**Consent Form\_Phase II**

**PRE Dietary Recall Form for Pregnant Women and Lactating Mothers of 0-6 months child**

**Reason for the Research Study**

Namaste, my name is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I am from a research organization named CMS (Centre for Media Studies). We are conducting a research study about breastfeeding and complementary feeding among mothers of children in the age group 0--18 months. The information obtained from this study will not only help us to understand practices but also to test the acceptance of recommended breast feeding, complementary feeding and hygienic practices that are important to help prevent malnutrition in children.

**How You Were Identified**

We got your name from the AWC………………………………… (Name of the AWW) and you were identified through a random selection process along with other similar members of your community.

**Your role in the Research Study**

We will first understand current practices from you and then will introduce to you to a few recommendations. We will request you to practice those for a period of 14 days. We will meet you again to get your feedback on the likes, dislikes, problems that you faced and modifications that you made to the recommendations.

**Confidentiality**

The information that you share with us will be kept confidential. However, you are free to discuss these recommendations with anybody in the community or family. Your name will not appear anywhere on the forms in which we will write your answers.

**Possible Risks& Voluntary nature of participation**

There are no risks to you as a participant in this research study. The recommendations are home based feeding and hygiene practices or recipes and will cause no harm. It will also not incur any additional cost to you while practicing what is recommended. Taking part in this research study is completely voluntary.You may refuse to practice or discontinue any of the recommendations provided to you and no harm will occur to you or anyone in your family regardless of your participation decision. If you have any questions or concerns about taking part in this research study, please feel free to talk to me and I will be happy to answer your questions to the best of my abilities.

**Potential Benefits**

The introduction to relevant recommendations may benefit you if you practice them. Even if you do not practice, you will gain some knowledge about standard behaviours related to breastfeeding, complementary child feeding and hand washing practices. It is also possible that others may learn of your participation.

**Compensation**

We cannot pay you for the time you willspend on trying out these recommended practices. But we hope you will agree to take part because your opinion and suggestion is going to be important to developing programs and activities to prevent malnutrition in children.

If you want to talk to anyone about your rights as a participant in this research study because you think you have not been treated fairly or think you have been harmed in any way by joining the study you may contact Regi V. John at Centre for Media Studies, Tel: 011-26851660.

We have a form that must be read to you before we begin, in order to confirm that we have explained the study to you and that you have agreed to participate. We ask you to sign the form, but we do not keep the form attached to the questionnaire, so your name will not be linked to the information we write about you, and no one except the people responsible for the study will have access to this information. The form just repeats what I have told you about the study, but I have to read it to you.

**RESPONDENT READ /INVESTIGATOR READ OUT LOUD**

I understand that I have been asked by CMS (Centre for Media Studies) to participate in the trial of some home based recommendations on practices related to breastfeeding, complementary feeding and hygiene.

I understand that during this study I will be asked to try the recommended practices. I understand that I will not be identified by name in any publications resulting from this study. I can discuss the recommendations with my family and members of the community.

I realize that I do not have to practice any recommendations that I do not want to practice. I understand that I am free to withdraw my consent and to discontinue at any time, without affecting me.

I realize that I will not benefit directly from this project other than gaining some knowledge about optimal breastfeeding, complementary feeding and hygiene practices. However, my participation, opinion and suggestion is going to be important to development of programs and activities to prevent malnutrition.

