

V. Infant and Young Child Feeding Practices

Name of respondent: _____

IND ID : | | | | |

Name of reference child 6-35 mo: _____

IND ID : | | | | |

Enumerator: Tell mother "Now I would like to ask you some questions about (NAME OF REFERENCE CHILD)

- V01.** Are you still breastfeeding (NAME)? *If "No", jump to V04.* 0=No
1=Yes
- V02.** Did you breastfeed (NAME) more than 5 times yesterday? 0=No
1=Yes
9=Don't know/remember
- V03.** Did you breastfeed (NAME) last night during the night? 0=No
1=Yes
9=Don't know/remember
- V04.** For how long did you feed (NAME) breastmilk ONLY? 99= Don't know
- V04_A. Enumerator:** Did mother give answer in days, weeks, or months? 1=Days
2=Weeks
3=Months
- V05.** How old was (NAME) when you started giving foods other than breastmilk? 99= Don't know
- V05_A. Enumerator:** Did mother give answer in days, weeks, or months? 1=Days
2=Weeks
3=Months
- V06.** How old was the child when he/she stopped breastfeeding? 99= Don't know
If "NA", jump to V07A. 98=NA
- V06A. Enumerator:** Did mother give answer in days, weeks, months or years? 1=Days
If mother answered in years, try to probe for child's age in months. 2=Weeks
If she cannot respond in months, enter answer in years and code for "years" 3=Months
4=Years
- V07.** *If the child stopped breastfeeding before he/she was 2 years of age:* Why did you stop breastfeeding (NAME) at that age?
Enumerator: DO NOT read responses.
- | | | |
|----------------------------|-------------------------------|----------------------------------|
| 1=Mother pregnant | 5=Child sick | 9=Child old enough |
| 2=Child refused to eat | 6=Mother died | 10=Not enough breastmilk |
| 3=Mother sick | 7=Mother away from home | 11=Mother tired of breastfeeding |
| 4=Mother got another child | 8=Child refused to breastfeed | 12=Other |
| | | 99=Don't know/don't remember |

V19. Do you usually prepare porridge/mashed foods for (NAME)?

0=No
1=Yes
If "NO" skip to V21.

V20. The last time you made porridge/mashed foods for (NAME) what ingredients did you use and what did you add?

Enumerator: Code each food "1" if mentioned and "0" if not mentioned. Do not read the list of foods!!

Cassava	<input type="checkbox"/>	Egg	<input type="checkbox"/>	Mango	<input type="checkbox"/>
Maize	<input type="checkbox"/>	Milk	<input type="checkbox"/>	Papaya	<input type="checkbox"/>
Sorghum/Millet	<input type="checkbox"/>	Pumpkin	<input type="checkbox"/>	Orange	<input type="checkbox"/>
Rice	<input type="checkbox"/>	Fish	<input type="checkbox"/>	Passion Fruit	<input type="checkbox"/>
Dried beans (including soya)	<input type="checkbox"/>	Small fish	<input type="checkbox"/>	Other fruit	<input type="checkbox"/>
Groundnuts or groundnuts paste	<input type="checkbox"/>	Lemon/Tamarind juice	<input type="checkbox"/>	Sugar/Honey	<input type="checkbox"/>
Cashewnuts	<input type="checkbox"/>	Fresh beans	<input type="checkbox"/>	Cooking oil	<input type="checkbox"/>
White-fleshed sweet potato	<input type="checkbox"/>	Carrots	<input type="checkbox"/>	Margarine (Blue Band etc.)	<input type="checkbox"/>
Yellow-fleshed sweet potato	<input type="checkbox"/>	Dark green leaves	<input type="checkbox"/>	Sesame (simsim)	<input type="checkbox"/>
Orange-fleshed sweet potato	<input type="checkbox"/>				

Feeding during diarrhea

V21. Has (NAME) ever had diarrhea?

0=No
1=Yes
9=Don't know

*If "NO" go to next module (morbidity)
If "YES" go to next page, questions V22-26*

If mother says "YES, CURRENTLY", probe further if currently is the first diarrhea episode

Enumerator: If "YES" to V21 (child had had diarrhea) tell mother you would like to ask about the last time the child had diarrhea

For all questions about feeding during and after diarrhea, please read the first four response options to the mother. Ask her to choose the one that best describes what she did the last time the (NAME) had diarrhea.

Response options for questions V22-V26:

- 1=Less than usual
- 2=The same as usual
- 3=More than usual
- 4=Did not give any
- 5=First diarrhea episode (only for V25 + V26)
- 9=Does not remember/does not know

V22. The last time (NAME) had diarrhea, how often did you try to offer (NAME) liquids or drinks? (READ RESPONSES CODES 1-3)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to offer liquids or drinks?]

V23. The last time (NAME) had diarrhea, how often did you try to breastfeed (NAME)? (READ RESPONSES CODES 1-3)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to breastfeed?]

V24. The last time (NAME) had diarrhea, how often did you try to offer (NAME) food? (READ RESPONSES CODES 1-3)
[If first diarrhea: Since (NAME) has diarrhea, how often are you trying to offer food?]

*Enumerator: Tell mother "Now I would like to ask you about the time just after (NAME) had diarrhea, once he/she felt better
 [If first diarrhea: Do NOT ask questions V25 + V26 but code "5"]*

V25. During the two weeks after (NAME) had diarrhea, how often did you try to offer (NAME) liquids or drinks? (READ RESPONSES CODES 1-3)

V26. During the two weeks after (NAME) had diarrhea, how often did you try to offer (NAME) food? (READ RESPONSES CODES 1-3)