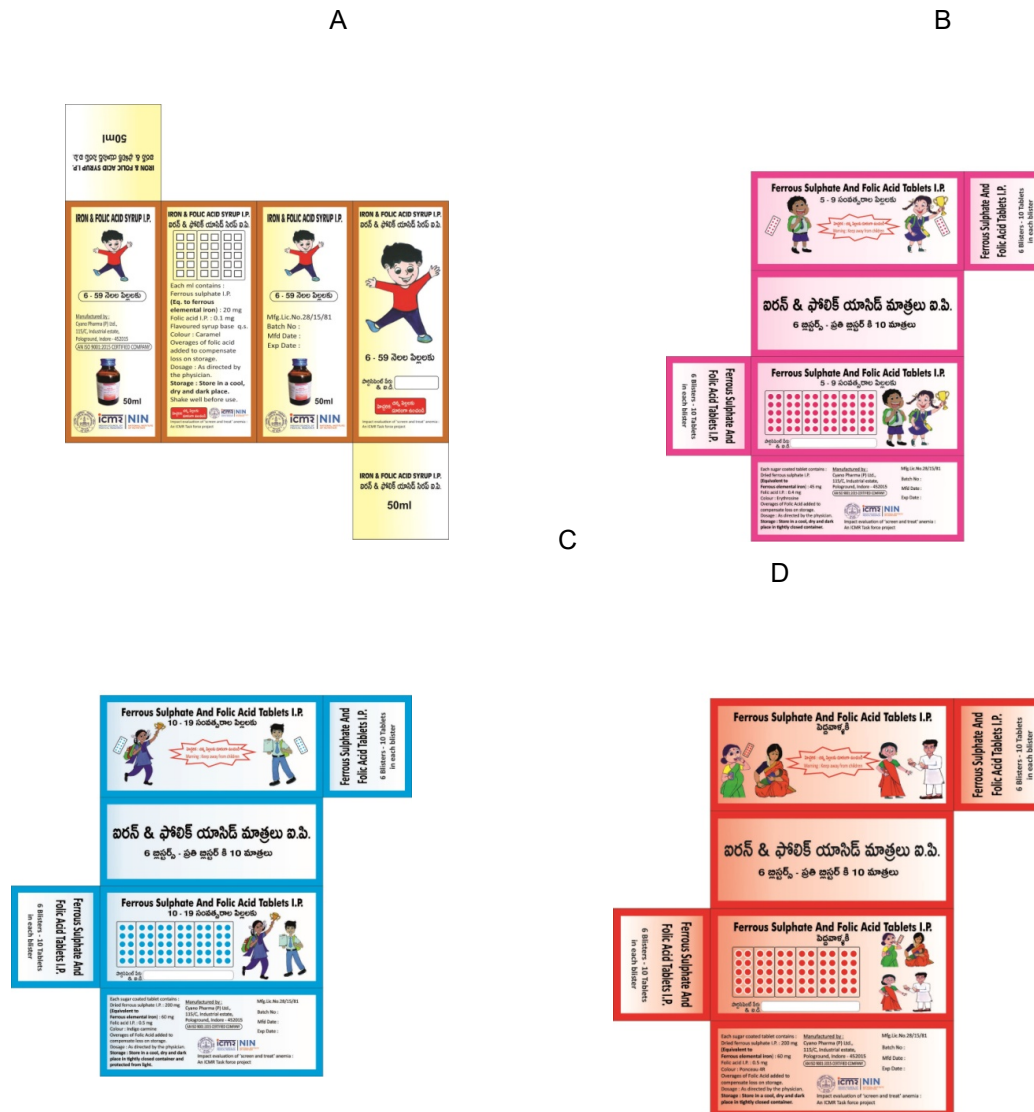


Supplementary Figure 1: Colour-coded packaging of iron folic acid supplements



- A. Syrup bottle (for 6-59 mo);
- B. Tablets (5-9 years, 45 mg iron and 0.4 mg folic acid)
- C. Tablets (10-19 years, 60 mg iron and 0.5 mg folic acid);
- D. Tablets (adults 20-50 years, 60 mg iron and 0.5 mg folic acid)

Supplementary Table 1. List of villages included in the sample frame

	Name of the village	Average population served by an ASHA
1.	Anantharam	1606
2.	Somaram	1225
3.	Venkatadri Colony	1005
4.	Ghanapur/ Lingapur / Pakkertikya	1108
5.	Lingapur	1053
6.	Ismailkhaguda	1300
7.	Bandamadharam	1312
8.	Baba Guda	1130
9.	Maripellygudem	760
10.	Pocharam	1620
11.	Upperpally	1628
12.	Yamnampet	1370
13.	Surendarreddynagar	1355
14.	Konai Pally/Maisereddypally	1316
15.	Sampanbole	2065
16.	Jaganguda	2130
17.	Adraspally	1188
18.	Muneerabad	2410
19.	Ankushapur	1375
20.	K.Singaram	2926
21.	Parvathapur	2238
22.	Annojiguda	1755
23.	Girmapur	2615
24.	Yellampet	3232
25.	Pratapsingaram	3398
26.	KandlaKoya	2995
27.	Srirangavaram	1622
28.	Nuthankal	1469
29.	Majidpur	2453
30.	Koltur	1314
31.	Uddemarry / Usharpally	1572
32.	NFC Nagar	1976
33.	Kondapur	3623
34.	Ghatkesar	2066
35.	RGK	2571
36.	Lalgadimalakpet	2163
37.	Gowdavelli	2177
38.	Turkapally	5330
39.	G.P.Pally	1512
40.	Dabilpur	1813

41.	Ravlkole	3047
42.	Athwelly	2466
43.	Edulabad	1066
44.	Aliabad	2031
45.	Aushapur	2076
46.	Shamirpet	1534
47.	Pudoor	2215

Supplementary Table 2. Anemia Mukht Bharat programme currently operational in India

Population	Per day dose	First line Treatment dose of iron	Platform for screening and treatment	Follow-up
Children 6-59 months	1 mL IFA syrup (20 mg iron+100 mcg folic acid) twice in a week	3mg/kg/day 6–12 months: 1 mL IFA syrup/day (20 mg iron+100 mcg folic acid) 1–3 years: 1.5 mL IFA syrup/day 3–5 years: 2 ml IFA syrup/day Duration: 2 months	Screening: ANM/RBSK team Medical Officer: health facility (Opportunistic) Treatment: ANM/ASHA/ AWW	Hb estimation after 2 months Follow-up every month by ANM at VHND Monitoring by ASHA for compliance of IFA syrup every 14 days
5-9 years	1 IFA tablet/week (pink, 45 mg iron+400 mcg folic acid)	3mg/kg/day Duration: 2 months	Screening: RBSK teams (Once a year/Opportunistic) Treatment: ANM/LHV/MPHW	After 2 months Follow-up responsibility on Parents By ANM/LHV/MPW as feasible
10-19 years (Girls & Boys)	1 IFA tablet/ week (blue, 60 mg iron+500 mcg folic acid)	2 IFA tablets per day (120 mg/day iron and 500 mcg folic acid) Duration: 3 months	Screening: In school premises by RBSK team (Once in a year) Treatment: At school by ANM/LHV/MPHW	After 3 months Follow-up responsibility on Parents through ANM/LHV/MPHW as feasible.
Men (≥20 years)	-----	-----	No screening or treatment	NA
NPNL (≥20 years)	1 IFA tablet/ week (red, 60 mg iron+500 mcg folic acid)	No screening or treatment	No screening or treatment	NA
Pregnant & lactating women	1 IFA tablet/day (Red, 60 mg iron+500 mcg folic acid) Duration: 180 days during pregnancy, 180 days post-partum	2 IFA tablets per day (120 mg/day iron and 500 mcg folic acid) Parenteral iron for women detected to be anemic late in pregnancy or in whom compliance is likely to be low.	Screening: Health service provider at any ANC contact Treatment: Health care provider during the ANC contact.	Every 2 months for compliance of treatment by health provider during ANC contact (Mild anemia) Haemoglobin estimation of the anemic cases every Month (Moderate anemic).

IFA, Iron and Folic acid supplement; ANM, Auxiliary Nurse and Midwife; RBSK: Rashtriya Bal Swasthya Karyakram (Programme for the welfare of children); VHND, Village health and nutrition Day; ASHA, Accredited Social Health Activist; LHV, Lady Health Visitor; MPW, Multiple Purpose Health Worker; NPNL, Non-pregnant and non-lactating woman; AWW, Angawadi worker; ANC, antenatal contact.

Supplementary Table 3. Questionnaires

Sl.No	QN	Question	Options	Skip logic
		Family Member details		
1	1	S.no		
2	2	Name		
3	3	Relation With HH	1. Head of HH 2. Husband 3. Wife 4. Son 5. Daughter 6. Father 7. Mother 8. Son-in-law 9. Daughter-in-law 10. Father-in-law 11. Mother-in-law 12. Grand child 13. Brother 14. Sister 15. Nephew 16. Niece 17. Grand father 18. Grand mother 99. Others (specify)	
4	3.a	Others (Specify)		
5	4	Gender	1. Male 2. Female 99. Others	
6		Is DOB selected		
7	5	Date of birth		
8	6	Age (in years)		
9	7	Age (in months)		
10	8	Marital status	1. N/A 2. Single (Never married) 3. Married 4. Married but separated 5. Divorced & not remarried	

			6. Widowed & not remarried	
11	9	Physiological status code	1. N/A 2. NPNL 3. Pregnant 4. Lactating	
12	10	Literacy level	1. N/A 2. Illiterate 3. Literacy (only sign) 4. Literacy (only read) 5. Literacy (read & write)	
13	11	Education	1. N/A 2. 1 - 5 th class 3. 6 - 10 th class 4. Intermediate 5. Graduate 6. Post graduate & above	
14	12	Sub occupation	<u>List</u>	
15	12.a	Occupation	1. N/A 2. Professional/ Technical / Managerial 3. Clerical 4. Sales 5. Services / household and domestic 6. Agricultural 7. Skilled and unskilled manual 8. Student 9. Not working	
16	13	Will the member be residing in the current residence for the next 6 months?	1. Yes 2. No	
17	14	Same as HH	1. Yes	
18	15	Mobile Number (Enter 9999999999 if not available)		
19	16	Landline number		
20	17	Aadhaar card number		

SINo QN		Question	Options	Skiplogic
Standard of living				
1	1	Religion of the family	1. Hindu 2. Christian 3. Muslim 99.Others (Specify)	
2	1.a	Others (Specify)		
3	2	Caste of family	1. General 2. Backward Community (BC) 3. Scheduled Caste (SC) 4. Scheduled Tribe (ST)	
4	3	Is your house a Pucca one or kutcha?	1. Pucca 2. Semi-pucca 3. Kutcha	
5	4	What type of house you are living?	1. Own 2. Rent	
6	5	How many rooms are there in the house ?		
7	6	Is there a separate kitchen in your home?	1. Yes 2. No	
8	7	What is the main source of cooking fuel used in your house hold ?	1. LPG 2. Coal 3. Kerosene 4. Firewood 5. Electricity 6. Biogas 99. Others (Specify)	
9	7.a	Others (Specify)		
10	8	Is there a vent in your cooking area?	1. Yes 2. No	

11	9	What is the main source of drinking water?	1. Tap Water at residence 2. Mineral water 3. RO water 4. Public tap 5. Hand pump 6. Well 99. Others (Specify)	
12	9.a	Others (Specify)		
13	10	Main source of lighting ?	1. Electricity 2. kerosene / Gas / Oil 3. Coal / Coke / Lignite 99.Others (Specify)	
14	10.a	Others (Specify)		
15	11	Do you have toilet in the house?	1. No facility 2. Own flush toilet 3. Shared or public pit toilet 4. Public or shared flush toilet or own pit toilet	
16	12	Do people in your area practice open defecation?	1. Yes 2. No	
17	13	Do you have any pets at home ?	1. Yes 2. No	If no, skip to Q. 15 IF Yes then goto Question 14
18	14	Please mention the pets		
19	14.a	Cow	1. Yes 2. No	
20	14.b	Buffalo	1. Yes 2. No	
21	14.c	Pig	1. Yes 2. No	
22	14.d	Poultry (Chicken/ Duck/ Turkey)	1. Yes 2. No	
23	14.e	Goat	1. Yes 2. No	

