29	Peas roasted	58	Garlic	89	Chilli powder	120	Others ( )	150	Health drink (specify)

Note: Tick on the Food and mention the type of food in bracket wherever applicable, E.g.: milk type, egg type etc .In case of doubt verify the item with food codes provided in manual.

D. SOURCE OF FOOD (add the foods from the check list)

Foods consumed					Foods NOT purchased						Foods purchased				
Q No.	Food name	Food code (Use codes from previous page)	Units (kgs/lit/ No.) (If in grams, convert into Kg; 1000g= 1 Kg)	How much in total did your household consume in past [month/ week] as given on previous page)?	How much came from own production?	How much was forest produce/ was gathered from common resources?	How much came as wages for labour?	How much came from food exchange?	How much came from gifts and other sources?	How much came from FOOD AID by government/ NGO? (e.g. Take home ration from Anganwadi)	How much came from purchases in ration shop (PDS)? * Write quantity only if consumed by family)	How much did you spend for this purchase from PDS? (Rs)	How much came from purchases in places other than PDS?	How much did you spend for this purchase from other place? (Rs)	What is the main reason for choosing this item from among items that belong to the same food group? * (see **codes** below)
D1	D2	D3	D4	D5	D6	D7	D7	D8	D9	D10	D11	D12	D13	D14	D15

*REFER to food items and their groups from page 10, for example, rice instead of wheat / bajra etc.

Codes: Reasons for choosing this food item from items from same group: 1= Cheaper, 2= Better taste, 3= traditional practice to eat this food, 4= Health considerations
5= Easy to prepare, 6= to add variety to diet, 7= Storability - can be stored easily or for long duration, 8= Nothing else is available/no choice of items in this market
9= Quality (freshness, etc.), 10= Special occasion (feast/ special meal) 11= other reasons, specify

D. SOURCE OF FOOD (add the foods from the check list)

Foods consumed					**Foods NOT purchased**						**Foods purchased**				
Q No.	Food name	Food code (Use codes from previous page)	Units (kgs/lit/ No.) (If in grams, convert into Kg; 1000g= 1 Kg)	How much in total did your household consume in past [month/ week] as given on previous page)?	How much came from own production?	How much was forest produce/ was gathered from common resources?	How much came as wages for labour?	How much came from food exchange?	How much came from gifts and other sources?	How much came from FOOD AID by government/ NGO? (e.g. Take home ration from Anganwadi)	How much came from purchases in ration shop (PDS)? * Write quantity only if consumed by family)	How much did you spend for this purchase from PDS? (Rs)	How much came from purchases in places other than PDS?	How much did you spend for this purchase from other place? (Rs)	What is the main reason for **choosing this item from among items that belong to the same food group**? * (see **codes** below)
D1	D2	D3	D4	D5	D6	D7	D7	D8	D9	D10	D11	D12	D13	D14	D15

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D1	D2	D3	D4	D5	D6	D7	D7	D8	D9	D10	D11	D12	D13	D14	D15

*REFER to food items and their groups from previous section, For example, rice instead of wheat / bajra etc.

Codes for reasons for choosing this food item from items from same group: 1= Cheaper, 2= Better taste, 3= traditional practice to eat this food, 4= Health considerations 5= Easy to prepare, 6= to add variety to diet, 7= Storability - can be stored easily or for long duration, 8= Nothing else is available/no choice of items in this market 9= Quality (freshness, etc.), 10= Special occasion (feast/ special meal) 11= other reasons, specify

D. SOURCE OF FOOD (add the foods from the check list)

Foods consumed					**Foods NOT purchased**						**Foods purchased**				
Q No.	Food name	Food code (Use codes from previous page)	Units (kgs/lit/ No.) (If in grams, convert into Kg; 1000g= 1 Kg)	How much in total did your household consume in past [month/ week] as given on previous page)?	How much came from own production?	How much was forest produce/ was gathered from common resources?	How much came as wages for labour?	How much came from food exchange?	How much came from gifts and other sources?	How much came from FOOD AID by government/ NGO? (e.g. Take home ration from Anganwadi)	How much came from purchases in ration shop (PDS)? * Write quantity only if consumed by family)	How much did you spend for this purchase from PDS? (Rs)	How much came from purchases in places other than PDS?	How much did you spend for this purchase from other place? (Rs)	What is the main reason for choosing this item from among items that belong to the same food group? * (see **codes** below)
D1	D2	D3	D4	D5	D6	D7	D7	D8	D9	D10	D11	D12	D13	D14	D15

*REFER to food items and their groups from previous section, For example, rice instead of wheat / bajra etc.

