

Appendix 3 – Forms for demographic, anthropometric and clinical assessments at baseline and post-intervention for mothers

REGISTRATION NO:			
NAME OF PARTICIPANT			
Address			
Age(Years)		Date Of Birth(DD/MM/YYYY)	
Birth order			
School Attended?	Yes		No
Up to what Class?			
Husband's Name (if relevant)			
Childs Name			
Education		None	
		Primary (Up To Class IV)	
		VIII passed	
		X standard	
		XII standard Or Above	
		Others	
OCCUPATION		Housewife	
		Domestic help	
		Daily wage labourer	

	Other	
INCOME	Less than 2000/-	
	2000/- to 4999/-	
	5000/- and above	
NO. OF CHILDREN	Male	Female

HEALTH DATA COLLECTION FORM: MOTHER
ANTHROPOMETRIC MEASUREMENT OF MOTHER

		Date	Reading
Height(in centimeters only)	First reading		
	Second reading		
	Third reading		
	Final average		
Weight (in Kilograms only)	First reading		
	Second reading		
	Third reading		
	Final average		
BMI	First		
	Second		
	Third		
	Final average		
Mid-arm circumference(MUAC) (dominant hand)	First reading		
	Second reading		
	Third reading		
	Final average		

CLINICAL ASSESSMENT OF MOTHER

Perifollicular petechiae	Present		Absent	
Flag sign (transverse depigmentation of hair)	Present		Absent	
Angular stomatitis	Present		Absent	
Chilosis (dry, cracking or ulcerated lips)	Present		Absent	
Pallor	Present		Absent	
Edema	Present		Absent	
Swollen, Bleeding gums	Present		Absent	

HEATH REPORT CARD: MOTHER

NAME OF PARTICIPANT			
Address			
Age(Years)		Date Of Birth(DD/MM/YYYY)	
Birth order			
School Going Or Not	Yes		No
Child(rens) Name			
Husband's Name (if relevant)			

ANTHROPOMETRIC MEASUREMENT OF MOTHER

Height(in centimeters only)	
Weight (in Kilograms only)	
BMI	
Mid-upper arm circumference (MUAC) (dominant hand)	

CLINICAL ASSESSMENT OF MOTHER

Perifollicular petechiae	Present		Absent	
--------------------------	---------	--	--------	--

Flag sign (transverse depigmentation of hair)	Present		Absent	
Angular stomatitis	Present		Absent	
Chilosis (dry, cracking or ulcerated lips)	Present		Absent	
Aneamia	Present		Absent	
Edema	Present		Absent	
Swollen, Bleeding gums	Present		Absent	
Comment				