24	14.f	Dog	1. Yes 2. No	
25	14.g	Others	1. Yes 2. No	
26	14.h	Others (Specify)		
27	15	Please mention the animals in your vicinity?		
28	15.a	Cow	1. Yes 2. No	
29	15.b	Buffalo	1. Yes 2. No	
30	15.c	Pig	1. Yes 2. No	
31	15.d	Poultry (Chicken/ Duck/ Turkey)	1. Yes 2. No	
32	15.e	Goat	1. Yes 2. No	
33	15.f	Dog	1. Yes 2. No	
34	15.g	Others	1. Yes 2. No	
35	15.h	Others (Specify)		
36	1	Chair	1. Yes 2. No	
37	2	Table	1. Yes 2. No	
38	3	Cot	1. Yes 2. No	
39	4	Mattress	1. Yes 2. No	
40	5	Wall clock/ Wrist watch	1. Yes 2. No	
41	6	Telephone/ Mobile	1. Yes 2. No	
42	7	Electric fan	1. Yes	

			2. No	
43	8	Refrigerator	1. Yes 2. No	
44	9	Pressure cooker	1. Yes 2. No	
45	10	Stitching machine	1. Yes 2. No	
46	11	Radio	1. Yes 2. No	
47	12.a	Television (TV)	1. Yes 2. No	If 2 then skip to question 13 If 1 then goto Question 12.b
48	12.b	If TV is present,	1. Colour 2. Black and White	
49	13	Computer/ Laptop	1. Yes 2. No	
50	14	Cycle	1. Yes 2. No	
51	15	Scooter	1. Yes 2. No	
52	16	Car/ Tractor	1. Yes 2. No	
53	17	A bullock cart	1. Yes 2. No	
54	18	Water pump (at resident)	1. Yes 2. No	
55	19	Thresher	1. Yes 2. No	
56	20	Others		

Proforma to capture dietary diversity

SINo	QN	Question	Choice	Skip logic
		Meals Details		
1	1	Meal pattern	1. Early morning 2. Break Fast 3. Mid morning 4. Lunch 5. Evening 6. Dinner 7. Bed time	
2	2	Recipe		
3	3	Cooked type	1. Cooked at home 2. Outside food	
4	4	Ingredients	<u>List</u>	
5	5	Others		

6-59 months old children

SINo	QN	Question	Options
	Section 1 - General information		
1	1	Respondent	1. Mother 2. Others
2	2	Respondent name	
3	3	Name of the mother	
4	3.a	Others (Specify)	
5	4	Name of the father	
6	4.a	Others (Specify)	
7	5	Date of birth of the child	
8	6	Birth weight of the child is reported through	1. Record 2. Recall 3. Not Available 77. Don't Know
9	7	Birth weight (Kg) of the child	
	Section 2. Participation in government programs		
10	8.a	Does the child receive take home ration (THR)?	1. Yes 2. No
11	8.b	For how many days have the child consumed THR in previous month?	
12	8.c	What was the quantity of balamrutham consumed by the child in the previous month?	1. Fully consumed 2. More than half consumed 3. Half consumed 4. Less than half consumed 5. Not consumed at all
13	8.d	How many eggs were consumed by the child in the previous month that was supplied through THR?	
14	9	Does the child go to anganwadi center (AWC) for meal?	1. Yes 2. No
15	10	For how many days did the child consume meals from AWC in previous month?	
	Section 3. History of screening and treating for anemia(Instruction:- Past 6 months means count backwards		

3

	from the month of survey till 6 months)		
16	11.a	Did your child undergo any blood test to detect hemoglobin levels in the past 6 months? (If age > 1 year, count last 6 months)	1. Yes 2. No
17	11.b	Where was the test done?	1. Government 2. Private
18	11.c	After blood test, how do you want to report hemoglobin level of your child?	1. Record 2. Recall 3. Don't know
19	11.d	Hemoglobin level (value in g/dl)	
20	11.e	Based on report/recall what is your perception on status of the child?	1. Anemic 2. Non anemic
21	12.a	Did you receive/buy iron syrups for your child?	1. Yes 2. No
22	12.b	Where did you receive/ buy iron syrups for your child?	1. Primary health center 2. Sub-Centre 3. Government hospital 4. Private hospital 5. Private lab 6. Private pharmacy 99. Others (Specify)
23	12.b.1	Others (Specify)	
24	13	If you have not given/consumed/received iron syrups/ tablets to your child, please mention why?	
25	13.1	Side effects	1. Yes 2. No 3. Don't know
26	13.2	Costly	1. Yes 2. No 3. Don't know
27	13.3	Forget to give the syrup	1. Yes 2. No 3. Don't know
28	13.4	Child dislikes the taste	1. Yes 2. No 3. Don't know
29	13.5	Healthy food is enough	1. Yes 2. No 3. Don't know

30	13.6	Don't think it's necessary	1. Yes 2. No 3. Don't know
31	13.7	Others	1. Yes 2. No
32	13.8	Others (Specify)	
Section 4. Current status			
33	14.a	Are you giving iron syrups currently to your child?	1. Yes 2. No
34	14.b	Please provide the detailed information on the iron syrups consumed by the child (Please show a wrapper for reference) (Instruction: Record this information from the iron tablet blisters/bottles available with the participant and upload the photograph)	
35	14.b.1	Brand	
36	14.b.2	Company	
37	14.b.3	Dose	
38	14.b.4	Upload photo	
Section 5. Prophylactic iron supplementation for anemia reduction			
39	15.a	Did you receive any iron syrups from Government for your child in the past Six months?	1. Yes 2. No
40	15.b	From whom/ from where did you receive the iron syrups?	
41	15.b.1	Primary health center	1. Yes 2. No
42	15.b.2	Sub – centre	1. Yes 2. No
43	15.b.3	Government hospital	1. Yes 2. No
44	15.b.4	Others	1. Yes 2. No
45	15.b.5	Others (Specify)	
46	15.c	How many bottles of iron syrups did you receive for your child in the past 6 months? (Please indicate the total number of bottles. If the participant provides the number of bottles)	

47	16	If you have not received/ taken the bottle, please mention why?	
48	16.1	No supply	1. Yes 2. No
49	16.2	Not interested	1. Yes 2. No
50	16.3	Forgot	1. Yes 2. No
51	16.4	No time	1. Yes 2. No
52	16.5	Healthy food is enough	1. Yes 2. No
53	16.6	Side effects	1. Yes 2. No
54	16.7	Others	1. Yes 2. No
55	16.8	Others (Specify)	
Section 6. History on consumption of iron syrups			
56	17.a	Have/Had you given iron syrups regularly to your child in the past six months?	1. Yes 2. No
57	17.b	What is the frequency of giving iron syrups to your child?	1. Daily 2. Weekly 3. Monthly
58	17.c.1	How many days did your child consume the syrup in a week?	
59	17.c.2	How many days did the child consume the syrup in a month?	
60	17.d	How many syrup bottles have you given to your child in a month? (Instruction: Please provide the number of tablets)	
61	17.e	For how many months did you give iron syrup to your child? (Instruction: History of IFA iron syrup consumption. Count backwards from the current month)	
62	17.f	What is the quantity of syrup given to the child (in ml)? (Approximate quantity of syrup consumed to be understood from the bottle and the measuring	

		cup/spoon used. If spoon, 1tsp=5ml and 1 tbsp=10ml)	
63	17.g	What is the time of the day when you give the iron syrup to your child?	1. Before meal 2. Immediately after meal 99.Others (Specify)
64	17.g.1	Others (Specify)	
65	17.h	Did your child experience any side effects while taking the syrup?	1. Yes 2. No
66	17.i	If your child experienced any side effects while taking the iron syrup, please list them	
67	17.i.1	Constipation	1. Yes 2. No
68	17.i.2	Diarrhea	1. Yes 2. No
69	17.i.3	Nausea/vomiting	1. Yes 2. No
70	17.i.4	Pain in abdomen	1. Yes 2. No
71	17.i.5	Black stools	1. Yes 2. No
72	17.i.6	Others	1. Yes 2. No
73	17.i.7	Others (Specify)	
74	17.j	What did you do after your child experienced the side-effects?	
75	17.j.1	Stopped giving syrups completely	1. Yes 2. No
76	17.j.2	Stopped for few days and continued	1. Yes 2. No
77	17.j.3	Changed doctor	1. Yes 2. No
78	17.j.4	Continued in spite of side effects	1. Yes 2. No
79	17.j.5	Others	1. Yes 2. No
80	17.j.6	Others (Specify)	

81	18	If you are not giving iron syrups or not giving regularly to your child, please mention why??	
82	18.1	Forgot to give iron syrup	1. Yes 2. No
83	18.2	Side effects	1. Yes 2. No
84	18.3	Not interested	1. Yes 2. No
85	18.4	No time	1. Yes 2. No
86	18.5	Costly	1. Yes 2. No
87	18.6	Healthy food is enough	1. Yes 2. No
88	18.7	Others	1. Yes 2. No
89	18.8	Others (Specify)	
	Section 7. Information on habitual intake of foods affecting iron absorption		
90	19	Does your child have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of taking tea/coffee
91	20	Does your child have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of eating these fruits
92	21	How frequently does your child eat non-vegetarian food?	1. No, he/she don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times 6. Yes, daily 7. Weekly, 4-6 times
93	22.a	Did your child consume fortified beverages in the last one month? (Instruction: fortified beverages examples are horlicks,	1. Yes 2. No

		boost, complan)	
94	22.b	Approximately, how frequently does your child consume the fortified beverages	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times
	Section 8. Morbidity		
95	23	Did your child suffer from fever/cold during the past two weeks?	1. Yes 2. No
96	24	Did your child suffer from acute respiratory tract infection during the past two weeks? (Instruction : Fever lasting for more than 3 days along with breathing difficulty) (Instruction: For babies 'fast breathing' can be used to elicit the information)	1. Yes 2. No
97	25	Did your child have diarrhoea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No
98	26	Did your child suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No
99	27	Did your child suffer from pneumonia/ bronchitis in the past two weeks?	1. Yes 2. No
	Section 9. Height & Weight		
100	28	Height (In cm)	
101	29	Weight (In Kg)	
	Section 9. History of deworming		
102	30	Did the child receive de-worming tablets/Syrup in past one year from the date of survey?	1 - Yes 2 - No 77 - Don't know
103	31	How many times did he/ she receive deworming tablets/Syrup in the past one year from the date of survey?	1 - Once 2 - Twice 77 - Not sure

5-9 year old children

SINo	QN	Question	Options	Skiplogic
		Section 1-General information:		
1	1	Respondent	1. Mother 2. Others	
2	2	Respondent name		
3	3	Name of the mother		
4	3.a	Others (Specify)		
5	4	Name of the father		
6	4.a	Others (Specify)		
7	5	Date of birth of the child		
8	6	Address of the school (Instruction: If the child is 'Not studying', write 'Not studying' in the text box)		
9	7	Type of school the child is studying	1. Government 2. Private 3. Not studying	If 2. Private, skip to Question number 9
		Section 2 - Participation in government programs		
10	8.a	Does the child receive mid-day meals?	1. Yes 2. No	If no, skip to question 9
11	8.b	How many days did the child take part in the mid-day meal program in the previous month		
12	8.c	Does the child go to anganwadi centre for meal?	1. Yes 2. No	If no, skip to question 9
13	8.d	How many days did the child consume meal from the anganwadi centre in the previous month?		
14	9	Did the child receive de-worming tablets in past one year from the date of survey?	1. Yes 2. No 77. Don't know	If 2 or 77 skip to Section 3 If 1 - yes goto question 10

15	10	How many times did he/ she receive tablets in the past one year from the date of survey?	1. Once 2. Twice 3. Not sure	
		Section 3: History of screening and treating for anemia - past history of anemia for 6 months (Instruction: Past 6 months refers to the previous 6 months from the month of survey)		
16	11.a	Did your child undergo any blood test to detect hemoglobin levels in the past 6 months? (If age > 1 year, count last 6 months)?	1. Yes 2. No	If no, skip to Q.12 If 1 goto question 11.b
17	11.b	Where was the test done?	1. Government 2. Private	
18	11.c	How do you want to report the hemoglobin level?	1. Record 2. Recall 77. Don't know	If 1 and 2, go to 11.d, If 77 Skip to 11.e
19	11.d	Hemoglobin level (value in g/dl)		
20	11.e	Based on report/recall what is your perception on status of the child?	1. Anemic 2. Non anemic	
21	12.a	Did you receive/buy iron tablets/ iron syrups for your child?	1. Yes 2. No	If no, skip to Q.14 If 1 goto question 12.b
22	12.b	From where did you receive/buy iron syrups/ tablets for your child?	1. Primary health center 2. Sub – Centre 3. Government hospital 4. Private hospital 5. Private lab 6. Private pharmacy 99. Others (Specify)	
23	12.b.1	Others (Specify)		

24	13	Did your child consume the tablets/syrups received by you? (Instruction: elicit information on habitual consumption/ attitude towards tablet or syrup)	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If "1. tablet, 2. syrup, 3. both iron tablet and syrup", then skip to section 4. If "4. didnt consume" go to question 14. If 1. Tablet, must fill section VI If 2. syrup, must fill section VII If 3. both tablet and syrup, must fill section VI & VII. If 4. Didn't consume (either tablet / syrup) disable section VI and VII.
25	14	If you have not given/consumed/recieved iron syrups/tablets to your child, please mention why?		
26	14.1	Side effects	1. Yes 2. No	
27	14.2	Costly	1. Yes 2. No	
28	14.3	Forget to give the syrup	1. Yes 2. No	
29	14.4	Child dislike the taste	1. Yes 2. No	
30	14.5	Healthy food is enough	1. Yes 2. No	
31	14.6	Don't think it's necessary	1. Yes 2. No	
32	14.7	Others	1. Yes 2. No	If no, disable 14.8
33	14.8	Others (Specify)		
		Section 4 - Current status		

34	15.a	Are you giving iron tablets/syrups currently to your child?	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1. Tablet, must fill section VI If 2. syrup, must fill section VII If 3. both tablet and syrup, must fill section VI & VII. If 4. Didn't consume (either tablet / syrup) fill section 5 and disable section VI and VII.
35	15.b	Please provide the detailed information on the iron tablets/syrups consumed by you (Please show a wrapper for reference)(Instruction: Record this information from the iron tablet blisters/bottles available with the participant and upload the photograph)		
36	15.b.1	Brand		
37	15.b.2	Company		
38	15.b.3	Dose		
	15.b.4	Upload PHOTO		
		Section 5 - Prophylactic iron supplementation for anemia reduction		
39	16.a	Did you receive any iron tablets /syrups from government for your child in the past six months?	1. Yes 2. No	If no, skip to Q. 17 If 1 go to question 16.b.1 If 1.Yes, then de-activate Q.17
40	16.b	From whom/from where did you receive the iron tablets /syrups?		
41	16.b.1	Primary health center	1. Yes 2. No	
42	16.b.2	Sub – centre	1. Yes 2. No	
43	16.b.3	Government hospital	1. Yes 2. No	

44	16.b.4	Others	1. Yes 2. No	If no, skip to 16.c
45	16.b.5	Others (Specify)		
46	16.c	How many iron tablets/ syrups did you receive for your child in the past 6 months? (Instruction: Please provide the number of tablets)		
47	17	If you have not received/ taken the tablet, please mention why?		
48	17.1	No supply	1. Yes 2. No	
49	17.2	Not interested	1. Yes 2. No	
50	17.3	Forgot	1. Yes 2. No	
51	17.4	No time	1. Yes 2. No	
52	17.5	Healthy food is enough	1. Yes 2. No	
53	17.6	Side effects	1. Yes 2. No	
54	17.7	Others	1. Yes 2. No	
55	17.8	Others (Specify)		
		Section 6 - History of consumption of iron tablets		
56	18.a	Have/Had you given iron tablets regularly to your child in the past six months?	1. Yes 2. No	1. If 1.yes, move to Q.18.b and deactivate Q.19 2. If 2. No, move to Q. 18.b and activate Q.19 change on 23-11-2020

57	18.b	What is the frequency of giving iron tablets to your child?	1. Daily 2. Weekly 3. Monthly	If 1. Daily skip to question 18.d If 2. Weekly skip to Q18.c.1 and deactivate Q18.c.2 If 3. Monthly skip to Q 18.c.2 and deactivate Q18.c.1
58	15.b	If Yes or Sometimes what is the frequency of giving Iron Tablets to your children?	1 - Daily 2 - Weekly 3 - Monthly	If daily, skip to Q.15 d If 2 or 3 then goto question 15.c
59	18.c.1	How many days did your child consume iron tablets in a week?		
60	18.c.2	How many days did your child consume iron tablets in a month?		
61	18.d	How many tablets have you given to your child in past one month? (Instruction: Please provide the number of tablets)		
62	18.e	For how many months did you give iron tablets to your child? (Instruction: History of IFA tablet consumption - count backwards from the current month)		
63	18.f	What is the time of the day when you give the tablets to your child?	1. Before meal 2. Immediately after meal 99. Others (Specify)	
64	18.f.1	Others (Specify)		
65	18.g	Did your child experience any side effects while taking the tablet?	1. Yes 2. No	If 2. No, Skip to Section 7 -for iron syrup users. If they are not using iron syrups skip to section 8. If 1 goto question 18.h.1
66	18.h	If your child experienced any side effects while taking the iron tablets, please list them.		
67	18.h.1	Constipation	1. Yes 2. No	
68	18.h.2	Diarrhea	1. Yes 2. No	

69	18.h.3	Nausea/ vomiting	1. Yes 2. No	
70	18.h.4	Pain in abdomen	1. Yes 2. No	
71	18.h.5	Black stools	1. Yes 2. No	
72	18.h.6	Others	1. Yes 2. No	
73	18.h.7	Others (Specify)		
74	18.i	What did you do after your child experienced the side-effects?		
75	18.i.1	Stopped giving tablets completely	1. Yes 2. No	
76	18.i.2	Stopped for few days and continued	1. Yes 2. No	
77	18.i.3	Changed doctor	1. Yes 2. No	
78	18.i.4	Continued in spite of side effects	1. Yes 2. No	
79	18.i.5	Others	1. Yes 2. No	
80	18.i.6	Others (Specify)		
81	19	If you are not giving iron tablets or not giving regularly to your child, please mention why?		
82	19.1	Forgot to give iron tablet	1. Yes 2. No	
83	19.2	Side effects	1. Yes 2. No	
84	19.3	Not interested	1. Yes 2. No	

85	19.4	No time	1. Yes 2. No	
86	19.5	Costly	1. Yes 2. No	
87	19.6	Healthy food is enough	1. Yes 2. No	
88	19.7	Others	1. Yes 2. No	
89	19.8	Others (Specify)		
		Section 7: History of consumption of iron syrups		
90	20.a	Have/ Had you given iron syrups regularly to your child in the past six months?	1. Yes 2. No	1. If 1.yes, move to Q.20.b and deactivate Q.21 2. If 2. No, move to Q. 20.b and activate Q.21 change on 23-11-2020
91	20.b	What is the frequency of giving iron syrups to your child?	1. Daily 2. Weekly 3. Monthly	If 1. Daily, skip to Q.20 d If 2. Weekly skip to Q20.c.1 and deactivate Q20.c.2 If 3. Monthly skip to Q 20.c.2 and deactivate Q20.c.1
92	20.c.1	How many days did your child consume iron syrup in a week?		
93	20.c.2	How many days did your child consume iron syrup in a month?		
94	20.d	How many syrup bottles have you given to your child in a month? (Instruction: Please provide number)		
95	20.e	For how many months did you give iron syrup to your child? (Instruction: History of IFA iron syrup consumption. Count backwards from the current month.)		

96	20.f	What is the quantity of syrup given to the child (in ml)? (Approximate quantity of syrup consumed to be understood from the bottle and the measuring cup/ spoon used. If spoon, 1tsp=5ml and 1 tbsp=10ml)		
97	20.g	What is the time of the day when you give the iron syrup to your child?	1. Before meal 2. Immediately after meal 99. Others (Specify)	
98	20.g.1	Others (Specify)		
99	20.h	Did your child experience any side effects while taking the syrup?	1. Yes 2. No	IF 2. no, SKIP TO Section 8 If 1 go to question 20.i
100	20.i	If your child experienced any side effects while taking the iron syrup, please list them		
101	20.i.1	Constipation	1. Yes 2. No	
102	20.i.2	Diarrhea	1. Yes 2. No	
103	20.i.3	Nausea/vomiting	1. Yes 2. No	
104	20.i.4	Pain in abdomen	1. Yes 2. No	
105	20.i.5	Black stools	1. Yes 2. No	
106	20.i.6	Others	1. Yes 2. No	
107	20.i.7	Others (Specify)		
108	20.j	What did you do after your child experienced the side-effects?		
109	20.j.1	Stopped giving syrups completely	1. Yes 2. No	
110	20.j.2	Stopped for few days and continued	1. Yes 2. No	
111	20.j.3	Changed doctor	1. Yes 2. No	

112	20.j.4	Continued in spite of side effects	1. Yes 2. No	
113	20.j.5	Others	1. Yes 2. No	
114	20.j.6	Others (Specify)		
115	21	If you are not giving iron syrups regularly to your child, please mention why?		
116	21.1	Forgot to give iron syrup	1. Yes 2. No	
117	21.2	Side effects	1. Yes 2. No	
118	21.3	Not interested	1. Yes 2. No	
119	21.4	No time	1. Yes 2. No	
120	21.5	Costly	1. Yes 2. No	
121	21.6	Healthy food is enough	1. Yes 2. No	
122	21.7	Others	1. Yes 2. No	
123	21.8	Others (Specify)		
		Section 8 : Information on habitual intake of foods affecting iron absorption		
124	22	Does your child have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, Sometimes 3. No 4. Don't have the habit of taking tea/coffee	
125	23	Does your child have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of eating these fruits	

126	24	How frequently does your child eat non-vegetarian food?	1. No, he/she don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times 6. Yes, daily 7. Weekly, 4-6 times	
127	25.a	Does your child consume fortified beverages in the last one month? (Instruction: fortified beverages examples are horlicks, boost, complan)	1. Yes 2. No	If 2 skip to Section 9 If 1 goto question 25.b
128	25.b	Approximately, how frequently did you consume the fortified beverages	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times	
		Section 9. Morbidity		
129	26	Did your child suffer from fever/ cold during the past two weeks?	1. Yes 2. No	
130	27	Did your child suffer from acute respiratory tract infection during the past two weeks? (Instruction: Fever lasting for more than 3 days along with cough / cold/ breathing difficulty)	1. Yes 2. No	
131	28	Did your child have diarrhoea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No	
132	29	Did your child suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No	
133	30	Did your child suffer from pneumonia/ bronchitis in the past two weeks?	1. Yes 2. No	
		Section 10. Height & Weight		
134	31	Height (In cm)		
135	32	Weight (In Kg)		

	Adolescent boys and girls			
SINo	QN	Question	Options	Skip logic
		Basic information		
1	1	Name of the mother		
2	1.a	Others (Specify)		
3	2	Name of the father		
4	2.a	Others (Specify)		
5	3	Currently studying in	1. School 2. College 3. Not studying	If 3. Not studying, deactivate Q4 and Q5
6	4	Name of school / college (in which the participant is studying currently)		
7	5	Type of school / college (in which the participant is studying currently)	1. Government 2. Private 3. Aided 99. Others (Specify)	
8	5.1	Others (Specify)		
		Section 1: Knowledge on anemia		
9	6.a	Have you heard about anemia? (Instruction: If the person is doubtful or not saying anything, opt for 'no answer')	1. Yes 2. No 3. No answer	If 2. no or 77. no answer, skip to Section 2 If 1.yes then goto question 6.b
10	6.b	Can you tell me the causes of anemia?	1. Inadequate food 2. Blood loss 3. Worm infestation 4. Heredity 77. Don't know 99. Others (Specify)	