Codes for reasons for choosing this food item from items from same group: 1= Cheaper, 2= Better taste, 3= traditional practice to eat this food, 4= Health considerations 5= Easy to prepare, 6= to add variety to diet, 7= Storability - can be stored easily or for long duration, 8= Nothing else is available/no choice of items in this market 9= Quality (freshness, etc.), 10= Special occasion (feast/ special meal) 11= other reasons, specify

Purchases (in places other than PDS) - mention the quantities in kg only

	FOOD GROUPS	How frequently your household members consumed each of the following foods in the last1 YEAR (See code below)	Did you purchase this food in last 1 MONTH? (1=Yes, 0=No) If 0, skip to next row.	Who in the household made most of these purchases? (Write member ID if family, others=99)	Where did you purchase this? [Code below]	How far away is this from your residence? [metres]	How much time did you spend on the purchase (travel to and fro, waiting, transacting, etc. all inclusive)[minutes]	Did you make a trip ONLY to make this purchase (1= Yes, 0= No)	How much money did you have to spend on transport? (Rs.)	What was the main consideration in choosing to purchase this item from this place? (Code below)
		A	B	C	D	E	F	G	H	I
P1	CEREALS/MILLETS									
P2	PULSES/ OIL SEEDS									
P3	VEGETABLES									
P4	FRUITS									
P5	FATS AND OILS									
P6	EGGS									
P7	FLESH FOODS									
P8	FISH PRODUCTS									
P9	MILK PRODUTS									
P10	SUGAR/ JAGGERY									
P11	COMMERCIAL MARKET PRODUCTS									

Frequency of consumption

1=Every day; 2 = 2-3 times in a week
3= Once a week; 4= Once in 15 days
5 = Once a month 6= Once in 2-3 months
7= once in 4-6 months 8= once a year
9=Not eaten in 1 year

Place of purchase:
1=Grocery store / *kirana* in nearby town ;
2= Grocery store / *kirana* in village,
3= roadside vendor,
4= weekly *haat* /market,
5 = farmer;
6= farmer cooperative,

Reason for purchase from this place:
1= Quality,
2= Price,
3= distance,
4= Health & nutrition considerations,
5= Only place where available

SECTION E.DIETERY INTAKE – 24 HOUR RECALL

E1	Was yesterday a normal day? [0=No; 1=Yes] ☐ "Normal" here means there was no wedding or festival or religious ceremony in which the household participated *IN CASE OF >9 HH members include the individual intake of child(<5 yrs) and mother

		A	b	c	d	e	f	g	h	i	
E2	Name of the individual										
E3	ID										
E4	Activity Status										
E5	Consumption Units										

	Meal pattern	Name of the preparation	Food stuff	Food code	Raw Amount (g)	Total Cooked Quantity	Individual intake									Left Over
	k	l	m	n	o	p	q1	q2	q3	q4	q5	q6	q7	q8	q9	r
E6																
E7																
E8																
E9																
E10																
E11																

							a	b	c	d	e	f	g	h	i	
E2	Name of the individual															
E3	ID															
	Meal pattern	Name of the preparation	Food stuff	Food code	Raw Amount (g)	Total Cooked Quantity	Individual intake									Left Over
	k	l	m	n	o	p	q1	q2	q3	q4	q5	q6	q7	q8	q9	r
E12																
E13																
E14																
E15																
E16																
E17																
E18																
E19																
E20																
E21																
E22																
E23																
E24																
E25																

							a	b	c	d	e	f	g	h	i	
E2	Name of the individual															
E3	ID															
	Meal pattern	Name of the preparation	Food stuff	Food code	Raw Amount (g)	Total Cooked Quantity	Individual intake									Left Over
	k	l	m	n	o	p	q1	q2	q3	q4	q5	q6	q7	q8	q9	r
E26																
E27																
E28																
E29																
E30																
E31																
E32																
E33																
E34																
E35																
E36																
E37																
E38																
E39																

