



Acknowledgments must be given to University College London, Department of Epidemiology and Public Health if this questionnaire is used or modified.



Infant Feeding Peer Support Trial

Food consumption record: individual 24 hour recall

Date recalled:

Day: 1 2 3

Day of week recalled:

Stage: 12-mos 18-mos

Time at which interview started (24 hour clock):

IN CONFIDENCE

ID NUMBER

| | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|

Infant Feeding Peer Support Trial
INTERVIEWER: COMPLETE THIS AFTER EACH 24-HOUR RECALL INTERVIEW

INTERVIEWER: Did you use the **forgotten foods** list (item 3 of protocol)?

Yes/No

INTERVIEWER: Did you **review** the day's food after completing the detailed record (item 5 of protocol)?

Yes/No

INTERVIEWER: Have you **asked the respondent** to give you a **meal time** and **place** for each eating occasion (item 6 of protocol)?

Yes/No

HAND RESPONDENT CARD 2 AND ASK:

1. Please look Card 2 and tell me if yesterday your baby had any of the dietary supplements listed whether in tablets, capsules or liquid form.

Tick all boxes that apply

| | | |
|--------------------------|---|---------------------------|
| <input type="checkbox"/> | He/She does not take dietary supplements | |
| | | Name of Supplement |
| <input type="checkbox"/> | 1. Cod liver oil and other fish based supplements | |
| <input type="checkbox"/> | 2. Evening primrose oil type supplements | |
| <input type="checkbox"/> | 3. Vitamin C only | |
| <input type="checkbox"/> | 4. Other single vitamins NOT vitamin C | |
| <input type="checkbox"/> | 5. Vitamins A, C and D only | |
| <input type="checkbox"/> | 6. Vitamins with iron | |
| <input type="checkbox"/> | 7. Iron only | |
| <input type="checkbox"/> | 8. Non-prescribed folic acid only | |
| <input type="checkbox"/> | 9. Multivitamins and multiminerals | |
| <input type="checkbox"/> | 10. Multivitamins, NO minerals | |
| <input type="checkbox"/> | 11. Minerals ONLY; NOT fluoride or iron ONLY | |
| <input type="checkbox"/> | 12. Other (specify) | |

2. ASK: Was the amount of food that (*child's name*) had yesterday about what they usually have, less than usual, or more than usual?

- 1 Usual amount (GO TO QUESTION 3)
- 2 Less than usual (GO TO QUESTION 2b)
- 3 More than usual (GO TO QUESTION 2c)
- 4 Don't know (GO TO QUESTION 3)

2b. **ASK:** What is the **main** reason that the amount (*child's name*) had to eat yesterday was less than usual?

DO NOT PROMPT FOR RESPONSE: CODE ONE ONLY

- 1 Sickness
- 2 Short of money
- 3 Little food in the house
- 4 Travelling
- 5 At a special occasion or on holiday
- 6 On a special day
- 7 Weekend day
- 8 Too busy
- 9 Not hungry
- 10 Don't know
- 11 Some other reason (specify)

GO TO QUESTION 3a

2c. **ASK:** What is the **main** reason that the amount (*child's name*) had to eat yesterday was more than usual?

DO NOT PROMPT RESPONSE. CODE ONE ONLY

- 1 Just got some money
- 2 Travelling
- 3 At a special occasion or on holiday
- 4 On a special day
- 5 Weekend day
- 6 Very hungry
- 7 Bored or restless
- 8 Don't know
- 9 Some other reason (specify)

3. **Ask:** Did (child's name) drink any water? Yes 1 No 2
IF YES, PLEASE RECORD ON THE RECORD FORM.

3a. **ASK:** Was the amount of drink that (*child's name*) had yesterday about what they usually have, less than usual, or more than usual?

