

1. Name and line number of the most important person in planning meals in the household. Name____ Line Number V1

Name and line number of the assisting person in planning meals in the household. Name____ Line Number V2

2. Name and line number of the most important person in preparing meals in the household. Name____ Line Number V3

Name and line number of the assisting person in preparing meals in the household. Name____ Line Number V4

Survey of household major food sources for the last month

TABLE 1

Code 3	Item 4	State Store		Free Market		Household-Produced	
		Consumed?*(1/0) 5	Quantity? 6	Consumed?*(1/0) 7	Quantity? 8	Consumed?*(1/0) 9	Quantity? 10
V5		V6	V7	V10	V11	V12	V13
1	rice	<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"/>
2	wheat flour	<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"/>
3	other grains	<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"/>
4	cooking oil	<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"/>
5	eggs	<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"/>
6	pork (or beef or mutton)	<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"/>
7	sugar	<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"/>

* Record 1 if consumed; otherwise, record 0.

TABLE 3 RECORD OF HOUSEHOLD MEALS PER PERSON PER DAY

Household ID: _____ Province (T1) _____ Site (T2) _____ City (County) (T3) _____ Neighborhood (Town/Village) (T4) _____ Household (T5) _____

Line Number(A1)*	□□		□□		□□		□□		□□		□□		□□		□□		□□		□□		□□		□□		□□		Remark		
Name																													
Age (years) (V26)	□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□		□□□				
Gender** (V27)	□		□		□		□		□		□		□		□		□		□		□		□		□				
Occupation (V28)																													
Activity Level*** (V29)	□		□		□		□		□		□		□		□		□		□		□		□		□				
Time	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Morning+ V36	Noon+ V37	Dinner+ V38	Snack+ V39	Total Person-days
Day 1 (V30)																													
Day 2 (V31)																													
Day 3 (V32)																													
Day 4 (V33)																													
Number of meals/person (V34)																													
Calculate number of person-days (V35)																													

* Line number for guests is -2.

** 1 male 2 female

*** 1 very light physical activity (working in a sitting position, e.g., office worker, watch repairer, etc.)

3 moderate physical activity (student, driver, electrician, metal worker, etc.)

5 very heavy physical activity (loader, logger, miner, stonecutter, etc.)

+ 1 eat meal at home 0 eat no meal at home

2 light physical activity (working in standing position, e.g., salesperson, laboratory technician, teacher, etc.)

4 heavy physical activity (farmer, dancer, steel worker, athlete, etc.)

6 no working ability (under age seven)

TABLE 4 RECORD OF DAILY FOOD

Household ID: _____ Province (Region) _____ Site _____ City (County) _____ Neighborhood (Town/Village) _____ Household
 T1 T2 T3 T4 T5
 Name _____ Line Number A1
 Interview Day: 1 First Day 2 Second Day 3 Third Day VD
 Person - Day (Use same method used for V35 in Table 3) V35a
 Interview Date: _____ Year _____ Month _____ Day T7

1 Food Type	2 Recipe Name	3 Recipe Code V14a	4 Name of Ingredients	5 Ingredient Code V14b	6 Amount (liang) V39	7 Meal Time V40	8 Meal Location V41	9 Preparation Method V42	10 Preparation Location V43
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7. 1--breakfast 2--morning snack 3--lunch 4--afternoon snack 5--dinner 6--evening snack
 8. 1--at home 2--at school or work unit 3--restaurant or food stand 4--relative's or friend's house 5--nursery school 6--festival / celebration 7--other
 9. 1--boiled 2--stir-fried 3--deep-fried 4--steamed 5--griddle 6--cooked food 7--baked 8--eaten raw 9--other
 10. 1--at home 2--at school or work unit 3--restaurant or food stand 4--relative's or friend's house 5--nursery school 6--festival / celebration 7--other