11	6.b.1	Others (Specify)		
12	6.c	Can you tell me how can we recognize someone with anemia?	1. Low energy / weakness 2. Pallor / pale eyes, nails 3. Spoon shaped nails 4. Fall sick frequently 5. Blood test 77. Don't know 99. Others (Specify)	
13	6.c.1	Others (Specify)		
14	6.d	How can anemia be prevented?	1. Eat iron - rich foods 2. Eat vitamin – c rich foods during or right after meals 3. Take iron supplements if prescribed 4. Treat other causes of anemia (diseases and infections) 77. Don't know 99. Others (Specify)	
15	6.d.1	Others (Specify)		
		Section 2: History of screening for anemia and treatment (Instruction: Less than 6 months count back ward from the month of survey till 6 months)		

16	7.a	Have you checked hemoglobin in the past six months for knowing anemia status? (Probe: Have you undergone any blood test)	1. Yes 2. No 77. Don't know	if answer is 2.No OR 77.don't know, skip to Q 8a. If 1. yes go to question 7.b Change On 15-02-2021Beta Demo Feedback
17	7.b	From where did you get tested? (In case if the Hb has been tested multiple times; the most recent one should be recorded)	1. Primary health centre 2. Sub-centre 3. Government hospital 4. Private hospital 5. Private lab 99.Others (specify)	
18	7.b.1	Others (Specify)		
19	7.c	How do you want to report the hemoglobin level?	1. Record 2. Recall 77. Don't know	if 77. Don't know skip to 8.a
20	7.d	Hemoglobin level (value in g/dl)		If Hb >=12 (AG)If Hb >=13 for (AB) Skip to Section3 (No skip if the question filled on basis of recall)
21	8.a	Did you receive/buy iron tablets? (in the past six months)	1. Yes 2. No	If 2. no, skip to Q. 9 If Yes then goto question 8.b
22	8.b	Please mention, from where did you receive?	1. ASHA worker 2. ANM / Sub - Centre 3. Primary Health Center 4. Government Hospital 5. Private Doctor / Private Pharmacy 6. Anganwadi 99. Others (Specify)	
23	8.b.1	Others (Specify)		

24	8.c	Did you consume the tablets/syrups received by you ? (Instruction: Elicit info on habitual consumption/ attitude towards tablet or syrup)	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1. tablet, 2. syrup, 3. both iron tablet and syrup skip to section 3. If 1. tablet MUST FILL SECTION 5 IF 2. Syrup MUST FILL SECTION 6 IF 3. both MUST FILL SECTION 5-6 IF 4. didn't consume continue to question no. 9 and deactivate section 5 and 6
25	9	If you did not receive/ consume iron tablets /syrup, please mention why?		
26	9.1	Forget to take iron tablets	1. Yes 2. No	
27	9.2	Side effects	1. Yes 2. No	
28	9.3	Not interested	1. Yes 2. No	
29	9.4	No time	1. Yes 2. No	
30	9.5	Costly	1. Yes 2. No	
31	9.6	Healthy food is enough	1. Yes 2. No	
32	9.7	Others	1. Yes 2. No	
33	9.8	Others (Specify)		
		Section 3: Current status of anemia		

34	10.a	Are you currently taking iron tablets/syrups?	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1. tablet MUST FILL SECTION 5 IF 2. Syrup MUST FILL SECTION 6 IF 3. both MUST FILL SECTION 5-6 If 4, skip to section 4 and disable section 5 and 6
35	10.b	Please provide detailed information on the iron tablets/syrups consumed by you (Please show a wrapper for reference) (Instruction: Record this information from the iron tablet blisters available with the participant)		
36	10.b.1	Brand		
37	10.b.2	Company		
38	10.b.3	Dose per day		
39	10.b.4	Take a photo		
Section 4: Information on prophylactic government programs in the community for anemia reduction				
40	11.a	Did you receive de-worming tablets in the past one year from the date of interview? (For AB - School; For AG - School / AWC)	1. Yes 2. No 3. Not applicable 4. Don't know / no answer	If 2.no, 3. not applicable, 77. don't know , skip to Q. 12
41	11.b	How many times did you receive a de-worming tablet in the past year?	1. Once 2. Twice 3. Not sure	
42	12.a	Did you receive iron tablets in the past one year? (Instruction: For boy's School; For girls School / AWC)	1. Yes 2. No 3. Not applicable	If 2. No skip to Q. 13 And deactivate qn.12.b If 1.Yes Enable 12.b and deactivate Q.13 If 3.Not Applicable De-Activate Qn12.b And 13

				Priority 2 changes Form Wise.
43	12.b	Please mention the regularity of iron tablets received by you	1. Weekly 2. Weekly twice 3. Monthly	
44	13	If you have not received/ taken the tablet, please mention why?		
45	13.1	No supply	1. Yes 2. No	
46	13.2	Not interested	1. Yes 2. No	
47	13.3	Forgot	1. Yes 2. No	
48	13.4	No time	1. Yes 2. No	
49	13.5	Healthy food is enough	1. Yes 2. No	
50	13.6	Side effects	1. Yes 2. No	
51	13.7	Others	1. Yes 2. No	
52	13.8	Others (Specify)		
Section 5: History of consumption of iron tablets				
53	14.a	Do/ Did you regularly consume iron tablet? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.14.b and deactivate Q.15 2. If 2. No, move to Q. 14.b and activate Q.15

54	14.b	What is the frequency of consuming iron tablets?	1. Daily 2. Weekly 3. Monthly	If 1.daily, skip to Q.14 d If 2. weekly skip to Q14.c.1 and disable Q14.c.2 If 3. Monthly skip to Q14.c.2 and disable Q14.c.1
55	14.c.1	How many days did you consume the iron tablets in a week?		
56	14.c.2	How many days did you consume the iron tablets in a month?		
57	14.d	What is the time of the day when you take iron tablets?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
58	14.d.1	Others (Specify)		
59	14.e	How many tablets have you consumed in a month? (Instruction: Please provide number of tablets)		
60	14.f	For how many months did you consume the iron tablets? (Instruction: History of IFA tablet consumption. Count backwards from the current month)		
61	14.g	Have you experienced any side effects while consuming the iron tablet?	1. Yes 2. No	If 2. no, skip to Section 7. If the participant is using syrups (in question 8.a, if options 2. syrup or 3. both tablet and syrup) skip to Section 6
62	14.h	If you experienced any side effects while taking the iron tablets please choose all the side effects that you experienced		
63	14.h.1	Constipation	1. Yes 2. No	
64	14.h.2	Diarrhea	1. Yes 2. No	
65	14.h.3	Nausea, vomiting	1. Yes	

			2. No	
66	14.h.4	Pain in abdomen	1. Yes 2. No	
67	14.h.5	Black stools	1. Yes 2. No	
68	14.h.6	Others	1. Yes 2. No	
69	14.h.7	Others (Specify)		
70	14.i	What did you do after experiencing the side-effects?		
71	14.i.1	Stopped taking tablets completely	1. Yes 2. No	
72	14.i.2	Stopped for few days and continued	1. Yes 2. No	
73	14.i.3	Changed doctor	1. Yes 2. No	
74	14.i.4	Continued in spite of side effects	1. Yes 2. No	
75	14.i.5	Others	1. Yes 2. No	
76	14.i.6	Others (Specify)		
77	15	If you are not consuming iron tablets or not consuming regularly, please mention why?		
78	15.1	Forgot to take iron tablets	1. Yes 2. No	
79	15.2	Side effects	1. Yes 2. No	
80	15.3	Not interested	1. Yes 2. No	
81	15.4	No time	1. Yes 2. No	
82	15.5	Costly	1. Yes 2. No	

83	15.6	Healthy food is enough	1. Yes 2. No	
84	15.7	Others	1. Yes 2. No	
85	15.8	Others (Specify)		
		Section 6: History of consuming iron syrups		
86	16.a	Do/ Did you regularly consume iron syrup? (Instruction: To elicit regularity of IFA consumption)	1.Yes 2.No	1. If 1.yes, move to Q.16.b and deactivate Q.17 2. If 2. No, move to Q. 16.b and activate Q.17 Change on 23-11-2020
87	16.b	What is the frequency of consuming iron syrups?	1.Daily 2.Weekly 3.Monthly	If 1.Daily, skip to Q.16 d If 2. weekly skip to Q16.c.1 and disable Q16.c.2 If 3. monthly skip to Q16.c.2 and disable Q16.c.1
88	16.c.1	How many days did you consume the iron syrups in a week?		
89	16.c.2	How many days did you consume the iron syrups in a month?		
90	16.d	What is the time of the day when you take the iron syrup?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
91	16.d.1	Others (Specify)		
92	16.e	For how many months you have consumed iron syrup?		
93	16.f	In a month, how many bottles of iron syrup do you consume?		

94	16.g	What is the quantity of syrup consumed by you (in ml)? (Approximate quantity of syrup consumed in the past week to be understood from the bottle and the measuring cup/spoon used. If spoon, 1 tsp= 5 ml and 1 tbsp.= 10 ml)		
95	16.h	Have you experienced any side effects while consuming the iron syrup?	1. Yes 2. No	If 2. no skip to Section 7 If 1. yes goto question 16.i
96	16.i	If you experienced any side effects while taking the iron syrups please choose all the side effects that you experienced		
97	16.i.1	Constipation	1. Yes 2. No	
98	16.i.2	Diarrhea	1. Yes 2. No	
99	16.i.3	Nausea, vomiting	1. Yes 2. No	
100	16.i.4	Pain in abdomen	1. Yes 2. No	
101	16.i.5	Black stools	1. Yes 2. No	
102	16.i.6	Others	1. Yes 2. No	
103	16.i.7	Others (Specify)		
104	16.j	What did you do after experiencing the side-effects?		
105	16.j.1	Stopped taking syrups completely	1. Yes 2. No	
106	16.j.2	Stopped for few days and continued	1. Yes 2. No	
107	16.j.3	Changed doctor	1. Yes 2. No	
108	16.j.4	Continued in-spite of side effects	1. Yes 2. No	

109	16.j.5	Others	1. Yes 2. No	
110	16.j.6	Others (Specify)		
111	17	If you are not consuming iron syrups or not consuming regularly, please mention why?		
112	17.1	Forgot to take iron syrup	1. Yes 2. No	
113	17.2	Side effects	1. Yes 2. No	
114	17.3	Not interested	1. Yes 2. No	
115	17.4	No time	1. Yes 2. No	
116	17.5	Costly	1. Yes 2. No	
117	17.6	Healthy food is enough	1. Yes 2. No	
118	17.7	Others	1. Yes 2. No	
119	17.8	Others (Specify)		
		Section 7: Information on habitual intake of foods affecting iron absorption		
120	18	Do you have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of taking tea/coffee	
121	19	Do you have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 2. No 3. Don't have the habit of eating these fruits	

122	20	How frequently do you eat non-vegetarian food?	1. No, I don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times 6. Yes, daily 7. Weekly, 4-6 times	
123	21.a	Did you consume fortified beverages in the last one month? (Instruction: fortified beverages examples are horlicks, boost, complan)	1. Yes 2. No	If 2. no, skip to Section 8 If 1. yes goto question 21.b
124	21.b	Approximately, how frequently do you consume the fortified beverages	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times	
Section 8: Morbidity				
125	22	Did you suffer from fever/cold during the past two weeks?	1. Yes 2. No	
126	23	Did you suffer from acute respiratory tract infection during the past two weeks? (Instruction: Fever lasting for more than 3 days along with breathing difficulty)	1. Yes 2. No	
127	24	Did you have diarrhea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No	
128	25	Did you suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No	
129	26	Did you suffer from pneumonia/ bronchitis in the past two weeks	1. Yes 2. No	
Section 9: Menstrual history				
130	27.a	Whether attained menarche	1. Yes 2. No	If 2.no, skip to Q. 28 If 1.Yes, then go to question 27.b

131	27.b	Age at menarche (In complete years)		
132	27.c	Regularity of menstrual cycle	1. Regular 2. Irregular 3. Heavy bleeding	
		Section 10: Height & Weight		
133	28	Height (In cms)		
134	29	Weight (In kgs)		

Currently pregnant women (Second trimester onwards)

