

Appendix 4: Forms for collection of demographic, anthropometric and clinical assessments at baseline and post-intervention for children

Registration no					
NAME OF PARTICIPANT					
Address					
Age(Years)		Date Of Birth (DD/MM/YYYY)			
Gender		Male		Female	
Birth order					
School Going Or Not		Yes		No	
Mothers Name					
Education		None			
		Primary (Up To Class IV)			
		VIII passed			
		X standard			
		XII standard Or Above			
		Others			
NO. of siblings (if applicable)		Male		Female	

ANTHROPOMETRIC MEASUREMENT OF CHILD

		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 CHILD

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	
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HEATH REPORT CARD: CHILD

NAME OF PARTICIPANT					
Address					
Age(Years)		Date Of Birth(DD/MM/YYYY)			
Gender		Male		Female	
Birth order					
School Going Or Not		Yes		No	
Mothers Name					
Fathers Name					

ANTHROPOMETRIC MEASUREMENT OF CHILD

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

CLINICAL ASSESSMENT OF CHILD

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				

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