

**ANNEXURE 15**  
**DEPARTMENT OF FOODS AND NUTRITION, THE M.S. UNIVERSITY OF BARODA**

**Interview Schedule for the Mother of the Infant: ICDS services**  
**(Post NHEC Intervention)**

- |                              |                          |
|------------------------------|--------------------------|
| i) ID. No.:                  | Date of interview:       |
| ii) Name of village:         | Time of interview:       |
| iii) Name of the respondent: | Name of the interviewer: |

**1 GROWTH MONITORING**

- 1.1) Why does the AWW weigh the child? (probe for the benefits of monthly weighing)
- 1.2) What information does the AWW give you regarding your <child's> weight at the time of GM?
- 1.3) Have you seen the growth of your <child>?(show the card)
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- 1.4) Does she give any information from the growth chart regarding how to increase the weight of your <child>?
- |       |   |
|-------|---|
| 1 yes | 1 |
| 2 no  | 2 |
- Remarks:
- 1.5) Any difficulty faced in utilizing the service?

**2 SUPPLEMENTARY FEEDING**

- 2.1) How does the ICDS beneficiaries benefit from SF?
- 2.2) What is the quantity of supplementary food given to your child? \_\_\_\_\_
- 2.3) Where does your child eat his/her snack?
- |                |   |
|----------------|---|
| 1 at anganwadi | 1 |
| 2 at home      | 2 |
- 2.3.1) If at anganwadi,
- |                       |   |
|-----------------------|---|
| 1 whole snack         | 1 |
| 2 half of the snack   | 2 |
| 3 < half of the snack | 3 |
- 2.3.2) If child bring leftover food home who finishes it?
- |                            |   |
|----------------------------|---|
| 1 child himself/herself    | 1 |
| 2 Sibling shares the snack | 2 |
| 3 mother shares the snack  | 3 |

2.4)	Does your child like SF?	
1	yes	1
2	no	2
2.5)	Is there any change in your child's health due to FS?	
1	yes	1
2	no	2
2.6)	Are you aware of the <i>rab</i> supplementation program going on in the AWC once every week?	
1	yes	1
2	no	2
2.7)	If child is less than 12 months old, do you take your child once every week to the AWC for feeding <i>rab</i> ?	
1	yes	1
2	no	2
2.8)	Has the anganwadi worker taught you how to make <i>rab</i> at home?	
1	yes	1
2	no	2
2.9)	Does she encourage you to feed your child <i>rab</i> everyday at home?	
1	yes	1
2	no	2

### 3 NUTRITION HEALTH EDUCATION

3.1)	Are you aware of the NHE given in the anganwadi	
1	yes	1
2	no	2
3.2)	What are the activities conducted?	
3.3)	Who conducts them?	
3.4)	What were the topics taught under NHE in the last month?	
3.5)	What benefits do you get from this service?	
3.6)	Is there any difference in your child's health due to this service?	
1	yes	1
2	no	2
3.7)	Do you experience any difficulty in understanding the messages given in the NHE?	