SINo	QN	Question	Options	Skiplogic
		Section:1 Knowledge on anemia		
1	1.a	Have you heard about anemia? (Instruction: If the person is doubtful or not saying anything, opt for no answer)	1. Yes 2. No 3. No answer	If 2. no or 77. no answer, skip to Section 2 If 1.yes then goto question 6.b
2	1.b	Can you tell me the causes of anemia?	1. Inadequate food 2. Blood loss 3. Worm infestation 4. Heredity 77. Don't know 99. Others (Specify)	
3	1.b.1	Others (Specify)		
4	1.c	Can you tell me how can we recognize someone with anemia?	1. Low energy / weakness 2. Pallor / pale eyes, nails 3. Spoon shaped nails 4. Fall sick frequently 5. Blood test 77. Don't know 99. Others (Specify)	
5	1.c.1	Others (Specify)		
6	1.d	How can anemia be prevented?	1. Eat iron - rich foods 2. Eat vitamin – c rich foods during or right after meals 3. Take iron supplements if prescribed 4. Treat other causes of anemia (diseases and infections) 77. Don't know 99. Others (Specify)	
7	1.d.1	Others (Specify)		
		Section: 2. Pregnancy related information		

8	2	Parity (Instruction: Parity refers to the number of births that a woman has had after 20 weeks of gestation)		
9	3a	Do you know when was your last menstrual periods (LMP) (Instruction: To be entered in dd/mm/yy format if known)	1. Yes 2. No	If no, then skip to Q.4. If Yes, then go to 3.b
10	3b	When was your LMP? (Instruction: To be entered in dd/mm/yy format if known)		
11	4	If exact LMP is not known, approximate month of pregnancy		
12	5.a	Do you have a pregnancy card? (Instruction: Pregnancy card refers to the ANC / MCP card from hospital)	1. Yes 2. No	If 1. Yes and 2. NO go to question 5.b
13	5.b	Please mention the number of ANC visits completed till now?		If the value entered is 0, then SKIP to Q.8 and De-activate Q.9.a If the value entered is other 0 then deactivate Q.9.b
14	6	Where do you go for ANC ?	1. Government hospital 2. Private Hospital 3. Sometimes Govt. Sometimes Pvt 99. Others (Specify)	I
15	6.a	Others (Specify)		
16	7	Why do you prefer the above mentioned health facility?	1 .Near to home 2. Easy Transportation 3. Trust 4. Better treatment 5. Money 6. Availability of doctors 99. Others (Specify)	
17	7.a	Others (Specify)		

18	8	Who decides the place of ANC and delivery for you?	1. Husband 2. Mother-In-Law 3. Myself 4. My parents 99. Others (Specify)	
19	8.a	Others (Specify)		
20	9.a	During the current pregnancy period, when was your first ANC visit? (Please record in months of pregnancy)		
21	9.b	If you have not undergone any ANC check-ups, please mention why?	1. Financial issues 2. Long distance and transportation problems 3. Lack of awareness 4. Family refusal 5. Pregnancy perceived as a normal health condition 6. Religion/caste issues 99. Others (Specify)	
22	9.b.1	Others (Specify)		
23	10.a	Do you have any complications related to the current pregnancy?	1. Yes 2. No 77. Don't know	If 2.No and 3.Don't know skip to Q 11 If 1.Yes go to 10.b question
24	10.b	If you have any complications related to the current pregnancy, please mention the nature of complications		
25	10.b.1	Gestational diabetes	1. Yes 2. No	
26	10.b.2	Hyperemesis	1. Yes 2. No	
27	10.b.3	Intra-uterine growth retardation	1. Yes 2. No	
28	10.b.4	Pregnancy induced hypertension	1. Yes 2. No	
29	10.b.5	Severe anemia	1. Yes	

			2. No	
30	10.b.6	Oligo or polyhydramnios	1. Yes 2. No	
31	10.b.7	Abnormal placental position/ cervical incompetence	1. Yes 2. No	
32	10.b.8	Others	1. Yes 2. No	
33	10.b.9	Others (Specify)		
34	11	Where are you planning your delivery?	1. Home 2. Government Hospital 3. Private Hospital 4. Not Yet Planned	
		Section: 3. Activities by ASHA		
35	12	Number of visits by ASHA during current pregnancy?	1. One 2. Two 3. Three or more 4. No Visit	If the answer is 4. no visit, skip to section IV If 1.one, 2.two or 3. three, then go to question 13
36	13	ANC activities,(Please list the activities carried out by ASHA)		
37	13.1	Advice for mother	1. Yes 2. No	
38	13.2	Follow ups for monthly ANC Checkups	1. Yes 2. No	
39	13.3	Supplied IFA to mother	1. Yes 2. No	
40	13.4	No advice given	1. Yes 2. No	
		Section: 4. History of screening anemia during current pregnancy		
41	14.a	Have you got your blood tested for hemoglobin during current pregnancy? (Probe: Check Hb / done blood test)	1. Yes 2. No	If the answer is 2.no, skip to Q.15 a If 1.Yes than go to question 14.b

42	14.b	From where did you get tested? (In case if the Hb has been tested multiple times, the most recent one should be recorded)	1. Primary health centre 2. Sub-centre 3. Government hospital 4. Private hospital 5. Private lab 99.Others (specify)	
43	14.b.1	Others (Specify)		
44	14.c	How do you want to report the hemoglobin level?	1. Record 2. Recall 77. Don't know	If 77. don't know, skip to question 15.a
45	14.d	Haemoglobin level (value in g/dl)		
46	15.a	Did you receive/ buy iron tablets/ iron syrups? (in the past six months)	1. Yes 2. No	If 2.no, skip to Q16 If 1. yes go to Q15.b
47	15.b	Please mention, from where did you receive?	1. ASHA worker 2. ANM / Sub - Centre 3. Primary Health Center 4. Government Hospital 5. Private Doctor / Private Pharmacy 6. Anganwadi 99. Others (Specify)	
48	15.b.1	Others (Specify)		

49	15.c	Did you consume the tablets/syrups that you received? (Instruction: Elicit info on habitual consumption/ attitude towards tablet or syrup)	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1. tablet or 2. syrup or 3. both go to Q.15.d If 4. didn't consume both need not fill section V and VI and skip to Q16. If 1. Tablet must fill section V and need not fill section VI If 2. syrup must fill section VI and need not fill section V If 3. both must fill both sections V and VI If 1, 2, 3 is selected, then deactivate the Q.16 If 4 is selected, then activate the Q.16
50	15.d	Upload photo		
51	15.e	From which month of pregnancy did you start consuming iron tablets/syrups?	1. 1 -3 months 2. 4th month 3. 5th month 4. 6th month 5. >6th month	
52	15.f	Are you willing to consume the iron tablets supplied by NIN for a period of three months?	1. Yes 2. No, I would like to continue with the current medication 3. No answer 99.Others (Specify)	Enable this question only if the participant had answered 1. Tablet, 2. Syrup or 3. Both tablet and syrup to question 15.c
53	15.f.1	Others (Specify)		
54	16.a	If you did not take/consume iron tablets /syrup, please mention why?		

55	16.a.1	Forgot to take iron tablets	1. Yes 2. No	
56	16.a.2	Side effects	1. Yes 2. No	
57	16.a.3	Not interested	1. Yes 2. No	
58	16.a.4	No time	1. Yes 2. No	
59	16.a.5	Costly	1. Yes 2. No	
60	16.a.6	Healthy food is enough	1. Yes 2. No	
61	16.a.7	Others	1. Yes 2. No	
62	16.a.7.1	Others (Specify)		
63	17.a	Did you receive de-worming tablets during this pregnancy? (Instruction: Use visual clue-tablets)	1. Yes 2. No 77. Don't know	If 2.no or 3.don't know skip to section V, else continue with next question
64	17.b	If you have received deworming tablets during pregnancy, please mention how many times have you received so far?	1. Once 2. Twice 3. Not sure	
		Section 5. History of consumption of iron tablets		
65	18.a	Do you regularly consume iron tablets? (Instruction:- To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.18.b and deactivate Q.19 2. If 2. No, move to Q. 18.b and activate Q.19

66	18.b	What is the frequency of consuming iron tablets?	1. Daily 2. Weekly 3. Monthly	If 1. daily skip to Q 18 d If 2. weekly skip to Q 18.c1 If 3. monthly skip to Q 18. c2
67	18.c.1	How many days did you consume the iron tablets in a week?		
68	18.c.2	How many days did you consume the iron tablets in a month?		
69	18.d	Which tablet do you consume every day? tablet supplied by:		
70	18.d.1	ASHA worker	1. Yes 2. No	
71	18.d.2	ANM / Sub - Centre	1. Yes 2. No	
72	18.d.3	Primary health center	1. Yes 2. No	
73	18.d.4	Government hospital	1. Yes 2. No	
74	18.d.5	Private doctor / Private pharmacy	1. Yes 2. No	
75	18.d.6	Anganwadi	1. Yes 2. No	
76	18.d.7	Others	1. Yes 2. No	
77	18.d.7.1	Others (Specify)		
78	18.e	Please provide details of the tablets that you are consuming daily		
79	18.e.1	Time of consuming iron tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	

80	18.e.1.1	Other timing (Specify)		
81	18.e.2	Iron dose (in mg)		
82	18.e.3	Time of consuming calcium tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
83	18.e.3.1	Other timing (Specify)		
84	18.e.4	Calcium dose (in mg)		
85	18.f	What is the time of the day when you take iron tablets?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
86	18.f.1	Others (Specify)		
87	18.g	How many tablets have you consumed in a month? (Instruction: Please provide the number of tablets)		
88	18.h	For how many months did you consume the iron tablets? (Instruction: History of IFA tablet consumption. Count backwards from the current month)		
89	18.i	Have you experienced any side effects while consuming the iron tablet?	1. Yes 2. No	If 2.no, skip to section VII. If syrup is also consumed (Q.15 c is answered 2, syrup or 3. both), skip to section VI
90	18.j	If you experienced any side effects while taking the iron tablet, please mention what are they (Record all the side effects reported by the participant)		
91	18.j.1	Constipation	1. Yes 2. No	
92	18.j.2	Diarrhea	1. Yes	

			2. No	
93	18.j.3	Nausea/ vomiting	1. Yes 2. No	
94	18.j.4	Pain in abdomen	1. Yes 2. No	
95	18.j.5	Black stools	1. Yes 2. No	
96	18.j.6	Others	1. Yes 2. No	
97	18.j.7	Others (Specify)		
98	18.k	What did you do after experiencing the side-effects?		
99	18.k.1	Stopped taking tablets completely	1. Yes 2. No	
100	18.k.2	Stopped for few days and continued	1. Yes 2. No	
101	18.k.3	Changed doctor	1. Yes 2. No	
102	18.k.4	Continued in spite of side effects	1. Yes 2. No	
103	18.k.5	Others	1. Yes 2. No	
104	18.k.6	Others (Specify)		
105	19	If you are not consuming iron tablets or not consuming regularly, please mention why?		
106	19.1	Forgot to take iron tablets	1. Yes 2. No	
107	19.2	Side effects	1. Yes 2. No	
108	19.3	Not interested	1. Yes 2. No	
109	19.4	No time	1. Yes 2. No	
110	19.5	Costly	1. Yes	

			2. No	
111	19.6	Healthy food is enough	1. Yes 2. No	
112	19.7	Others	1. Yes 2. No	
113	19.8	Others (Specify)		
Section 6: History of consumption of iron syrup				
114	20.a	Do / Did you regularly consume iron syrup? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.20.b and deactivate Q.21 2. If 2. No, move to Q. 20.b and activate Q.21 Change on 23-11-2020
115	20.b	What is the frequency of consuming iron syrups?	1. Daily 2. Weekly 3. Monthly	If 1.daily skip to Q 20.d If 2.weekly skip to Q 20.c1 If 3.monthly skip to Q 20.c2
116	20.c.1	How many days did you consume iron syrup in a week?		
117	20.c.2	How many days did you consume iron syrup in a month?		
118	20.d	Which syrup do you consume every day? syrup supplied by:		
119	20.d.1	ASHA worker	1. Yes 2. No	
120	20.d.2	ANM / sub – centre	1. Yes 2. No	
121	20.d.3	Primary health center	1. Yes 2. No	
122	20.d.4	Government hospital	1. Yes 2. No	

123	20.d.5	Private doctor / Private pharmacy	1. Yes 2. No	
124	20.d.6	Anganwadi	1. Yes 2. No	
125	20.d.7	Others	1. Yes 2. No	
126	20.d.8	Others (Specify)		
127	20.e	Please provide details of the iron syrup /calcium tablets that you are consuming daily		
128	20.e.1	Time of consuming iron syrup	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
129	20.e.1.1	Other timing (Specify)		
130	20.e.2	Iron dose (in mg)		
131	20.e.3	Time of consuming calcium tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
132	20.e.3.1	Other timing (Specify)		
133	20.e.4	Calcium dose (in mg)		
134	20.f	What is the time of the day when you take the iron syrup?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
135	20.f.1	Others (Specify)		
136	20.g	For how many months you have consumed iron syrup?		
137	20.h	In a month, how many bottles of iron syrup do you consume?		

