

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                      |                            |
|    | <u>Name of the food</u>                     | <u>Date of consumption</u> |
|    | 1.                                          | 1.                         |
|    | 2.                                          | 2.                         |
|    | 3.                                          | 3.                         |

Signature of the Investigator: