

APPENDIX V

BENEFICIARY SCHEDULE

CODE NO:

CENTRE :

Name of respondent :

Name of the head of the household :

Caste :

Total income of household / month

Number of family members

Beneficiary characteristics (Women and children)

DATE :

VILLAGE:

No.	Name	Sex	Age	Educa- tion	Occupation	Current beneficiary Status/P/L	Duration P/L Mths
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II. BENEFICIARY NUMBER :

1. Do you get the supplement?
2. If yes, where do you get it?
3. How are the iron tablets given to you?
  - a) In hand
  - b) In polyethene
  - c) In piece of paper
  - d) Others
4. Since how long are you getting the supplement?
5. How much of the supplement is given to you at one time?
6. At what interval is the supplement distributed?
7. When was the last offtake given?
8. How much quantity was given?
9. How much is left with you?
10. Show the supplement if left with you.
11. Did the multipurpose worker tell you anything when she gave you the supplement? If yes, can you describe?
12. How much of the supplement do you consume everyday?
13. Did the MPW check about the consumption of supplement?
14. Where did the MPW check about the consumption?
15. What did the MPW do?
  - a) Checked the quantity of the supplement left with you at your house
  - b) Asked about regular intake.
  - c) Asked about the dosage you are taking everyday
  - d) Asked about the side effects
  - e) Others
16. Do you think the supplement has any beneficial effects?
17. Have you experienced any side effects?
18. What did you do when you experienced side effects?
19. Did you discontinue the supplement after taking one or more offtakes? If yes, why?
22. When you were offered the supplement, did you refuse to take it? If yes, why?