138	20.i	What is the quantity of syrup consumed by you (in ml)? (Approximate quantity of syrup consumed to be understood from the bottle and the measuring cup/spoon used. If spoon, 1 tsp= 5 ml and 1 tbsp= 10 ml)		
139	20.j	Have you experienced any side effects while consuming the iron syrup?	1. Yes 2. No	IF 2. No SKIP TO SECTION 7 If 1. yes go to question 20.k
140	20.k	If you experienced any side effects while taking the iron syrups, please mention what are they (Instruction: Record all the side effects reported by the participant)		
141	20.k.1	Constipation	1. Yes 2. No	
142	20.k.2	Diarrhea	1. Yes 2. No	
143	20.k.3	Nausea/Vomiting	1. Yes 2. No	
144	20.k.4	Pain in abdomen	1. Yes 2. No	
145	20.k.5	Black stools	1. Yes 2. No	
146	20.k.6	Others	1. Yes 2. No	
147	20.k.7	Others (Specify)		
148	20.l	What did you do after experiencing the side-effects?		
149	20.l.1	Stopped taking tablets completely	1. Yes 2. No	
150	20.l.2	Stopped for few days and continued	1. Yes 2. No	
151	20.l.3	Changed doctor	1. Yes 2. No	
152	20.l.4	Continued in spite of side effects	1. Yes	

			2. No	
153	20.I.5	Others	1. Yes 2. No	
154	20.I.6	Others (Specify)		
155	21	If you are not consuming iron syrups or not consuming regularly, please mention why?		
156	21.1	Forgot to take iron tablets	1. Yes 2. No	
157	21.2	Side effects	1. Yes 2. No	
158	21.3	Not interested	1. Yes 2. No	
159	21.4	No time	1. Yes 2. No	
160	21.5	Costly	1. Yes 2. No	
161	21.6	Healthy food is enough	1. Yes 2. No	
162	21.7	Others	1. Yes 2. No	
163	21.8	Others (Specify)		
Section:7. Information on habitual intake of foods affecting iron absorption				
164	22	Do you have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of taking tea/coffee	
165	23	Do you have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of eating these fruits	

166	24	How frequently do you eat non-vegetarian food?	1. No, I don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times 6. Yes, daily 7. Weekly, 4-6 times	
167	25.a	Did you consume fortified beverages in the last one month? (Instruction: fortified beverages examples are horlicks, boost, complan)	1. Yes 2. No	If 2. No skip to Section 8 If 1. yes go to question 25.b
168	25.b	Approximately, how frequently did you consume the fortified beverages	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times	
		Section:8 Morbidity		
169	26	Did you suffer from fever/ cold during the past two weeks?	1. Yes 2. No	
170	27	Did you suffer from acute respiratory tract infection during the past two weeks? (Instruction: Fever lasting for more than 3 days along with breathing difficulty)	1. Yes 2. No	
171	28	Did you have diarrhea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No	
172	29	Did you suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No	
173	30	Did you suffer from pneumonia/ bronchitis in the past two weeks	1. Yes 2. No	
		Section:9 Height & Weight		
174	31	Height (In cm)		
175	32	Weight (In Kg)		

Lactating women (Woman with >6 months old child/children)

SINo	QN	Question	Options	Skip logic
		Section: 1 Knowledge of anemia		
1	1.a	Have you heard about anemia? (Instruction: If the person is doubtful or not saying anything, opt for no answer)	1. Yes 2. No 3. No answer	If 2. no or 77. no answer, skip to Section 2 If 1.yes then goto question 6.b
2	1.b	Can you tell me the causes of anemia?	1. Inadequate food 2. Blood loss 3. Worm infestation 4. Heredity 77. Don't know 99. Others (Specify)	
3	1.b.1	Others (Specify)		
4	1.c	Can you tell me how can we recognize someone with anemia?	1. Low energy / weakness 2. Pallor / pale eyes, nails 3. Spoon shaped nails 4. Fall sick frequently 5. Blood test 77. Don't know 99. Others (Specify)	
5	1.c.1	Others (Specify)		
6	1.d	How can anemia be prevented?	1. Eat iron - rich foods 2. Eat vitamin – c rich foods during or right after meals 3. Take iron supplements if prescribed 4. Treat other causes of anemia (diseases and infections) 77. Don't know 99. Others (Specify)	
7	1.d.1	Others (Specify)		
		Section 2: General information		

8	2	How many children do you have? (Instruction: Number of children to be entered)		
9	3.a	Do you know the date of birth of your youngest child?	1. Yes 2. No	If 1. Yes is selected then enable que 3.b If 2. No then skip to question 3.c
10	3.b	What is the date of birth of your youngest child?		
11	3.c	What is the age of your youngest child? (in months)		
12	4	Where was your last delivery done?	1. Government hospital 2. Private hospital 3. Home delivery by ANM 4. Home delivery by ASHA	
13	5	What was the mode of delivery?	1. Normal/ Assisted 2. Caesarian	
14	6	Was it a singleton/ multiple pregnancy?	1. Singleton 2. Multiple	
15	7	How many ANC visits did you undergo while being pregnant?		
16	8	After delivery, how many times did you visit a health facility? (Instruction: Visits made to health facility for the mother need to be elicited)		
17	9	Has your menstruation resumed after delivery?	1. Yes 2. No	
18	10.a	Are you exclusively breast-feeding the child? (Instruction: Exclusive breast feeding means no solid or liquid food other than breast milk)	1. Yes 2. Yes, but giving water 3. No	If 1.Yes skip to Section 3 If 2.Yes,but giving water or 3.No go to question 10.b

19	10.b	If you are not exclusively breastfeeding the baby, please provide reasons (Instruction: Multiple choices are possible for this question)		
20	10.b.1	Not enough milk	1. Yes 2. No	
21	10.b.2	Mother not well	1. Yes 2. No	
22	10.b.3	Mother going to work	1. Yes 2. No	
23	10.b.4	Others	1. Yes 2. No	
24	10.b.5	Others (Specify)		
		Section 3: Activities by ASHA		
25	11	Number of house visits by ASHA after delivery	1. One 2. Two 3. Three 4. No Visit	If 4.No visit skip to Section 4 If 1.One or 2.Two or 3.Three goto question 12
26	12	PNC(Post Natal Care) activities (Please list the activities carried out by asha)		
27	12.a	Advice for mother	1. Yes 2. No	-
28	12.b	Advice for baby care	1. Yes 2. No	-
29	12.c	Supplied IFA for mother	1. Yes 2. No	-
30	12.d	No advice given	1. Yes 2. No	-
		Section 4. History of screening for anemia (Instruction: Capture the post partum history till the date of survey. It should not exceed 6 months)		

31	13.a	Have you got your blood tested for hemoglobin after your last delivery? (Probe: Check Hb / done blood test)	1. Yes 2. No 77. Don't know	If 1.Yes then go to question 13.b And Activate 14.a If the answer is 2.No & 77.Don't know, skip to Qn. 14.a Priority 1 change
32	13.b	From where did you get tested? (In case if the Hb has been tested multiple times; the most recent one should be recorded)	1. Primary health centre 2. Sub-centre 3. Government hospital 4. Private hospital 5. Private lab 99.Others (specify)	
33	13.b.1	Others (Specify)		
34	13.c	How do you want to report the hemoglobin level?	1. Record 2. Recall 77. Don't know	if 77.Don't know skip to question 14.a
35	13.d	Haemoglobin level (Value in g/dl)		Min-2 Max-20
36	14.a	Did you receive/buy iron tablets/iron syrups after delivery?	1. Yes 2. No	If 2.no, skip to Q15 If 1.Yes goto question 14.b
37	14.b	Please mention, from where did you receive?		
38	14.b.1	ASHA worker	1. Yes 2. No	
39	14.b.2	ANM / sub – centre	1. Yes 2. No	
40	14.b.3	Primary health center	1. Yes 2. No	

41	14.b.4	Government hospital	1. Yes 2. No	
42	14.b.5	Private doctor / private pharmacy	1. Yes 2. No	
43	14.b.6	Anganwadi	1. Yes 2. No	
44	14.b.7	Others	1. Yes 2. No	
45	14.b.8	Others (Specify)		
46	14.c	Did you consume the tablets/ syrups received by you? (Instruction: Elicit information on habitual consumption/ attitude towards tablet or syrup)	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1.Tablet skip to section 5 and must fill section V and need not fill section 6, If 2.Syrups skip to section 6 and must fill section VI and need not fill section 5, If 3.Tablet & Syrup skip to section 5 and must fill section V & VI, If 4.Dint't consume (either table or syrup) skip to question 15 and need not fill section V and VI
47	15	If you did not take/consume iron tablets /syrup, please mention why?		
48	15.1	Forget to take iron tablets	1. Yes 2. No	
49	15.2	Side effects	1. Yes 2. No	
50	15.3	Not interested	1. Yes 2. No	
51	15.4	No time	1. Yes 2. No	

52	15.5	Costly	1. Yes 2. No	
53	15.6	Healthy food is enough.	1. Yes 2. No	
54	15.7	Others	1. Yes 2. No	
55	15.8	Others (Specify)		
Section:5. History of consumption of iron tablets [after delivery]				
56	16.a	Do you regularly consume iron tablets? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.16.b and deactivate Q.17 2. If 2. No, move to Q. 16.b and activate Q.17 Change on 23-11-2020
57	16.b	What is the frequency of consuming iron tablets?	1. Daily 2. Weekly 3. Monthly	If 1.Daily Skip to 16.d question If 2.Weekly, skip to Q16.c.1 and deactivate Q16.c.2 3.Monthly skip to Q16.c.2 and deactivate Q16.c.1
58	16.c.1	How many days did you consume the iron tablets in a week?		
59	16.c.2	How many days did you consume the iron tablets in a month?		
60	16.d	Which tablet do you consume every day? tablet supplied by:		
61	16.d.1	ASHA worker	1. Yes 2. No	
62	16.d.2	ANM / Sub-centre	1. Yes 2. No	
63	16.d.3	Primary health center	1. Yes 2. No	

64	16.d.4	Government hospital	1. Yes 2. No	
65	16.d.5	Private doctor/ Private pharmacy	1. Yes 2. No	
66	16.d.6	Anganwadi	1. Yes 2. No	
67	16.d.7	Others	1. Yes 2. No	
68	16.d.8	Others (Specify)		
69	16.e	Please provide details of the tablets that you are consuming daily		
70	16.e.1	Time of consuming iron tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
71	16.e.1.1	Other timing (Specify)		
72	16.e.2	Iron dose (in mg)		
73	16.e.3	Time of consuming calcium tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
74	16.e.3.1	Other timing (Specify)		
75	16.e.4	Calcium dose (in mg)		
76	16.f	What is the time of the day when you take iron tablets?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
77	16.f.1	Others (Specify)		