**Signature of Supervisor and date**

**PRE Dietary Recall Form for Pregnant Women and Lactating Mothers of 0-6 months child**

**Part I: First home visit**

|  |
| --- |
| **General Information of child** |
| **Sl.No** | **Question** | **Option** | **Codes** |
| **1.** | Respondent’s name (CODE)? |  |
| **2.** | House No./landmark? |  |
| **3.** | Status? | Pregnant | 1 |
| Lactating Mother | 2 |
| **4.** | (If pregnant) Month of pregnancy? | Month completed………………………….. |
| **5.** | Child’s date of birth (only for lactating mother)?  | **D** | **D** | **M** | **M** | **Y** | **Y** | **Y** | **Y** |
|  |  |  |  |  |  |  |  |
| **6.** | Child’s age (in months)? | Month completed……………… |
| **7.** | Does the household have any poultry?(if yes, write type and number)? | **Animals** | **Number** |
| Hen |  |
| Duck |  |
| Any other (Specify)/ |  |
| **8.** | Is poultry meat or eggs consumed by household or sold? | Not consumed in HH at all | 1 |
| Not sold at all | 2 |
| Partially consumed in HH | 3 |
| Partially sold | 4 |
| **9.** | Does the household have any dairy animals?(if yes, write type and number)? | **Animals** | **No.** |
| Cow | 1 |  |
| Buffalo | 2 |  |
| Goat | 3 |  |
| Any other (Specify) |  |
| **10.** | Does the household consume milk and dairy or is it sold?  | Not consumed in HH at all | 1 |
| Not sold at all | 2 |
| Partially consumed in HH | 3 |
| Partially sold | 4 |
| **11.** | What different types of soap do you have in your house? | Hand washing soap | 1 |
| Bathing soap | 2 |
| Shampoo | 3 |
| Detergent | 4 |
| Any other (Specify) |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Sl.No** | **Question** | **Option** | **Codes** |
| **12.** | Where is water for washing hands normally stored/kept? | Drum | 1 |
| Pot | 2 |
| Bucket | 3 |
| Any other (Specify) |  |
| **13.** | In a normal day, when do you wash your hands (think of all the times)? | Before handling/preparing food | 1 |
| Before cooking food | 2 |
| Before eating food | 3 |
| After eating food | 4 |
| Before feeding my child | 5 |
| After using the toilet | 6 |
| Any other (Specify) |  |
| **14.** | Date and day of first visit? | **Date: Day:** |
| **15.** | Suggested date & day of post trial visit? | **Date: Day:** |

**INSTRUCTIONS for the MODERATORS/ RESEARCHERS**

Make sure that the participant was not fasting on the previous 24 hours. Help the participant to remember the day before (from the moment you woke up yesterday until the moment you woke up today), according to her activities. Go slowly. Please note down the all names of food items (liquid, homemade and ready to eat) mentioned by the respondents according to the meal times. (Equipments: Sample of spoons, bowls, cups, glass etc.)

**I would like you to tell me everything you ate and drank yesterday, including water. After you woke up, what was the first thing that you ate? Then, what other food did you take……**

**24 hours recall form Respondent’s CODE………………………………….. (one row for one ingredient of the dish)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time (exact)** | **Meal (main and snack)** | **Name Dish/ food** | **Ingredients of the dish** | **Raw food (fresh and clean)** | **Total volume of the cooked dish****(by local utensil)** | **Portion served to you?****(1=bowl****2= Bowl/spoon****3=Glass** | **Total portion consumed by you** | **Equivalence the portion consumed by you to the raw** | **Food code** |
| **Measure Unit (by bowl, spoon,****cup, glass)** | **No of measure units** | **Weight of 1 measure unit** | **Total Weight****In raw** |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** | **(11)** | **(12)** | **(13)** |
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**During the past week (7 days) did you eat any of the following items?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the food item with meal time** |  | **If YES, ask** | **If NO,/ask** | **Any other comments** |
| **Yes/No** | **Which Item** | **How many times in the week** | **What quantity each time** | **Why not?** | **Did family eat?Yes/No** | **How many times did family eat?** |  |
| **Green Leafy vegetables** |  |  |  |  |  |  |  |  |
| **Other orange/yellow vegetables like carrot, pumpkin**  |  |  |  |  |  |  |  |  |
| **Animal Protein (Eggs, Chicken, Mutton, fish etc.)** |  |  |  |  |  |  |  |  |
| **Milk and Milk products (curd, kheer, paneer)** |  |  |  |  |  |  |  |  |
| **Dal**  |  |  |  |  |  |  |  |  |
| **Rice** |  |  |  |  |  |  |  |  |
| **IFA Tablet** |  |  |  |  |  |  |  |  |
| **Sattu**  |  |  |  |  |  |  |  |  |

**Based on answers to the above, identify and write in the appropriate recommendations to be made to the woman. Starting with the first recommendation, counsel the woman/mother and record her reactions & questions in the table below.If the mother is already following all the recommended practices, make a note of the same.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Sl. no.** | **Recommendations given** | **Have you heard of this recommendation before** | **Will you be able to try this for a week? Why/Why Not?** | **Do you have any doubts or questions (note down questions/clarifications, etc.** | **Do you commit to try this recommendation out?/** |
| **1.** |  |  |  |  |  |
| **2.** |  |  |  |  |  |
| **3.** |  |  |  |  |  |
| **4.** |  |  |  |  |  |
| **5.** |  |  |  |  |  |

**Other information that may be noted**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | **Yes=1, No=2** | **Reaction** |
| **1** | Was husband present? |  |  |
| **2** | Was mother in law present? |  |  |
| **3** | Any other member present? |  |  |

