**TABLE OF CONTENTS**

[SECTION 0: **SCREENING QUESTIONNAIRE FOR MAIN SURVEY AND CONSENT** 3](#_Toc109307042)

[SECTION 1: **PARTICIPANT INFORMATION** 4](#_Toc109307051)

[SECTION 2: **HOUSEHOLD ROSTER** 5](#_Toc109307052)

[SECTION 3: **SOCIO-DEMOGRAPHIC QUESTIONNAIRE** 7](#_Toc109307053)

[Part A. General information 7](#_Toc109307058)

[Part B: Housing conditions 8](#_Toc109307059)

[Part C: Assets 9](#_Toc109307060)

[Part D. Water 10](#_Toc109307061)

[Part E. Sanitation 11](#_Toc109307062)

[Part F. Hygiene 11](#_Toc109307063)

[Part G. Livestock ownership 11](#_Toc109307064)

[SECTION 4: **INFANT HEALTH AND INFANT FEEDING PRACTICES** 12](#_Toc109307065)

[Part A. Information on newborn health 12](#_Toc109307070)

[Part B. Infant health (6-23 months) 12](#_Toc109307071)

[Part C. Feeding related questions around birth 13](#_Toc109307072)

[Part D. Introduction of foods/complementary foods and timing (0-23 months) 13](#_Toc109307073)

[Part E1. Infant and young child feeding practices (6-23 months) 15](#_Toc109307078)

[Part E2. Responsive feeding 16](#_Toc109307079)

[Part E3. Child 24h Dietary recall (note: the questions below will need to be asked for the repeat 24h recall) 17](#_Toc109307080)

[SECTION 5: **MATERNAL DIET AND NUTRITION KNOWLEDGE** 19](#_Toc109307081)

[Part A. 24h Dietary recall and Food Frequency Questionnaire 19](#_Toc109307086)

[Part B. Nutrition supplements 21](#_Toc109307091)

[Part C – Nutrition knowledge 22](#_Toc109307092)

[SECTION 6: **HAEMOGLOBIN** 24](#_Toc109307094)

[SECTION 7: **ANTHROPOMETRIC MEASUREMENTS FOR THE MOTHER AND CHILD** 25](#_Toc109307095)

[Part A. Anthropometric measurements for the mother 25](#_Toc109307100)

[Part B. Anthropometric measurements for the child 25](#_Toc109307101)

# SECTION 0: **SCREENING QUESTIONNAIRE FOR MAIN SURVEY AND CONSENT**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Questions*** | ***Responses*** | | ***Skips*** | ***Code*** |
| 1. Do you have a child aged between 6 -23 months? | Yes | 1 | If Q1=2, stop questionnaire | |\_\_| |
| No | 2 |
| 2. How old is the child (record exact age in months)? | |\_\_||\_\_| months |  |  | |\_\_||\_\_| |
| 3. Date of birth of the child? (if not known record 98/98/9898) | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| |  |  | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| |
| 4. In your pregnancy for the potential study child, did you give birth to more than one child? | Yes | 1 | If Q4=1, stop questionnaire | |\_\_| |
| No | 2 |
| 5. Does the child have any **congenital anomalies** (e.g. major heart defect/congenital heart diseases; spina bifida; microcephaly; down’s syndrome) or **chronic diseases**? (e.g. pulmonary diseases; hepatic diseases (e.g. hepatitis); renal diseases (e.g. kidney failure) that could affect feeding or normal growth? | Yes | 1 | If Q5=1, stop questionnaire | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 6. Do you live in (area)? | Yes | 1 | If Q6=2, stop questionnaire | |\_\_| |
| No | 2 |
| 7. Is this your permanent/principal residency? | Yes | 1 | If Q7=2, stop questionnaire | |\_\_| |
| No | 2 |
| 8. Have you lived in (area) for most of the time in the past six months? | Yes | 1 | If Q8=2, stop questionnaire | |\_\_| |
| No | 2 |
| 9. Will you be willing for your child to provide one finger prick blood sample? | Yes | 1 | If Q9=2, stop questionnaire | |\_\_| |
| No | 2 |
| 10. Are you currently working for paid employment (formal or informal)? | Yes | 1 | If Q10=1, go to Q11 | |\_\_| |
| No | 2 |
| 11. If yes, how many hours on average do you work per week? | |\_\_||\_\_| hours |  |  | |\_\_||\_\_| |

**Invite the mother to participate and read consent forms if question 9 is reached and the answer is yes.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ***Questions*** | ***Responses*** | | ***Skips*** | ***Code*** |
| 12. Was consent obtained for the survey questionnaire? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 13. Was consent obtained for taking photographs? \* | Yes | 1 |  | |\_\_| |
| No | 2 |

# SECTION 1: **PARTICIPANT INFORMATION**

1. Mother/caregiver’s full name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Mothers date of birth |\_\_|\_\_|/|\_\_|\_\_|/|\_\_|\_\_||\_\_|\_\_|

3. Child’s full name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Child’s date of birth |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_ \_|\_ \_|

5. Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Lima: 01; Huánuco: 02) |\_\_|\_\_|

6. Health centres\_\_\_\_\_\_\_\_\_(Portada de Manchay: 01; Huertos de Manchay: 02; Pomares: 03; Las Moras: 04) |\_\_|\_\_|

7. Sectors\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(note for interviewers: refer to list of codes for the sectors) |\_\_|\_\_|

8. Interviewer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( María M : 01; Karla: 02; Patricia: 03; María P :04**)** |\_\_|\_\_|

9. Mother/infant dyad code |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_|\_\_||\_\_| (note for interviewers: refer to instructions on how to generate the dyad ID).

A HC S I P

10. Recruitment date |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_ \_|\_ \_|

11. Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| 12. Date of survey: |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_\_|\_\_| |

**Questions missing to be filled in:**

|  |  |  |
| --- | --- | --- |
| ***Page*** | ***Question number*** | ***Comments*** |
|  |  |  |
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| --- |
| Date of appointment to complete/fill in gaps in survey questionnaire: |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_\_|\_\_| |

*DO NOT RECORD ANY INFORMATION IN THE GREY BOXES*

# SECTION 2: **HOUSEHOLD ROSTER**

Read aloud: I am going to ask you some questions now about your household. A household is a group of people who live together and eat from a single kitchen (note: include all people who usually sleep in the house, exclude visitors). Please give me the names of the persons who usually live in your household. Always start with the survey mother/primary caregiver, then the survey child and then the other family members.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code for each individual in the HH** | **First name** | **Relationship with the study child**  (see codes below) | | **Sex** (1=male; 2=female) | **Exact age** | **Marital status**  (see codes below) | | **Education level**  (see codes below) | | | **Occupation**  (see codes below) | |
| |\_**0**\_|\_**1**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**2**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**3**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**4**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**5**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**6**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**7**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**8**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**0**\_|\_**9**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**1**\_|\_**0**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**1**\_|\_1\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |
| |\_**1**\_|\_**2**\_| |  |  | |\_\_| | |\_\_| |  |  | |\_\_| | |  | |\_\_| |  | |\_\_| |

Completed years for adults and children 5 yrs or more. Write number of months for children <5 years. Write 98 if age is not known

**Codes for household roster**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship with the study child** | **Marital status** | **Education level** | **Main type of occupation** |
| 1. Study child  2. Biological mother  3. Other primary caregiver \*  4. Biological father  5. Stepfather or partner  6. Grandparent  7. Siblings  8. Aunt/uncle  9. Cousins  10. Other, specify | 1. Single  2. Married or living together  3. Divorced or separated  4. Widowed  5. Other, specify  97. Not applicable | 1. No schooling  2. Incomplete primary (<5 yrs)  3. Complete primary (5-7 years)  4. Incomplete secondary (8-9 years)  5. Complete secondary (10-11 years)  6. Technical education  7. University education  8. Post-graduate education  9. Other, specify  97. Not applicable  98. Don’t know | 1. Not working  2. Student  3. Vendor  4. Office/professional worker  5. Construction/transport work  6. Technical services (electrician, plumber, mechanic)  7. Health care provider  8. Domestic employee  9. Agriculture  10. Other, specify  97. Not applicable  98. Don’t know |

\* *Other primary caregiver is defined as the person who looks after the child/takes full responsibility of the child if the biological mother is deceased/permanently absent. If the biological mother is alive/present, then she is the main primary caregiver.*

SECTION 3: **SOCIO-DEMOGRAPHIC QUESTIONNAIRE** (to be administered to the mother/primary caregiver)

| *Questions* | *Responses* | | *Skips* | *Code* |
| --- | --- | --- | --- | --- |
| Part A. General information | | | | |
| 1. Where were you born? | Lima Metropolitana | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Costa rural | 2 |
| Costa urban | 3 |
| Sierra, Huánuco urban | 4 |
| Sierra, Huánuco rural | 5 |
| Sierra | 6 |
| Selva | 7 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 2. What is your native language/mother tongue? | Castellano | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Quechua | 2 |
| Aymara | 3 |
| Ashaninka | 4 |
| Awajun | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 3. For how long did you live in the area? *(If less than 1 year, report 00)* | |\_\_||\_\_| years |  |  | |\_\_||\_\_| |
| 4. How many children do you have? (in total from all marital commitments) | |\_\_||\_\_| |  |  | |\_\_||\_\_| |
| 5. Who is the primary caregiver of the study child? | Biological mother | 1 |  | |\_\_|\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Biological father | 2 |
| Step mother | 3 |
| Step father | 4 |
| Grandmother | 5 |
| Grandfather | 6 |
| Auntie | 7 |
| Uncle | 8 |
| Sibling | 9 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 6. Do you do any paid work/employment? *(note for interviewer: refer to section 2 household roster)* | Yes | 1 | If Q6=2, skip to Q10 |  |
| No | 2 |
| 7. If yes, how many days, on average, do you work per week? | \_\_\_ days |  |  | |\_\_||\_\_| |
| Don’t know | 98 |
| 8. How many hours, on average, do you work per week? | \_\_\_ hours |  |  | |\_\_||\_\_| |
| Don’t know | 98 |
| 9. When you are working, who looks after the child? | Family member | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other caregiver, specify\_\_\_\_\_\_\_\_\_\_ | 77 |
| 10. How many people, on average, share meals at home? | |\_\_|\_\_| |  |  | |\_\_|\_\_| |
| Don’t know | 98 |
| 11. In the household, who makes decisions about food expenditures? *Do not read answers, multiple answers possible* | Mother | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Father | 2 |
| Both Parents | 3 |
| Grandparents | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 12. Did you or any person in your household receive food from any programme or institution in the last month? | Yes | 1 | If Q12=2 or Q12=98, skip to Q15 | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 13. From which programme or institution do you receive food? *Do not read answers, multiple answers possible* | NGO | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_||\_\_| |
| PANTBC | 2 |
| Vaso de leche | 3 |
| Comedor popular | 4 |
| Qaliwarma | 5 |
| Cuna Más | 6 |
| Other | 77 |
| Don’t know | 98 |
| 14. Who is the recipient of the food given? *Do not read answers, multiple answers possible* | Study child | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_||\_\_| |
| Mother | 2 |
| Father | 3 |
| Siblings | 4 |
| Another family member | 5 |
| Most of the family | 6 |
| Don’t know | 98 |
| Part B: Housing conditions *Read aloud:* Now we have some questions about your housing. | | | | |
| 15. Is the house you live in, your own, rented or do you stay with someone else? | Own | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Rent | 2 |
| Live with parents or other family/relatives | 3 |
| Live in a house owned by family or relative (no rent) | 4 |
| Live with someone else (no rent) | 5 |
| Other, specify | 77 |
| 16. How many rooms in your house are used for sleeping? | No. of rooms  |  |  | |\_\_||\_\_| |
| 17. Does this house have an electricity connection? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 18. What is your main source of energy for cooking? | Gas | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Electricity | 2 |
| Firewood | 3 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 19. What is the main material used to construct the floor of the house? | Parquet | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Tile | 2 |
| Cement | 3 |
| Earth | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 20. Is the main material used to construct floor of the house **observed** and **verified by the enumerator**? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 21. What is the main material used to construct the ceiling/roof of the house? | Concrete/cement | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Calamine | 2 |
| Wood/T-iron | 3 |
| Straw | 4 |
| Tile beam | 5 |
| Cardboard/plastic | 6 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 22. Is the main material used to construct the ceiling/roof of the house **observed and verified by the enumerator**? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 23. What is the main material used to construct most of the walls of the house? | Cement Blocks | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brick | 2 |
| Wood/drywall | 3 |
| Adobe/mud | 4 |
| Matting | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 24. Is the main material used to construct most of the walls of the house **observed and verified by the enumerator**? | Yes | 1 |  | |\_\_| |
| No | 2 |
| Part C: Assets Read Aloud: Now I would like to ask you some information regarding specific assets you may own in your household. The only have the purpose of knowing the characteristics of the families that participate in the study. You can stop answering any question if you wish. Enumerator allocate a 9 if individual does not wish to answer. | | | | |
| 25. Does your household have…a sofa? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 26. Cupboard/Buffet | Yes | 1 |  | |\_\_| |
| No | 2 |
| 27. Kitchen cabinet | Yes | 1 |  | |\_\_| |
| No | 2 |
| 28.Wardrobe | Yes | 1 |  | |\_\_| |
| No | 2 |
| 29. Clock | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 30. Landline | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 31. Mobile phone | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 32. Radio | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 33. Television | Yes working | 1 |  | |\_\_| |
| Yes but doesn’t work | 2 |
| No | 3 |
| 34. Cable TV | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 35. Food processor/blender | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 36. Gas stove | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 37. Microwave | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 38.Refrigerator | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 39. Washing machine | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 40. Computer | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 41. Internet | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 42. Moto | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 43. Bicycle | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| 44. Car | Yes working | 1 |  | |\_\_| |
| Yes but does not work | 2 |
| No | 3 |
| Part D. Water | | | | |
| 45. What is the main source of drinking water for your household? | Piped water | 1 |  | |\_\_||\_\_| |
| Motorised pump | 2 |
| Tank truck | 3 |
| Well | 4 |
| Public basin | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 46. Do you treat your water in any way to make it safer to drink if mother does not understand give examples (e.g. boil water, bleach etc)? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 47. If yes, what do you usually do to treat the water to make it safer to drink? *Multiple answers possible. Don’t read possible answers.* | Boil | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Add bleach/chlorine | 2 |
| Use a water filter | 3 |
| Solar disinfection | 4 |
| Other, specify\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| Part E. Sanitation | | | | |
| 48. What kind of toilet facility do members of your household usually use? | Connected to in-home public network | 1 |  | |\_\_|||\_\_| |
| Connected to out of home public network | 2 |
| Septic tank | 3 |
| Latrine | 4 |
| Open field | 5 |
| Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| Part F. Hygiene | | | | |
| 49. Is there animal waste around the house or in the area **(observed and verified by enumerator)**? | Yes around the house and in the area | 1 |  | |\_\_| |
| Yes around the house only | 2 |
| Yes in the area only | 3 |
| No | 4 |
| 50. Are there animals inside the house/in the same area where people cook and eat**?** | Yes | 1 |  | |\_\_| |
| No | 2 |
| 51. Is there any instrument of protection of food against flies? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 52. Is there an open sewerage drain close to your home, within 100 metres or within visible sight of home? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 53. Is there any place for open defecation close to your home, within 100 metres or within visible sight of home? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| Part G. Livestock ownership | | | | |
| Does your household and/or any of members own fully or on any shared basis any of the following types of animal/poultry? | | | | |
| 53. Chickens/poultry | Yes | 1 |  | |\_\_| |
| No | 2 |
| 54. Guinea pigs | Yes | 1 |  | |\_\_| |
| No | 2 |
| 55. Pigs | Yes | 1 |  | |\_\_| |
| No | 2 |

# SECTION 4: **INFANT HEALTH AND INFANT FEEDING PRACTICES**

| Questions | Responses | | *Skips* | *Code* |
| --- | --- | --- | --- | --- |
| Part A. Information on newborn health | | | | |
| 1. Where was the study child born? | Hospital | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health centre/point | 2 |
| Home | 3 |
| Clinic | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 2. What was the child’s gestational age at delivery (in weeks) *(if not known report 98)* | Nb of weeks |\_\_|\_\_| |  |  | |\_\_||\_\_| weeks |
| 3. What type of delivery was it? | Vaginal/normal delivery | 1 |  | |\_\_| |
| Vaginal vertical | 2 |
| C-section | 3 |
| 4. Weight at birth (in g) *(if not recorded/don’t know, record as 9898)* | |\_\_|\_\_|\_\_|\_\_| g |  |  | |\_\_|\_\_|\_\_|\_\_| |
| 5. Document in which **birth weight** was recorded/Source for birth weight | Card | 1 |  | |\_\_| |
| Bracelet | 2 |
| Mother recall | 3 |
| Other | 77 |
| 6. Length at birth (cm; to one decimal place: XX.X cm) *(if not recorded/don’t know, record as 99.9)* | |\_\_||\_\_|.|\_\_|cm |  |  | |\_\_||\_\_|.|\_\_| |
| 7. Document in which **length at birth** was recorded/Source for length at birth | Card | 1 |  | |\_\_| |
| Bracelet | 2 |
| Mother’s recall | 3 |
| Other | 77 |
| Part B. Infant health (6-23 months) | | | | |
| 8. In the last 2 weeks, did the child have diarrhoea, meaning loose or watery stools at least 3 times in a 24h period? If breastfed, what the mother considers to be diarrhoea. | Yes | 1 | If Q8=2 or Q8=98, skip to Q10 | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 9. Was there blood in the diarrhoea in the last 2 weeks? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 10. In the last 2 weeks, did the child have fever, meaning an elevated body temperature above the normal range at any time? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 11. In the last 2 weeks, did the child have cough and/or difficulty breathing (i.e. acute lower respiratory infection (ALRI)? Note: ARI is defined by symptoms consisting of cough accompanied by (1) short, rapid breathing that is chest related, and/or (2) difficult breathing that is chest related. | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 12. In the last 2 weeks, did you take the child to a health facility/professional to seek treatment for any of the illness mentioned above? | Yes | 1 | Only ask this question if Q8=1 or Q10=1 or Q11=1  If Q12=2, skip to Q14 | |\_\_| |
| No | 2 |
| 13. If yes, where did you take the child? | Hospital | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Health Centre, | 2 |
| Community health post | 3 |
| Private Clinic/ private Doctor’s office | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 14. Was the child ever given a deworming tablet/medication? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 3 |
| 15. How many appointments in total has the child attended at CRED since birth *(check health card, if no health card report 98)* | Nb. of times |\_\_|\_\_| |  |  | |\_\_||\_\_| |
| 16. Who normally takes the child to the CRED? | Mother/primary caregiver | 1 |  | |\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Other family member | 2 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 17. Have you attended a cooking demonstration on how to prepare food for children aged less than 2 years old? | Yes | 1 | If Q17=2, skip to Q20 | |\_\_| |
| No | 2 |
| 18. Did your baby try the food prepared during the demonstration? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 19. Have you tried cooking at home what you were taught during the cooking demonstration? | Yes | 1 |  | |\_\_| |
| No | 2 |
| Part C. Feeding related questions around birth | | | | |
| 20. Has \_\_\_\_\_\_\_\_\_\_\_\_ ever been breastfed? | Yes | 1 | If Q20=1, skip to Q23 | |\_\_| |
| No | 2 |
| 21. Was the child put to the breast within the first hour following birth? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 22. Was the child fed colostrum/first milk (yellow thick milk)? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| don’t know | 98 |
| 23. During the first 3 months was \_\_\_\_\_\_\_\_\_ given something different from breast milk? | Yes | 1 |  |  |
| No | 2 |
| Don’t know | 98 |
| 24. If yes what was given? Read options. | Tea/herbal infusion | 1 |  | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Water | 2 |
| Infant Formula | 3 |
| Other non-breast milk | 4 |
| Other, Specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| Part D. Introduction of foods/complementary foods and timing (0-23 months) | | | | |
| 25. In the first six months, have you given (Name) iron drops or syrup | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 26. In the first six months, have you given (Name) any other medicines (vitamin drops or other medicines as drops, ORS)? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 27. In the first six months, have you given (Name) any foods or drinks, other than breastmilk? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |

|  |  |  |  |
| --- | --- | --- | --- |
| **28. At what age did you offer the following foods for the first time?** | | | |
| **Food items** | **1.Introduced** (1=yes, 2=no) | **2.At what age (months) did you first give (food)?** (If don’t know enter 98) | **3.Introduced before 6 months**  (1=yes, 2=no, 3= don’t know) |
| 1.Plain water | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 2.Swetened water | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 3.Plain tea/herbal infusion | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 4.Sweetened tea/herbal infusion | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 5. Fruit juice without added sugar | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 6. Sweetened juice | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 7. Packaged fruit juice | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 8. Honey | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 9. Any other milk (apart from breastmilk) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 10. Sweetened milk | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 11. Sodas | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 12. Broth/soup | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 13. Puree | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 14. Milky maize pudding | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 15. Oatmeal | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 16. Any other milk products (yoghurt, cheese etc) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 17. Any cereals or cereal products (pasta, rice) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 18. Baby type cereals (nestum) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 19. Fruit | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 20. Vegetables | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 21. Eggs | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 22. Chicken | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 23. Red Meat (beef, lamb etc.) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 24. Offals (spleen, liver, brain, lung, blood products) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 25. Fish | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 26. Sweet products (biscuits, cakes, sweets, sweetened cereal based pudding, empanaditas) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 27. Savoury snacks (papitas, chizitos, tortes, empanaditas) | |\_\_| | |\_\_||\_\_| | |\_\_| |

| Questions | Responses | | *Skips* | *Code* |
| --- | --- | --- | --- | --- |
| Part E1. Infant and young child feeding practices (6-23 months) | | | | |
| 29. Are you currently breastfeeding? | Yes | 1 | If Q29=1 skip to Q33 | |\_\_| |
| No | 2 |
| 30. If no, at what age did you stop breastfeeding? (record in days, weeks OR months) (*If don’t know report 98)* | |\_\_||\_\_| months |  |  | |\_\_||\_\_| |
| 31. Why did you decide to stop breastfeeding? *Multiple responses possible, do not list options* | Problems with breast (pain, cracked/bleeding nipples) | 1 | If Q31=11, go to Q32, if different skip to Q33 | |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_| |
| Insufficient breast milk | 2 |
| Had to take medication | 3 |
| Not enough time to feed child/had to work | 4 |
| Child did not suck well/latch-on difficulties | 5 |
| Illness of baby | 6 |
| Baby cried excessively | 7 |
| Baby not putting on enough weight | 8 |
| Baby always seemed hungry | 9 |
| Baby did not seem interested | 10 |
| I was advised to stop | 11 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 32. Who advised you to stop breastfeeding? *Multiple responses possible, do not list options* | Husband/partner | 1 |  | |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Maternal grandmother | 2 |
| Paternal grandmother | 3 |
| Other relatives, such as sister, sister in law, aunt etc | 4 |
| Friends | 5 |
| Neighbours | 6 |
| Doctor | 7 |
| Nurse | 8 |
| Health worker | 9 |
| Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 33. Was (Name) breastfed yesterday during the day or night? | Yes | 1 | If Q29=2 do not ask | |\_\_||\_\_| |
| No | 2 |
| 34. Now, I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was (Name) given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 35.Was (Name) given [local name for ORS] yesterday during the day or night? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 36. In the last 6 months, have you offered any supplements containing iron? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 37. Which supplements did you offer? (multiple options possible) | Ferrous sulfate syrup | 1 |  | |\_\_||\_\_| |
| Multivitamin with iron | 2 |
| Other, specify | 77 |
| Don’t know | 98 |
| 38. For how long have you given the supplements? (in months) | |\_\_||\_\_| |  |  | |\_\_||\_\_| |
| Part E2. Responsive feeding | | | | |
| 39. Yesterday, was (Name) breastfed whenever he/she wanted or on a fixed schedule? | Whenever the child wanted | 1 | If Q29=2 do not ask | |\_\_||\_\_| |
| On a fixed schedule | 2 |
| Don’t know | 98 |
| 40. Yesterday, at the main meal, did (child’s name) eat all the food you thought he/she should? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 41. Yesterday, during the main meal, did you do anything to encourage (child’s name) to eat? | Yes | 1 | If Q41=2, skip to Q43 | |\_\_||\_\_| |
| No | 2 |
| 42. What did you do? *Do not read options, multiple answers possible* | Offered another food or liquid | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_||\_\_| |
| Encouraged verbally | 2 |
| Modelled eating (with or without toy) | 3 |
| Ordered strongly or forced child to eat | 4 |
| Another person helped feed the child | 5 |
| Role play (pretend food is aeroplane) | 6 |
| Another form of encouragement | 7 |
| Don’t know | 98 |
| 43. Yesterday, during the main meal, while feeding (Name), did you talk to him or her? | Yes | 1 | If Q43=2 or Q43=98, skip to Q45 | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 44.What did you say? Write down the answer below and then appropriately code. More than one option is possible. Do not read the options.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Ordered the child to eat | 1 |  | |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_|  |\_\_||\_\_| |
| Praised child | 2 |
| Asked child questions | 3 |
| Talked about the food | 4 |
| Threatened the child | 5 |
| Told child that they liked the food | 6 |
| Rewarded the child | 7 |
| Talked about other things | 8 |
| Don’t know | 98 |
| 45. Yesterday, during the main meal, did (Name) self-feed? | Yes | 1 |  | |\_\_||\_\_| |
| No | 2 |
| Don’t know | 98 |
| 46. Yesterday, during the main meal did (name) self-feed the whole time, half of the time or for a little time? | All of the time | 1 |  | |\_\_||\_\_| |
| Half of the time | 2 |
| Little time | 3 |
| Don’t know | 98 |
| 47. The last time (Name) was sick, did you offer less, more, or the same amount of **breastmilk** as you do when he/she is healthy? | Less, because the child did not want it | 1 | If Q47=6, skip to Q51  If Q29=2 do not ask | |\_\_||\_\_| |
| Less, because mother’s decision | 2 |
| More | 3 |
| The same | 4 |
| Child never breastfed or child breastfeeding before last illness | 5 |
| Child has never been sick | 6 |
| Not applicable | 97 |
| Don’t know | 98 |
| 48. The last time (Name) was sick, did you offer less, more, or the same amount of **non-breast** **milk** liquids as you do when he/she is healthy? | Less, because the child did not want it | 1 |  | |\_\_||\_\_| |
| Less, because mother’s decision | 2 |
| More | 3 |
| The same | 4 |
| Child never fed non-breast milk liquids | 5 |
| Don’t know | 98 |
| 49. The last time (Name) was sick, did you offer less, more, or the same amount of **food** as when he/she is healthy? | Less, because the child did not want it | 1 |  | |\_\_||\_\_|AO |
| Less, because mother’s decision | 2 |
| More | 3 |
| The same | 4 |
| Child never fed foods | 5 |
| Don’t know | 98 |
| 50. After the illness ended, did you offer less, more, or the same amount of **food** as when he/she is healthy? | Less, because the child did not want it | 1 |  | |\_\_||\_\_| |
| Less, because mother’s decision | 2 |
| More | 3 |
| The same | 4 |
| Don’t know | 98 |
| Part E3. Child 24h Dietary recall (note: the questions below will need to be asked for the repeat 24h recall) | | | | |
| 51. How would you describe your child’s food consumption yesterday regarding the **AMOUNT** of food consumed? | Usual | 1 | If Q51=1 proceed with the 24h recall | |\_\_|\_\_| |
| More than usual | 2 |
| Less than usual | 3 |
| Don’t know | 98 |
| 52. Why do you think your child’s consumption was different to what he/she usually consumes? *Do not read options* | Child was sick | 1 | If Q52=1 or 2, do not proceed with the 24h recall | |\_\_||\_\_|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Child had no appetite | 2 |
| Less than usual because mother was busy | 3 |
| Less than usual because less food available at home | 4 |
| More than usual because the child attended a party/outing | 5 |
| More than usual because food was given to him/her as a gift | 6 |
| Other, specify | 77 |
| Don’t know | 98 |

Administer the dietary 24h recall by following the 5 steps of the multi pass method.

To be completed by supervisor:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 53. Yesterday, during the day or night, did **(NAME)** consume any [list iron fortified solid, semi-solid or soft foods designed specifically for infants and young children available in the local setting]? | Yes | 1 |  | |\_\_| |
| No | 2 |
| 54. Yesterday, during the day or night, did **(NAME)** consume any food to which you added a **[powder or sprinkles]** like this?  *Show common types of micronutrient powders available in survey area or ask the mother to show the item given.* | Yes | 1 |  | |\_\_| |
| No | 2 |
| 55. Yesterday, during the day or night, did **(NAME)** consume any **[list iron fortified infant/toddler formulas available in the local setting]?** *Note: Ask the mother to show the formula used so the interviewer can see whether it is iron fortified or not.* | Yes | 1 |  | |\_\_| |
| No | 2 |

**TO BE FILLED BY FIELD SUPERVISOR ONLY (AFTER DIETARY DATA COLLECTION COMPLETE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Q56. Child’s dietary diversity. Using the completed 24h recall above, please circle and fill in the appropriate boxes below.** | | | **Codes** |
| 1. | Porridge, bread, rice, noodles, or other foods made from grains | 1=Yes  2=No | [\_\_] |
| 2. | Pumpkin, carrots, squash, or sweet potatoes that are yellow or orange inside | 1=Yes  2=No | [\_\_] |
| 3. | White potatoes, white yams, manioc, cassava, or any other foods made from roots | 1=Yes  2=No | [\_\_] |
| 4. | Any dark green leafy vegetables | 1=Yes  2=No | [\_\_] |
| 5. | Ripe mangoes, ripe papayas, peach, lucuma fruit | 1=Yes  2=No | [\_\_] |
| 6. | Any other fruits or vegetables | 1=Yes  2=No | [\_\_] |
| 7. | Liver, kidney, heart, or other organ meats | 1=Yes  2=No | [\_\_] |
| 8. | Any meat, such as beef, pork, lamb, goat, chicken, or duck | 1=Yes  2=No | [\_\_] |
| 9. | Eggs | 1=Yes  2=No | [\_\_] |
| 10. | Fresh or dried fish, shellfish or seafood | 1=Yes  2=No | [\_\_] |
| 11. | Any foods made from beans, peas, lentils, nuts, or seeds | 1=Yes  2=No | [\_\_] |
| 12 | Cheese, yoghurt, or other milk products | 1=Yes  2=No | [\_\_] |
| 13. | Any oil, fats or butter or foods made with any of these | 1=Yes  2=No | [\_\_] |
| 14. | Condiments and seasonings *(e.g. fresh and dried herbs; spices; chili peppers; garlic; ginger root; fish powder; bean paste; tomato paste; bouillon cubes; soy sauce; fish sauce and pepper sauce; ketchup)* | 1=Yes  2=No | [\_\_] |
| 15. | Savoury and fried snacks *(e.g. corn/maize chips/fried tortilla strips; crisps; potato chips; sweet potato chips; samosas; doughnuts/fried dough; other deep-fried items)* | 1=Yes  2=No | [\_\_] |
| 16. | Sweet products *(e.g. biscuits; cakes; candies; chocolates; cookies; frozen custard/yoghurt; fruit canned in sugar syrup; ice cream; honey; jam; pastries; sweetened condensed milk; any other sweets)* | 1=Yes  2=No | [\_\_] |
| 17. | Sugar-sweetened beverages *(e.g. chocolate drinks; coffee with sugar; fruit drinks, sweetened fruit juices; soft drinks/sodas/carbonated drinks; tea with sugar; any other drink sweetened with sugar)* | 1=Yes  2=No | [\_\_] |
| 18. | Other beverages and foods | 1=Yes  2=No | [\_\_] |

