

Schedule Serial No:

**Evaluation of Vitamin-A and Iron Folate
Supplementation Programs (2001-2002)
An IndiaCLEN Study**

DISTRICT LEVEL PROVIDER SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. RESPONDENT :

- | | |
|------------------------------------|----------------------------|
| 1. District Magistrate (Collector) | 3. Chief Medical Officer |
| 2. District ICDS Officer | 4. District Health Officer |

5. Was the Interview recorded? 1. Yes 2. No

_____ (If Yes, Label the Cassette with the Schedule Serial Number)

Namaskar,

My name is _____. I would like to talk to you about **Routine Vitamin-A/Iron Folate Supplementation Programs**. This will help us to improve these programs in future. I would appreciate if you could spare your valuable time to answer my queries. Your responses will be treated as confidential.

Schedule Serial No:

**Evaluation of Vitamin-A and Iron Folate
Supplementation Programs (2001-2002)
An IndiaCLEN Study**

BLOCK LEVEL PROVIDER SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____/____/____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK: _____

5. RESPONDENT :

1. Dispensary Doctor

2. PHC Doctor

3. CDPO

6. Was the Interview recorded?

1. Yes

2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

Namaskar,

My name is _____. I would like to talk to you about **Routine Vitamin-A/Iron Folate Supplementation Programs**. This will help us to improve these programs in future. I would appreciate if you could spare your valuable

time to answer my queries. Your responses will be treated as confidential.

THE INCLEN TRUST

Schedule Serial No:

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GOVERNMENT HEALTH/NON HEALTH WORKERS SCHEDULE

Regional Co-ordinating Centre:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. RESPONDENT :

1. ANM

2. MPH (F)

3. Anganwadi Worker

6. Was the Interview recorded?

1. Yes

2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

Namaskar,

My name is _____. I would like to talk to you about **Routine Vitamin-A/Iron Folate Supplementation Programs**. This will help us to improve these programs in future. I would appreciate if you could spare your valuable

time to answer my queries. Your responses will be treated as confidential.

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Schedule Serial No:

**Evaluation of Vitamin-A and Iron Folate
Supplementation Programs (2001-2002)
An IndiaCLEN Study
NGO/CBO SCHEDULE**

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____/____/_____(Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. RESPONDENT :

1. Non Government Organization
2. Community Based Organization
3. Women's Group

6. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number) _____

Namaskar,

My name is _____. I would like to talk to you about Mother & Child Health related Programs. This will help us to improve these programs in future. I would appreciate if you could spare your valuable time to answer my

queries. Your responses will be treated as confidential.

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**Evaluation of Vitamin-A and Iron Folate
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LEADER SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____/____/_____(Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. RESPONDENT :

1. Community Leader/Influencer 2. Panchayat Leader

6. Was the Interview recorded? 1. Yes 2. No

_____ **(If Yes, Label the Cassette with the Schedule Serial Number)**

Namaskar,

My name is _____. I would like to talk to you about Mother & Child Health related Programs. This will help us to improve these programs in future. I would appreciate if you could spare your valuable time to answer my

queries. Your responses will be treated as confidential.

THE INCLLEN TRUST

Schedule Serial No:

**Evaluation of Vitamin-A and Iron Folate
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VITAMIN-A UTILIZER SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____/____/____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

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VITAMIN-A NON UTILIZER SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

Schedule Serial No:

**Evaluation of Vitamin-A and Iron Folate
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IRON FOLATE UTILIZER (WOMAN) SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

Schedule Serial No:

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IRON FOLATE NON UTILIZER (WOMAN) SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

Schedule Serial No:

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IRON FOLATE UTILIZER (CHILD) SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)

**Evaluation of Vitamin-A and Iron Folate
Supplementation Programs (2001-2002)
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IRON FOLATE NON UTILIZER (CHILD) SCHEDULE

Regional Co-ordinating Centre:

Partner Medical College:

Schedule Serial No:

I. IDENTIFICATION DETAILS:

1. INTERVIEW Commencement time: _____ Concluding time: _____

DATE: ____ / ____ / ____ (Date / Month / Year)

2. STATE: _____ 3. DISTRICT: _____

4. BLOCK/PHC: _____

5. Was the Interview recorded? 1. Yes 2. No

(If Yes, Label the Cassette with the Schedule Serial Number)