Baseline HH questionnaire

For Research Purpose only

ID Code

Baseline Survey on

“Mobile for Mother”

Household Questionnaire
Baseline HH questionnaire

CONSENT FORM

Namaste. My name is _______________________________________ and I am working with NEEDS. We are conducting a survey about the health of women and use of health facilities. We would very much appreciate the participation of your household in this survey.

I would like to ask you some questions about your household. The survey usually takes about 20 minutes to complete. Whatever information you provide will be kept strictly confidential. Participation in this survey is voluntary and you can choose not to answer any question or all of the questions. However, we hope that you will participate in this survey since your participation is important. At this time, do you want to ask me anything about the survey?

ANSWER ANY QUESTIONS AND ADDRESS RESPONDENT'S CONCERNS.

In case you need more information about the survey, you may contact Mr. Murari Chowdhary. (GIVE CARD WITH CONTACT INFORMATION)

May I begin the interview now?    Yes----1    No-----2

Signature of interviewer:

Date:

Consent   YES / NO   (Please circle)

RESPONDENT AGREES FOR INTERVIEW.........1   RESPONDENT DOES NOT AGREE FOR INTERVIEW............2—>

END

Section . Identification Information

|   |   |
|---|---|
| 101. | Name of the Respondent mÚkjnkkrk dk uke |
| 102. | Household Address ?kj dk irk    No. |
| 103. | Village Name xzke    No. |
| 104. | Main village or hamlet eql; xzke ;k Vksyk |
| 105. | How many months ago was your last delivery? No. |
| 106. | Sub-centre Name miLokLF; dsUnz    No. |
| 107. | Interviewer Signature lk{kkrdkj drkZ |
| 108. | Date / / |
| 109. | Supervisors signature i;Zos{kd |
| 110. | Date / / |
### Baseline HH Questionnaire

#### 111. Result Code
lk{kkRdkj dk ifj.kke

#### 112. Total No. of visits
(Result codes)
1. Completed; 2. Completed after revisit, 3. Refused; 4. Respondent/Entire household Absent; 5. Incomplete; 6. Other -------------------- (Specify)

#### 201. Since how long you are living in this area?
\[ \text{vki} \text{;gki dc ls jg jgs g5} \]

#### 202. \[ \text{vkidk /keZ D;k g5} \]
What is your religion?

| Religion   | Code |
|------------|------|
| Hindu      | 1    |
| Muslim     | 2    |
| Christian  | 3    |
| Sikhism    | 4    |
| Sarna      | 5    |
| Others     | 6    |

#### 203. \[ D;k vki vuqIwfpr tkfr ;k vU; fiNM+h tkfr ds gSa ;k buesa ls dksbZ ugha gSA \]
Does the respondent belongs to scheduled caste, scheduled tribe, OBC or none of them?

| Category   | Code |
|------------|------|
| SC         | 1    |
| ST         | 2    |
| OBC        | 3    |
| Others     | 4    |

#### 204. \[ vkius dkSu lk mPpre ntkZ ikl fd;k g5 \]
Which is the last class/ standard you attended?
(Record exact class)

| Grade       |
|-------------|
|             |

#### 205. \[ vkids ifr us dkSu lk mPpre ntkZ ikl fd;k g5 \]
Which is the last class/ standard your spouse attended? (Record exact class)

| Grade       |
|-------------|
|             |

#### 206. \[ vki
\text{eq;} O;olk; D;k g5 \]
What is your primary occupation?

| Occupation   |
|--------------|
|              |

#### 207. \[ vki
\text{fr} \text{dk eq;} O;olk; D;k g5 \]
What is the primary occupation of your husband?

| Occupation   |
|--------------|
|              |

#### 208. \[ vki vius fiNys tUefnu ij fdrus o"kZ ds Fksa \]
How old were you at the time of your last birthday? (Record in years)

#### 209. \[ 'lknh ds le; vki
\text{idh mez D;}k Fkh \]
What was your age at the time of your (first) marriage? (Record in years)

#### 210. \[ igys xHkZ/kkj.k ds le; vki
\text{idh mez D;}k Fkh \]
What was your age at the time of your (first) pregnancy? (Record in years)

#### 211. \[ vafre xHkZ/kkj.k djus ds le; vki
\text{idh mez D;}k Fkh \]
What was your age at the time of your last pregnancy? (Record in years)

#### 212. Have you ever heard about the following: (Knowledge): \[ D;k vki
\text{dks bu ckrksa ds ckjs esa tkudkjh g5} \]

| Components                                                                 | Source of information (multiple possible) (Use codes) |
|---------------------------------------------------------------------------|------------------------------------------------------|
| 212 A. Do you know why you need to visit ANM/doctor during your pregnancy? | 1 YES | 2 NO | If Yes, ask why? |
|---|---|---|---|
| |  | | Helps to identify (severe) problems and provide solutions |
| |  | | It will minimize risks |
| |  | | Receive additional services (TT, iron) |
| |  | | Other (correct answers) |
| |  | | No correct answer |
| |  | | (respondent needs to give spontaneous answers) |

| 212 B. Do you know why you need to take TT injection? | 1 YES | 2 NO | If yes, ask why |
|---|---|---|---|
| |  | | It will protect the baby from tetanus |
| |  | | No correct answer |

| 212 C. Do you know why you need to IFA (iron) tablets | 1 YES | 2 NO | If yes, ask why |
|---|---|---|---|
| |  | | It increases blood and will protect from anemia |
| |  | | No correct answer |

| 212 D. Do you know the danger signs in pregnancy? | 1 YES | 2 NO | If Yes, mention all |
|---|---|---|---|
| |  | | Bleeding from vagina during pregnancy |
| |  | | Severe abdominal pain during pregnancy |
| |  | | Severe headache with blurring of vision |
| |  | | Convulsions / loss of Consciousness |
| |  | | No correct answer |
| |  | | mention |
**Baseline HH questionnaire**

| Question                                                                 | Yes | No | If Yes, mention all                                                                 |
|------------------------------------------------------------------------|-----|----|------------------------------------------------------------------------------------|
| 212 E. Do you know the danger signs during labour/delivery?             | 1   | 2  | If the membranes/water is broken/coming out before the expected date.               |
|                                                                         |     |    | It the women has convulsions                                                        |
|                                                                         |     |    | Labour for more than 12 hours                                                       |
|                                                                         |     |    | Placenta does not come out within 30 minutes after the baby is delivered            |
|                                                                         |     |    | No correct answer                                                                   |
| 212F Do you know why 5 cleans are important during delivery?            | 1   | 2  | If yes, ask why                                                                     |
|                                                                         |     |    | It limits infection (and death) both in baby and mother                             |
|                                                                         |     |    | No correct answer                                                                   |
| 212 G. ANC care: IkzloiqoZ ns[kHkky                                       |     |    | Source                                                                             |
| 1. Antenatal checkups are important                                    |     |    | Source                                                                             |
| 2. Iron folic tablets                                                   |     |    | Source                                                                             |
| 3. TT injection                                                        |     |    | Source                                                                             |
| 4. Danger sign of pregnancy                                             |     |    | Source                                                                             |
| Ikzlo ds nkSjku [krjs ds ladsr                                         |     |    | Source                                                                             |
| 212 H. Delivery care                                                    |     |    | Codes for source of information: Any health professional-1; Newspaper/Magazine-2;  |
| 1. Five Cleans                                                         | 1   | 2  | Television-3, Radio-4; NGO worker-5; Husband-6; Sahiyya-7; Friends-8; Other-9       |
| Ikjkp IQkbZ                                                             |     |    | Source                                                                             |
| 212 I. RTI/STI                                                          | 1   | 2  | Source                                                                             |
| 212 J. HIV/AIDS                                                         | 1   | 2  | Source                                                                             |
### Section. Reproduction (Pregnancy History):

#### 301. Information about obstetric history (first pregnancy first)

| Pregnancy | Alive (A)/ Abortion or Still birth (AS)/ Died (D) | If 'AS' If not alive during pregnancy, after how many months did the pregnancy end? | If born alive but not alive now, when did the baby die? |
|-----------|-------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------|
|           |                                                 |                                                                                  | (1) < 6 weeks (2) >6 weeks but < 1 year (3) > 1 year |
| 1         |                                                 |                                                                                  |                                                  |
| 2         |                                                 |                                                                                  |                                                  |
| 3         |                                                 |                                                                                  |                                                  |
| 4         |                                                 |                                                                                  |                                                  |
| 5         |                                                 |                                                                                  |                                                  |
| 6         |                                                 |                                                                                  |                                                  |
| 7         |                                                 |                                                                                  |                                                  |
| 8         |                                                 |                                                                                  |                                                  |

#### 302. If given a choice, how many children would you like to have in your life?

| Number _______ | Other (Specify) |
|----------------|-----------------|
| kHz          |                 |

#### 401. Was this pregnancy planned?

| Yes | No |
|-----|----|
|     |    |

#### 402. (Ukke) -

| Yes | No |
|-----|----|
|     |    |

#### 403. vkius fdldks fn[kk;k \ fdlh vkSj dks |

| Doctor | ANM | Nurse/Midwife/ LHV | Other health professional | Traditional birth attendant (DAI) | Sahiyya | Other (specify) |
|--------|-----|-------------------|--------------------------|-------------------------------|---------|-----------------|
|        |     |                   |                          |                               |         |                 |

#### 404. vkius fdlh vkSj dks fn[kk;k D;k \ (iwjh xHkkZoLFkk ds nkSjku

| Doctor | ANM | Nurse/Midwife/ LHV | Other health professional | Traditional birth attendant (DAI) | Sahiyya | No one          |
|--------|-----|-------------------|--------------------------|-------------------------------|---------|-----------------|
|        |     |                   |                          |                               |         |                 |

Anyone else?

Record all persons seen.
| Question                                                                 | Options                                                                 |
|------------------------------------------------------------------------|-------------------------------------------------------------------------|
| When you were pregnant with your youngest child, did you go to antenatal care for the first time to check that everything was fine or because you had a problem? | Respondent ........................................................................ 01  |
| Who mainly made the decision to go for an antenatal check-up?           | Husband ........................................................................... 02 |
|                                                                      | In-Laws ......................................................................... 03 |
|                                                                      | Parents ........................................................................ 04 |
|                                                                      | Other member in husband’s family ...................................... 05 |
|                                                                      | Other member in respondent’s family .................................. 06 |
|                                                                      | Relatives ....................................................................... 08 |
|                                                                      | Friend/Neighbour ................................................................ 09 |
|                                                                      | TBA/Field Worker ................................................................ 10 |
|                                                                      | Other ................................................................. (specify) .......... 99 |
| When you were pregnant with your youngest child, did any health worker visit you at home for an antenatal check-up with a physical examination? | Yes ............................................................................. 1 |
|                                                                      | No ................................................................................... 2 |
| What is the main reason you did not receive an antenatal check-up?      | Not necessary .............................................................. 01 |
|                                                                      | Not customary .................................................................... 02 |
|                                                                      | Cost too much .................................................................... 03 |
|                                                                      | Too far/no transportation ................................................ 04 |
|                                                                      | Poor quality service ...................................................... 05 |
|                                                                      | No time to go .................................................................... 06 |
|                                                                      | Family did not allow ....................................................... 07 |
|                                                                      | Lack of knowledge ............................................................ 08 |
|                                                                      | No health worker visited .................................................. 09 |
|                                                                      | Nobody to accompany ........................................................ 10 |
|                                                                      | Other ................................................................. (specify) .......... 99 |
| Did you receive any health card at the time of ANC check-up?            | Yes ............................................................................. 1 |
|                                                                      | No ................................................................................... 2 |
| If so, may I see it, please?                                           | Yes, seen ......................................................................... 1 |
|                                                                      | Yes, not seen ..................................................................... 2 |
|                                                                      | No card ........................................................................... 3 |

Any answer go to 417

Total no. ANC visits:

First visit

Last visit

IFA tablets (No.)
**Baseline HH questionnaire**

| Question                                                                 | TT1 | TT2 |
|--------------------------------------------------------------------------|-----|-----|
| How many times did you receive antenatal check-ups during this pregnancy? |     |     |
| TOTAL ANC Check ups …………..                                            |     |     |
| Do you remember approximately when they took place?                      |     |     |
| Trimester                   |   No. of check ups |     |
| 1st (0-3 months)            |   ……………… |     |
| 2nd (4–6 months)            |   ……………… |     |
| 3rd (7-9 months)            |   ……………… |     |
| Did you have the following performed at least once during any of your antenatal check-ups? | | |
| Weight measured             | Yes | No  |
| Height measured             |     |     |
| Blood pressure checked      |     |     |
| Blood test                  |     |     |
| Urine test                  |     |     |
| Internal Exam               |     |     |
| Abdomen examined            |     |     |
| X-Ray                       |     |     |
| Sonogram/Ultrasound         |     |     |
| Did you receive advice on any of the following during at least one of your antenatal check-ups for this pregnancy from the ANM/ Sahhiyya? | | |
| Diet                       |     |     |
| Danger signs of pregnancy   |     |     |
| Where to go for complication |     |     |
| Where to go for delivery    |     |     |
| How to be prepared if delivery starts |     |     |
| Delivery care               |     |     |
| Newborn care                |     |     |
| Feeding colostrums to the baby | 1   |     |
| Family planning             |     |     |
| Rest during pregnancy       |     |     |
| When you were pregnant with your youngest child, were you given any iron folic tablets or syrup? | | |
| All                        |     |     |
| Most.                      |     |     |
| Few.                       |     |     |
| None                       |     |     |
| Why you did not consume all tablets? From HH to 423.                     | | |
| All                        |     |     |
| Most.                      |     |     |
| Few.                       |     |     |
| None                       |     |     |

413. **bl xHkkZoLFkk ds nkSjku vkidh fdruh ckj izloiwoZ tk;p dh xBZ \**

414. **bl xHkkZoLFkk ds nkSjku D;k fdlh Hkh izloiwoZ tk;p ds le; buds fy, de ls de ,d ckj tk;p dh xh Fkh ?**

415. **bl xHkkZoLFkk ds nkSjku de ls de fdlh ,d izloiwoZ tk;p ds fy, D;k vkidks buesa ls fdlh Hkh fo"k; ij lykg feyh \**

416. **vki tc xHkZorh Fkh] D;k vkidks vk;ju Qksfyd xksfyl;k;i@flji feyh Fkh \**

417. **D;k ml le; vkidks vk;ju Qksfyd xksfyl;k;i ruh eghus ;k mls T;knk fnuksa ds fy, nh xBZ Fkh**

418. **vkius fdruk vk;ju xksyh@flji [kk;k \**

419. **vkius lkjh xksfy;k;a D;k sa ugha [kbbZ \**
### Baseline HH questionnaire

#### 420. vki (Ukke) ............................ ds le; tc xHkZorh Fkh] rks D;k vqidks vkSj vkids gksus okys cPps dks VsVul ls cpkus ds fy, ckig esa Vhdk (batsD'ku yxk;k x;k Fkk \ When you were pregnant with your youngest child, were you given an injection in the arm to prevent you and the baby from getting tetanus (use local term for tetanus)?
| Yes | ................................. 1 |
| No | ................................. 2 |
| Don't Know | ................................. 3 |
(if 2 or 3 skip to 501)

#### 421. bl xHkkZoLFkk ds nkSjku vkidks fdruh ckj ;g Vhdk (batsD'ku) yxk;k x;k Fkk \ When you were pregnant with your last child, how many times did you get this injection?
| Times injected | ................................. |  |

### Delivery

#### 501 (Ukke) ............................. dk tUe dkgi; gqvk Fkk \ Where did you give birth to your youngest child? (For answers 21-31, skip to 505) If source is hospital or clinic, write the name of the place. Probe to identify the type of place and circle the appropriate code.
| Your home | ................................. 11 |
| Parents' home | ................................. 12 |
| Other home | ................................. 13 |
| Public Medical Sector |
| CHC/PHC | ................................. 21 |
| Sub-Centre | ................................. 22 |
| NGO/Trust Hospital/Clinic | ................................. 23 |
| Private Medical Sector |
| Pvt. hospital/Clinic | ................................. 31 |
| Other | ................................. | 99 |
| (specify) | ................................. |  |

#### 502 dkSu lk eqj; dkj.k Fkk ftdh otg ls vki izlo ds fy, LokLF; lqo/kk esa ugha xBZ \ What is the main reason you did not go to a health facility for delivery?
| Not necessary | ................................. 01 |
| Not customary | ................................. 02 |
| Cost too much | ................................. 03 |
| Too far/no transport | ................................. 04 |
| Poor quality service | ................................. 05 |
| No time to go | ................................. 06 |
| Family did not allow | ................................. 07 |
| Better care at home | ................................. 08 |
| Lack of knowledge | ................................. 09 |
| Nobody to accompany | ................................. 10 |
| Other ..........(specify) .......... | 99 |

#### 503 cPps dk tUe dkgi; gks] bldk fu.kZ; fdlus fy;k \ Who mainly made the decision where to give birth?
| Respondent | ................................. 01 |
| Husband | ................................. 02 |
| In-Laws | ................................. 03 |
| Parents | ................................. 04 |
| Sister/Sister-In-Law | ................................. 05 |
| Other member in husband's family | ................................. 06 |
| Other member in respondent's family | ................................. 07 |
| Relatives | ................................. 08 |
| Friend/Neighbour | ................................. 09 |
| TBA/Field Worker/DAI | ................................. 10 |
| Other ..........(specify) .......... | 99 |

#### 504 izlo ds le; fdlus lgk;rk dh Fkh \ Who assisted with the delivery of your youngest child?
| (For answers A, B, or C skip to XXXX) |
| Health Professional |
| Doctor | ................................. A |
| ANM/Nurse/Midwife/LHV | ................................. B |
| Other Health Professional (specify) | ................................. C |
**Baseline HH questionnaire**

| Question | Answer |
|----------|--------|
| **Anyone else?** | Probe for the type of person and record all persons who assisted. |
| **Other Person** | DAI (TBA) | E |
| | Friend/Relative | F |
| | Husband | X |
| | No one | Y |
| **D;k eq; dkj.k gS ftds dkj.k vki fdlh LokLF; fo'ks"kK dh lgk;rk ugha yh \** | Not necessary | 01 |
| | Not customary | 02 |
| | Cost too much | 03 |
| | Too far/no transport | 04 |
| | Professional not available | 05 |
| | No confidence in available profession | 06 |
| | No time to get help | 07 |
| | Family did not allow | 08 |
| | Other | 99 |
| **izlo ihM+k fdruh nsj rd pyh Fkh \** | How long did the labour last? |
| **izlo ds le; dksbZ tfVyrk vkbZ Fkh \ D;k \** | Problem | YES | NO |
| **Were there any complications during labour/delivery?** | Excessive bleeding | 1 | 2 |
| | Tears/lacerations | 1 | 2 |
| | Long labour | 1 | 2 |
| | Delayed expulsion of placenta (more than 1/2 hr) | 1 | 2 |
| | No complications | 1 | 2 |
| (If no complications skip to 5XX) |
| **Did you seek treatment for this?** | Yes | 1 |
| | No | 2 |
| (skip to 5XX) |
| **Where did you go?** | Public Medical Sector |
| **fpfdRlk ds fy, vki dgka xbZ Fkh \** | Govt. Hospital | 11 |
| | CHC/PHC | 12 |
| | Sub-Centre | 13 |
| | NGO/Trust Hospital/Clinic | 14 |
| | NGO mobile clinic | 15 |
| **Private Medical Sector** | Pvt. hospital/Clinic/Maternity Home | 21 |
| | Pvt. Mobile Clinic | 22 |
| | Pharmacy/Drugstore | 23 |
| | Other Private Sector Health Facility | 24 |
| | Other (specify) | 99 |
| **ml lqfo/kk esa vki dSlx x;h Fkha \** | On foot | A |
| | By private vehicle | B |
| | By government vehicle | C |
| | Other (specify) | X |
| **How long after birth did you first put (NAME) to the breast?** | **(Ukke)--------------------- ds tUe ds fdrus le; ckn vkius mls Lruiku djk;k \** |
| **How long after birth did you first put (NAME) to the breast?** | IMMEDIATELY/ WITHIN HALF AN HOUR |
| | IF LESS THAN HALF AN HOUR, CIRCLE '000'. | HOURS |
| | IF LESS THAN 24 HOURS, RECORD HOURS. | DAYS |
| | OTHERWISE, RECORD DAYS. | |
**Baseline HH questionnaire**

| Page | Question | Yes | No | (if no, skip to 601) |
|------|----------|-----|----|----------------------|
| 11   | Did you discard out the milk from the breast before you first put your youngest child to the breast? | Yes | No |
| 513  | Was the baby suffering from any complications at birth? | Yes | No |
|      | Conjunctiva | 1  | 2  |
|      | Breathing    | 1  | 2  |
|      | Fever        | 1  | 2  |
|      | Fever + Refusal | 1 | 2 |
|      | Other (specify) | | |

