

QUESTIONNAIRE

For investigation of risk factors associated with poor child health/growth and Aflatoxin exposure

Reference No. /ID _____

Date: _____

A. Personal Information

Child Name _____ Mother Name _____ No. of children _____

Mother Education _____ Family Income _____ Occupation _____

Address _____

District _____ Contact no. _____

B. Type of Milk and attitude of the consumer towards its preference

1. Source of milk Milk shops Supplied by Gawala Household source _____

2. If household animal than what type of feed is given _____

3. The milk which you use comes from which animal source?

Cow Buffalo Goat any other _____

4. Do you know from where your seller gets the milk?

If, yes then please mention the source _____

5. Why do you use milk of the above mentioned animal species? _____

6. For how long you have been getting milk from this source? _____

7. How much quantity of milk do you purchase in a daily? _____

8. Why do you prefer this source of milk?

Economical Good Quality Easily available

Quality maintenance Supply at household level Fresh

9. The source of dairy products that you are using _____

10. Do you believe that milk you are using is safe for consumption? Yes No

11. Do you believe that milk you are using have any contaminates in it? Yes No

C. Frequency of other Food Items

12. How much quantity of milk your child consumes daily? _____

13. Do you consume other dairy products? Yogurt Butter

14. How frequently does child eat eggs? _____

15. How frequently does child eat meat? _____

16. How frequently do you use fridge stored food? _____

17. Do you consume dry fruits/grains such as peanuts, corns, etc. often? Yes No

D. Child's Health Information

18. Does child have any of the underlying conditions?

Hepatitis B infection Hepatitis C infection Hepatitis A/E infection Chronic Diarrhea

Respiratory tract Infection Recurrent abdominal pain Tuberculosis Any type of Cancer

Any other illness _____

19. Is your child malnourished? Yes No

20. Is there any disorder of immune system, if yes then for how long? _____

21. Do you get your child vaccinated against Hepatitis B? Yes No Do not Know
22. How many shots of Hepatitis B vaccination did your child get? _____
23. For how many months your child was on mother fed? _____
24. When did your child start complementary diet? <6months at 6months > 6months
25. Physical activities in children (indoor/outdoor games) _____
26. Are you satisfied with the growth of your child? Yes No
27. Approximate birth weight of child _____

E. Child's Anthropometric Measurements

1. Age (Years) _____ 2. Gender _____
3. Mid upper arm circumference (cm) _____ 4. Weight (kg) _____
5. Height (cm) _____

F. Aflatoxin levels recovered from urine and blood samples

1. Levels of AFM1 in urine (ng/ml) _____
2. Levels of AFB1-Lys Adduct in serum (pg/mg) _____