							a	b	c	d	e	f	g	h	i	
E2	Name of the individual															
E3	ID															
	Meal pattern	Name of the preparation	Food stuff	Food code	Raw Amount (g)	Total Cooked Quantity	Individual intake									Left Over
	k	l	m	n	o	p	q1	q2	q3	q4	q5	q6	q7	q8	q9	r
E49																
E50																
E51																
E52																
E53																
E54																
E55																
E56																
E57																
E58																
E59																
E60																

							a	b	c	d	e	f	g	h	i	
E2	Name of the individual															
E3	ID															
	Meal pattern	Name of the preparation	Food stuff	Food code	Raw Amount (g)	Total Cooked Quantity	Individual intake									Left over
	k	l	m	n	o	p	q1	q2	q3	q4	q5	q6	q7	q8	q9	r
E61																
E62																
E63																
E64																
E65																
E66																
E67																
E68																
E69																

	Outside foods* (list below the food items not prepared at home)	Individual intake									Left over
		q1	q2	q3	q4	q5	q6	q7	q8	q9	
E70											
E71											
E72											
E73											
E74											
E75											
E76											
E77	Alcoholic beverages										
E78	Carbonated beverages										
E79	Nutritional supplements (tablets, syrups)-for vitamins and minerals										
E80	Participation in mid-day meal program/ Anganwadi centre [0 = No, 1= Yes]										
E81	Was [#Name] on a fast yesterday? [0 = No, 1= Yes]										
E82	Was [#NAME] on a special diet yesterday? [0=No, 1=Yes, because of ill-health; 2=Yes, for religious reasons, 3=Others]										
E83	Did [#NAME] eat at a special meal (for example at a wedding or festival) yesterday? [0=No, 1=Yes]										
E84	Typically when meals are consumed at home, when does #NAME eat? (1= first, 2=last, 3=cannot say, 9=Not relevant, we all eat together)										

E85	In your perception does [# NAME] get adequate food ?[0 = No, 1= Yes]										
E86	In your perception does [# NAME] eat well ?[0 = No, 1= Yes]										
E87	In your perception, how healthy do you think [#NAME] is relative to other persons of his /her age in the village? [Imagine six steps, where the healthiest is on step 6, and the least healthy is on step 1, what step do you feel #NAME is on?] ***DON'T PROMPT**										

Cup Volumes **C1: 1400, C2: 1035, C3: 750, C4: 520, C5: 350, C6: 235, C7: 200, C8: 140, C9: 105, C10: 82, C11: 65, C12: 30**

Spoon Volumes **TBS: 15 TSP: 5**

Activity Status Code

1 = Sedentary (Service, business, landlord, housewife, teacher and all other white collar workers)
2 = Moderate (Agricultural Laborer, other laborer, cultivator, artisan, Mason, Servant maid, Tailor, Rickshaw puller etc.)
3 = Heavy (Stone cutter, construction worker, blacksmith, wood cutter, railway gagman, mine worker etc.)

SECTION F. FOOD SECURITY STATUS OF THE HOUSEHOLD (This is at the level of the household)

F1	**In the past 7 days**, did you worry that your household would not have enough food?	☐	[1=Yes; 0=No]		
F2	**In the past 7 days**, how many days have you or someone in your household had to: (Write 1 if applicable and 0 if not applicable)				
F2.1	Limit portion size at meal-times?	☐ [1=Yes; 0=No]	If yes, which member(s) of the family did this most frequently? (**Write 99 if not applicable**) Write ID of household member	F2.1a	
				F2.1b	
				F2.1c	
F2.2	Reduce number of meals eaten in a day?	☐ [1=Yes; 0=No]	If yes, which member(s) of the family did this most frequently? (**Write 99 if not applicable**) Write ID of household member	F2.2a	
				F2.2b	
				F2.2c	
F2.3	Restrict consumption by adults in order for small children to eat?	☐ [1=Yes; 0=No]	If yes, which member(s) of the family did this most frequently? (**Write 99 if not applicable**) Write ID of household member	F2.3a	
				F2.3b	
				F2.3c	
F2.4	Borrow food, or rely on help from a friend or relative?	☐ [1=Yes; z0=No]	If yes, which member(s) of the family did this most frequently? (**Write 99 if not applicable**) Write ID of household member	F2.4a	
				F2.4b	
				F2.4c	
F2.5	Rely on less preferred and/or less expensive foods?	☐ [1=Yes; 0=No]	If yes, which member(s) of the family did this most frequently? (**Write 99 if not applicable**) Write ID of household member	F2.5a	
				F2.5b	
				F2.5c	
F3.1	**In the last 12 months**, have you been faced with a situation when you did not have enough food to feed the household?	☐	1=Yes; 0=No]		

F3.2	**What was the cause of this situation – list up to 3 causes** 1 = Inadequate stocks due to drought/ poor rains 2 = Inadequate household food stocks due to crop pest damage 3 = Inadequate household food stocks due to small land size 4 = Inadequate food stocks due to lack of farm inputs 5 = Food in the market was very expensive, 6 = Unable to reach the market due to high transportation costs 7 = No food in the market 8 = No money due to unemployment 9= No money due to other reasons, 10=Other	a		b		c	
		☐		☐		☐	
F3.3	In the last 12 months, was there ever **no food to eat of any kind** in your house due to lack of resources to get food?	☐ [1=Yes; 0=No]					
F3.4	In the last 12 months, did any one of the household members **go to sleep at night hungry** because there was no food to eat?	☐ [1=Yes; 0=No]					
F4.1	How much stock does your household **currently** have (Kg)?	F7.1	Rice	GRAIN	FLOUR	FLAKES	Puffed rice
		F7.2	Wheat	GRAIN	FLOUR		
		F7.3	Paddy				
		F7.4	Other grains	GRAIN	FLOUR		
F4.2	In the past one year, have you had less stock than this in your HH? If yes, what quantity of stocks you had at **lowest level of stocks** this year? (Kg) [Write 0 if the household were buying or borrowing]	F7.1	Rice	GRAIN	FLOUR	FLAKES	Puffed rice
		F7.2	Wheat	GRAIN	FLOUR		
		F7.3	Paddy				
		F7.4	Other grains	GRAIN	FLOUR		
F4.3	In the past one year, have you had more stocks than this in your HH? If yes, what was the quantity of stocks you had at the **highest level of stocks**? (kg) [Write 0 if the household were buying or borrowing]	F9.1	Rice	GRAIN	FLOUR	FLAKES	Puffed rice
		F9.2	Wheat	GRAIN	FLOUR		
		F9.3	Paddy				
		F9.4	Other grains	GRAIN	FLOUR		

G. HEALTH STATUS AND MORBIDITIES

			a	b	c	d	e	f	g	h	i	j
G1	ID Number											
G2	Who is providing this information? Provide ID.											
G3	Did [#name] have any acute illness or injury during past month? (1 =Yes, 0= No)											
G4	If acute illness present, specify (See code below)											
G5	Chronic illness (1 =Yes, 0= No)											
G6	If chronic illness present, specify (See code below)											
G7.1	Since how many years, are you suffering from this chronic illness/ these chronic illnesses?	Code _____										
G7.2		Code_____										
G7.3		Code_____										
G8	In case of any acute or chronic illness, did you take treatment? (1 =Yes, 0= No)											
G9	If yes, where did you take the treatment? (See **code** below)											

Acute illness:1= Diarrhoea , 2= Stomach ache,
3= Vomiting, 4=Sore throat,
5= Fever, 6 = cough,
7= Asthma, 8= Head ache,
9= skin problems, 10 = Dental problem,
11= Eye problem, 12= Ear problem,
13= Back pain, 14= Chest pain,
15= Fracture, 16= wound,
17= Burns
18= Other acute illness, specify

Chronic illness:
1= Diabetes,
2= High blood pressure,
3= Heart disease,
4= Stroke,
5= Lung disease
6= Other chronic illness, specify

Treatment taken at :

1=Traditional healer;
2=Private doctor's outpatient clinic
3=Government outpatient clinic
4= Government hospital
5= Private hospital
6= Others
7 = at home / self medications

*In case more than 1 HH member is suffering from other acute /chronic illness, specify them separately for each individual ID.

SECTION I. ANTHROPOMETRIC MEASUREMENTS OF THE HOUSEHOLD MEMBERS

Note: MUAC is to be recorded for children in the age group of 6 months to 5 years

Member ID	Name of the person	Height (cm)	Was there a difficulty in measuring? (0=No, 1= Yes, specify)	Weight (Kg)	MUAC (cm)	Was there a difficulty in measuring? (0=No, 1= Yes, specify)	Oedema (1=yes,0=no)
a	b	c		d	e	f	g
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			
		☐☐☐.☐		☐☐☐.☐			

Common range of values for children <5 YEARS (Important: If you get a value outside the range for the child's age, repeat the reading to make sure your reading is correct)

Boys			Girls			Boys			Girls		
Age(Mo)	Height(Cms)	Weight(Kgs)	Age(Mo)	Height(Cms)	Weight(Kgs)	Age(Mo)	Height(Cms)	Weight(Kgs)	Age(Mo)	Height(Cms)	Weight(Kgs)
0	46.3-53.4	2.5-4.3	0	45.6-52.7	2.4-4.2						
1	51.1-58.4	3.4-5.7	1	50-57.4	3.2-5.4	31	86.2-99.2	10.8-16.0	31	84.7-98.2	10.3-16.5
2	54.7-62.2	4.4-7	2	53.2-60.9	4.0-6.5	32	86.8-100	10.9-17.1	32	85.4-99	10.4-16.8
3	57.6-65.3	5.1-7.9	3	55.8-63.5	4.6-7.4	33	87.4-100.8	11.1-17.3	33	86-99.8	10.5-17
4	60-67.8	5.6-8.6	4	58-66.2	5.1-8.1	34	88-101.5	11.2-17.6	34	86.7-100.6	10.7-17.3
5	61.9-69.9	6.1-9.2	5	59.9-68.2	5.5-8.7	35	88.5-102.3	11.3-17.8	35	87.3-101.4	10.8-17.6
6	63.6-71.6	6.4-9.7	6	61.5-70	5.8-9.2	36	89.1-103.1	11.4-18	36	87.9-102.2	11-17.8
7	65.1-73.2	6.7-10.2	7	62.9-71.6	6.1-9.6	37	89.7-103.8	11.6-18.3	37	88.5-103	11.1-18.1
8	66.5-74.7	7-10.5	8	64.3-73.2	6.3-10	38	90.2-104.5	11.7-18.5	38	89.1-103.7	11.2-18.4
9	67.7-76.2	7.2-10.9	9	65.6-74.7	6.6-10.4	39	90.8-105.2	11.8-18.7	39	89.7-104.5	11.4-18.6
10	69-77.6	7.5-11.2	10	66.8-76.1	6.8-10.7	40	91.3-105.9	11.9-19	40	90.3-105.2	11.5-18.9
11	70.2-78.9	7.7-11.5	11	68-77.5	7-11	41	91.9-106.6	12.1-19.2	41	90.8-106	11.6-19.2
12	71.3-80.2	7.8-11.8	12	69.2-78.9	7.1-11.3	42	92.4-107.3	12.2-19.4	42	91.4-106.7	11.8-19.5
13	72.4-81.5	8-12.1	13	70.3-80.2	7.3-11.6	43	92.9-108	12.3-19.7	43	92-107.4	11.9-19.7
14	73.4-82.7	8.2-12.4	14	71.3-81.4	7.5-11.9	44	93.4-108.6	12.4-19.9	44	92.5-108	12-20
15	74.4-83.9	8.4-12.7	15	72.4-82.7	7.7-12.2	45	93.9-109.3	12.5-20.1	45	93-108.8	12.1-20.3
16	75.4-85.1	8.5-12.9	16	73.3-83.9	7.8-12.5	46	94.4-109..9	12.7-20.4	46	93.6-109.5	12.3-20.6
17	76.3-86.2	8.7-13.2	17	74.3-85	8-12.7	47	94.9-110.6	12.8-20.6	47	94.1-110.2	12.4-20.8
18	77.2-87.3	8.9-13.5	18	75.2-86.2	8.2-13	48	95.4-111.2	12.9-20.9	48	94.6-110.8	12.5-21.1
19	78.1-88.4	9-13.7	19	76.2-87.3	8.3-13.3	49	95.9-111.8	13-21.1	49	95.1-111.5	12.6-21.4
20	78.9-89.5	9.2-14	20	77-88.4	8.5-13.5	50	96.4-112.5	13.1-21.3	50	95.7-112.1	12.8-21.7
21	79.5-90.5	9.3-14.3	21	77.9-89.4	8.7-13.8	51	96.9-113.1	13.3-21.6	51	96.2-112.8	12.9-22
22	80.5-91.6	9.5-14.5	22	78.7-90.5	8.8-12.7	52	97.4-113.7	13.4-21.8	52	96.7-113.4	13-22.2
23	81.3-92.6	9.7-14.8	23	79.6-91.5	9-14.3	53	97.9-114.3	13.5-22.1	53	97.2-114.1	13.1-22.5
24	81.4-92.9	9.8-15.1	24	79.6-91.8	9.2-14.6	54	98.4-115	13.6-22.3	54	97.6-114.7	13.2-22.8
25	82.1-93.8	10-15.3	25	80.4-92.8	9.3-14.9	55	98.8-115.6	13.7-22.5	55	98.1-115.3	13.4-23.1
26	82.8-94.8	10.1-15.6	26	81.2-93.7	9.5-15.2	56	99.3-116.2	13.8-22.8	56	98.6-116	13.5-23.3
27	83.5-95.7	10.2-15.9	27	81.9-94.6	9.6-15.4	57	99.8-116.8	13.9-23	57	99.1-116.6	13.6-23.6
28	84.2-96.6	10.4-16.1	28	82.6-95.6	9.8-15.7	58	100.3-117.4	14.1-23.3	58	99.6-117.2	13.7-23.9
29	84.9-97.5	10.5-16.4	29	83.4-96.4	10-16	59	100.8-118.1	14.2-23.5	59	100-117.8	13.8-24.2
30	85.5-98.3	10.7-16.6	30	84-97.3	10.1-16.2	60	101.2-118.7	14.3-23.8	60	100.5-118.4	14-24.4

Section F: Time allocation for mothers in children under 5 years (LAST 24 HRS)

Please record time spent in each of the following activities by the mother in the last complete 24 hours (starting yesterday morning at 5 am, finishing 5 am of the current day).

(F1: Mother ID= _____)

		Time spent in hours / minutes in each of the following period								Total time spent	
	Activity	**Morning (5 am till 12 noon)**		**After noon (12 noon till 5 pm)**		**Evening (5 pm till 8 pm)**		**Night (8 pm till 5 am)**			
		Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes
A	**Sleeping and resting (Total time)**	----------		----------		----------		----------			
B	Personal care										
C	Cooking										
D	Domestic work other than cooking (including fetching food & water)										
E	Eating and drinking										
F	**Feeding Under 5 children**										
G	**Non-feeding care for Under 5 children**										
H	Taking (& bringing back) children to Anganwadi										
I	Care for adults/elderly										
J	Work as employed										
K	Own business or other work for income										
L1	Farming / Livestock / Fishing										
L2	Working at/for Kitchen garden										
L3	shopping / getting services/banking										
L4	Health visits/checkups										
M	Weaving, sewing etc for income										
N	Travelling and Commuting e.g.: for markets/relatives/temple etc										
P	Watching TV / Listening to Radio /reading										
Q	Social activities &hobbies										
R	Religious activities										
S	Skill development/training/self help group activities etc										

Section F: Time allocation for mothers in children under 5 years (LAST 24 HRS) for the SECOND mother if there are 2 mothers with children < 5 years in the HH

Please record time spent in each of the following activities by the mother in the last complete 24 hours (starting yesterday morning at 5 am, finishing 5 am of the current day).

(F1: Mother ID= _____)

		Time spent in hours / minutes in each of the following period								Total time spent	
	Activity	**Morning (5 am till 12 noon)**		**After noon (12 noon till 5 pm)**		**Evening (5 pm till 8 pm)**		**Night (8 pm till 5 am)**			
		Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes	Hours	Minutes
A	**Sleeping and resting (Total time)**	----------		----------		----------		----------			
B	Personal care										
C	Cooking										
D	Domestic work other than cooking (including fetching food & water)										
E	Eating and drinking										
F	**Feeding Under 5 children**										
G	**Non-feeding care for Under 5 children**										
H	Taking (& bringing back) children to Anganwadi										
I	Care for adults/elderly										
J	Work as employed										
K	Own business or other work for income										
L1	Farming / Livestock / Fishing										
L2	Working at/for Kitchen garden										
L3	shopping / getting services/banking										
L4	Health visits/checkups										
M	Weaving, sewing etc for income										
N	Travelling and Commuting e.g.: for markets/relatives/temple etc										
P	Watching TV / Listening to Radio /reading										
Q	Social activities &hobbies										
R	Religious activities										
S	Skill development/training/self help group activities etc										

Extra sheet for rough work