



मौलाना आजाद मेडिकल कॉलेज  
तथा सधित लोकनायक  
गोविन्द बल्लभ पन्त चिकित्सालय एवं  
गुरू नानक नेत्र केन्द्र, नई दिल्ली-110 002  
**MAULANA AZAD MEDICAL COLLEGE**  
and Associated Lok Nayak  
Govind Ballabh Pant Hospitals and  
Guru Nanak Eye Centre, New Delhi-110 002

23<sup>rd</sup> September 2015

Dr. Prema ramachandran  
Director  
Nutrition Foundation of India  
New Delhi

Research Proposal: **Calcium & Vitamin D Supplementation During Pregnancy**

Dear Dr. Ramachandran,

The Institutional Ethics Committee of Nutrition Foundation of India carefully considered the above mentioned research proposal in its meeting held on 30.5.2015. On behalf of the committee I wish to inform you that approval of the institutional Ethics Committee has been accorded to the above study subject to the following observations:

1. To incorporate the suggestions for study design/methods as recorded in the Minutes of Meeting of IEC on 30.5.2015
2. Modification of Hindi consent form as suggested

The IEC members present at the meeting were:

Dr. S Ramji  
Dr. Reva Tripathy  
Dr. D Dewan  
Dr. Sushma Sharma  
Mr. J S Sharma  
Dr. Sarath Gopalan  
Dr. Prema Ramachandran

Yours sincerely

  
Siddarth Ramji

Chairperson, NFI Institutional Ethics Committee  
Director-Professor, Deptt. of Paediatrics and Neonatology  
Maulana Azad Medical College, New Delhi

### STUDY INFORMATION SHEET

**Title of the Study:** Calcium and Vitamin D Supplementation during Pregnancy

**Investigator:** Amrita Pramanik under the guidance of Dr Prema Ramachandran (Director, NFI)

**What is the purpose of the study?**

Many studies in India have shown that vitamin D deficiency in many parts of India in pregnant women, infants and children. In view of the known adverse effects of vitamin D deficiency in pregnancy on mother-infant dyad, Delhi Government has initiated calcium and vitamin D supplementation in pregnant women attending antenatal clinic but often there is a change the brand of these supplements and sometimes there is a shortage of these supplements. In the present study we will provide one brand of Calcium and Vitamin D supplements regularly without interruption and record the regularity of supplement intake and also the course and outcome of pregnancy.

**What does this study involve?**

The study group will be provided with calcium and vitamin D supplementation by NFI; NFI will monitor regularity of supplement intake and followed up all women till delivery to document course and outcome of pregnancy. Data on regularity of supplement intake and course and outcome of pregnancy will be collected as and when they come to the antenatal clinic. There is no invasive procedure or risk associated with the study.

**Possible benefits:**

Calcium and vitamin D supplementation will be beneficial for the pregnant women who are deficient. Regular antenatal follow up will enable the health team to detect any problem during pregnancy and provide appropriate care.

**Possible risks:**

None.

**Cost to the participants:**

There is no cost to the participants. The supplement will be provided free of cost. Women have to collect the supplements when they come to the antenatal clinic for checkup.

**Compensation:**

No compensation will be given. Calcium and vitamin D supplements will be given free of cost till delivery.

**Confidentiality of the information:**

Confidentiality regarding the privacy of the information will be maintained. Individual identity will not be disclosed.

**How will your decision 'Not to participate' in the study affect the care that you receive?**

Your decision not to participate in this research study will not affect your relationship with the health and nutrition services. You will continue to have access to all the services provided by the 'Centre'.

**Contact persons:**

For further information/ questions, you can contact any one of us at the following address:

Dr. Prema Ramachandran  
Director, Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 26965410/26857814/26962615/9891485605

Amrita Pramanik  
Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 09432183902

MsAnshu Sharma  
Nutrition Foundation of India,  
C 13 Qutab Institutional Area,  
New Delhi 110016  
Ph: 26857814/9810117301

**Consent Form**

**Title of the Study:** Calcium and Vitamin D Supplementation during Pregnancy

**Investigator:** Amrita Pramanik under the guidance of DrPrema Ramachandran (Director, NFI)

I....., wife of.....a resident of.....

.....have been provided the study information sheet and have read the information in it/ have had the study information sheet read out to me. I am over 18 years of age, and exercising my free power of choice, hereby willing to give my consent to be included in the study and further certify that:

- (1) I have fully understood the information provided about the study.
- (2) I have been informed that there are no known risks associated with this study
- (3) I am aware of the fact that I can opt out of the study and this will not affect my access to services in the hospital.
- (4) I have been provided information about individuals whom I can contact to seek clarification.
- (5) I have been told that my identity will be kept confidential if the data are presented or published.

