APPENDIXS
APPENDIX-1
APPENDIX - II
SURVEY FORMAT QUESTIONNAIRE

DATE / / 

Name of Interviewee: __________________________

General Information: __________________________

1. Name of the Village: __________________________
   Block: __________________________
   District: __________________________
   Name of Person giving information: ______ Age: _____ Years: _____
   Complete address: __________________________

Relation with the Child: ______ Mother/Other relation: ______
Religion: __________________________
           Cast: __________________________
Education: __________________________
           Illiterate/Literate: __________________________
Earning members in family: __________________________
Type of work and income:
1. __________________________
2. __________________________
3. __________________________

2. Education of parents: __________________________
   Mother: __________________________
   Father: __________________________
   (Illiterate/Primary/Middle/S.S.C./H.S.C. / University)

3. Do you have your own land? Yes/No

4. If yes how many acres, __________________________
   Underutilization: __________________________
   without any use: __________________________
5. Do you have milking animals? : ___________ How many? : ___________
   Cows : ___________ Buffalows : ___________ Others : ___________
   Do you have other utility animals? : _______________________________________________________________________
   Poultry : ___________ Sheep : ___________ Other : ___________
   Animals used for farming : _____________________________________________________________________________

6. Total members in family : _______________________________________________________________________________
   Adult : ________________________________________________________________________________________________
   Children : _____________________________________________________________________________________________

7. Children below 15 years of Age : _______________________________________________________________________
   Year : ___________ Months : ___________

   i. ________________________________________________________________________________________________
   ii. ______________________________________________________________________________________________
   iii. ______________________________________________________________________________________________
   iv. ______________________________________________________________________________________________
   v. ______________________________________________________________________________________________
   vi. ______________________________________________________________________________________________

8. Which food you take in your daily diet? :

9. Which crops you take in your farm? :

Is this income, enough for your family:

Grains produced in the year : Total production : Money gained

Enough quantum :

Grains produced in less : Total production : Money gained :

quantum :
10. Do you purchase grains from the local market: 
   Yes/No
   If yes/Completely/little/Some times :

11. Age of the Child at weaning
   Age: 
   Sex: 

12. Post partum diet of mother and diet of Child at infancy:
   Mother's food.

<table>
<thead>
<tr>
<th>Special food</th>
<th>How long</th>
<th>Reason</th>
<th>Which food you avoid</th>
<th>How long</th>
<th>Reason</th>
</tr>
</thead>
</table>

13. Traditional beliefs and Tabbos
   Do you think, breast secrets more: 
   particulars foods?
   Yes/No: 
   Diet of Child: 
   If yes, enlist them :
   i. Do you breast feed your child: 
      Yes/No
   ii. If yes, from the day of childs birth: 
      Yes/No
   iii. If Nos. why ?
   iv. If you don't feed from first day of delivery, then from which day?
   v. If you don't breast feed, then why ?
   vi. Do you feed colostrum to baby?: 
      Yes/No
   vii. What do you feed to baby immediate after the birth :

14. Special information regarding breast feeding:
15. Liquid diet of a child : Yes/No
   a. Do you purchase milk daily? : How much?
   b. Which milk you use for child? :
   c. Buffaloes/Cows/Goat/Other? :
   d. Do you use milk powder? : Yes/No
   e. Any other liquid food.
   f. Coconut water/Groundnut water/Milk/ Jowar water/other?
   g. How much water you add to dilute the milk? :
   i. How much sugar you add in 1 cup milk? :
   j. If you don't add sweetner? : Why
   k. How much top milk you feed? :
   l. How many times a day?:

16. Solid diet for a child.
   a. Apart from breast feeding which foods you give to baby?:
   b. Do you perform any religious function before starting solid diet?:
   c. Do you feed same food with which you have started?:
   d. Age of starting weaning food?:
<table>
<thead>
<tr>
<th>Name of diet</th>
<th>Age of begining</th>
<th>Same food</th>
<th>Due to whom</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIQUID DIET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SOLID DIET</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Foods which avoid for your child</th>
<th>Why?</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### APPENDIX - III

