





Schedule Serial No:

## Evaluation of Vitamin-A and Iron Folate Supplementation Programs (2001-2002)

An IndiaCLEN Study

### SCREENING SHEET FOR IRON FOLATE UTILIZER (WOMAN)

**NAMASKAR**, My name is \_\_\_\_\_. I would like to ask you some questions to help us improve the health care services in your area. I would appreciate if you could spare your valuable time to answer my questions. Your responses will be treated as confidential.

**Respondent:**

**Age:**

Q. Number of children aged less than 3 months:  
If NONE (**Replace with a suitable subject**)

Q. During the last pregnancy, did you receive **IFA tablets for a minimum of 60 days** (2 months) from a **government health facility**?

1. Yes

2. No

If Yes, Utilizer

If No, Non utilizer (**Replace with a suitable subject**)

**Respondent:**

**Age:**

Q. Number of children aged less than 3 months:  
If NONE (**Replace with a suitable subject**)

Q. During the last pregnancy, did you receive **IFA tablets for a minimum of 60 days** (2 months) from a **government health facility**?

1. Yes

2. No

If Yes, Utilizer

If No, Non utilizer (**Replace with a suitable subject**)

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<b>Respondent:</b>	<b>Age:</b>
Q. Number of children aged less than 3 months: If NONE ( <b>Replace with a suitable subject</b> )	
Q. During the last pregnancy, did you receive <b>IFA tablets for a minimum of 60 days</b> (2 months) from a <b>government health facility</b> ?	
1. Yes	2. No
If Yes, Utilizer ( <b>Replace with a suitable subject</b> )	
If No, Non utilizer	
<b>Respondent:</b>	<b>Age:</b>
Q. Number of children aged less than 3 months: If NONE ( <b>Replace with a suitable subject</b> )	
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If Yes, Utilizer ( <b>Replace with a suitable subject</b> )	
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# Evaluation of Vitamin-A and Iron Folate Supplementation Programs (2001-2002)

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## SCREENING SHEET FOR IRON FOLATE UTILIZER (CHILD)

**NAMASKAR**, My name is \_\_\_\_\_. I would like to ask you some questions to help us improve the health care services in your area. I would appreciate if you could spare your valuable time to answer my questions. Your responses will be treated as confidential.

<b>Respondent:</b>	<b>Age:</b>
Q. Number of children aged less than 5 years: If NONE ( <b>Replace with a suitable subject</b> )	
Q. Did your Child (<5 years) receive <b>small IFA tablets</b> for a minimum of 2 months during the last 1 year	
1. Yes	2. No
If Yes, Utilizer If No, Non utilizer ( <b>Replace with a suitable subject</b> )	
<b>Respondent:</b>	<b>Age:</b>
Q. Number of children aged less than 5 years: If NONE ( <b>Replace with a suitable subject</b> )	
Q. Did your Child (<5 years) receive <b>small IFA tablets</b> for a minimum of 2 months during the last 1 year	
1. Yes	2. No
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Q. Number of children aged less than 5 years: If NONE ( <b>Replace with a suitable subject</b> )	
Q. Did your Child (<5 years) receive <b>small IFA tablets</b> for a minimum of 2 months during the last 1 year	
1. Yes	2. No
If Yes, Utilizer ( <b>Replace with a suitable subject</b> )	
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