Name and Signature/ Thumb Impression

.....(Name).....(Signature)

Date:..... Time:.....

**Witness**

I certify that the nature, purpose and potential benefits of the above study have been read out and explained to participant.....(vernacular) and all her queries have been satisfactorily answered.

Name and Signature of witness:

.....(Name).....(Signature)

Date:..... Time:.....

Address of the witness :

.....  
.....

### अध्ययन सूचना पत्र

**अध्ययन का शीर्षक-** गर्भावस्था में कैल्सियम और विटामिन 'डी' की पूरकता का प्रभाव ।

**जांचकर्ता** - डॉ. प्रेमा रामाचंद्रन ( निर्देशक: एन. एफ. आई. )

#### **अध्ययन का उद्देश्य**

भारत में हुए काफी अध्ययनों से यह पता लगा है कि गर्भवती महिलाओं व बच्चों में विटामिन 'डी' की कमी है । गर्भावस्था में हुई विटामिन 'डी' की कमी का प्रभाव बच्चों में देखते हुए दिल्ली सरकार ने कैल्सियम और विटामिन 'डी' की गोलियाँ देना शुरू कर दिया है । सरकारी अस्पताल में कैल्सियम और विटामिन 'डी' की गोलियों के ब्रांड में बदलाव होते रहते हैं, और जिनकी वज़ह से महिलाओं में विटामिन 'डी' व कैल्सियम की कमी पूरी नहीं हो पाती तथा गर्भवती महिलाओं को नियमित रूप से गोलियाँ भी नहीं मिल पाती । इस अध्ययन से हम उन्हें एक ही ब्रांड की कैल्सियम और विटामिन 'डी' की गोलियाँ देंगे तथा उनकी नियमितता को बनाएँ रखेंगे । प्रसव के बाद बच्चे की जन्म तिथि तथा वजन को भी दर्ज किया जायेगा ।

#### **अध्ययन में क्या शामिल है?**

कैल्सियम और विटामिन 'डी' की गोलियाँ एन. एफ. आई. द्वारा दिए जाएँगे तथा उनकी नियमितता पर पूरा ध्यान रखा जाएगा । गर्भवती महिलाएँ जब कभी भी अस्पताल आयेंगी उन्हें गोलियाँ दी जाएँगी । इस अध्ययन में किसी को भी किसी भी प्रकार का कोई खतरा नहीं है ।

#### **संभव लाभ**

कैल्सियम और विटामिन 'डी' की गोलियाँ गर्भवती महिलाओं के लिए लाभदायक है ।

#### **संभव नुकसान**

कोई नहीं ।

#### **भाग लेने के लिए लागत (खर्च)**

इस अध्ययन में भाग लेने के लिए कोई कीमत नहीं है। महिलाएं अस्पताल मासिक जाँच कराने आयेगी तथा गोलियाँ दी जाएगी जो उन्हें पूरे प्रसव तक खानी होगी ।

#### **मुआवजा**

कोई भी मुआवजा नहीं दिया जाएगा ।

#### **गोपनीयता**

आपके परिवार से ली गई व्यक्तिगत जानकारी को गुप्त रखा जायेगा ।

### अध्ययन में शामिल न होने का आपके परिवार पर प्रभाव

अगर आप इस अध्ययन में शामिल नहीं होना चाहते तो इससे आपके परिवार के इलाज़ और स्वास्थ्य सेवाओं में कोई कमी नहीं आयगी। आपकी परिवार के सारी सेवाएँ जो आप पहले से ले रहे हैं, जिनके आप हकदार हैं लेना जारी रखेंगे। आप अध्ययन में शामिल होने के बाद निकलने का निर्णय कभी भी ले सकते हैं। इस अध्ययन में भाग लेना पूरी तरह से आपकी मर्ज़ी है और आपको हक है कि किसी भी समय बिना कारण बताएँ इस अध्ययन से स्वयं को निकाल सकते हैं। मगर हमारी सलाह है कि आप निकलने से पहले अध्ययन के जांचकर्ताओं से बात कर ले और कारण बता दें।

### जांचकर्ताओं से सम्पर्क

अधिक जानकारी या प्रश्नों के लिए आप निम्नलिखित पते पर सम्पर्क कर सकते हैं -

डॉ. प्रेमा रामाचंद्रन ( निर्देशक )

न्यूट्रीशन फाउंडेशन ऑफ इंडिया,

सी. १३, कुतब इंस्टीट्यूशनल एरिया,

नई दिल्ली- ११००१६

दूरभाष न.- 9891485605, 01126965410

**मंजूरी फॉर्म**

**अध्ययन का शीर्षक-** गर्भावस्था में कैल्सियम और विटामिन 'डी' की पूरकता का प्रभाव ।

**जांचकर्ता** - डॉ. प्रेमा रामाचंद्रन ( निर्देशक: एन. एफ. आई )

मैं----- निवासी ----- अध्ययन सूचना पत्र को पढ़ लिया है अथवा मुझे ये सूचना पत्र पढ़कर सुना दिया गया है। मेरी उम्र १८ वर्ष से ज्यादा है और मैं बिना किसी प्रकार के दवाब में अपनी मर्जी से इस अध्ययन में भाग लेने की अनुमति देती/ देता हूँ और प्रमाणित करती/ करता हूँ।

1. मुझे इस अध्ययन के बारे में उपलब्ध कराई गयी जांचकारी पूरी तरह समझ में आ गयी है।
2. मुझे मेरे अधिकारों और जिम्मेदारियों को जांचकर्ता द्वारा समझा दिया गया है।
3. मुझे बता दिया गया है कि अध्ययन से क्या हानि और सभावित लाभ है।
4. मैं जांचकर्ता के साथ सहयोग के लिये सहमत हूँ।
5. मैं जानता हूँ कि किसी भी समय बिना कारण दिये मैं अपने को इस अध्ययन से निकाल सकता हूँ और इससे मेरे स्वास्थ्य सेवाओं में कोई कमी नहीं आयेगी।
6. मैं जांचकर्ता को अनुमति देता हूँ कि वो मेरे इस अध्ययन में शामिल होने से मिली जानकारी को स्पोसर अथवा गवर्नमेंट एजेंसी को दे सकते हैं।
7. इस अध्ययन द्वारा मिली सूचना को कहीं पेश किया जाएगा तो मेरी पहचान गुप्त रखी जाएगी ।
8. मुझे बता दिया गया है कि अध्ययन के विषय में कोई सवाल होने पर किससे संपर्क करना है । मुझे इस अध्ययन के सूचना पत्र और मंजूरी फार्म की कॉपी भी दे दी गयी है।

नाम \_\_\_\_\_

हस्ताक्षर \_\_\_\_\_

घर का पता:

तिथि:

समय



**GENERAL CONDITIONS**

Nutrition:                      Pulse:                      Heart:                      Lungs:                      Spleen:                      Liver:  
 Breasts:                      Teeth:                      Thyroid:                      Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduced loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

**Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_ ]**

**PREGNANCY OUTCOME** 1Abortion 2Delivery  If abortion, 1 Spontaneous 2 Induced

Gestation period (wks.)  Weight \_\_\_\_\_ BP \_\_\_\_\_

Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH  Abortion by: 1Doctor 2 Dai 3 Other

Delivery: Pain started at : Membrane ruptured: Mother's Condition: 1Healthy 2 Ill

3 Died  If died, cause of Death \_\_\_\_\_ Mode of delivery: 1 Normal 2 Breech 3 Forceps

4 Vacuum 5 Operative (CS)  Place: 1MCH 2 Other  Specify \_\_\_\_\_ Conducted by: 1 ANM

2 Doctor 3 Specialist 4 Other  Complications During delivery: 1No 2Yes  Specify \_\_\_\_\_

Post-Partum: 1No 2 Yes  Specify \_\_\_\_\_ Condition of Perenium: Uterus : Bleeding :

**BABY DETAILS :** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_

Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth  Breast feeding: 1No 2 Yes

Congenital malformations: 1No 2 Yes  Condition at birth: 1Good 2 Poor

**Postnatal visits to Clinic:**

1<sup>st</sup> Visit: \_\_\_\_\_

2<sup>nd</sup> Visit : \_\_\_\_\_

3<sup>rd</sup> Visit : \_\_\_\_\_

**Doctor's Remarks:**



**GENERAL CONDITIONS**

Nutrition:                      Pulse:                      Heart:                      Lungs:                      Spleen:                      Liver:  
 Breasts:                      Teeth:                      Thyroid:                      Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduc./ loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

**Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_ ]**

**PREGNANCY OUTCOME** 1Abortion 2Delivery  If abortion, 1 Spontaneous 2 Induced

Gestation period (wks.)  Weight \_\_\_\_\_ BP \_\_\_\_\_

Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH  Abortion by: 1Doctor 2 Dai 3 Other

