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# SECTION 0: SCREENING QUESTIONNAIRE FOR MAIN SURVEY

|  |  |  |  |
| --- | --- | --- | --- |
| ***Questions*** | ***Responses*** | | ***Skips and/or visibility fields*** |
| 1. Date of recruitment date | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| |  | Fill this question for all participants |
| 2. Date of birth of the child? (if not known record 98/98/9898) | |\_\_|\_\_| / |\_\_|\_\_| / |\_\_|\_\_| |  | Fill this question for all participants |
| 3. How old is the child (record exact age in months)? | |\_\_||\_\_| months |  | If age≥24 months, stop questionnaire and record participant as “non eligible” |
| 4. Participant type | Same child than STAMINA survey 1 | 1 | If Q4=2, ask Q5 and Q6  If Q4=1, move to Q7 |
| New child from STAMINA | 2 |
| 5. In your pregnancy for the potential study child, did you give birth to more than one child? | Yes | 1 | If Q5=1, stop questionnaire and record participant as “non eligible” |
| No | 0 |
| 6. Was your child born premature, underweight or has he or she been diagnosed with a health problem or illness that could have affected his or her eating or growth? (e.g. congenital heart disease; spina bifida, microcephaly; Down syndrome) or chronic diseases (e.g. lung diseases, liver, kidney or kidney failure) | Yes | 1 | If Q6=1, stop questionnaire and record participant as “non eligible” |
| No | 0 |
| Don’t know | 98 |
| 7. Is your current place of residence located in an urban or rural area? | Urban | 1 | If Q7=2, register as ineligible |
| Rural | 2 |
| 8. Does the mother/primary caregiver consent to participate in the study | Yes | 1 | If Q8=1, move to section 1  If Q8=0, stop the questionnaire and record as “refusal” |
| No | 0 |
| 9. Confirm survey type (to be generated automatically by the programme) | 2a (those enrolled from STAMINA survey 1) | 1 | If Q4=1, then select 2a  If Q4=2, select 2b |
| 2b (those newly enrolled) | 2 |

# SECTION 1: PARTICIPANT INFORMATION (survey 2a and 2b)

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

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

5. Survey number: Survey 1=1 Survey 2= 2 Survey 4=4 |\_\_|

6. What city are you living in? Area (Lima: 1; Huánuco: 2, Other, specify: 3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |\_\_|

7. Which health centres do you attend\_\_\_\_\_\_\_\_\_? (Portada de Manchay: 1; Huertos de Manchay: 2; Pomares: 3; Las Moras: 4; Other, specify: 5) |\_\_| \_\_\_\_\_\_\_\_\_\_

8. Interviewer: María M : 1; Karla: 2; Patricia: 3; María P :4|\_\_|

9. Participant |\_\_\_|\_\_\_|

10. Mother/infant dyad code |\_\_|\_\_|\_\_|\_\_|\_\_|\_\_| (to be generated automatically)

11. Mother/infant dyad code STAMINA: |\_\_ |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_|

12. Telephone number: |\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_||\_\_|

13. Scheduling date for interview: |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_\_|\_\_|

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

15. Start time of interview |\_\_|\_\_| :|\_\_|\_\_| (H:M)

# SECTION 2: HOUSEHOLD ROSTER (survey 2a and 2b) – *one answer possible for each question*

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 head of the household, then the survey child, and other family members.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Code for each individual in the HH** | **Relationship with the study child**  (see codes below) | | **Sex** (1=male; 2=female) | **Exact age** (years or months) | **Marital status**  (see codes below) | | **Education level**  (see codes below) | | | **Main type of 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 2 yrs or more. Write number of months for children <2 years. Write 98 if age is not known

Note: The questions on marital status, education level and occupation will only be recorded for the mother/primary caregiver and head of the household. The other questions (name, relationship with the study child, sex and exact age will be recorded for ALL household members)

**Codes for household roster**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship with the study child** | **Marital status** | **Education level** | **Main type of occupation** |
| 1. Study child  2. Biological mother  3. Biological father  4. Stepfather or partner  5. Grandparent  6. Siblings  7. Aunt/uncle  8. Cousins  77. Other, specify\_\_\_\_\_\_\_\_\_ | 1. Single  2. Married or living together  3. Divorced or separated  4. Widowed  77. Other, specify\_\_\_\_\_\_\_\_\_  97. Not applicable | 1. No schooling  2. Incomplete primary (<5 yrs)  3. Complete primary (5-7 yrs)  4. Incomplete secondary (8-9 yrs)  5. Complete secondary (10-11 yrs)  6. Technical education  7. University education  8. Post-graduate education  77. Other, specify \_\_\_\_\_\_\_\_\_  97. Not applicable  98. Don’t know | 1. Not working  2. Student  3. Vendor/street seller  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 independent worker  11. Online sales  77. Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_\_  97. Not applicable  98. Don’t know |

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

| 0BQuestions | 1BResponses | | 2BSkips and/or visibility fields |
| --- | --- | --- | --- |
| 3BPart A. General information | | | |
| 1. Where were you born? *(do not read out options, one answer possible)* | Lima Metropolitana | 1 | Survey 2b |
| Costa rural | 2 |
| Costa urban | 3 |
| Sierra, Huánuco urban | 4 |
| Sierra, Huánuco rural | 5 |
| Sierra | 6 |
| Selva | 7 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 2. For how long did you live in this area? *(If less than 1 year, record in months)* | |\_\_|\_\_| years  |\_\_|\_\_| months |  | Survey 2a, 2b |
| 3. How many children do you have? (in total from all marital commitments) | |\_\_|\_\_| |  | Survey 2a, 2b |
| 4. Who is the primary caregiver of the study child? *(do not read out options, one answer possible)* | Biological mother | 1 | Survey 2a, 2b |
| Biological father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Auntie | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 5. Who is the head of the household? *(do not read out options, one answer possible)* | Biological mother | 1 | Survey 2a, 2b |
| Biological father | 2 |
| Grandmother | 3 |
| Grandfather | 4 |
| Auntie/Uncle | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 6. Do you do any paid work/employment? *(note for interviewer: refer to section 2 household roster)* | Yes | 1 | Survey 2a, 2b  If Q6=0, skip to Q10 |
| No | 0 |
| 7. If yes, how many days, on average, do you work per week? | \_\_\_ days |  | Survey 2a, 2b |
| Don’t know | 98 |
| 8. How many hours, on average, do you work per week? | \_\_\_ hours |  | Survey 2a, 2b |
| Don’t know | 98 |
| 9. When you are working, who looks after the child? *(one answer possible, do not read out options)* | Family member ≥ 18y | 1 | Survey 2a, 2b |
| Family member < 18y | 2 |
| The child is with me while I work | 3 |
| Other caregiver, specify\_\_\_\_\_\_\_\_\_\_ | 77 |
| 10.Do you think your household has been financially impacted by the pandemic? *(one answer possible, read out options)* | Yes - a lot | 1 | Survey 2a, 2b |
| Yes - a bit | 2 |
| No – not at all | 0 |
| Don’t know | 98 |
| 11. How do you consider your current household income levels compared to your income before the pandemic started? *(one answer possible, read out options)* | Less | 1 | Survey 2a, 2b |
| Same | 2 |
| More | 3 |
| 12. Have you had to make any changes/adjustments within your household due to the economic impact of the pandemic? *(one answer possible, read out options)* | Yes - a lot | 1 | Survey 2a, 2b  If Q12= 0 or Q12=98, go to Q14  If Q12=1 or Q12=2, go to Q13 |
| Yes - a bit | 2 |
| No – not at all | 0 |
| Don’t know | 98 |
| 13. If yes, how did you deal with the financial impact the pandemic had on your household? *(multiple answers possible – read out options)* | Used bank savings | 1 | Survey 2a, 2b |
| Used cash savings | 2 |
| Reduced non-food expenditures | 3 |
| Reduced food expenditures | 4 |
| Borrowed money | 5 |
| Bought on credit | 6 |
| Sold off assets | 7 |
| Family member moving in or out | 8 |
| Change of residence/locality | 9 |
| Sharing pot/community kitchens | 10 |
| Don’t know | 98 |
| Other, specify | 77 |
| 14. Did you or anyone in your household receive any form of financial help/support from the government or other? *(multiple answers possible – do not read out options)* | Government bonus (for independent worker) | 1 | Survey 2a, 2b |
| Government bonus (stay home) | 2 |
| Bonus child < 2 years | 3 |
| NGO bonus | 4 |
| Electricity bonus | 5 |
| Help from family member/ friend/ acquaintance | 6 |
| No | 0 |
| Other, specify | 77 |
| 15. List up to three concerns that the pandemic has brought to your household (economic/ health/ fear/ social)? *(maximum 3 answers possible, do not read out options)* | Unemployment/loss of income | 1 | Survey 2a, 2b |
| High cost of food | 2 |
| Social distancing | 3 |
| Fear of getting infection/dying for yourself | 4 |
| Fear of infection/dying for other family members | 5 |
| Loss of a family member in the household | 6 |
| Travel/transport restrictions | 7 |
| Shortage in food supply | 8 |
| Quarantine/isolation/ mental wellbeing | 9 |
| Shops being closed | 10 |
| Schools/daycare centres/Cuna Mas being closed | 11 |
| Difficulty accessing health services | 12 |
| Other, specify | 77 |
| 16. In the household, who tends to make decisions about food expenditure? *Do not read out answers, one answer possible* | Mother/primary caregiver | 1 | Survey 2a, 2b |
| Father | 2 |
| Both Parents | 3 |
| Grandparents | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 17. Did you or any person in your household receive food from any programme or institution since the start of the pandemic? | Yes | 1 | Survey 2a, 2b  If Q17=0 or Q17=98, skip to Q19 |
| No | 0 |
| Don’t know | 98 |
| 18. From which programme or institution do you receive food? *Do not read out answers, multiple answers possible* | NGO | 1 | Survey 2a, 2b |
| PANTBC | 2 |
| Vaso de leche | 3 |
| Comedor popular | 4 |
| Qaliwarma | 5 |
| Cuna Más food basket | 6 |
| Municipality food basket | 7 |
| Friends family/ acquaintances | 8 |
| Other, please specify | 77 |
| Don’t know | 98 |
| 4BPart B: Housing conditions *Read aloud:* Now we have some questions about your housing. | | | |
| 19. Are you living in the same house as the one recorded in the baseline survey? | Yes | 1 | Survey 2a |
| No | 0 |
| 20. Is the house you live in, your own, rented or do you stay with someone else? Do not read out answers, one response possible | Own | 1 | Survey 2a ONLY IF Q19=0  Survey 2b |
| 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 |
| 21. How many rooms in your house are used for sleeping? | No. of rooms  |  | Survey 2a ONLY IF Q19=0  Survey 2b |
| 22. Does this house have an electricity connection? | Yes | 1 | Survey 2a ONLY IF Q19=0  Survey 2b |
| No | 0 |
| 23. What is your main source of energy for cooking? Do not read out answers, one response possible | Gas | 1 | Survey 2a, 2b |
| Electricity | 2 |
| Firewood | 3 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 24. What is the main material used to construct the floor of the house? Do not read out answers, one response possible | Parquet | 1 | Survey 2a ONLY IF Q19=0  Survey 2b |
| Tile | 2 |
| Cement | 3 |
| Earth | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 25. What is the main material used to construct the ceiling/roof of the house? Do not read out answers, one response possible | Concrete/cement | 1 | Survey 2a ONLY IF Q19=0  Survey 2b |
| Calamine | 2 |
| Wood/T-iron | 3 |
| Straw | 4 |
| Tile beam | 5 |
| Cardboard/plastic | 6 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 26. What is the main material used to construct most of the walls of the house? Do not read out answers, one response possible | Cement Blocks | 1 | Survey 2a ONLY IF Q19=0  Survey 2b |
| Brick | 2 |
| Wood/drywall | 3 |
| Adobe/mud | 4 |
| Matting | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 5BPart C: Assets Read Aloud: Now I would like to ask you some information regarding specific assets you may own in your household. The only reason I am asking this is so that we can understand the living conditions of the families that participate in the study. You can stop answering any question if you wish. | | | |
| 27. Does your household have…a sofa? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Does not wish to answer | 99 |
| 28. Cupboard/Buffet | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Does not wish to answer | 99 |
| 29. Kitchen cabinet | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Does not wish to answer | 99 |
| 30. Wardrobe | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Does not wish to answer | 99 |
| 31. Clock | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 32. Landline | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 33. Mobile phone | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 34. Radio/ stereo | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 35. Television | Yes working | 1 | Survey 2a, 2b |
| Yes but doesn’t work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 36. Cable television service | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 37. Food processor/blender | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 38. Gas stove | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 39. Microwave | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 40.Refrigerator | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 41. Washing machine | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 42. Computer/ laptop | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 43. Internet | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 44. Moto | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 45. Bicycle | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 46. Car | Yes working | 1 | Survey 2a, 2b |
| Yes but does not work | 2 |
| No | 0 |
| Does not wish to answer | 99 |
| 6BPart D. Water | | | |
| 47. What is the main source of drinking water for your household? *(one answer possible, do not read out options)* | Piped water | 1 | Survey 2a, 2b  If Q47 = 1 skip to Q49, if Q47 = 2,3,4,5,77 go to Q48 and skip to Q50. |
| Motorised pump | 2 |
| Tank truck | 3 |
| Well | 4 |
| Public basin | 5 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 48. Has water access been impacted by the pandemic? *(one answer possible, read out options)* | Yes - a lot | 1 | Survey 2a, 2b |
| Yes – a bit | 2 |
| No – not at all | 0 |
| Don’t know | 98 |
| 49. Has water supply (i.e. availability throughout the day) been impacted by the pandemic? *(one answer possible, read out options)* | Yes – a lot | 1 | Survey 2a, 2b |
| Yes – a bit | 2 |
| No – not at all | 0 |
| Don’t know | 98 |
| 7BPart E. Sanitation | | | |
| 50. What kind of bathroom do members of your household usually use? *(one answer possible, do not read out options)* | Connected to in-home public network | 1 | Survey 2a, 2b |
| Connected to out of home public network | 2 |
| Septic tank | 3 |
| Latrine | 4 |
| Open field | 5 |
| Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 8BPart F. Livestock ownership/ home garden | | | |
| Do you or any member of your household raise: | | | |
| 51. Chickens/poultry | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| 52. Guinea pigs | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| 53. Pigs | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| 54. Sheep/goat | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| 55. In the home do you have a home garden or grow some fruits or vegetables? | Yes | 1 | Survey 2a, 2b |
| No | 0 |

# SECTION 4: INFANT HEALTH AND INFANT FEEDING PRACTICES

| **9B**Questions | **10B**Responses | | **11B***Skips/visibility fields* |
| --- | --- | --- | --- |
| 12BPart A. Information on newborn health | | | |
| 1. Where was the study child born? *Do not read out options, one answer possible* | Hospital | 1 | Survey 2b |
| Health centre/point | 2 |
| Home | 3 |
| Clinic | 4 |
| Other, specify\_\_\_\_\_\_\_\_\_\_\_\_\_ | 77 |
| 2. What type of delivery was it? *Do not read out options, one answer possible* | Vaginal/normal delivery | 1 | Survey 2b |
| Vaginal vertical | 2 |
| C-section | 3 |
| 13BPart B. Infant health (0-23 months) | | | |
| 3. Child 0-12 months - Has \_\_\_\_\_\_\_\_\_ attended a health facility for routine checks in the past month? | Yes | 1 | Survey 2a, 2b  If Q3=1, skip to Q5  If Q3=0, go to Q4  Only show if child is aged 0-12m |
| No | 0 |
| 3a. Child 13-23 months - Has \_\_\_\_\_\_\_\_\_ attended a health facility for routine checks in the last 2 months? | Yes | 1 | Survey 2a, 2b  If Q3a=1, skip to Q5  If Q3a=0, go to Q4  Only show if child is aged 13-23 m |
| No | 0 |
| 4. If no, state the reason why *(multiple responses possible, do not read out the options)* | Health facility closed/only open for emergency | 1 |  |
| Unavailability of transport | 2 |
| Mother or other member in the family ill with COVID (isolation or quarantine) | 3 |
| Fear of getting infected in the health facility | 4 |
| Relatives/friends recommended not to go | 5 |
| Fear of contamination whilst commuting to the health facility | 6 |
| Government restriction (i.e. confinement) | 7 |
| Telephone consultation only | 8 |
| Other, specify | 77 |
| 5. In the last six months, have you taken \_\_\_\_\_\_\_\_\_ to the health centre for any emergency? | Yes | 1 | Survey 2a, 2b  If Q5=1, go to Q6  If Q5=0, go to Q7 |
| No | 0 |
| 6. If yes, where did you take \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_? (multiple responses possible, do not read out the options) | Hospital | 1 | Survey 2a, 2b  Show if Q5=1 |
| Municipal health centre | 2 |
| Local health centre | 3 |
| Private clinic | 4 |
| Private practice | 5 |
| Essalud | 6 |
| Pharmacy | 7 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 7. 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 | Survey 2a, 2b  If Q7=0 or Q7=98, skip to Q9 |
| No | 0 |
| Don’t know | 98 |
| 8. Was there blood in the diarrhoea in the last 2 weeks? | Yes | 1 |  |
| No | 0 |
| Don’t know | 98 |
| 9. In the last 2 weeks, did the child have fever, meaning an elevated body temperature above the normal range at any time? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| 10. 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 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| 11. In the last 2 weeks, did \_\_\_\_\_\_\_\_\_\_ have any other illness apart from the ones mentioned above? | Yes, please specify | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| 12. In the last 2 weeks, did you take \_\_\_\_\_\_\_\_\_\_ to a health facility to seek treatment for any of the illness mentioned above? | Yes | 1 | Survey 2a, 2b  Only ask this question if Q7=1 or Q9=1 or Q10=1 or Q11=1  If Q12=1, skip to Q14  If Q12=0, ask Q13 |
| No | 0 |
| 13. If no, what were the reasons for not taking \_\_\_\_\_\_\_\_\_\_\_ to a health facility? *(multiple responses possible, do not read out the options)* | Health facility closed/only open for emergencies | 1 | Survey 2a, 2b  Show if Q12=0 |
| Mother or other member in the family ill with COVID (isolation, quarantine) | 2 |
| Reluctance to go to the health facility because of fear of contamination | 3 |
| Relatives/friends recommended not to go | 4 |
| Fear of contamination whilst commuting to the health facility | 5 |
| Government restriction (i.e. confinement) | 6 |
| Other, specify | 77 |
| 14. Has access to the health service been affected because of the pandemic? *One answer possible, read out options* | Yes – a lot | 1 | Survey 2a, 2b |
| Yes – a bit | 2 |
| No – not at all | 0 |
| Don’t know | 98 |
| 15. In the last six months, did you receive any health/nutrition consultation and/or services for \_\_\_\_\_\_\_\_\_\_, by phone or virtually? If yes, where from? *Multiple answers possible – do not read out options* | Yes – from the health centre | 1 | Survey 2a, 2b  If Q15=1 or 2 or 3 or 4 or 77, go to Q16  If Q15=0, skip to Q18 |
| Yes – from the municipality | 2 |
| Yes – from the Cuna Mas | 3 |
| Yes – from any other governmental institutions | 4 |
| Yes – other, specify | 77 |
| No | 0 |
| 16. If yes, by what means did you receive health advice or information from the institution? *(tick all that apply, do not read out options)* | Text message | 1 | Survey 2a, 2b  Show if Q15=1 |
| Telephone consultation | 2 |
| Video consultation/telemedecine | 3 |
| WhatsApp | 4 |
| Paper leaflet/information | 5 |
| By downloading an app | 6 |
| Website | 7 |
| Other, specify | 77 |
| 17. For the information you received above, can you recall what it was about? *(tick all that apply, do not read out)* | Breastfeeding (during COVID-19) | 1 | Survey 2a, 2b  Show if Q15=1 |
| Healthy eating advice for the family | 2 |
| Advice to lose weight for infant/mother/family | 3 |
| Infant complementary feeding/nutrition advice | 4 |
| Immunisation | 5 |
| Anaemia/iron supplementation | 6 |
| CRED/Well baby checks | 7 |
| Information on COVID-19 | 8 |
| Other, specify | 77 |
| 18. Did you look for other sources of advice for nutrition/health information? If yes, where did you get this from? *(tick all that apply, do not read out)* | Yes -Family members | 1 | Survey 2a, 2b |
| Yes- Friends | 2 |
| Yes -Other community members/neighbours | 3 |
| Yes- Pharmacists | 4 |
| Yes - Work colleagues | 5 |
| Yes -By using an app | 6 |
| Yes- Media (radio, tv) | 7 |
| Yes Social media (Facebook, Youtube, Whatsapp) | 8 |
| Yes- Internet and online sources (Google, Forums, online web pages, email) | 9 |
| No -None of the above | 0 |
| Other, specify | 77 |
| 18a. By what means would you prefer to receive nutrition counselling for your child? | Face-to-face (individual counselling in a health facility) | 1 |  |
| Community/group counselling | 2 |
| Leaflet | 3 |
| App | 4 |
| Whatsapp | 5 |
| Video call | 6 |
| Telephone call | 7 |
| Other, specify | 77 |
| 19. How many appointments in total has \_\_\_\_\_\_\_\_\_\_ attended at CRED since birth *(check health card, if no health card report 98)* | Nb. of times |\_\_|\_\_| |  | Survey 2a, 2b |
| 14BPart C. Feeding related questions around birth | | | |
| 20. Has \_\_\_\_\_\_\_\_\_\_\_\_ ever been breastfed? | Yes | 1 | Survey 2b  If Q20=0, skip to Q23 |
| No | 0 |
| 21. Was the child put to the breast within the first hour following birth? | Yes | 1 | Survey 2b  Show Q21 if Q20=1 |
| No | 0 |
| Don’t know | 98 |
| 22. Was the child fed colostrum/first milk (yellow thick milk)? | Yes | 1 | Survey 2b  Show Q22 if Q20=1 |
| No | 0 |
| Don’t know | 98 |
| 23. In the first two days after delivery, was [name child] given anything other than breast milk to eat or drink – anything at all like water, infant formula? | Yes | 1 | Survey 2b  So If Q23=1, go to Q24; if Q23=0 or Q23=98, skip to Q25 |
| No | 0 |
| Don’t know | 98 |
| 24. If yes what was given? *Multiple answers possible, read out options.* | Tea/herbal infusion | 1 |  |
| Water | 2 |
| Infant Formula | 3 |
| Other non-breast milk | 4 |
| Other, Specify\_\_\_\_\_\_\_\_\_ | 77 |
| Don’t know | 98 |
| 15BPart D. Introduction of foods/complementary foods and timing (0-23 months) | | | |
| 25. In the first six months, have you given \_\_\_\_\_\_\_\_ iron drops or syrup | Yes | 1 | Survey 2b |
| No | 0 |
| Don’t know | 98 |
| 26. In the first six months, have you given\_\_\_\_\_\_\_\_\_ any other medicines (vitamin drops or other medicines as drops, ORS)? | Yes- vitamins | 1 | Survey 2b |
| Yes - Medicines | 2 |
| Yes – vitamins and medicines | 3 |
| No | 0 |
| Don’t know | 98 |
| 27. In the first six months, have you given \_\_\_\_\_ any foods or drinks, other than breastmilk? | Yes | 1 | Survey 2b  If Q27=1, go to Q28  If Q27=0 or Q27=98, skip to Q29 |
| No | 0 |
| Don’t know | 98 |

|  |  |  |  |
| --- | --- | --- | --- |
| **28. At what age did you offer the following foods for the first time?** (condition for programming: survey 2b | | | |
| **Food items** | **1.Introduced** (1=yes, 0=no) | **2.At what age (months) did you first give (food)?** (If don’t know enter 98) | **3.Introduced before 6 months**  (1=yes,0=no, 98= 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 juice | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 8. Honey/sugar | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 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 snacks (cakes, cookies, candy) | |\_\_| | |\_\_||\_\_| | |\_\_| |
| 27. Savoury snacks (papitas, chizitos, tortes, empanaditas) | |\_\_| | |\_\_||\_\_| | |\_\_| |

| 16BQuestions | 17BResponses | | 18B*Skips/Visibility fields* |
| --- | --- | --- | --- |
| 19BPart E1. Infant and young child feeding practices (0-23 months) | | | |
| 29. Are you currently breastfeeding \_\_\_\_\_\_\_\_\_? | Yes | 1 | Survey 2a, 2b  If Q29=1 skip to Q33  If Q29=2 go to Q30 |
| No | 0 |
| 30. If no, at what age did you stop breastfeeding? (record in days, weeks OR months) (*If don’t know report 98)* | |\_\_|\_\_| months  |\_\_|\_\_| weeks  |\_\_|\_\_| days | |\_\_|\_\_| |  |
| 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 |
| Mother ill/worried about transmission of COVID-19 | 12 |
| Baby did not want to eat | 13 |
| Other, specify\_\_\_\_\_\_\_\_\_ | 77 |
| 32. Who advised you to stop breastfeeding? *Multiple responses possible, do not list options* | Husband/partner | 1 | Only show Q32 if Q31=11 |
| 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 \_\_\_\_\_\_\_ breastfed yesterday during the day or night? | Yes | 1 | Do not show Q33 If Q29=0 |
| No | 0 |
| 34. Now, I would like to ask you about some medicines and vitamins that are sometimes given to infants. Was \_\_\_\_\_\_\_\_\_ given any vitamin drops or other medicines as drops yesterday during the day or at night? | Yes – medicines | 1 | Survey 2a, 2b |
| Yes – Vitamins | 2 |
| Yes – Medicines and vitamins | 3 |
| No | 0 |
| Don’t know | 98 |
| 35. In the last 6 months, have you offered \_\_\_\_\_\_\_\_ any supplements containing iron? | Yes | 1 | Survey 2a, 2b  If Q35=1, go to Q36  If Q35=0 or Q35=98, skip to Q38 |
| No | 0 |
| Don’t know | 98 |
| 35A. What was the reason for not offering the iron supplement? | Did not have any at home | 1 | Survey 2a, 2b |
| They have not been prescribed | 2 |
| I have not been given an appointment from the health centre/health post to pick them up | 3 |
| Nobody has come to visit me and offer the iron supplements | 4 |
| There is none at the Health centre/health post | 5 |
| Child does not like | 6 |
| It is bad for the child | 7 |
| Child does not need yet | 8 |
| It is not time yet | 9 |
| No money to buy | 10 |
| Post closed/ with restrictions due to pandemic | 11 |
| Other, specify | 77 |
| 36 Which supplements did you offer? *(multiple options possible, do not read out options)* | Iron/ferrous sulphate syrup | 1 | Survey 2a, 2b |
| Ferrimax (drops – iron polymaltose) | 2 |
| Feranin (drops – polymalt iron) | 3 |
| Multi-micronutrient powder | 4 |
| Drops/ Ferrous Sulphate | 5 |
| Don’t know | 98 |
| Other, specify | 77 |
| 37. For how long have you given the supplements? (in months) | |\_\_|\_\_| |  | Survey 2a, 2b |
| 37A. How often did you offer the supplement? | Daily | 1 | Survey 2a, 2b |
| Every other day | 2 |
| 2-3 times a week | 3 |
| 1 time per week | 4 |
| 2-3 times a month | 5 |
| Once a month | 6 |
| Other, specify \_\_\_\_\_\_ | 77 |
| 38. Has \_\_\_\_\_\_\_\_ taken any iron supplements/ multiple micronutrient supplements (such as ferrous sulphate (iron), zinc or sprinkles) in the past month? | Yes | 1 | Survey 2a, 2b  If Q38=1, go to Q39  If Q38=0, show Q38A then skip to Q42 |
| No | 0 |
| 39. If yes/sometimes, please provide information on the type of supplements taken *multiple options possible, do not read out options)* | Iron/ferrous sulphate syrup | 1 | Survey 2a, 2b |
| Ferrimax (drops) | 2 |
| Feranin (drops) | 3 |
| Multi-micronutrient powder | 4 |
| Drops/Ferrous sulphate | 5 |
| Don’t know | 98 |
| Other, specify | 77 |
| 39A. What was the reason for not offering the iron supplement? | Did not have at home | 1 |  |
| She has not been prescribed | 2 |
| She has not been summoned to the post for delivery | 3 |
| She has not been visited for delivery | 4 |
| Not available at the clinic | 5 |
| The child does not like it | 6 |
| Child does not like it | 7 |
| Child does not need | 8 |
| Not yet due | 9 |
| No money to buy | 10 |
| Posta closed/restricted due to pandemic | 11 |
| Stains teeth | 12 |
| Other, specify | 77 |
| 40.If yes/sometimes, please state the average frequency of supplement intake in the past month *(one possible answer, do not read out options)* | 1-3 per month | 1 | Survey 2a, 2b |
| Once a week | 2 |
| 2-4 per week | 3 |
| 5-6 per week | 4 |
| Once per day | 5 |
| Don’t know | 98 |
| 41.Where did you obtain these supplements from? (multiple answers possible, do not read out options) | Leftover at home | 1 | Survey 2a, 2b |
| Health service home visit | 2 |
| From other relatives in the family | 3 |
| From friends | 4 |
| From community members | 5 |
| By collection from the health centre | 6 |
| Bought | 7 |
| Other source, specify | 77 |
| 20BPart E2. Child 24h Dietary recall | | | |
| 42. How would you describe your child’s food consumption yesterday relative to what he/she usually eats? | Usual | 1 | Survey 2a, 2b  If Q42=1 or Q42=98, proceed with the 24h recall  If Q42=2 or Q42=3, go to Q43 |
| More than usual | 2 |
| Less than usual | 3 |
| Don’t know | 98 |
| 43. Why do you think your child’s consumption was different to what he/she usually consumes? Multiple answers possible, d*o not read out options* | Child was sick | 1 | Survey 2a, 2b  If Q43=1 or 2, do not proceed with the 24h recall and reschedule a new date to perform 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 |
| **Qualitative 24h recall**: Administer the 24h recall to all infants aged 6-23 months  Please describe everything that (***NAME***) ate yesterday during the day or night, whether at home or outside the home.  a) Think about when (***NAME***) first woke up yesterday. Did (***NAME***) eat anything at that time? If yes: Please tell me everything (***NAME***) ate at that time. *PROBE*: Anything else? *UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION B).*  b) What did (***NAME***) do after that? Did (***NAME***) eat anything at that time?  *IF YES:* Please tell me everything (***NAME***) ate at that time. *PROBE*: Anything else? *UNTIL RESPONDENT SAYS NOTHING ELSE.*  *REPEAT QUESTION* b) *ABOVE UNTIL RESPONDENT SAYS THE CHILD WENT TO SLEEP UNTIL THE NEXT DAY.*  *IF RESPONDENT MENTIONS MIXED DISHES LIKE* *A PORRIDGE, SAUCE OR STEW, PROBE*:  c) What ingredients were in that (***MIXED DISH***)? *PROBE*: *ANYTHING ELSE? UNTIL RESPONDENT SAYS NOTHING ELSE.* | | | |
| 44. Was the child’s 24h recall administered? | Yes | 1 | Survey 2a, 2b |
| No interview needs rescheduling as child was sick/had no appetite the previous day | 2 |
| No interview could not be completed despite rescheduling/trying to call the mother several times | 3 |
| Child only consumes breastmilk | 4 |
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Administer the qualitative food frequency questionnaire (survey 2a, 2b)**   |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***Q4. I will now mention some food groups (with examples) and I would like you to tell me if your child consumed these foods or not in the last 7 days and if so, how many times a week?*** | | | | | | | **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, oats, quinoa, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **2** | **Refined/milled grains** *(white flour, white rice, pasta, noodles, ramen, pizza, corn starch, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **3** | **Dairy products** *(milk, yoghurt, cheese (natural, processed, cottage cheese), etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **4** | **Red meat** *(beef, lamb, pork, goat, guinea pig, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **5** | **Processed meat** *(hot dog, sausage, bacon, ham, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **6** | **Organ meats** *(liver, lung, kidney, spleen, heart, gizzard, sangrecita/chicken blood, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **7** | **Poultry** *(duck, chicken, hen, turkey)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **8** | **Fish and seafood** *(salted fish, dried fish, ceviche, crabs, octopus, squid, tuna, trout, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **9** | **Eggs** *(boiled, fried, scrambled)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **10** | **Pizza, burgers** | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **11** | **Green leafy vegetables** *(lettuce, spinach, broccoli etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **12** | **Other raw vegetables** *(carrot, tomato, radish, pepper etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **13** | **Other cooked vegetables** | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **14** | **Legumes** *(peas, lentils, beans, broad beans, soybeans)*, **nuts and seeds** *(walnuts, pecans, almonds, peanuts)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **15** | **Deep fried foods** *(French fries, broaster chicken, onion rings, fried wontons etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **16** | **Potatoes/tubers** *(white, yellow, sweet potatoes) (excludes French fries and potato crisps)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **17** | **Salty snacks** *(chizitos, doritos, potato crisps, tortees)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **18** | **Fruits** *(apple, orange, tangerine, pineapple, papaya, mango, etc*) & 100% fruit juices | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **19** | **Ice cream and pudding** *(rice pudding, crème brulee, purple corn pudding etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **20** | **Dessert/sweet snacks** *(tarts, pies, brownie, cakes, cookies, packaged rice snacks, empanaditas etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **21** | **Confectionary, sugars and syrups** *(candies, lollipop, toffees, jelly, manjar blanco)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **22** | **Fruit drinks** *(excluding 100% fruit juices)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **23** | **Carbonated beverages** and **sweetened beverages** *(excludes homemade beverages)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **24** | **Sugary homemade beverages** *(lemonade, infusions, chichi morada, maracuya apple juice, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **25** | **Fats and oils** *(butter, oil, margarine etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **26** | **Condiments and seasonings** *(mayonnaise, ketchup, mustard etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | | | | |

# SECTION 5: MATERNAL NUTRITION

| Questions | Responses | | Skips/visibility fields |
| --- | --- | --- | --- |
| 21BPart A. 24h Dietary recall (survey 2a and 2b) | | | |
| 1. How would you describe your food consumption yesterday relative to what you usually eat? | Usual | 1 | Survey 2a, 2b  If Q1=1 or Q1=98, skip to Q3 |
| Simpler (less than usual) | 2 |
| Richer (more than usual) | 3 |
| Don’t know | 98 |
| 2. Why was your consumption different to what is usually consumed? Multiple answers possible, d*o not read out options* | Mother was sick | 1 | Survey 2a, 2b  If Q2=1 2, do not proceed with the 24h recall |
| Mother 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 mother attended a party/outing | 5 |
| More than usual because food was given to her as a gift | 6 |
| Other, specify | 77 |
| Don’t know | 98 |
|  |  |  |  |
|  |  |
|  |  |
| **Qualitative 24h recall**  Note to enumerators: Take notes of the participant’s responses to the questions below on a piece of A4 paper or a word document noting the dyad ID and whether the recall was for the mother or the child. Share this with the supervisors once the interview is complete. | | | |
| Administer the 24h recall to women to capture information on their diet  Please describe everything that you ate yesterday during the day or night, whether at home or outside the home.  a) Think about when you first woke up yesterday. Did you eat anything at that time? If yes: Please tell me everything you ate at that time. *PROBE*: Anything else? *UNTIL RESPONDENT SAYS NOTHING ELSE. IF NO, CONTINUE TO QUESTION B).*  b) What did you do after that? Did you eat anything at that time?  *IF YES:* Please tell me everything you ate at that time. *PROBE*: Anything else? *UNTIL RESPONDENT SAYS NOTHING ELSE.*  *REPEAT QUESTION* b) *ABOVE UNTIL RESPONDENT SAYS THEY WENT TO SLEEP UNTIL THE NEXT DAY.*  *IF RESPONDENT MENTIONS MIXED DISHES, PROBE*:  c) What ingredients were in that (***MIXED DISH***)? *PROBE*: *ANYTHING ELSE? UNTIL RESPONDENT SAYS NOTHING ELSE.* | | | |
| 3. Was the mother’s 24h recall administered? | Yes | 1 | Survey 2a, 2b |
| No interview needs rescheduling as mother was sick/had no appetite the previous day | 2 |
| No interview could not be completed despite rescheduling/trying to call the mother several times | 3 |
| Part B. Food Frequency Questionnaire (survey 2a, 2b)  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | ***Q4. I will now mention some food groups (with examples) and I would like you to tell me if you consumed these foods or not in the last 7 days and if you have consumed them, how many times a week?*** | | | | | | | **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, oats, quinoa, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **2** | **Refined/milled grains** *(white flour, white rice, pasta, noodles, ramen, pizza, corn starch, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **3** | **Dairy products** *(milk, yoghurt, cheese (natural, processed, cottage cheese), etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **4** | **Red meat** *(beef, lamb, pork, goat, guinea pig, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **5** | **Processed meat** *(hot dog, sausage, bacon, ham, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **6** | **Organ meats** *(liver, lung, kidney, spleen, heart, gizzard, sangrecita/chicken blood, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **7** | **Poultry** *(duck, chicken, hen, turkey)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **8** | **Fish and seafood** *(salted fish, dried fish, ceviche, crabs, octopus, squid, tuna, trout, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **9** | **Eggs** *(boiled, fried, scrambled)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **10** | **Pizza, burgers** | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **11** | **Green leafy vegetables** *(lettuce, spinach, broccoli etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **12** | **Other raw vegetables** *(carrot, tomato, radish, pepper etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **13** | **Other cooked vegetables** | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **14** | **Legumes** *(peas, lentils, beans, broad beans, soybeans)*, **nuts and seeds** *(walnuts, pecans, almonds, peanuts)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **15** | **Deep fried foods** *(French fries, broaster chicken, onion rings, fried wontons etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **16** | **Potatoes/tubers** *(white, yellow, sweet potatoes) (excludes French fries and potato crisps)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **17** | **Salty snacks** *(chizitos, doritos, potato crisps, tortees)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **18** | **Fruits** *(apple, orange, tangerine, pineapple, papaya, mango, etc*) & 100% fruit juices | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **19** | **Ice cream and pudding** *(rice pudding, crème brulee, purple corn pudding etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **20** | **Dessert/sweet snacks** *(tarts, pies, brownie, cakes, cookies, packaged rice snacks, empanaditas etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **21** | **Confectionary, sugars and syrups** *(candies, lollipop, toffees, jelly, manjar blanco)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **22** | **Fruit drinks** *(excluding 100% fruit juices)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **23** | **Carbonated beverages** and **sweetened beverages** *(excludes homemade beverages)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **24** | **Sugary homemade beverages** *(lemonade, infusions, chichi morada, maracuya apple juice, etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **25** | **Fats and oils** *(butter, oil, margarine etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | **26** | **Condiments and seasonings** *(mayonnaise, ketchup, mustard etc)* | (1) yes (2) no | \_\_ | \_\_ | \_\_ | | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 22BPart C. Nutrition supplements and perceptions on weight change | | | |
| 5. Did you take any supplements containing iron during pregnancy with \_\_\_\_\_\_\_\_? | Yes | 1 | Survey 2b  If Q5=1, ask Q6  If Q5=0, skip to Q7 |
| No | 0 |
| 6. For how long did you take the iron supplements during pregnancy? | |\_\_|\_\_| months |  | Survey 2b |
| 7. In the past 30 days, did you take any supplements containing iron? | Yes | 1 | Survey 2a, 2b |
| No | 2 |
| 8. Since the pandemic, do you think your weight has changed? | Yes | 1 | Survey 2a, 2b  If Q8=1, go to Q9  If Q8=0 or Q8=98, move to section 6 |
| No | 0 |
| Don’t know | 98 |
| 9. If yes, how? | Gained weight | 1 | Survey 2a, 2b |
| Lost weight | 2 |
| 10. Have you received any specific information about breastfeeding in the past six months? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| 11. Have you received any advertisement on breastmilk substitutes (infant formula) via social media/internet (Facebook, Instagram etc.) or other online sources in the past six months? | Yes | 1 | Survey 2a, 2b  If Q11=1, go to Q12 |
| No | 0 |
| 12. If yes, have you seen/received more, same or less information or advertisement regarding infant formula? | More | 1 | Survey 2a, 2b |
| Same | 2 |
| Less | 3 |
| Don’t know | 98 |

# SECTION 6: HOUSEHOLD FOOD INSECURITY EXPERIENCE SCALE

I will now ask you some questions about food at home.

| Questions | Responses | | Skips/visibility fields |
| --- | --- | --- | --- |
| 1. During the last 30 days, due to lack of money or other resources, were you worried that food might run out in your household before you could get more? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 2. During the last 30 days, has your household been unable to eat healthy and nutritious food because of a lack of money or other resources? For example: meat, fish, fruits or vegetables. | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 3. During the last 30 days, was there ever a time when your household had to eat a small variety of foods for lack of money or other resources? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 4. During the last 30 days, due to lack of money or other resources, was there ever a time when your household had to reduce the number of meals in the day because there was not enough? For example, no breakfast, lunch, tea or dinner | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 5. During the last 30 days, was there ever a time at home when you had to eat less than you thought you should, due to lack of money or other resources? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 6. During the last 30 days, due to lack of money or other resources, was there ever a time when you ran out of food in your home? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 7. During the last 30 days, for lack of money or other resources, was there ever a time in your family when you went to bed hungry because there was no food? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 8. During the last 30 days, was there ever a time your family went all day without eating due to lack of money or other resources? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 9. During the last 30 days, has the procurement of foods for your child been affected in any way? | No | 0 | Survey 2a, 2b  If Q9=0, skip to Q11 |
| Yes | 1 |
| 10. if yes, what foods have been affected the most (list the top 3 most affected items) *(do not read out responses, three responses allowed)*  *Note: Participants will provide information at the food item level but interviewers are asked to tick food groups based on the food items listed.* | Grains, roots, tubers | 1 | Survey 2a, 2b  Only show if Q9=1 |
| Legumes and nuts | 2 |
| Dairy products | 3 |
| Flesh foods (red meat, fish, chicken) | 4 |
| Processed meat | 5 |
| Eggs | 6 |
| Fruits | 7 |
| Vegetables | 8 |
| Fats/oils | 9 |
| Sugary/savoury snacks | 10 |
| Other, specify | 77 |
| Don’t know | 98 |
| 11. During the last 7 days, from which sources did you obtain the food for your household *(do not read out responses, multiple answers possible)* | Own production | 1 | Survey 2a, 2b |
| Market/grocery store | 2 |
| Exchange labour for food | 3 |
| Gift from family, relatives or friends | 4 |
| Food assistance by humanitarian agencies | 5 |
| Food assistance by government | 6 |
| Street vendors | 7 |
| Fishing | 8 |
| Other, specify | 77 |

# SECTION 7: MATERNAL MENTAL HEALTH

The following questions have to do with certain pains and problems that may have bothered you during the last 30 days. If you know or think you have had these problems during the past 30 days, please answer 'YES'. If you feel, think or are sure that you have not had these problems or discomforts answer 'NO'. If you are not sure how to answer any of the questions, please say so or give us your best answer.

| Questions | Responses | | Skips/visibility fields |
| --- | --- | --- | --- |
| 1. Do you often have headaches?  (*Does your head hurt constantly? Have you ever had severe headaches, meaning severe pain two or more times per week?)* | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 2. Do you sleep badly? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 3. Is your digestion poor? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 4. Do you cry more than usual? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 5. Do you find it difficult to enjoy your daily activities?? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 6. Do you have difficulties deciding? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 7. Is your daily life suffering? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 8. Are you unable to play a useful part in your life? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |
| 9. Are you tired all the time? | Yes | 1 | Survey 2a, 2b |
| No | 0 |
| Don’t know | 98 |
| Prefer not to respond | 99 |

|  |
| --- |
| Date of appointment to complete survey questionnaire: |\_\_|\_\_| / |\_\_|\_\_| / |\_**2**\_|\_**0**\_|\_\_|\_\_| |

End time of survey |\_\_|\_\_| :|\_\_|\_\_| (H:M

# SECTION 8: CHILD’S 24H DIETARY RECALL: TO BE FILLED BY FIELD SUPERVISORS ONLY (AFTER DATA COLLECTION COMPLETE)

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | **Responses** | | **Skips/visibility fields** |
| 1. Did \_\_\_\_\_ have any plain water? | No | 0 |  |
| Yes | 1 |
| 2. Did \_\_\_\_\_ have any infant formula (Similac, Nestle, NAN) | No | 0 | If Q2=0, skip to Q4 |
| Yes | 1 |
| 3. How many times yesterday during the day or at night did \_\_\_\_\_\_\_\_ consume any infant formula (Similac, Nestle, NAN) (if not known, record 98) | TIMES |\_\_\_|\_\_\_| |  | Show if Q2=1 |
| 4. Did \_\_\_\_\_ have any milk such as tinned, powdered, or fresh animal milk? | No | 0 | If Q4=0, skip to Q7 |
| Yes | 1 |
| 5. If yes, was this drink sweet, flavoured or sweetened? | No | 0 | Show if Q4=1 |
| Yes | 1 |
| 6. How many times yesterday during the day or at night did \_\_\_\_\_\_\_\_ consume any milk such as tinned, powdered, or fresh animal milk? (if not known, record 98) | TIMES |\_\_\_|\_\_\_| |  | Show if Q4=1 |
| 7. Did \_\_\_\_\_ have fruit juice or fruit-flavoured drinks, including those made from syrups or powders? | No | 0 |  |
| Yes | 1 |
| 8. Added sugar to Juice or juice drinks natural, artificial, lemonade, orangeade, papaya, passion fruit). | No | 0 |  |
| Yes | 1 |
| 9. Did\_\_\_\_\_ have sodas, malt drinks, sports drinks or energy drinks? | No | 0 |  |
| Yes | 1 |
| 10. Did \_\_\_\_\_ have chocolate-flavoured drinks including those made from syrups or powders? | No | 0 |  |
| Yes | 1 |
| 11. Did \_\_\_\_\_ have any clear broth? | No | 0 |  |
| Yes | 1 |
| 12. Did \_\_\_\_\_have any tea, coffee, or herbal drinks? | No | 0 | if Q11=0, skip to Q13 |
| Yes | 1 |
| 13. If yes, was this drink sweet, flavoured or sweetened? | No | 0 | Show if Q11=1 |
| Yes | 1 |
| 14. Did \_\_\_\_\_ have any yoghurt drinks? | No | 0 | If Q13=0, skip to Q15 |
| Yes | 1 |
| 15. If yes, how many times did the child consume yoghurt drinks? | TIMES |\_\_\_|\_\_\_| |  | Show if Q13=1 |
| 16. If yes, was this drink sweet, flavoured or sweetened? | No | 0 | Show if Q13=1 |
| Yes | 1 |
| 17. Did \_\_\_\_have any other liquids? (e.g. water with added sugar, vegetable juices, coconut water, soy milk and nut milk) | No | 0 |  |
| Yes | 1 |
| 18. Added sugar to Other liquids such as, sugar water, chicha, soy milk, coconut water, vegetable juice | No | 0 |  |
| Yes | 1 |
| 19. Drinked Cereal-based drinks (oatmeal, quinoa) | No | 0 |  |
| Yes | 1 |
| 20. Added sugar to cereal based drinks (oatmeal, quinoa) | No | 0 |  |
| Yes | 1 |
| 21. Did the child eat yoghurt, other than yogurt drinks? | No | 0 | If Q16=0, skip to Q18 |
| Yes | 1 |
| 22. If yes, how many times did \_\_\_\_\_\_\_ eat yogurt? (if not known, record 98) | TIMES |\_\_\_|\_\_\_| |  | Show if Q16=1 |
| 23. Porridge, bread, rice, noodles, pasta, or other foods made from grains | No | 0 |  |
| Yes | 1 |
| 24. Pumpkin, carrots, sweet red peppers, squash, or sweet potatoes that are yellow or orange inside | No | 0 |  |
| Yes | 1 |
| 25. White potatoes, white yams, manioc, cassava, or any other foods made from roots | No | 0 |  |
| Yes | 1 |
| 26. Any dark green leafy vegetables | No | 0 |  |
| Yes | 1 |
| 27. Any other vegetables | No | 0 |  |
| Yes | 1 |
| 28. Ripe mangoes, ripe papayas, peach, lucuma fruit | No | 0 |  |
| Yes | 1 |
| 29. Any other fruits | No | 0 |  |
| Yes | 1 |
| 30. Liver, kidney, heart, or other organ meats | No | 0 |  |
| Yes | 1 |
| 31. Sausages, hot dogs, ham, bacon, salami, canned meat or any other processed meats | No | 0 |  |
| Yes | 1 |
| 32. Any other meat, such as beef, pork, lamb, goat, chicken, or duck | No | 0 |  |
| Yes | 1 |
| 33. Eggs | No | 0 |  |
| Yes | 1 |
| 34. Fresh or dried fish, shellfish or seafood | No | 0 |  |
| Yes | 1 |
| 35. Beans, peas, lentils, nuts, or seeds or any other foods made from these | No | 0 |  |
| Yes | 1 |
| 36. Hard or soft cheese | No | 0 |  |
| Yes | 1 |
| 37. Sweet products (e.g. biscuits; cakes; candies; chocolates; cookies; frozen custard/yoghurt;; ice cream; honey; jam; pastries; sweetened condensed milk; any other sweets) | No | 0 |  |
| Yes | 1 |
| 38. Savoury and fried snacks (e.g. crisps; potato chips; sweet potato chips; samosas; doughnuts/fried dough; other deep-fried items) | No | 0 |  |
| Yes | 1 |
| 39. 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)* | No | 0 |  |
| Yes | 1 |
| 40. Other beverages and foods | No | 0 |  |
| Yes | 1 |
| 41. Did\_\_\_\_\_eat any solid, semi-solid, or soft foods yesterday during the day or at night? | No | 0 | If Q36=0, go to section 9 |
| Yes | 1 |
| 42. If yes, how many times did \_\_\_\_\_ eat solid, semisolid, or soft foods other than liquids yesterday during the day or night?(note: the child's consumption should be more than 2 bites in each eating episode; foods consumed within one hour are considered to be the same episode) | TIMES |\_\_\_|\_\_\_| |  | Show if Q36=1 |

