

Diet Survey and Nutritional Assessment of Jarawa

Form No. 6 (cont.)

Water and Sanitation/ Housing/ Behavior

Eldest member of the family Date of Investigation

H. Toilet Practises

- A. Posture : Sitting / Standing / Others (specify).....
 B. Cleaning : Yes / No

Behavioral Practices:

- | | | |
|----|---|----------|
| A. | Co-operative/Non co-operative | : Yes/No |
| B. | Share foods with others | : Yes/No |
| C. | Like to stay in groups | : Yes/No |
| D. | Reporting of illness to the visiting doctor | : Yes/No |
| E. | Come to the hospital | : Yes/No |
| F. | Alien food Consumption | |

Name of the food

Date of consumption

- 1.
- 2.
- 3.

- 1.
- 2.
- 3.

Signature of the Investigator: