

# *Annexure*

## Interview Schedule

1. Personal Information :

1.1. Name of Mother:

1.2. Age of Mother: (Tick the appropriate)

Up to 20 years	
21 – 25 years	
26 – 30 years	
31 – 35 years	
36 – 40 years	
41 – 45 years	
46 – 50 years	
51 years and above	

1.3. Religion: Hindu / Muslim / Christian (Write the appropriate)

.....

1.4. Caste            Brahmin / Kashyatria / Vaidya / Sudra / Others  
                          Shia / Sunni / Any others  
                          Catholic / Protestant / Any others  
                          (Write the appropriate) .....

1.5. Literacy of the respondent: (Tick the appropriate)

Literate	
Literate but no formal education	
Primary	
Middle school	
Up to Madhyamik	
Madhyamik	
Higher Secondary	
Graduate	
Post graduate and above	

1.6. Respondents main occupation: (Tick the appropriate)

Housewife	
Domestic Helper	
Traditional Service (Dhobi, Tailor)	
Labour	
Business	
Service	
Any other	

2. Socio Economic Aspect :

2.1. How many members are there including children and infants ?

Adult	
Children & infants	

2.2. Total monthly income of the family? (Tick the appropriate)

Below Rs 1000	
Rs 1000 - 2000	
Rs 2001 - 3000	
Rs 3001 - 4000	
Rs 4001 - 5000	
Rs 5001 - 6000	
Rs 6001 - 7000	
Rs 7001 - 8000	
Rs 8001 - 9000	
Rs 9001 - 10000	
Rs 10000 and above	

2.3. What is the major source of house hold income?

.....  
.....

2.4. Annual house hold expenditure on:

Total	
Food	
Cloth / Footwear	
Toiletries	
Education	
Medical	
Transport / Communication	
House rent / Electricity	
Others	

2.5. Type construction of the dwelling: (Tick the appropriate)

Tin / Tiles with Pucca	
Kucha with tin / tiles	
Semi Pucca	
Pucca	

2.6. Does house hold own the following assets? (Tick the appropriate)

Television	
Radio	
Refrigerator	
Clock / Watch	
Sewing Machine	
Bicycle	
Motor cycle / Scooter	

3. Beneficiary Child

3.1. How did you come to know about the existence of AWC in your locality?  
..... (friend / neighbor / AWW / doctors / family members / others)

3.2. Motivated you to send children to AWC?  
.....

3.3. At what age the children registered at AWC?

..... (dd/mm/yyyy)

3.4. Why do you send your child to AWC?

.....  
.....  
.....

3.5. How far the AWC from your home?

..... (In meters).

3.6. For how many hours your child stay at AWC (2 hr / 3 hr / 6 hr / 5 hr)

.....

3.7. What are the services provided your child at the center?

.....  
.....

4. Pre-School Education

4.1. Is there any education given to the child to AWC?

Yes	
No	

4.2. If yes, are you aware of the different learning aid that are used?

Yes	
No	

4.3. Has there been any impact of education given to your child at AWC?

..... (Yes / No, if yes please mention)

4.4. Do you attend mother's day meeting organised by AWC?

Yes, regularly	
Yes, sometimes	
No	

4.5. What was discussed during last mother's day meeting?

.....  
.....

4.6. After attending the last mother's day meeting what steps did you take at home?

.....  
.....

5. Supplementary Nutrition

5.1. Do you know about supplementary nutrition which is given to your child at AWC?

Yes	
No	

If yes, what is given and how much?

.....  
.....

5.2. What is the opinion regarding the food distribution at the center?

.....  
.....

5.3. Do you think the distributed food is beneficial for the growth of children?

5.4. For how many days during last month food was received by your children from AWC?

..... days / cannot say.

5.5. How is the quality of food received from AWC?

Very good	
Good	
Average	
Poor	

5.6. Do you have any suggestion to improve the quality of food at the center?  
 .....  
 .....

6. Immunization / Health Checkup

6.1. Is the health checkup of your child is done at AWC?

..... (Yes / No)

If yes, by whom? .....

How frequently? ..... (7 days / 15 days / 21 days / 30 days)

6.2. Have you observed the growth card of your child to AWC?

..... (Yes always / No / growth card never shown / NA)

6.3. Do you know that there is a supply of common machine?

..... (Yes/No)

6.4. Has your child ever been referred to any specialist?

..... (Yes/No)

If yes, to whom? .....

And what for? .....

6.5. Has the immunization of your going to AWC been done? ... (Yes/No)

If yes, which immunization has received? .....

(BCG/Polio/DTP/1, 2, 3/Any other)

If not why was not immunized?

Centre is too far	
Ignorance	
Weakness of the child	
Regular absenteeism	
Any other reason, state	

6.6. Do you know, what kind of immunization which a child should receive within 6 months of birth ..... (Yes / No)

6.7. Have you heard of Vitamins a syrup / drop?  
..... (Yes/No)

If yes, do you know the functions of vitamins a syrup / drop?  
.....

6.8. What type of food stuff should be taken for prevention of burning eyes and even blindness? .....

6.9. If a child suffers from Diarrhea then in addition to medicine what is the most important thing is to be given to a child?  
.....  
.....

## 7. Best Feeding

7.1. Are you aware that mother's milk is the best for child? .....  
(Yes/No)

If yes, why? .....

7.2. How many times a day should an infant be breast during first 4 months?  
.....

7.3. Did you continue to breast feed your child even

You are ill ..... (Yes / No)

Child was ill ..... (Yes / No)

7.4. How old was your child when you started giving additional food?

Supplementary nutrition ..... (age in months)

Semi solid food ..... (age in months)

Solid food ..... (age in months)

## 8. Pre natal & Post natal Care

8.1. On your opinion, does a pregnant women need extra amount of food?  
..... (yes/no).

If yes, why? .....

8.2. If yes, could you name the food stuff that a woman should have more of during her pregnancy? .....

.....  
.....

8.3. What special care did you take for yourself and your diet during last pregnancy?

.....  
.....  
.....

8.4. In your opinion does a nursing / lactating mother need extra amount of food?

..... (yes / no)

8.5. If yes, why does a nursing / lactating mother need extra amount of food?

.....  
.....

8.6. Were you advised by AWW to take care of your diet? ..... (Yes/No)

8.7. Did AWW visited your home after last delivery? ..... (Yes/No)

9. Function of AWC

9.1. Does your AWC open regularly? ..... (Yes/No)

9.2. What are the services provided at your AWC?

9.3. Are you kept informed immunization days/schedule/activities? .....  
(Yes/No)

9.4. Has the AWW ever visited your house for any type of counseling?  
.....(Yes/No)

10. Assessment

10.1. What is your overall assessment of impact of AWC on your child?

Good/Little/not much .....

If there is no impact, why? .....

What are the draw backs of the system?

.....  
.....

10.2. What should be done to ensure that there is reasonably expected impact of the AWC on children?

.....  
.....

10.3. What is your suggestion to make your AWC more effective?

.....  
.....

10.4. Have you heard of any new program that is being implemented or going to be implemented in your area?

If so, what program?

- a) ICDS towards gender quality
- b) ICDS towards community improvement through advocacy and social mobilization.
- c) ICDS is for government & NGO partnership in action
- d) Communication strategy for child development
- e) Making child's right a reality
- f) ICDS promotes community participation
- g) ICDS moves towards self reliance

10.5. What suggestion would you like to given to improve the function of AWC including the delivery of services?

.....  
.....

