

TABLE 1 RECORD OF HOUSEHOLD FOOD AMOUNTS

Household ID: _____ Province _____ City (County) _____ Neighborhood (Town/Village) _____ Household Number _____ Interview Date: ___Year___Month___Day

Food Code	Amount purchased or grown (500 gm) [jin]		Amount discarded (500gm)[jin]		Amount purchased or grown (500 gm) [jin]		Amount discarded (500gm)[jin]		Amount purchased or grown (500 gm) [jin]		Amount discarded (500gm)[jin]		Amount purchased or grown (500 gm) [jin]		Amount discarded (500gm)[jin]		Amount purchased or grown (500 gm) [jin]		Amount discarded (500gm)[jin]	
	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]	Amount purchased or grown (500 gm) [jin]	Amount discarded (500gm)[jin]		
Initial Amount on Hand (500 gm) [jin]																				
Each Day																				
Day 1																				
Day 2																				
Day 3																				
Day 4																				
Total (500 gm)[jin]																				
Total Remaining (500 gm)[jin]																				
Actual Consumption (500 gm)[jin]																				
Consumption per person per day (gm)																				

Interviewer: _____

Verifier: _____

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TABLE 2 RECORD OF HOUSEHOLD MEALS PER PERSON PER DAY

Household ID: _____ Province _____ City (County) _____ Neighborhood (Town/Village) _____ Household Number _____ Interview Date: Year Month Day

Line Number																												
Name																												
Occupation																												
Activity Level																												
Time	Morning	Noon	Dinner	Snack																								
Day 1																												
Day 2																												
Day 3																												
Day 4																												
Number of meals/person																												
Calculate number of person-days																												

* 0 no meal eaten

1 meal eaten

Interviewer: _____

Verifier: _____

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INFANT FEEDING SURVEY

Household ID(U1): _____ Province (Region) _____ City (County) _____ Neighborhood (Township/Village) _____ Household # _____ Survey Date(U2): _____ Year _____ Month _____ Day _____

Copy from Table 1, "Household Roster," the names and line numbers of all children who are 7 or under, into the columns below. Then ask the following questions.		3 Where was this child born?	4 Was this child ever breast-fed?	5 How old was the child when breast-feeding stopped? (months)	6 Has this child ever been fed any milk other than breast milk (e.g. fresh, canned, condensed, soybean milk substitute)?	7 How old was the child when first fed this other milk or milk substitute? (months)	8 Has this child ever been fed any kind of food other than milk or milk substitute?	9 How old was the child when first fed sugar water? (months)	10 How old was the child when first fed vegetable broth? (months)	11 How old was the child when first fed rice-gruel or other cereal-based gruel? (months)	12 How old was the child when first fed eggs? (months)	13 How old was the child when first fed meat or fish? (months)	14 How old was the child when first fed fruits or vegetables? (months)
1 Line Number	2 Name												
		1. home 2. clinic 3. hospital 4. other	*If "yes," go on to the next question. 0 no 1 yes	*If the child is 2 or under, continue. Otherwise, stop asking about this child. If the child is still being breast-fed, write 88. If the respondent doesn't know or remember when breastfeeding stopped, write 99.	*If "no," skip to Question 8. 0 no 1 yes	If the interviewee does not know when the feeding started, write 99.	*If "yes," ask the following questions. If the child has never been given this kind of food, write 88. If the interviewee does not remember when the child was first given this kind of food, write 99. 0 no 1 yes						
U3		U4	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Interviewer: _____

Verifier: _____

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