# SECTION 9: MATERNAL 24H DIETARY RECALL: TO BE FILLED BY THE FIELD SUPERVISORS ONLY (AFTER DATA COLLECTION IS COMPLETE)

|  |  |  |
| --- | --- | --- |
| ***Questions*** | ***Responses*** | |
| 1. **Foods made from grains** *(e.g. breads, flatbreads, rice, noodles, pasta)* | No | 0 |
| Yes | 1 |
| **2. White roots, tubers and plantains** *(e.g. potatoes, white-fleshed sweet potatoes, white yams, yucca and plantains)* | No | 0 |
| Yes | 1 |
| **3. Pulses** *(e.g. beans (black, kidney), broad bean, chickpea, pigeon pea, cowpea, lentil and soybean/soybean products or other legume products)* | No | 0 |
| Yes | 1 |
| **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)* | No | 0 |
| Yes | 1 |
| **5. Milk and milk products** *(e.g. fresh milk; tinned, powdered or UHT milk; soft and hard cheeses; yoghurt and kefir)* | No | 0 |
| Yes | 1 |
| **6. Organ meat** *(e.g. blood sausage, other blood products; gizzard; heart; kidney; liver)* | No | 0 |
| Yes | 1 |
| **7. Red meat** *(e.g. beef, goat, lamb, mutton, pork)* | No | 0 |
| Yes | 1 |
| **8. Processed meat** *(sausages/ hotdog; ham; bacon, etc)* | No | 0 |
| Yes | 1 |
| **9. Poultry** *(e.g. chicken, duck, guinea fowl, turkey)* | No | 0 |
| Yes | 1 |
| **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)* | No | 0 |
| Yes | 1 |
| **11. Eggs** *(e.g. chicken eggs; duck eggs; guinea fowl eggs; quail eggs)* | No | 0 |
| Yes | 1 |
| **12. Dark green leafy vegetables** *(e.g. spinach; kale; broccoli; etc)* | No | 0 |
| Yes | 1 |
| **13. Vitamin A rich vegetables, roots and tubers** *(e.g. carrot; pumpkin; red pepper; squash; sweet potato)* | No | 0 |
| Yes | 1 |
| **14. Vitamin A rich fruits** *(e.g.* *apricot; papaya; mango; passion fruit; peaches; musk melon*) | No | 0 |
| Yes | 1 |
| **15. Other vegetables** *(e.g. tomato; brussel sprouts; asparagus; onion; mushroom; leek; etc)* | No | 0 |
| Yes | 1 |
| **16. Other fruits** *(e.g. apple; banana; avocado; grapes; guava; kiwi; lemon; lime; mandarin; orange etc)* | No | 0 |
| Yes | 1 |
| **17. Other oils and fats** *(e.g. butter; cream; margarine; mayonnaise; any other oil)* | No | 0 |
| Yes | 1 |
| **18. Savoury and fried snacks** *(e.g. crisps; potato chips; samosas; doughnuts/fried dough; other deep-fried items)* | No | 0 |
| Yes | 1 |
| **19. Sweet products** *(e.g. biscuits; cakes; candies; chocolates; cookies; frozen yoghurt; ice cream; honey; jam; pastries; sweetened condensed milk; any other sweets)* | No | 0 |
| Yes | 1 |
| **20. Chocolate or milk flavoured drinks** including those made from syrups or powders | No | 0 |
| Yes | 1 |
| **21.** **Fruit juice or fruit-flavoured drinks**, including those made from syrups or powders? | No | 0 |
| Yes | 1 |
| **22.** **Sodas, malt drinks, sports drinks or energy drinks** | No | 0 |
| Yes | 1 |
| **23. Sweetened tea, coffee, or herbal drinks** | No | 0 |
| Yes | 1 |
| **24**. **Any other drinks sweetened with sugar** (e.g. vegetable juices, coconut water, soy milk and nut milk) | No | 0 |
| Yes | 1 |
| **25. 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)* | No | 0 |
| Yes | 1 |
| **26. Other beverages and foods *(e.g. unsweetened tea and coffee)*** | No | 0 |
| Yes | 1 |