

Beneficiary Interaction Checklist
Weekly Iron Folic Acid Supplementation Programme

District/Block/Village Visited	
Name of the School/Anganwadi Visited	
Name of the Nodal Teacher/AWW	

	1	2	3	4	5
General Information					
Name of adolescent boy/girl					
Age of adolescent boy/girl					
- In school(IS) Out of School (OS)					
Compliance					
Does the adolescent know about anemia & IFA supplementation/De-worming? (Y/N)					
Do the beneficiary's parents/ caregivers know about anemia & importance of IFA supplementation/De-worming? (Y/N)					
Has the adolescent ever consumed IFA tablet? (Y/N)					
How many IFA tablets have been consumed in the past three months? (Y/N)					
How many times in a month AWC is visited for IFA intake					
Was the adolescent given IFA tablets to consume during school vacations					
Did the adolescent consume the IFA tablet after meal & without crushing or chewing? (Y/N)					
Has the individual compliance card been maintained by the adolescent? (Y/N)					

Has the individual compliance card been correctly filled by the adolescent? (Y/N)					
Did the adolescent experience side effects after IFA consumption? (Y/N)					
If Yes, then mention the symptoms experienced (1. Vomiting; 2. Pain in abdomen; 3. loose motion 4 Headache; 5 Black Stools; 6 Any other- please specify)					
How were the side effects managed?					
Did the adolescent continue to take IFA tablet after experiencing side effects? (Y/N)					
Has the adolescent taken albendazole tablet in the past 6 months? (Y/N)					
Knowledge and Awareness regarding anaemia					
Has the adolescent received NHE from teacher/AWW/ any other source?					
What are the common symptoms of anaemia?					
Name a few Iron rich food?					
How to prevent worm infestation?					

Comments

