

Appendix 'A'

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Base-line Survey of Socio-economic Status : Health and
Nutrition of 0-5 year Old Children from a Slum Community.

Interview No.

Date :

Time :

A. Identification And Socio-Cultural Data :

Name of HOH :

Name of LOH :

Postal Address :

Religion :

Caste :

Mother tongue :

Native Place :

Year of Migration :

Year of stay at
Present address.

B. Family Information :

| Sr. No. | Name of Family Member | Relation-ship to HOH | Age & Date of Birth & Immu status in the case of 0-5 | Educa tion | Occu pation | Monthly Income | Special* health condition if any (write). |
|---------|-----------------------|----------------------|--|------------|-------------|----------------|---|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |

*Pregnancy, Nursing mother, handicapped child, chronically ill person (Name disease).

C. Compute and Record :

Number of family members
in the dwelling unit. :

Total Family Monthly
Income :

Per Capita Monthly Income :

No. of 0-5 year olds :

15 to 44 years old women : Pregnant/Lactating/No special
condition.

D. Economic Condition :

(a) Indebtedness : Yes/No

If yes, Amount :
source :

Rate of interest :

Period of repayment :

Instalments, if any :

(b) Savings : Yes/No

If yes, how much per
month? : _____

Investment in cash amount, from interest earned etc.

(c) Assets :

| | |
|-------------------------------------|-----------------------|
| i) House | vi) Furniture items |
| ii) Cattle | vii) Radio/Transistor |
| iii) Land | viii) Tape recorder |
| iv) Cycle | i) T.V.Set. |
| v) Rickshaw or any other vehicle | x) Any other |

E. Housing & Environment*

* Data to be collected by observation & secondary methods

| | | |
|------|-------------------------|--------------------|
| Area | : Less than 250 Sq. Ft. | Rented/Owned |
| | - 250 + to 500 Sq.Ft. | Kutcha/Semi Pucca/ |
| | - 500 to 750 Sq. Ft. | Pucca |

Public utilities available :

| | | |
|-----------------------------|----|--------------------------|
| Drinking water | - | distance from house |
| Electricity in the dwelling | -- | Yes/No |
| Latrine | - | Yes/No/Public |
| Drainage | - | Yes/No |
| Ventilation | - | Poor/Good |
| Surrounding environment | - | Poor/Good |
| Garbage disposal | - | Available/Not available. |

F. Health and Nutrition Data Pertaining to the Family as a whole.

a) Normal meal pattern

| | |
|-----------------------|----------------------|
| <u>Meal with time</u> | <u>Item (Common)</u> |
|-----------------------|----------------------|

b) Actual food taken in the past 48 to 72 hours.

| Day & Time | Meal | Items | Ingred | Quantity in Gms and Calories. |
|------------|------|-------|--------|----------------------------------|
|------------|------|-------|--------|----------------------------------|

c) Daily consumption of the following :

- i) Milk _____ Gms.
- ii) Rice _____ Cups. (Standard cup size to be
shown to respondent.)
- iii) Vegetables _____ Gms.
- iv) Atta _____ Cups.
State type : Jowar
Bajra
Chana mixed
Soya mixed
Wheat
Any other
- v) Pulses _____ Cups.
- vi) Fruit : _____

d) Monthly consumption of the following :

- i) Sugar _____ Kg.
- ii) Cooking Oil _____ Kg.
- iii) Fuel _____ Ltr.
- iv) Rice _____ Kg.
- v) Pulses _____ Kg.
- vi) Atta _____ Kg.
- vii) Non-Veg. item _____
- viii) Eggs _____

e) Did any family member suffer any serious illness in the past 5 years ?

| Sr. No. | Name | Age | Disease | Whether/Died/ Disabled/ Cured? | Remarks Trt. Continues or not? |
|---------|------|-----|---------|--------------------------------|--------------------------------|
| 1 | 2 | 4 | 4 | 5 | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

f) Normal pattern of Health Service Sought :-

Normally, whenever there is anyone sick in the family do you visit :-

- i) Bhuva
- ii) Allopath (Private Practitioner)
- iii) Allopath (Free Govt/BMC Service ESI/EGHS)
- iv) Homeopath
- v) Ayurvedic doctor
- vi) Any other

Instruction : Ask for any old prescription note.

- (g) How much approx per month do you spend in medicines

- (h) Do you spend for curative service alone ? Yes/No

if no, then on what other tonics (promotional)

do you spend ? _____

How much _____

- i) Family Planning :

Have you adopted Family Planning ? Yes/No

Measures : Temporary Permanent

1.

2.

3.

- (j) Child Mortality (0 to 5 year olds)

No. of children in the family :

Male Female

In the beginning :

At present :

Age at death :

Reason for death :

Year of death :

- (k) No of children born at home _____
 No of children born at hospital _____
- (l) Whether supplementary foods are given to infants and pre-schoolers ?

| Stage | Food given | Age at which started (Weaning Age) | Reasons for given |
|-------|------------|------------------------------------|-------------------|
|-------|------------|------------------------------------|-------------------|

Infant
 (0-1)

1.

2.

3.

Pre-schooler
 (1-5)

1.

2.

3.

(m) In the case of pregnant mothers

1. Order of preganancy-

2. Source of ante-natal care

1. Nil

2. Trained dai

3. Untrained dai

4. Hospital (Govt)

5. Dispensary (Govt)

6. Qualified private practitioner

7. Unqualified private practitioner

8. Relative/neighbours

9. Any other

(n) Whether takes any folic tablets at present or had taken earlier during pregnancy. Yes/No

(o) Tetanus Toxoid.

1. Not taken
2. Received one dose
3. Received two doses

(p) How often do you visit ante natal clinic ? _____

(q) Post-natal Care

1. After delivery, did you seek medical care for your self and the infant ? Yes/No

If yes, when and for what ?

If no, why ? _____

2. In case of hospital delivery, were you advised about any of the following by doctors ?

(i) Giving Collostrum to the infant Yes/No

If yes, did you do it ? _____

(ii) Nutritious diet for health of Mother and Infant ?

Yes / No

If yes, did you follow the advice ?

(iii) Spacing and family planning ? Yes/ No

If yes, did you heed the advice ?

G. Bailey's Test for Motor & Mental Development of Children between 0-30 months (to detect hidden disability)

1st Month

- a. Limb thrust in play
- b. Lateral head movements
- c. Stares for a while

2nd Month

- a. Responses to rattling sound
- b. Follows movement around
- c. Observes surrounding by moving head and eyes

3rd Month

- a. Horizontal eye co-ordination : Red ring
- b. Responds to voice
- c. Lifts head at the shoulder

4th Month

- a. Holds head steady
- b. Recognises mother
- c. Dorsal suspension lifts head

5th Month

- a. Tries to grasp moving objects
- b. Develops hand grip
- c. Sits for a while with support

6th Month

- a. Rolls from back to stomach
- b. Follows sound
- c. Likes to play with paper

7th Month

- a. Notices presence of unknown persons, reacts by crying or becoming quite.
- b. Pulls to sitting position

8th Month

- a. Likes to throw things
- b. Sits without support for a while

9th Month

- a. Sits already and looks around
- b. Can hold things in both hands
- c. Playful response to mirror
- d. Pulls to standing position

10th Month

- a. Pulls string : Secures ring
- b. Likes frolic play
- c. Makes crawling movement

11th Month

- a. Rings bell purposefully
- b. Scoops pellet
- c. Sits along good coordination
- d. Stands up by furniture

12th Month

- a. Can identify objects
- b. Says dada or equivalent

12th to 15th Month

- a. Walks with support
- b. Claps hands
- c. Responds to negative commands
- d. Turns pages of book

15th to 18th Month

- a. Stands without support
- b. Speaks monosyllable words
- c. Attempts to scribble
- d. Can throw a ball
- e. Can stand on his own
- f. Walks without support
- g. Uses gestures to make wants known

18th to 24 Month

- a. Shows shoes, other clothing or own toy
- b. Uses expressive Jargon
- c. Can ascend and descend stairs with help
- d. Expresses needs by speaking

24th to 30th Month

- a. Speaks sentences of two-three words
- b. Names two-three objects
- c. Can ascend and descend stairs without support
- d. Stands on one foot for a while