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| --- |
| **General information of the family-**  |
| **Sl.No** | **Question** | **Option** | **Codes** | **Skip to** |
| **1** | Main occupation of the household? | Own land cultivation/farming | 1 |  |
| Share Cropping  | 2 |
| Agricultural Labour  | 3 |
| Animal Husbandry  | 4 |
| Non Agricultural Labour  | 5 |
| Artisan(Handicraft)/Skilled worker | 6 |
| Petty shop/small business | 7 |
| Medium Shop/ Business  | 8 |
| Supervisory level | 9 |
| Services | 10 |
| Any other (Specify) |  |
| **2** | Highest Educational Qualification of the head of the household? | Highest grade completed…………………….. |  |  |
| **3** | Religion followed by the head of the family?  | Hinduism | 1 |  |
| Muslim | 2 |
| Sikh | 3 |
| Christian | 4 |
| Jain | 5 |
| Buddhist  | 6 |
| Any other (Specify) |  |
| **4** | Caste / tribe of the head of the household? | General | 1 |  |
| Scheduled Caste | 2 |
| Scheduled Tribe | 3 |
| Other Backward caste | 4 |
| None of them | 5 |
| **5** | Type of House? | Kutcha | 1 |  |
| Pucca | 2 |
| Semi-pucca | 3 |
| **6** | Does the house have a toilet? | Yes | 1 |  |
| No | 2 |
| Yes, but do not use | 3 |
| **7** | Source of drinking water? |  |  |  |
| **8** | Does the Household have any agricultural land? | Yes | 1 |  |
| No | 2 |
| **9** | If yes, please write in Acres? |  |  |  |
| **10** | Respondents’ age? | Completed ………………………… |  |  |
| **11** | Respondent’s Occupation? |  |  |  |
| **12** | Respondent’s Highest educational grade completed?  | ………………………………………….. |  |  |
| **13** | How many children do you have in the following age group?/ | **Age in months** | **Female** | **Male** | **Total** |  |
| 0-6 |  |  |  |  |
| 6-8 |  |  |  |  |
| 9-11 |  |  |  |  |
| 12-18 |  |  |  |  |

**Name of the Researcher……………………………………………………….Signature:……………………………………………………………………….**

**II. Second home visit:**

Date and time of the second visit………………………Name of investigator……..……………………………

**24 hours recall form 24 Respondent’s Code /.......................... (one row for one ingredient of the dish. )**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Time (exact)** | **Meal (main and snack)** | **Name Dish/ food** | **Ingredients of the dish** | **Raw food (fresh and clean)** | **Total volume of the cooked dish****(by local utensil)** | **Portion served to you?****(1=bowl****2= Bowl/spoon****3=Glass** | **Total portion consumed by you** | **Equivalence the portion consumed by you to the raw** | **Food code** |
| **Measure Unit (by bowl, spoon,cup, glass)** | **No of measure units** | **Weight of 1 measure unit** | **Total Weight****In raw**  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)** | **(6)** | **(7)** | **(8)** | **(9)** | **(10)** | **(11)** | **(12)** | **(13)** |
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**During the past week (7 days) did you eat any of the following items?**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name of the food item with meal time** |  | **If YES, ask** | **If NO, ask** | **Any other comments** |
| **Yes/No** | **Which Item** | **How many times in the week** | **What quantity each time** | **Why not?** | **Did family eat?Yes/No** | **How many times did family eat?** |  |
| **Green Leafy vegetables** |  |  |  |  |  |  |  |  |
| **Other orange/yellow vegetables like carrot, pumpkin** |  |  |  |  |  |  |  |  |
| **Animal Protein(Eggs, Chicken, Mutton, fish etc.)** |  |  |  |  |  |  |  |  |
| **Milk and Milk products (curd, kheer, paneer)** |  |  |  |  |  |  |  |  |
| **Dal** |  |  |  |  |  |  |  |  |
| **Rice** |  |  |  |  |  |  |  |  |
| **IFA Tablet** |  |  |  |  |  |  |  |  |
| **Sattu** |  |  |  |  |  |  |  |  |

**Feedback on the recommendations (one by one)**

|  |  |
| --- | --- |
|  | **Recommendation 1**(Fill out from the previous visit) |
| **1.** | Do you remember the recommendation we agreed upon during my last visit? What was it?*(Record Verbatim)* |  |
| **2.** | Were you able to try this recommendation? Why? Why not? |  |
| **3.** | How did you feel about practicing the recommendation? Dislike / Like |  |
| **4.** | Do you think your child liked it? Why? Why not? (Probe for any changes observed in child feeding practice) |  |
| **5.** | Did you change anything in the recommendation? What did you change? Why? |  |
| **6.** | Did anyone support you to follow the recommendation? Who? How did they support? |  |
| **7.** | Did anyone (other people) say anything to you about the recommendation? Who what did they say? |  |
| **8.** | Would you make the same recommendation to other mothers? Why? Why not? |  |
| **9.** | Are you willing to continue practicing this recommendation? Why? Why not? |  |
| **10** | What can we do to ensure that all mothers are able to follow this recommendation? |  |
| **11.** | What about the costs of the food items recommended–are they expensive, affordable, etc.? |  |