# SECTION 5: **MATERNAL DIET AND NUTRITION KNOWLEDGE**

| Questions | Responses | | Skips | Code |
| --- | --- | --- | --- | --- |
| Part A. 24h Dietary recall and Food Frequency Questionnaire | | | | |
| 1. How would you describe your food consumption yesterday regarding the **TYPES** of foods consumed? | Usual | 1 | If Q1=1 or Q1=98, skip to Q3 | |\_\_||\_\_| |
| Simpler (less diverse than usual) | 2 |
| Richer (more diverse than usual) | 3 |
| Don’t know | 98 |
| 2. If consumption was different, please provide the reasons | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3. Administer the 24h dietary recall following the 5 steps of the multi pass method** | | | | |
| **4. Administer the qualitative food frequency questionnaire (go to form on pages 19-20)** | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***Q4. In the past 7 days, have you eaten...?*** | | | | | |
| **Food items/groups** | | **Consumption** | | **How many times per week?** | **How many times per day?** |
|  | |  | Code |  |  |
| **1** | **Whole grains** *(whole wheat flour, whole wheat, brown rice, whole wheat crackers, semolina, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **2** | **Refined/milled grains** *(white flour, white rice, pasta, noodles, ramen, pizza, corn starch, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **3** | **Dairy products** *(milk, yoghurt, cheese (natural, processed, cottage cheese), etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **4** | **Red meat** *(beef, lamb, pork, goat, guinea pig, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **5** | **Processed meat** *(hot dog, sausage, bacon, ham, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **6** | **Organ meats** *(liver, lung, kidney, spleen, heart, gizzard, sangrecita/chicken blood, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **7** | **Poultry** *(duck, chicken, hen, turkey)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **8** | **Fish and seafood** *(salted fish, dried fish, ceviche, crabs, octopus, squid, tuna, trout, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **9** | **Eggs** *(boiled, fried, scrambled)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **10** | **Pizza, burgers** | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **11** | **Green leafy vegetables** *(lettuce, spinach, broccoli etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **12** | **Other raw vegetables** *(carrot, tomato, radish, pepper etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **13** | **Other cooked vegetables** | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **14** | **Legumes** *(peas, lentils, beans, broad beans, soybeans)*, **nuts and seeds** *(walnuts, pecans, almonds, peanuts)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **15** | **Deep fried foods** *(French fries, broaster chicken, onion rings, fried wontons etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **16** | **Potatoes/tubers** *(white, yellow, sweet potatoes) (excludes French fries and potato crisps)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **17** | **Salty snacks** *(chizitos, doritos, potato crisps, tortees)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **18** | **Fruits** *(apple, orange, tangerine, pineapple, papaya, mango, etc*) & 100% fruit juices | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **19** | **Ice cream and pudding** *(rice pudding, crème brulee, purple corn pudding etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **20** | **Dessert/sweet snacks** *(tarts, pies, brownie, cakes, cookies, packaged rice snacks, empanaditas etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **21** | **Confectionary, sugars and syrups** *(candies, lollipop, toffees, jelly, manjar blanco)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **22** | **Fruit drinks** *(excluding 100% fruit juices)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **23** | **Carbonated beverages** and **sweetened beverages** *(excludes homemade beverages)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **24** | **Sugary homemade beverages** *(lemonade, infusions, chichi morada, maracuya apple juice, etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **25** | **Fats and oils** *(butter, oil, margarine etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |
| **26** | **Condiments and seasonings** *(mayonnaise, ketchup, mustard etc)* | (1) yes (2) no | ½\_\_½ | ½\_\_½ | ½\_\_½ |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Questions | Responses | | Skips | Code | |
| Part B. Nutrition supplements | | | | | |
| 5. Did you take any supplements containing iron during pregnancy with \_\_\_\_\_\_\_\_? | Yes | 1 | If Q5=2, skip to Q8 | | |\_\_| |
| No | 2 |
| 6. If yes, what type of supplements containing iron did you take? | Iron-folic acid tablet | 1 |  | | |\_\_||\_\_|  ---------------------------- |
| Iron tablet | 2 |
| Iron/ferrous sulphate syrup | 3 |
| Multivitamin containing iron | 4 |
| Other, specify\_\_\_\_ | 77 |
| Don’t know | 98 |
| 7. For how long did you take the iron supplements during pregnancy? | |\_\_||\_\_| months |  |  | | |\_\_||\_\_| |
| 8. In the past 30 days, did you take any supplements containing iron? | Yes | 1 | If Q8=2, skip to Q11 | | |\_\_| |
| No | 2 |
| 9. If yes, what type of supplements containing iron did you take? | Iron-folic acid tablet | 1 |  | | |\_\_||\_\_|  -------------------------- |
| Iron tablet | 2 |
| Iron/ferrous sulphate syrup | 3 |
| Multivitamin | 4 |
| Multiple micronutrient powder | 5 |
| Iron table and multivitamins | 6 |
| Other, specify\_\_\_\_ | 77 |
| Don’t know | 98 |
| 10. Did you take this supplement yesterday? | Yes | 1 |  | | |\_\_| |
| No | 2 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Part C – Nutrition knowledge | | | | |
| ***Q11. I am now going to read a list of statements. For each statement, please tell me if you think this is true, false or if you don’t know.*** | **True** | **False** | **Don’t know** | **Code** |
| **Knowledge of the causes and consequences of obesity** | | | | |
| 1. Eating a lot of fat can contribute to obesity | 1 | 2 | 3 | ½\_\_½ |
| 1. Eating a lot of sugar can contribute to obesity | 1 | 2 | 3 | ½\_\_½ |
| 1. Low intake of vegetables can contribute to obesity | 1 | 2 | 3 | ½\_\_½ |
| 1. Obesity increases the risk of developing hypertension | 1 | 2 | 3 | ½\_\_½ |
| 1. Performing a lot of physical activity can contribute to obesity | 1 | 2 | 3 | ½\_\_½ |
| **Knowledge of the causes of iron deficiency anaemia** | | | | |
| 6.Anaemia is a common problem in children in Peru | 1 | 2 | 3 | ½\_\_½ |
| 7.Anaemia means decreased iron in the blood | 1 | 2 | 3 | ½\_\_½ |
| 8.Consumption of tea/coffee during meals can prevent the absorption of iron | 1 | 2 | 3 | ½\_\_½ |

**TO BE FILLED BY THE FIELD SUPERVISOR ONLY (AFTER DATA COLLECTION IS COMPLETE)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Q12.Mother’s dietary diversity** | | | **Codes** |
| 1. | **Foods made from grains** *(e.g. breads, flatbreads, stiff porridge or maize, sorghum, millet or cassava (manioc), pasta)* | 1=Yes  2=No | [\_\_] |
| 2. | **White roots, tubers and plantains** *(e.g. potatoes, white-fleshed sweet potatoes, white yams, yucca and plantains)* | 1=Yes  2=No | [\_\_] |
| 3. | **Pulses** *(e.g. beans (black, kidney, pinto), broad bean (fava, field bean), chickpea (garbanzo), pigeon pea, cowpea, lentil and soybean/soybean products or other legume products)* | 1=Yes  2=No | [\_\_] |
| 4. | **Nuts** *(e.g. cashew, macadamia, Brazil nut, almond, chestnut, hazelnut, pecan, pistachio and walnut)* and seeds *(e.g. sesame, sunflower, pumpkin/squash/gourd and pine nut)* | 1=Yes  2=No | [\_\_] |
| 5. | **Milk and milk products** *(e.g. fresh milk; tinned, powdered or UHT milk; soft and hard cheeses; yoghurt and kefir)* | 1=Yes  2=No | [\_\_] |
| 6. | **Organ meat** *(e.g. blood sausage, other blood products; gizzard; heart; kidney; liver)* | 1=Yes  2=No | [\_\_] |
| 7. | **Red meat** *(e.g. beef, goat, lamb, mutton, pork, rabbit, bush meat, guinea pig)* | 1=Yes  2=No | [\_\_] |
| 8. | **Processed meat** *(sausages/ hotdog; ham; bacon, etc)* | 1=Yes  2=No | [\_\_] |
| 9. | **Poultry** *(e.g. chicken, duck, guinea fowl, turkey, pigeon)* | 1=Yes  2=No | [\_\_] |
| 10. | **Fish and seafood** *(e.g. fresh, frozen or dried fish; canned fish; mussels, oysters and scallops; shrimp, lobster, crayfish and crabs; octopus, squid and cuttlefish; shark; whale)* | 1=Yes  2=No | [\_\_] |
| 11. | **Eggs** *(e.g. chicken eggs; duck eggs; guinea fowl eggs; quail eggs)* | 1=Yes  2=No | [\_\_] |
| 12 | **Dark green leafy vegetables** *(e.g. spinach; kale; broccoli; etc)* | 1=Yes  2=No | [\_\_] |
| 13. | **Vitamin A rich vegetables, roots and tubers** *(e.g. carrot; pumpkin; red pepper; squash; sweet potato)* | 1=Yes  2=No | [\_\_] |
| 14. | **Vitamin A rich fruits** *(e.g.* apricot; papaya; mango; passion fruit; peaches; musk melon) | 1=Yes  2=No | [\_\_] |
| 15. | **Other vegetables** *(e.g. tomato; brussel sprouts; asparagus; onion; mushroom; leek; etc)* | 1=Yes  2=No | [\_\_] |
| 16. | **Other fruits** *(e.g. apple; banana; avocado; grapes; guava; kiwi; lemon; lime; mandarin; orange etc)* | 1=Yes  2=No | [\_\_] |
| 17. | **Other oils and fats** *(e.g. butter; cream; margarine; mayonnaise; any other oil)* | 1=Yes  2=No | [\_\_] |
| 18. | **Savoury and fried snacks** *(e.g. corn/maize chips/fried tortilla strips; crisps; potato chips; sweet potato chips; samosas; doughnuts/fried dough; other deep-fried items)* | 1=Yes  2=No | [\_\_] |
| 19. | **Sweet products** *(e.g. biscuits; cakes; candies; chocolates; cookies; frozen custard/yoghurt; fruit canned in sugar syrup; ice cream; honey; jam; pastries; sweetened condensed milk; any other sweets)* | 1=Yes  2=No | [\_\_] |
| 20. | **Sugar-sweetened beverages** *(e.g. chocolate drinks; coffee with sugar; fruit drinks, sweetened fruit juices; soft drinks/sodas/carbonated drinks; tea with sugar; any other drink sweetened with sugar)* | 1=Yes  2=No | [\_\_] |
| 21. | **Condiments and seasonings** *(e.g. fresh and dried herbs; spices; chili peppers; garlic; ginger root; fish powder; bean paste; tomato paste; bouillon cubes; soy sauce; fish sauce and pepper sauce; ketchup)* | 1=Yes  2=No | [\_\_] |
| 22. | **Other beverages and foods** | 1=Yes  2=No | [\_\_] |

*Note: for foods 1-16 consider whether at least one tablespoon was consumed.*

# SECTION 6: **HAEMOGLOBIN**

|  |  |
| --- | --- |
| **1. Haemoglobin for the mother (g/dl)** |\_\_|\_\_|.|\_\_| |  |
| **2. Haemoglobin for the child (g/dl)** |\_\_|\_\_|.|\_\_| |  |

**Important: Proceed to question 6 and 7 of section 9.**

|  |
| --- |
| **Observations:** |

# SECTION 7: **ANTHROPOMETRIC MEASUREMENTS FOR THE MOTHER AND CHILD**

| Questions | Responses | | Skips | Code |
| --- | --- | --- | --- | --- |
| Part A. Anthropometric measurements for the mother **Note:** For weight/height and waist circumference, a third measurement will be taken if the differencebetween the first two measurements is above a predefined threshold (i.e., **>0.5 cm for maternal height, >0.1 kg for maternal weight, and >1cm for waist circumference**). An average of the two closest measurements will then be used. | | | | |
| 1. Weight measurement 1 (kg) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 2. Weight measurement 2 (kg) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 3. Weight measurement 3 (kg) (if discrepancy >0.1 kg for maternal weight) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 4. What type of clothing was the woman wearing? | Light clothing | 1 |  | |\_\_| |
| Medium clothing | 2 |  |
| Heavy clothing | 3 |  |
| 5. Observations for mother weight: | | | | |
| 6. Height measurement 1 (cm) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 7. Height measurement 2 (cm) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 8. Height measurement 3 (cm) (if discrepancy > 0.5cm for maternal height) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 9. Observations for mother height: | | | | |
| 10. Waist circumference 1 (cm) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 11. Waist circumference 2 (cm) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 12. Waist circumference 3 (cm) (if discrepancy > 1cm) | |\_\_|\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|\_\_|.|\_\_| |
| 13. Observations for mother waist circumference | | | | |
| Part B. Anthropometric measurements for the child For weight and length, a third measurement will be taken if the difference between the first two measurements is above a predefined threshold (i.e.> 0.7 cm for infant length, and > 0.1 kg for infant weight); and an average of the two closest measurements will be used. | | | | |
| 14. Weight measurement 1 (kg) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 15. Weight measurement 2 (kg) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 16. Weight measurement 3 (kg) (if discrepancy >0.1kg for infant weight) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 17. What type of clothing was the baby wearing? | No clothing | 0 |  | |\_\_| |
| Light clothing | 1 |  |
| 18. Observations for child weight: | | | | |
| 19. Length measurement 1 (cm) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 20. Length measurement 2 (cm) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 21. Length measurement 3 (cm) (if discrepancy >0.7cm for infant length) | |\_\_|\_\_|.|\_\_| |  |  | |\_\_|\_\_|.|\_\_| |
| 22. Observations for child length: | | | | |