78	16.g	How many tablets have you consumed in a month? (Instruction: Please provide the number of tablets)		
79	16.h	For how many months did you consume the iron tablets? (Instruction: History of IFA tablet consumption. Count backwards from the current month)		
80	16.i	Have you experienced any side effects while consuming the iron tablet?	1. Yes 2. No	If 2.No skip to Section 7. If syrup is also consumed (Q14.c 2.Syrup or 3.Both tablet and Syrup) skip to section 6. If 1.Yes goto question 16.j
81	16.j	If you experienced any side effects while taking the iron tablets, please mention what are they (Instruction: Record all the side effects reported by the participant)		
82	16.j.1	Constipation	1. Yes 2. No	
83	16.j.2	Diarrhea	1. Yes 2. No	
84	16.j.3	Nausea/ vomiting	1. Yes 2. No	
85	16.j.4	Pain in abdomen	1. Yes 2. No	
86	16.j.5	Black stools	1. Yes 2. No	
87	16.j.6	Others	1. Yes 2. No	
88	16.j.7	Others (Specify)		
89	16.k	What did you do after experiencing the side-effects?		
90	16.k.1	Stopped taking tablets completely	1. Yes 2. No	

91	16.k.2	Stopped for few days and continued	1. Yes 2. No	
92	16.k.3	Changed doctor	1. Yes 2. No	
93	16.k.4	Continued in spite of side effects	1. Yes 2. No	
94	16.k.5	Others	1. Yes 2. No	
95	16.k.6	Others (Specify)		
96	17	If you are not consuming iron tablets or not consuming regularly, please mention why?		
97	17.1	Forgot to take iron tablets	1. Yes 2. No	
98	17.2	Side effects	1. Yes 2. No	
99	17.3	Not interested	1. Yes 2. No	
100	17.4	No time	1. Yes 2. No	
101	17.5	Costly	1. Yes 2. No	
102	17.6	Healthy food is enough	1. Yes 2. No	
103	17.7	Others	1. Yes 2. No	
104	17.8	Others (Specify)		
		Section: 6. History of consuming iron syrup		

105	18.a	Do you regularly consume iron syrup? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.18.b and deactivate Q.19 2. If 2. No, move to Q. 18.b and activate Q.19 Change on 23-11-2020
106	18.b	What is the frequency of consuming iron syrups?	1. Daily 2. Weekly 3. Monthly	If 1.Daily Skip to question 18.d If 2.Weekly or 3.Monthly goto question 18.c
107	18.c.1	How many days did you consume the iron syrup in a week?		
108	18.c.2	How many days did you consume the iron syrup in a month?		
109	18.d	Which syrup do you consume every day? syrup supplied by:		
110	18.d.1	ASHA worker	1. Yes 2. No	
111	18.d.2	ANM / sub – centre	1. Yes 2. No	
112	18.d.3	Primary health center	1. Yes 2. No	
113	18.d.4	Government hospital	1. Yes 2. No	
114	18.d.5	Private doctor / private pharmacy	1. Yes 2. No	
115	18.d.5	Anganwadi	1. Yes 2. No	
116	18.d.6	Others	1. Yes 2. No	
117	18.d.7	Others (Specify)		
118	18.e	Please provide details of the iron syrup / calcium tablets that you are consuming daily		

119	18.e.1	Time of consuming iron syrup	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
120	18.e.1. 1	Other timing (Specify)		
121	18.e.2	Iron dose (in mg)		
122	18.e.3	Time of consuming calcium tablets	1. Break Fast 2. Lunch 3. Evening 4. Dinner 99. Other timing (Specify)	
123	18.e.3. 1	Other timing (Specify)		
124	18.e.4	Calcium dose (in mg)		
125	18.f	What is the time of the day when you take the iron syrup?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
126	18.f.1	Others (Specify)		
127	18.g	For how many months you have consumed iron syrup?		
128	18.h	In a month, how many bottles of iron syrup do you consume?		
129	18.i	What is the quantity of syrup consumed by you (in ml)? (Approximate quantity of syrup consumed to be understood from the bottle and the measuring cup/spoon used. If spoon, 1 tsp= 5 ml and 1 tbsp= 10 ml)		
130	18.j	Have you experienced any side effects while consuming the iron syrup?	1. Yes 2. No	IF 2.No SKIP TO SECTION 7 If 1.Yes then goto question 18.k

131	18.k	If you experienced any side effects while taking the iron syrups, please mention what are they(Instruction: record all the side effects reported by the participant)		
132	18.k.1	Constipation	1. Yes 2. No	
133	18.k.2	Diarrhea	1. Yes 2. No	
134	18.k.3	Nausea/ vomiting	1. Yes 2. No	
135	18.k.4	Pain in abdomen	1. Yes 2. No	
136	18.k.5	Black stools	1. Yes 2. No	
137	18.k.6	Others	1. Yes 2. No	
138	18k.7	Others (Specify)		
139	18.l	What did you do after experiencing the side-effects?		
140	18.l.1	Stopped taking tablets completely	1. Yes 2. No	
141	18.l.2	Stopped for few days and continued	1. Yes 2. No	
142	18.l.3	Changed doctor	1. Yes 2. No	
143	18.l.4	Continued in spite of side effects	1. Yes 2. No	
144	18.l.5	Others	1. Yes 2. No	
145	18.l.6	Others (Specify)		
146	19	If you are not consuming iron syrups or not consuming regularly, please mention why?		

147	19.1	Forgot to take iron tablets	1. Yes 2. No	
148	19.2	Side effects	1. Yes 2. No	
149	19.3	Not interested	1. Yes 2. No	
150	19.4	No time	1. Yes 2. No	
151	19.5	Costly	1. Yes 2. No	
152	19.6	Healthy food is enough	1. Yes 2. No	
153	19.7	Others	1. Yes 2. No	
154	19.8	Others (Specify)		
Section:7. Information on habitual intake of inhibitory diet				
155	20	Do you have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of taking tea/coffee	
156	21	Do you have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of eating these fruits	
157	22	How frequently do you eat non-vegetarian food?	1. No, I don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times	

			6. Yes, daily 7. Weekly, 4-6 times	
158	23.a	Did you consume fortified beverages in the last one month? (Instruction: fortified beverages examples are Horlicks, Boost, complan)	1. Yes 2. No	If 2.No skip to Section 8 If 1.Yes goto question 23.b
159	23.b	Approximately, how frequently did you consume the fortified beverages?	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times	
Section: 8 Morbidity				
160	24	Did you suffer from fever/ cold during the past two weeks?	1. Yes 2. No	
161	25	Did you suffer from acute respiratory tract infection during the past two weeks? (Instruction: Fever lasting for more than 3 days along with breathing difficulty)	1. Yes 2. No	
162	26	Did you have diarrhea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No	
163	27	Did you suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No	
164	28	Did you suffer from pneumonia/ bronchitis in the past two weeks	1. Yes 2. No	
Section: 9 Height & Weight				
165	29	Height (In cm)		
166	30	Weight (In Kg)		

Section 10. History of deworming				
167	31	Did the child receive de-worming tablets/Syrup in past one year from the date of survey?	1 - Yes 2 - No 77 - Don't know	1. If 1.Yes Goto 32
168	32	How many times did he/ she receive deworming tablets/Syrup in the past one year from the date of survey?	1 - Once 2 - Twice 77 - Not sure	

Non- pregnant and Non-lactating women and Men

SINo	QN	Question	Options	Skip logic
		Basic details		
1	1	House ID number		
2	2	Individual ID number		
3	3	Date of survey		
4	4	Survey start time		
5	5	Survey done by		
		Section:1 Knowledge on anemia		
6	1.a	Have you heard about anemia? (Instruction: If the person is doubtful or not saying anything, opt for no answer)	1. Yes 2. No 3. No answer	If 2. no or 77. no answer, skip to Section 2 If 1.yes then goto question 6.b
7	1.b	Can you tell me the causes of anemia?	1. Inadequate food 2. Blood loss 3. Worm infestation 4. Heredity 77. Don't know 99. Others (Specify)	
8	1.b.1	Others (Specify)		
9	1.c	Can you tell me how can we recognize someone with anemia?	1. Low energy / weakness 2. Pallor / pale eyes, nails 3. Spoon shaped nails 4. Fall sick frequently 5. Blood test 77. Don't know 99. Others (Specify)	
10	1.c.1	Others (Specify)		

11	1.d	How can anemia be prevented?	1. Eat iron - rich foods 2. Eat vitamin – c rich foods during or right after meals 3. Take iron supplements if prescribed 4. Treat other causes of anemia (diseases and infections) 77. Don't know 99. Others (Specify)	
12	1.d.1	Others (Specify)		
		Section 2: History of screening for anemia and treatment (Instruction: Past 6 months from the date of survey)		
13	2.a	Have you checked hemoglobin in the past six months for knowing anemia status? (Probe: Have you undergone any blood test)	1. Yes 2. No 77. Don't know	If 2.NO OR 77.Don't know skip to question 3 If 1.Yes move to question 2.b
14	2.b	From where did you get tested? (In case if the hb has been tested multiple times; the most recent one should be recorded)		
15	2.b.1	Primary health center	1. Yes 2. No	
16	2.b.2	Sub-centre	1. Yes 2. No	
17	2.b.3	Government hospital	1. Yes 2. No	
18	2.b.4	Private hospital	1. Yes 2. No	
19	2.b.5	Private lab	1. Yes 2. No	
20	2.b.6	Others	1. Yes 2. No	

21	2.b.7	Others (Specify)		
22	2.c	How do you want to report your hemoglobin levels?	1. Record 2. Recall 3. Don't know	If 3. Don't know skip to question 3.a
23	2.d	Hemoglobin level (value in g/dl)		If Hb \geq 12 (Women) If Hb \geq 13 for (men) Skip to section 3 (No skip if the question filled on basis of recall)
24	3.a	Did you receive/buy iron tablets or iron syrups? (in the past six months)	1. Yes 2. No	If 2. No, skip to question 4 If 1. Yes goto question 3.b
25	3.b	Please mention, from where did you receive?		
26	3.b.1	ASHA worker	1. Yes 2. No	
27	3.b.2	ANM / sub – centre	1. Yes 2. No	
28	3.b.3	Primary health center	1. Yes 2. No	
29	3.b.4	Government hospital	1. Yes 2. No	
30	3.b.5	Private doctor / private pharmacy	1. Yes 2. No	
31	3.b.6	Anganwadi	1. Yes 2. No	
32	3.b.7	Others	1. Yes 2. No	
33	3.b.8	Others (Specify)		

34	3.c	Did you consume the tablets/ syrups received by you ? (Instruction: Elicit info on habitual consumption/ attitude towards tablet or syrup)	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1.Tablet skip to section 3 and must fill section 5 and need not fill section 6, If 2.Syrups skip to section 3 and must fill section 6 and need not fill section 5, If 3.Tablet & Syrup skip to section 3 and must fill section 5 & 6, If 4.Dint't consume (either tablet or syrup) goto question 4 and need not fill section 5 and 6
35	4	If you did not take/ consume iron tablets / syrup, please mention why?		
36	4.1	Forgot to take iron tablets	1. Yes 2. No	
37	4.2	Side effects	1. Yes 2. No	
38	4.3	Not interested	1. Yes 2. No	
39	4.4	No time	1. Yes 2. No	
40	4.5	Costly	1. Yes 2. No	
41	4.6	Healthy food is enough.	1. Yes 2. No	
42	4.7	Others	1. Yes 2. No	
43	4.8	Others (Specify)		
		Section: 3 Current status of anemia		

44	5.a	Are you currently taking iron tablets/syrups?	1. Tablet 2. Syrup 3. Both iron tablet and syrup 4. Didn't consume (either tablet or syrup)	If 1, go to 5b, and should fill section 5 If 2, go to 5b and should fill section 6 If 3, go to 5b and should fill both section 5 and 6 If 4, skip to section 4 and disable section 5 and 6
45	5.b	Please provide detailed information on the iron tablets consumed by you (Please show a wrapper for reference)(Instruction: Record this information from the iron tablet blisters available with the participant and upload the photograph)		
46	5.b.1	Brand		
47	5.b.2	Company		
48	5.b.3	Dose		
49	5.b.4	Take photo		
50	6.a	Did you receive de-worming tablets in the past one year from AWC/ sub-centre ?	1. Yes 2. No	If 1.Yes move to 6.b question and enable 7.a If 2.No, Disable 6.a and enable Qn 7.a Priority 1 change
51	6.b	How many times did you receive a de-worming tablet in the past year?	1. Once 2. Twice 3. Not sure	
52	7.a	Did you receive iron tablets in the past one year from ASHA/ AWC ?	1. Yes 2. No	If 2.No skip to question 8 and then skip to Q.13 If 1.Yes goto question 7.b and disable question 8
53	7.b	If you have received iron tablets in the past one year, from where did you receive them?		

