CHILD HEALTH & NUTRITION (AGE GROUP: 0 TO 3 YEARS)

- **Please fill in this sheet for only one child. If there is more than one child, use the next sheet.**
- **Please ask if the child is below three or above three and only include children below or UPTO 3.**
- **Ask Mother of child - others can help to answer as well**
- **Please tick ✓ the relevant boxes.**

Name of the child	Sex	Age in month	Date of Birth	Tick if D.o.B. is from immunisation card or birth certificate	
Name of mother				Tick here if D.o.B. is from the mother only	

- **Try to obtain an official record for Date of Birth information. Only if it is not available, ask the mother.**
- **Please note that it is extremely important to get the date of birth of the child noted accurately.**
- In case there is no birth certificate or immunization card and the mother does not remember, you may need to **prompt her with various clues about seasons, festivals, parts of the month etc**, to get as near accurate estimate of date of birth as possible.

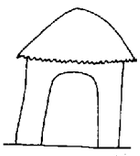
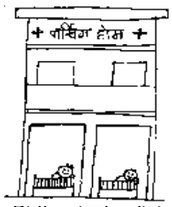
MOTHERS AND CHECKUPS

1. Mothers and check ups

Did mother have iron tablets when she was pregnant (Show sample iron tablets)	At least one check up while pregnant	At least one check up after delivery
Yes ☐ No ☐ Dont know ☐	Yes ☐ No ☐ Dont know ☐	Yes ☐ No ☐ Dont know ☐

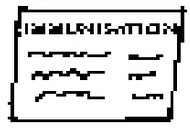
PLACE OF BIRTH

2. Place of Birth

Birth at home	Birth in govt clinic or hospital	Birth private clinic or hospital	Don't know
			
☐	☐	☐	☐

WEIGHT

3. Weight of child

Weight of mother in kg	Weight of child and mother together in kg	Could not weigh	Weight of child at birth (from immunisation card)
☐ KG	☐ KG	☐	 ☐ KG NA ☐

See instructions on using the weighing machine overleaf.

NA standsfor "Not Available".

BREAST FEEDING

4. Breast feeding

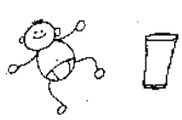
Was first breast milk (yellow) given to child on day of birth	Yes ☐	No ☐
Child breast fed the day of birth	Yes ☐	No ☐
Child breast fed next day	Yes ☐	No ☐
Child breast fed after two days	Yes ☐	No ☐
Don't know	☐	

Instructions on Breastfeeding questions

- **Ask breast feeding questions through the female volunteer or the village girl volunteer.**
- Ask if the mother remembers whether she gave mother's milk in the first hour of birth of the child when the milk is yellow in colour or she squeezed it and threw away.
- In complementary feeding, mashed food could include mashed fruits, vegetables, dalia, dal water, khichdi etc.

COMPLEMENTARY FEEDING

5. Complementary feeding

Which month did you first give water?	Which month did you give other milk?	Which month did you give your child mashed food?
		
☐ month	☐ month	☐ month
(Write 1st, 2nd...6th, etc.)	(Write 1st, 2nd...6th, etc.)	(Write 1st, 2nd...6th, etc.)

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ILLNESS

6. Diarrohea

Did your child have diarrahea in the last one month?

Yes ☐ No ☐ Dont know ☐

If yes, did you give the child ORS?

Yes ☐ No ☐ Dont know ☐

MEDICAL VISIT

9. What is the frequency of a healthworker visit? (Reference period: last one month)

Last month, has a health worker visited for polio?

Yes ☐ No ☐

Has mother or child seen a health worker in anganwadi or health centre for polio in the last one month?

Yes ☐ No ☐

Has a health worker visited for matters other than polio in the last one month?

Yes ☐ No ☐

Last month, has mother or child seen health worker in anganwadi or health centre for matters other than polio?

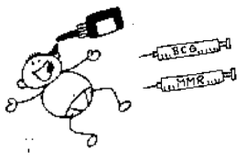
Yes ☐ No ☐

IMMUNIZATION

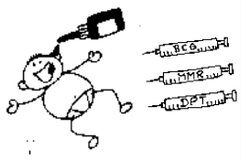
4. Immunization record from card (See chart below)

No immunization given ☐

Only polio drops ☐



Polio drops and other immunization given partially ☐



Complete immunization as per age as shown in card ☐

Don't know ☐

5. Immunization record from mother

No immunization given ☐	Only polio drops ☐	Polio drops and other immunization ☐	Complete immunization as per age ☐	Don't know ☐

Instructions for the question on immunization

- Ask for the Immunization Card and check to see if all the shots had been given as per the current age of the child, using the immunisation chart below.
- In case the Immunization Card is not available, then prompt the mother to know how many shots had been given – see the immunization reference sheet to ask specific questions, in relation to the child's age.
- If only polio drops can be recalled by mother, then mark only polio.
- If all shots have not been given, but some, then mark partial immunization.

Infant and Child Immunization Chart

	6 Antigens schedule	DPT	BCG	Polio	Measles	Vitamins
1	On birth		BCG 1	Zero Polio		
2	1 and a half months	DPT 1	BCG 2	Polio 1		
3	2 and a half months	DPT 2		Polio 2		
4	3 and a half months	DPT 3		Polio 3		
5	9 and a half months				Measles	Vitamins A
6	16-24 months	DPT booster		Polio booster		Vitamins A2 and 3

Instructions on using the weighing machine

- Pass your hand firmly across the window of the weighing machine. Wait for it to show 0.0.
- Then request the mother to stand on top of the machine. Wait for a few seconds. Then note the weight shown below to the nearest first decimal.
- Then ask her to get off, wait for the indicator to show 0.0 and then request the mother to hold her child and stand on top of the machine. Note the total weight of mother and child on to the survey sheet. Please note the full weight.
- If the weighing machine shows "Err", then request the lady to get off the scale, wait for a few seconds until 0.0 shows again.
- Remember that it takes a few seconds after the lady stands on the scale for the weight to show.
- If a mother refuses to have her weight taken, then mark 'Could Not Weigh'.

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