**Galactogogues Commonly given by Mothers to infants in different parts of India**

<table>
<thead>
<tr>
<th>South India</th>
<th>Northern India (New Delhi)</th>
<th>Western India</th>
<th>Eastern India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk and Milk</td>
<td>Milk</td>
<td>Fish, Dry fish</td>
<td>Fish (Bombil)</td>
</tr>
<tr>
<td>products</td>
<td>Jeera preparation</td>
<td>Meat, Goat’s meat</td>
<td>Mutton / Chicken</td>
</tr>
<tr>
<td>Beef</td>
<td>Laddus</td>
<td>Egg</td>
<td>Neck leg soup</td>
</tr>
<tr>
<td>Mutton</td>
<td>Gond</td>
<td>Butter</td>
<td>Extra milk</td>
</tr>
<tr>
<td>Goat’s udder</td>
<td>Ghee</td>
<td>Milk</td>
<td>Soft food</td>
</tr>
<tr>
<td>Fish/Dry fish</td>
<td>Coconut</td>
<td>Ghee</td>
<td>Semolina</td>
</tr>
<tr>
<td>Chicken</td>
<td>Ghee</td>
<td>Boiled Vegetables</td>
<td>Green leafy vegetable</td>
</tr>
<tr>
<td>Prawn</td>
<td>Dry fruits</td>
<td>Fenugreek leaves</td>
<td>Fenugreek leaves</td>
</tr>
<tr>
<td>Eggs</td>
<td>Dals</td>
<td>Gourd leaves and spinach</td>
<td>Spinach, Betel Bottle</td>
</tr>
<tr>
<td>Kovai</td>
<td></td>
<td></td>
<td>Dry fruits</td>
</tr>
<tr>
<td>Greens</td>
<td></td>
<td></td>
<td>Poppy seeds</td>
</tr>
<tr>
<td>All vegetables</td>
<td></td>
<td></td>
<td>Gum laddu/Panjeri</td>
</tr>
<tr>
<td>Spinach</td>
<td></td>
<td></td>
<td>Banana,</td>
</tr>
<tr>
<td>Ginger</td>
<td></td>
<td></td>
<td>Papaya</td>
</tr>
<tr>
<td>Rice</td>
<td></td>
<td></td>
<td>Miscellaneous</td>
</tr>
<tr>
<td>Ragi</td>
<td></td>
<td></td>
<td>Katbol</td>
</tr>
<tr>
<td>Ghee and Honey</td>
<td></td>
<td></td>
<td>Neem leaves</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Sago, wheat and milk</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Rice, rice water, khichuri</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Spices</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Turmeric, Mustard oil</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Omum, Dry ginger</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Black cumin, Fried Jeera</td>
</tr>
</tbody>
</table>
APPENDIX - IV

A questionnaire filled by mothers whose children were fed with Home Made Weaning Food. (HMWF)

A Report

1. Acceptability of food by child?
   a. Likingly : 05 (33.00)
   b. Forceably : 01 (66.00)
   c. Easily : 04 (26.40)
   d. Force for first 2 days : 05 (33.00)

2. How, you found this food for your baby?
   a. Right : 15 (100.00)
   b. Wrong : 00 (00.00)

3. Why you felt it right. Because it is?
   a. Nutritious : 12 (79.20)
   b. Tasty : 10 (66.00)
   c. Cheap : 01 (6.60)
   d. You get it free : 00 (0.00)

4. Did you find processing (cooking) of recipe difficult?
   a. Yes : 13 (85.80)
   b. No : 02 (13.20)
   c. Why No : No guarantee

5. Would you prefer to prepare it at home?
   a. Yes : 15 (100.00)
   b. No : 00 (00.00)
6. Do you find any +ve change in child?
   a. Yes  :  10 (66.00)
   b. No   :  (00.00)
   c. Not specific :  03 (19.50)
   d. It's normal growth :  02 (13.20)

7. Did your child consume food completely each time?
   a. Yes :  13 (85.50)
   b. No :  00 (00.00)
   c. Sometimes not :  02 (13.20)

8. Which foods you offer to your child presently?
   a. Rice water :  09 (59.40)
   b. Dhal water :  04 (26.40)
   c. Vegetable Soup :  02 (13.20)
   d. Fruits :  02 (13.20)

9. How you offered this weaning food to your child?
   a. Liquid :  00
   b. Semi liquid and Semi solid :  15 (100)
   c. Solid :  00