**Delivery:** Pain started at :      Membrane ruptured:      Mother's Condition: 1Healthy 2 Ill  
 3 Died  If died, cause of Death \_\_\_\_\_      **Mode of delivery:** 1 Normal 2 Breech 3 Forceps  
 4 Vacuum 5 Operative (CS)  Place: 1MCH 2 Other  Specify \_\_\_\_\_      **Conducted by:** 1 ANM  
 2 Doctor 3 Specialist 4 Other  **Complications During delivery:** 1No 2Yes  Specify \_\_\_\_\_

**Post-Partum:** 1No 2 Yes  Specify \_\_\_\_\_      **Condition of Perinium:**      Uterus :      Bleeding :

**BABY DETAILS :** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_  
 Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth       **Breast feeding:** 1No 2 Yes

**Congenital malformations:** 1No 2 Yes       **Condition at birth:** 1Good 2 Poor

**Postnatal visits to Clinic:**  
 1<sup>st</sup> Visit: \_\_\_\_\_  
 2<sup>nd</sup> Visit : \_\_\_\_\_  
 3<sup>rd</sup> Visit : \_\_\_\_\_

**Doctor's Remarks:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**GENERAL CONDITIONS**

Nutrition:                      Pulse:                      Heart:                      Lungs:                      Spleen:                      Liver:  
 Breasts:                      Teeth:                      Thyroid:                      Other:

**PRESENT PREGNANCY**

Height (cms) : \_\_\_\_\_

Visit	I	II	III	IV	V
Date					
Symptoms (No:1, Yes:2)					
Weakness/ tiredness					
Occ. Nausea/ Vomiting					
Constipation					
Abdominal pain					
In last 15 days					
Fever					
Diarrhoea					
Respiratory infection					
Gestation period(Wks)					
Uterine size(Wks)					
Weight (kg)					
Fundal height (cm)					
Abdominal girth (cm)					
Position / Presentation					
FHS : 1 Normal 2 Slow					
3 Rapid					

Danger Signs					
Extreme Fatigue					
Persistent nausea/vomiting					
Severe abdominal Pain					
Excess white discharge					
Persistent Fever					
Bleeding pv					
Headache / blurred vision					
Reduced urinary output					
Jaundice					
Convulsions					
Reduc./ loss foetal move.					
Hb (gm/dl)					
BP (Systolic)					
BP (Diastolic)					
Urine Alb 1 No 2 Yes					
Urine Sugar 1 No 2 Yes					
IFA once daily					
IFA twice daily					
IM Therapy					
TT Injections					

**Details recorded within 24 hours of delivery [Delivery Date: \_\_\_\_\_ ]**

**PREGNANCY OUTCOME** 1Abortion 2Delivery  If abortion, 1 Spontaneous 2 Induced   
 Gestation period (wks.)  Weight \_\_\_\_\_ BP \_\_\_\_\_  
 Abortion at: 1Govt Hosp. 2 Private Hosp. 3 Home 4 MH  Abortion by: 1Doctor 2 Dai 3 Other   
**Delivery: Pain started at :**    **Membrane ruptured:**    **Mother's Condition:** 1Healthy 2 III  
 3 Died  If died, cause of Death \_\_\_\_\_    **Mode of delivery:** 1 Normal 2 Breech 3 Forceps  
 4 Vacuum 5 Operative (CS)  **Place:** 1MCH 2 Other  Specify \_\_\_\_\_    **Conducted by:** 1 ANM  
 2 Doctor 3 Specialist 4 Other  **Complications During delivery:** 1No 2Yes  Specify \_\_\_\_\_  
**Post-Partum:** 1No 2 Yes  Specify \_\_\_\_\_    **Condition of Perenium :**    **Uterus :**    **Bleeding :**  
**BABY DETAILS :** B.wt \_\_\_\_\_ Sex \_\_\_\_\_ MUAC \_\_\_\_\_ Subscapular skinfold \_\_\_\_\_  
 Triceps \_\_\_\_\_ Length \_\_\_\_\_ Status: 1 Live birth 2 Still birth  **Breast feeding:** 1No 2 Yes   
 Congenital malformations: 1No 2 Yes  **Condition at birth:** 1Good 2 Poor

**Postnatal visits to Clinic:**  
 1<sup>st</sup> Visit: \_\_\_\_\_  
 2<sup>nd</sup> Visit : \_\_\_\_\_  
 3<sup>rd</sup> Visit : \_\_\_\_\_

**Doctor's Remarks:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CALCIUM AND VITAMIN D SUPPLEMENTATION IN PREGNANT WOMEN (NFI)**