- 1 Usual amount (GO TO QUESTION 4)
- 2 Less than usual (GO TO QUESTION 3b)
- 3 More than usual (GO TO QUESTION 3c)
- 4 Don't know (GO TO QUESTION 4)

3b. **ASK:** What is the **main** reason that the amount (*child's name*) had to drink yesterday was less than usual? **DO NOT PROMPT FOR RESPONSE. CODE ONE ONLY**

- 1 Sickness
- 2 Short of money
- 3 Little food in the house
- 4 Travelling
- 5 At a special occasion or on holiday
- 6 On a special day
- 7 Weekend day
- 8 Too busy
- 9 Not hungry
- 10 Don't know
- 11 Some other reason (specify)

GO TO QUESTION 4

3c. **ASK:** What is the **main** reason that the amount (*child's name*) had to drink yesterday was more than usual? **DO NOT PROMPT FOR RESPONSE. CODE ONE ONLY**

- 1 Just got some money
- 2 Travelling
- 3 At a special occasion or on holiday
- 4 On a special day
- 5 Weekend Day
- 6 Very hungry
- 7 Bored or restless
- 8 Don't Know
- 9 Some other reason (specify)

4. ASK [if not already known] AND RECORD

Name of parent/carer:

Relationship to child:

Is this person the main food provider for the child: Yes 1 No 2

5. RECORD:

[For adults and children]

Who else was present during the interview:

CODE RELATIONSHIP TO RESPONDENT. CODE ALL THAT APPLY

- 1 NO ONE ELSE PRESENT
- 2 SPOUSE/PARTNER
- 3 CHILDREN
- 4 PARENT/CARER
- 5 OTHER FAMILY MEMBERS
- 6 VISITORS
- 7 OTHER (specify)

6. RECORD:

TIME AT WHICH INTERVIEW FINISHED (24 HOUR CLOCK) :

7. ARRANGING THE NEXT 24 HOUR RECALLS

IF THIS IS YOUR FIRST 24 HOUR RECALL

- Thank the respondent for doing the first 24-hour recall
- Tell the respondent you would like to ask them about what they had to eat and drink on two more occasions within the next 10 days. Arrange a time to ring them some time in the next few days to conduct another 24-hour recall.

IF THIS IS THE 2nd 24 HOUR RECALL

- Remind the respondent of the subsequent date(s) you will visit.

8. DON'T FORGET TO COMPLETE THE INTERVIEWER FEEDBACK QUESTIONNAIRE (NEXT PAGE) IMMEDIATELY AFTER THIS INTERVIEW.

INTERVIEWER FEED BACK QUESTIONNAIRE – 24 hour recall

[PLEASE RECORD THE FOLLOWING IMMEDIATELY AFTER EACH INTERVIEW]

1. RECORD:

1 INTERVIEW CONDUCTED IN PERSON

2 INTERVIEW CONDUCTED BY TELEPHONE

2. What language was the interview conducted in?

1 ENGLISH

2 OTHER.....SPECIFY LANGUAGE (AND NAME OF TRANSLATOR)

.....

3. Is this the respondent's first language?

1 YES

2 NO

4. Did you or the respondent have difficulty with this interview?

1 YES

2 NO (GO TO QUESTION 6)

5. What was the reason for this difficulty?

1 Did not understand questions

2 Did not prepare food

3 Foods were eaten away from home

4 Poor memory of food

5 Sick

6 Language barrier

7 Uncooperative/Impatient

8 Not ascertained

9 Frequent interruptions

10 Other (specify)

6. Overall, how well do you think the record reflects what the respondent ate and drank over this 24 hour period?

1 Good

2 Moderate

3 Poor

7. Please add any additional comments you have in the box below.

CARD 1

Place

| | |
|----------|------------------------------|
| A | Home |
| B | Friend's or Relative's house |
| C | Nursery, crèche or playgroup |
| D | At childminder's |
| E | Restaurant or Cafe |
| F | Pub, bar, lounge, hotel |
| G | Shops / shopping centre |
| H | Travelling |
| I | Other- <i>please state</i> |