|  |  |
| --- | --- |
|  | **Recommendation 2**(Fill out from the previous visit) |
| **1.** | Do you remember the recommendation we agreed upon during my last visit? What was it?*(Record verbatim)*  |  |
| **2.** | Were you able to try this recommendation? Why? Why not? |  |
| **3.** | How did you feel about practicing the recommendation? Dislike / Like |  |
| **4.** | Do you think your child liked it? Why? Why not? (Probe for any changes observed in child feeding practice) |  |
| **5.** | Did you change anything in the recommendation? What did you change? Why? |  |
| **6.** | Did anyone support you to follow the recommendation? Who? How did they support? |  |
| **7.** | Did anyone (other people) say anything to you about the recommendation? Who what did they say? |  |
| **8.** | Would you make the same recommendation to other mothers? Why? Why not? |  |
| **9.** | Are you willing to continue practicing this recommendation? Why? Why not? |  |
| **10** | What can we do to ensure that all mothers are able to follow this recommendation? |  |
| **11.** | What about the costs of the food items recommended–are they expensive, affordable, etc.? |  |

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| --- | --- |
|  | **Recommendation 3**(Fill out from the previous visit) |
| **1.** | Do you remember the recommendation we agreed upon during my last visit? What was it?*(Record verbatim)*  |  |
| **2.** | Were you able to try this recommendation? Why? Why not? |  |
| **3.** | How did you feel about practicing the recommendation? Dislike / Like |  |
| **4.** | Do you think your child liked it? Why? Why not? (Probe for any changes observed in child feeding practice) |  |
| **5.** | Did you change anything in the recommendation? What did you change? Why? |  |
| **6.** | Did anyone support you to follow the recommendation? Who? How did they support? |  |
| **7.** | Did anyone (other people) say anything to you about the recommendation? Who what did they say? |  |
| **8.** | Would you make the same recommendation to other mothers? Why? Why not? |  |
| **9.** | Are you willing to continue practicing this recommendation? Why? Why not? |  |
| **10** | What can we do to ensure that all mothers are able to follow this recommendation? |  |
| **11.** | What about the costs of the food items recommended–are they expensive, affordable, etc.? |  |

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| --- | --- |
|  | **Recommendation 4** (Fill out from the previous visit) |
| **1.** | Do you remember the recommendation we agreed upon during my last visit? What was it?*(Record verbatim)*  |  |
| **2.** | Were you able to try this recommendation? Why? Why not? |  |
| **3.** | How did you feel about practicing the recommendation? Dislike / Like |  |
| **4.** | Do you think your child liked it? Why? Why not? (Probe for any changes observed in child feeding practice) |  |
| **5.** | Did you change anything in the recommendation? What did you change? Why? |  |
| **6.** | Did anyone support you to follow the recommendation? Who? How did they support? |  |
| **7.** | Did anyone (other people) say anything to you about the recommendation? Who what did they say? |  |
| **8.** | Would you make the same recommendation to other mothers? Why? Why not? |  |
| **9.** | Are you willing to continue practicing this recommendation? Why? Why not? |  |
| **10** | What can we do to ensure that all mothers are able to follow this recommendation? |  |
| **11.** | What about the costs of the food items recommended–are they expensive, affordable, etc.? |  |

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| --- | --- |
|  | **Recommendation 5** (Fill out from the previous visit) |
| **1.** | Do you remember the recommendation we agreed upon during my last visit? What was it?*(Record verbatim)*  |  |
| **2.** | Were you able to try this recommendation? Why? Why not? |  |
| **3.** | How did you feel about practicing the recommendation? Dislike / Like |  |
| **4.** | Do you think your child liked it? Why? Why not? (Probe for any changes observed in child feeding practice) |  |
| **5.** | Did you change anything in the recommendation? What did you change? Why? |  |
| **6.** | Did anyone support you to follow the recommendation? Who? How did they support? |  |
| **7.** | Did anyone (other people) say anything to you about the recommendation? Who what did they say? |  |
| **8.** | Would you make the same recommendation to other mothers? Why? Why not? |  |
| **9.** | Are you willing to continue practicing this recommendation? Why? Why not? |  |
| **10** | What can we do to ensure that all mothers are able to follow this recommendation? |  |
| **11.** | What about the costs of the food items recommended–are they expensive, affordable, etc.? |  |