**Postpartum Care**

Now I would like to ask you about the 1-month period after the delivery of your youngest child.

| Page | Question | Yes | No | (skip to 606) |
|------|----------|-----|----|----------------|
| 601  | During that period, did a doctor or other health professional check your health or the health of your baby? | Yes | No |
|      | Same day of birth | | |
|      | At Day | | |
|      | In Week | | |

| Page | Question | Yes | No | (specify) |
|------|----------|-----|----|-----------|
| 602  | How soon after the birth of your youngest child did you first get a check-up? | Home Visit | |
|      | Public Medical Sector | Govt. Hospital | |
|      | CHC/ PHC | | |
|      | Sub-Centre | | |
|      | NGO/Trust Hospital/Clinic | | |
|      | NGO mobile clinic | | |
|      | Private Medical Sector | Pvt. hospital/Clinic/Maternity Home | |
|      | Pmt. Mobile Clinic | | |
|      | Pharmacy/Drugstore | | |
|      | Other Private Sector Health Facility | | |
|      | Other | | |

| Page | Question | Yes | No | (specify) |
|------|----------|-----|----|-----------|
| 603  | Where did you get the check-up? | Home Visit | |
|      | Public Medical Sector | Govt. Hospital | |
|      | CHC/ PHC | | |
|      | Sub-Centre | | |
|      | NGO/Trust Hospital/Clinic | | |
|      | NGO mobile clinic | | |
|      | Private Medical Sector | Pvt. hospital/Clinic/Maternity Home | |
|      | Pmt. Mobile Clinic | | |
|      | Pharmacy/Drugstore | | |
|      | Other Private Sector Health Facility | | |
|      | Other | | |

| Page | Question | YES | NO | (specify) |
|------|----------|-----|----|-----------|
| 604  | Did any of the following happen when you had the check-up: Was your abdomen examined? Did you receive advice on family planning? | Abdomen | |
|      | FP | | |
|      | Breastfeeding | | |
|      | Baby care | | |

---

**Note:** The table entries are placeholders and the actual data should be filled in based on the context of the questionnaire.
Baseline HH questionnaire

| Question                                                                 | Diet Options          |
|-------------------------------------------------------------------------|-----------------------|
| Did you receive advice on breastfeeding?                                | Yes                   |
| Did you receive advice on baby care?                                    | No                    |
| Diet                                                                    |                       |

605

D;k igys ls lirkg esa vkidk dksbZ vfrfjDr tkıp fd;k x;k Fkk \nDid you receive any second check up within the first week?  
Yes ...........................................1  
No ...........................................2

606

izlo ds nks ekg ds vUnj D;k vkidks buesa ls dqN leL;k gqbZ Fkh \nAt any time during the first 6 weeks after the delivery of your youngest child, did you have any of the following: 
Massive vaginal bleeding? 1  
Very high fever? 1 2

607

D;k vkius fpfdRlk djkbZ Fkh \nDid you seek treatment?  
Yes ...........................................1  
No ...........................................2

608

;š tkıp dgkį dh xbZ Fkh \nWhere did you get the treatment?  
Public Medical Sector
  Govt. Hospital ..................................11  
  CHC/ PHC .....................................12  
  Sub-Centre ....................................13  
  NGO/Trust Hospital/Clinic..........................14  
  NGO mobile clinic...............................15  
Private Medical Sector  
Pvt. hospital/Clinic/Maternity Home..21  
Pvt. Mobile Clinic............................22  
Pharmacy/Drugstore...............................23  
Other Private Sector Health Facility.........24  
Other ............(specify) .......................99

609

D;k vkius Lru dks f'k'kq ls yxkus ds iwoZ igyk nw/k fupksM+k Fkk \nDid you discard out the milk from the breast before you first put your youngest child to the breast?  
Yes-------------------1  
No--------------------2

610

In the first three days after delivery, was (NAME) given anything to drink other than breast milk?  
Yes-------------------  
NO--------------------

What was (NAME) given to drink?  
Anything else?  
RECORD ALL  
MILK (OTHER THAN BREAST MILK)  
PLAIN WATER  
SUGAR OR GLUCOSE WATER  
GRIPPE WATER  
SUGAR-SALT-WATER SOLUTION  
FRUIT JUICE  
INFANT FORMULA  
TEA  
HONEY  
JANAM GHUTTI  
OTHER  
(Specify)