54	7.b.1	ASHA worker	1. Yes 2. No	
55	7.b.2	ANM / sub - centre	1. Yes 2. No	
56	7.b.3	Primary health center	1. Yes 2. No	
57	7.b.4	Government hospital	1. Yes 2. No	
58	7.b.5	Anganwadi	1. Yes 2. No	
59	7.b.6	Other	1. Yes 2. No	
60	7.b.7	Others (Specify)		
61	7.c	Please mention the regularity of iron tablets received by you	1. Weekly 2. Weekly twice 3. Monthly	
62	8	If you have not received/ taken the tablet, please mention why? (Instruction: Multiple choices are possible for this question)		
63	8.1	No supply	1. Yes 2. No	
64	8.2	Not interested	1. Yes 2. No	
65	8.3	Forgot	1. Yes 2. No	
66	8.4	No time	1. Yes 2. No	
67	8.5	Healthy food is enough	1. Yes 2. No	
68	8.6	Side effects	1. Yes 2. No	
69	8.7	Others	1. Yes 2. No	

70	8.8	Others (Specify)		
		Section 5: History of consumption of iron tablets		
71	9.a	Do you regularly consume iron tablet? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.9.b and deactivate Q.10 2. If 2. No, move to Q. 9.b and activate Q.10 Change on 23-11-2020
72	9.b	What is the frequency of consuming iron tablets?	1. Daily 2. Weekly 3. Monthly	If 1.Daily, skip to question 9.d If 2.Weekly skip to Q.9.c.1 and deactivate Q.9.c.2 If 3.Monthly skip to Q.9.c.2 and deactivate Q.9.c.1
73	9.c.1	How many days did you consume the iron tablets in a week?		Information about weekly or monthly should be captured from 9b and shown as Per week or Per month
74	9.c.2	How many days did you consume the iron tablets in a month?		
75	9.d	What is the time of the day when you take iron tablets?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
76	9.d.1	Others (Specify)		
77	9.e	How many tablets have you consumed in a month? (Instruction: Please provide the number of tablets)		

78	9.f	For how many months did you consume the iron tablets? (Instruction: History of IFA tablet consumption. Count backwards from the current month)		
79	9.g	Have you experienced any side effects while consuming the iron tablet?	1. Yes 2. No	If 2.No, skip to section 7. If Q3.c answered 2.syrup or 3.both iron tablet and syrup skip to section 6 If 1.Yes goto question 9.h
80	9.h	If you experienced any side effects while taking the iron tablets, please mention what are they (Instruction: Record all the side effects reported by the participant)		
81	9.h.1	Constipation	1. Yes 2. No	
82	9.h.2	Diarrhea	1. Yes 2. No	
83	9.h.3	Nausea, Vomiting	1. Yes 2. No	
84	9.h.4	Pain in abdomen	1. Yes 2. No	
85	9.h.5	Black stools	1. Yes 2. No	
86	9.h.6	Others	1. Yes 2. No	
87	9.h.7	Others (Specify)		
88	9.i	What did you do after experiencing the side-effects?		
89	9.i.1	Stopped taking tablets completely	1.Yes 2. No	
90	9.i.2	Stopped for few days and continued	1.Yes 2. No	
91	9.i.3	Changed doctor	1.Yes 2. No	

92	9.i.4	Continued in spite of side effects	1.Yes 2. No	
93	9.i.5	Others	1.Yes 2. No	
94	9.i.6	Others (Specify)		
95	10	If you are not consuming iron tablets regularly, please mention why?		
96	10.1	Forgot to take iron tablets	1. Yes 2. No	
97	10.2	Side effects	1. Yes 2. No	
98	10.3	Not interested	1. Yes 2. No	
99	10.4	No time	1. Yes 2. No	
100	10.5	Costly	1. Yes 2. No	
101	10.6	Healthy food is enough	1. Yes 2. No	
102	10.7	Others	1. Yes 2. No	
103	10.8	Others (Specify)		
Section 6: History of consuming iron syrups				
104	11.a	Do you regularly consume iron syrup? (Instruction: To elicit regularity of IFA consumption)	1. Yes 2. No	1. If 1.yes, move to Q.11.b and deactivate Q.12 2. If 2. No, move to Q. 11.b and activate Q.12 Change on 23-11-2020

105	11.b	What is the frequency of consuming iron syrups?	1. Daily 2. Weekly 3. Monthly	If 1.Daily, skip to Q.11d If 2.Weekly skip to Q11.c.1 and disable Q11.c.2 If 3.Monthly skip to Q11.c.2 and disable Q11.c.1
106	11.c.1	How many days did you consume the iron syrup in a week?		
107	11.c.2	How many days did you consume the iron syrup in a month?		
108	11.d	What is the time of the day when you take the iron syrup?	1. Before meal 2. Immediately after meal 99.Others (Specify)	
109	11.d.1	Others (Specify)		
110	11.e	For how many months you have consumed iron syrup?		
111	11.f	In a month, how many bottles of iron syrup do you consume?		
112	11.g	What is the quantity of syrup consumed by you (in ml) ? (Approximate quantity of syrup consumed in the past week to be understood from the bottle and the measuring cup/spoon used. If spoon, 1 tsp= 5 ml and 1 tbsp.= 10 ml)		
113	11.h	Have you experienced any side effects while consuming the iron syrup?	1. Yes 2. No	If 2.No skip to Section 7 If 1.Yes goto question 11.i
114	11.i	If you experienced any side effects while taking the iron syrups, please mention what are they (Instruction: Record all the side effects reported by the participant)		
115	11.i.1	Constipation	1. Yes 2. No	
116	11.i.2	Diarrhea	1. Yes 2. No	

117	11.i.3	Nausea/ vomiting	1. Yes 2. No	
118	11.i.4	Pain in abdomen	1. Yes 2. No	
119	11.i.5	Black stools	1. Yes 2. No	
120	11.i.6	Others	1. Yes 2. No	
121	11.i.7	Others (Specify)		
122	11.j	What did you do after experiencing the side-effects?		
123	11.j.1	Stopped taking syrups completely	1. Yes 2. No	
124	11.j.2	Stopped for few days and continued	1. Yes 2. No	
125	11.j.3	Changed doctor	1. Yes 2. No	
126	11.j.4	Continued in-spite of side effects	1. Yes 2. No	
127	11.j.5	Others	1. Yes 2. No	
128	11.j.6	Others (Specify)		
129	12	If you are not consuming iron syrups regularly, please mention why?		
130	12.1	Forgot to take iron syrup	1. Yes 2. No	
131	12.2	Side effects	1. Yes 2. No	
132	12.3	Not interested	1. Yes 2. No	
133	12.4	No time	1. Yes 2. No	

134	12.5	Costly	1. Yes 2. No	
135	12.6	Healthy food is enough	1. Yes 2. No	
136	12.7	Others	1. Yes 2. No	
137	12.8	Others (Specify)		
		Section:7 Information on habitual intake of foods affecting iron absorption		
138	13	Do you have the habit of taking tea or coffee along with meals?	1. Yes, always 2. Yes, sometimes 3. No 4. Don't have the habit of taking tea/coffee	
139	14	Do you have the habit of eating fruits such as guava/ orange/ papaya along with meals? (Instruction: The response will pertain to the intake of any of these three fruits)	1. Yes, always 2. Yes, sometimes 2. No 3. Don't have the habit of eating these fruits	
140	15	How frequently do you eat non-vegetarian food?	1. No, I don't eat non-veg 2. Yes, once in a while 3. Yes, once in a month 4. Yes, weekly once 5. Yes, weekly 2-3 times 6. Yes, daily 7. Weekly, 4-6 times	
141	16.a	Did you consume fortified beverages in the last one month? (Instruction: Fortified beverages examples are Horlicks, Boost, Complan)	1. Yes 2. No	If 2.No skip to Section 8 If 1.Yes goto question 16.b
142	16.b	Approximately, how frequently did you consume the fortified beverages?	1. Daily 2. Weekly 2-3 times 3. Weekly once 4. Monthly once 5. Weekly, 4-6 times	

		Section8: Morbidity		
143	17	Did you suffer from fever/cold during the past two weeks?	1. Yes 2. No	
145	18	Did you suffer from acute respiratory tract infection during the past two weeks? (Instruction: Fever lasting for more than 3 days along with breathing difficulty)	1. Yes 2. No	
147	19	Did you have diarrhea during the past two weeks? (loose stools - 6 or more episodes/day, requiring medication)	1. Yes 2. No	
149	20	Did you suffer from vomiting/ nausea in the past two weeks?	1. Yes 2. No	
151	21	Did you suffer from pneumonia/ bronchitis in the past two weeks	1. Yes 2. No	
		Section 9: Alcohol and tobacco use		
152	22.a	Do you have the habit of drinking alcohol?	1. Yes 2. No	If 2.No, skip to question 23.a If 1.Yes goto question 22.b
153	22.b	Mention the frequency	1. Almost every day 2. Twice or thrice in a week 3. Once in a week 4. Occassionally	
154	23.a	Do you have the habit of tobacco usage? (Instruction: Chewing, Smoking, Inhaling-Snuff)	1. Yes 2. No	If 2.No skip to Section 10 for women If 1.Yes goto question 23.b Fill question 28 and 29 and end the interview for men

155	23.b	Mention the frequency	1. Almost every day 2. Twice or thrice in a week 3. Once in a week 4. Occassionally	
Section 10: Menstrual history only NPNL-women				
156	24	Marital Status	1. Single (never married) 2. Married 3. Widowed and not remarried 4. Divorced and not remarried 5. Married but separated	If 1.Single de-activate questions 25.a, 25.b, 25.c If 2.Married or 3.Widowed and not remarried or 4.Divorced and not remarried or 5.Married but seperated goto question 25.a
157	25.a	Do you have children?	1. Yes 2. No	If 2.No go to 26.a If 1.Yes goto question 25.b
158	25.b	How many children do you have?		
159	25.c	What is the age of your youngest child? (Completed years)		If the input value is 0 then only 25.c.1 should be enabled else disable 25.c.1
160	25.c.1	What is the age of your youngest child? (Completed Months)		
161	26.a	Have you attained menopause? (Instruction: Ask whether they are presently having menstruation).	1. Yes 2. No 99. Others (Specify)	If 1.Yes goto 26.b If 2.No.Others goto question 26.c If 99.others go to 26a.1 and after filling, skip to 27
162	26.a.1	Others (Specify)		
163	26.b	Please mention the age at menopause		
164	26.c	When was your last menstrual cycle?		

165	27	Are you using any birth control measures currently?	1. Permanent (tubectomy) 2. Temporary (Copper-T, pills etc.,) 3. None 4. Not applicable	
		Section: 11 Height & Weight		
166	28	Height (In cm)		
167	29	Weight (In Kg)		

Supplementary table 4: Technical Advisory Group members

Name	Affiliation
Dr.Harshpal Singh Sachdev	Sitaram Bhartia Institute of Science and Research, New Delhi, Chairperson
Dr.Prema Ramachndra	Nutrition Foundation of India, New Delhi
Dr.Sila Deb	Ministry of Health and Family Welfare, New Delhi
Dr. L. Jeyaseelan	Christian Medical College, Vellore
Dr. Ravindra Mohan Pandey	All India Institute of Medical Sciences, New Delhi

* Late Dr M K Bhan chaired the Technical Advisory Group till his sad demise on 26th January 2020.

Supplementary table 5: Data safety monitoring board members

Name	Affiliation
Dr. Ravindra Mohan Pandey	All India Institute of Medical Sciences, New Delhi, (Chairperson)
Dr. Renu Saxena	All India Institute of Medical Sciences, New Delhi
Dr. Madhavan Nair	National Institute of Nutrition (Retired)
Dr. Siddarth Ramji	Professor of Pediatrics and Neonatology and former Dean, Maulana Azad Medical College, New Delhi
4. Dr. Sree Kumaran Nair	Jawaharlal Institute of Postgraduate Medical Education and Research, Pondicherry
6. Dr.Vanamail Perumal	All India Institute of Medical Sciences, New Delhi