

Appendix IV

UTILIZATION OF SERVICES

Immunization :

1 Have you been immunized with tetanus toxoid prior to enrollment? :

 1) Yes :

 2) No :

2 At what gestational age did you get T.T.? :

 Age of 1st T.T.: :

 Age of 2nd T.T.: :

 Age of 3rd T.T.: :

Iron Supplementation :

3 Have you received Iron-folic acid supplementation prior to enrollment? :

 Yes / No :

 If Yes, :

 Total no. of tablets received _____ :

 Duration over which received _____ :

 Number of tablets consumed _____ :

Antenatal check-up :

4 Have you had a health check-up during this pregnancy prior to enrollment? :

 1) Yes :

 2) No :

5 If Yes, when did you make the first visit? :

6 How many visits have you made between 20 w :
 20-24 w :
 24-28 w :
 28-32 w :
 32-36 w :

Supplementary food :

7 Supplementary feeding: :

 Do you receive food at the anganwadi? :

 1) Yes :

 2) No :

8 When did you first start receiving food from anganwadi during pregnancy? :

9 How many days did you receive? 20 w :
 20-24 w :
 24-28 w :
 28-32 w :
 32-36 w :