S. No. \_\_\_\_\_ Name: \_\_\_\_\_ Age: \_\_\_\_\_ Mob No: \_\_\_\_\_ Gravida: \_\_\_\_\_ Para: \_\_\_\_\_ Ht(cm): \_\_\_\_\_

Date	Initiation	3mth	6mth	Delivery details			
				Date	Gender	Weight	Type of Delivery
Wt (Kg)							
Gestational age (wks)							
Hb g/dL							

**Compliance with Calcium and Vitamin D supplements (1 tablet daily)**

No	Date	Weight (Kg)	BP (mmHg)	No. of tablets taken	No. of tablets remainin g	No. of tablets skipped	Morbidity due to infection in last 15 days			No. of tablets given now	Total no. of tablets available now
							Type(A)	Duration	Treatment(B)		
1 <sup>st</sup>											
2 <sup>nd</sup>											
3 <sup>rd</sup>											
4 <sup>th</sup>											
5 <sup>th</sup>											
6 <sup>th</sup>											
7 <sup>th</sup>											
8 <sup>th</sup>											
9 <sup>th</sup>											
10 <sup>th</sup>											
11 <sup>th</sup>											
12 <sup>th</sup>											

Key: A: 1. Diarrhoea 2. Dysentery 3. Fever 4. Respiratory infection 5. Eruptive fever 6. Skin disease 7. Any other  
 B: 1. Home remedies 2. Home fluids 3. ORS 4. Antibiotics 5. Antipyretics 6. Cough syrup 7. Others



**NUTRITION FOUNDATION OF INDIA**  
**HOUSEHOLD FOOD SECURITY AND FOOD FREQUENCY QUESTIONNAIRE**

Name: Hospital/Community Hospital: Reg No

Community : Area No: AW No: H.no.: H.Hold No: ID No:

Food items	Frequency of purchase	Quantity Purchased	Amount purchased (+ per month; * per week)	Amount /CU/day	Raw Food cooked yesterday (g/ml)		Frequency of consumption	
					Quantity cooked	Quantity /CU/day	Household	Individual
Rice+								
Wheat+								
Other Cereals+								
Pulses+								
Legumes+								
Roots(onions also) *								
Tubers(potato, arbi)*								
Other veg( tomato)*								
GLV*								
Fruits *								
Milk*								
Dahi,Chach *								
Milk Products*								
Eggs*								
Flesh food *								
Fish*								
Oil/Ghee/Butter+								
Sugar/Jaggery+								
Salt+								
Other(Specify)+								

**Frequency of consumption** 1. Daily 2. Alternate days 3. Twice a week 4 Weekly 5. Twice a month 6 Monthly or less 7. Never

**Coding for Consumption Unit( C.U.)**

Group	Age	Sed	Mod	Heavy	Group	Boys	Girls	Group	Boys & girls
Men		1.0	1.2	1.6	16 to 17yrs	1.2	0.9	7 to 9yrs	0.9
Women		0.8	0.9	1.0	13to 15yrs	1.1	1.0	4 to 6yrs	0.7
Pregnant		0.9	1.0	1.1	10to 12yrs	1.0	0.9	1 to 3 yrs	0.5
Lactating		1.3	1.4	1.5				<1 yr	0

**No of HH members**

Date

**Total CU for the household:**

Form filled by

Food cooked yesterday:

Type of Meal	Type of preparation	Food stuff (Ingredients)	Amount of the raw ingredients
Early Morning			
Breakfast			
Mid-Morning			
Lunch			
Evening Tea			
Dinner			
Before going to bed			

**Proforma-1 for diet survey using 24 hour dietary recall**  
**Data to be collected prior to initiation/at follow up /after completion**

S.No	Name	Age	Date of survey	
Type of Meal	Type of preparation	Food stuff (Ingredients)	Raw amount	Total cooked quantity
Early Morning				
Breakfast				
Mid-Morning				
Lunch				
Evening Tea				
Dinner				

**Proforma-2 for diet survey using 24 hour dietary recall**  
**Data to be collected prior to initiation**

S.No	Name	Age							Date of survey			
Type of Meal	Type of preparation	Total cooked quantity	Family member 1 (Pregnant lady)	FM 2	FM 3	FM 4	FM 5	FM 6	FM 7	Left over food **	ICDS food	Foods bought from outside *
Early Morning												
Breakfast												
Mid-Morning												
Lunch												
Evening Tea												
Dinner												

Note:  
 \*\*Left over 1.Wasted 2.Given to someone else 3. Consumed by any other person (specify) :  
 \* indicates samosa, biscuits, rusk, bread, etc