

- 7) How was the umbilical cord taken care of: a. in hospital/maternity/PHC until it fell of
 b. by TBA with disinfectant
 c. by mother or family with disinfectant
 d. no care
 e. by traditional medicine: what? _____
 f. Other _____

C. Child food consumption & care

8) Total n° of children < 5 years in the family: _____

<i>Type of feeding:</i> (indicate correct feeding)(go to 5.1)	<i>Breastmilk only</i>	<i>Breastmilk & other food</i>	<i>Other food only</i>
	(go to 5.1)	(go to 5.2)	(go to 5.3)
Age child 1 (youngest):	_____	_____	_____
Age child 2:	_____	_____	_____
Age child 3:	_____	_____	_____
Age child 4 (oldest):	_____	_____	_____

8.1 Breastmilk only

- a. Was the child breastfed from birth? Yes(1)/no(2)
- b. Did you give the colostrum? Yes(1)/no(2)
- b. Is the child breastfed on demand? Yes(1)/no(2)
- c. How many times/24h does the child eat? _____
- d. Is the child breastfed at night? Yes(1)/no(2)
- e. Do you experience any problems with/during breastfeeding?

8.2 Breastmilk & other food

- a. Is the child breastfed at night? Yes(1)/no(2)
- b. Is the child breastfed on demand? Yes(1)/no(2)
- c. How many times per day is the child breastfed? _____
- d. At what age was other food introduced?
 - 1. < 2 months => Why?
 - 2. 2-4 months => Why?
 - 3. 4-6 months
 - 4. 6-12 months
 - 5. >12 months => Why?
- e. What other foods is the child consuming? N° of times eaten in last 48h

Porridge	yes(1)/no(2)	=>
Infant formula	yes(1)/no(2)	=>
Powder milk	yes(1)/no(2)	=>
Fresh non-breast milk (eg cow)	yes(1)/no(2)	=>
Tea/water with sugar	yes(1)/no(2)	=>
Yoghurt	yes(1)/no(2)	=>
Same as family (liquidised or mashed)	yes(1)/no(2)	=>
Same as family (non liquidised)	yes(1)/no(2)	=>

Other (specify) yes(1)/no(2) =>

- g. Does the child eat from
1. Family pot (together with siblings)
 2. Own plate
 3. Other:
- h. Do you use bottle feeding? Yes(1)/no(2)
- i. Do you experience any problems with/during breastfeeding? Yes(1)/no(2)
If yes, explain what kind and why, and what you do about it

Comments (by mother or interviewer)

8.3. Other food only (no breastmilk)

- a. Was/is the child breastfed on demand? Yes(1)/no(2)
- b. At what age was other food introduced?
1. < 2 months => Why?
 2. 2-4 months => Why?
 3. 4-6 months
 4. 6-12 months
 5. >12 months => Why?
- c. At what age did breastfeeding stop completely?
1. < 4 months => Why?
 2. 4-6 months => Why?
 3. 7-12 months => Why?
 4. 12-24 months
 5. > 24 months
- d. Do you prepare special meals for this child? Yes(1)/no(2)
- e. Does the child eat from
1. Family pot (together with siblings)
 2. Own plate
 3. Other
- f. How many times per day does the child eat? _____
- g. What kind foods is the child consuming? N° of times/day
- | | | |
|---------------------------------|--------------|----|
| Porridge | yes(1)/no(2) | => |
| Infant formula | yes(1)/no(2) | => |
| Powder milk | yes(1)/no(2) | => |
| Fresh non-breast milk (eg cow) | yes(1)/no(2) | => |
| Tea/water with sugar | yes(1)/no(2) | => |
| Yoghurt | yes(1)/no(2) | => |
| Same as family (liquidised) | yes(1)/no(2) | => |
| Same as family (non liquidised) | yes(1)/no(2) | => |

- 5. Is not allowed by family or others. Why_____
- 6. Other_____

12) Were any of the children <5 years sick in the last 2 weeks?

If yes, what illness?_____

- How was it treated?
- 1. In the health centre
 - 2. In the hospital
 - 3. By traditional medicine
 - 4. No treatment given: why not?
 - 5. Other (specify).....

13) Does the mother/main caretaker have any health problems? Yes/No

- If yes, how was it treated?
- 1. In the health centre
 - 2. In the hospital
 - 3. By traditional medicine
 - 4. No treatment given: why not?
 - 5. Other (specify).....

14) Does the mother/caretaker have any problems (like psychological problems) that cause problems for her to deal with her daily tasks (taking care of the children, preparing food,...)? Yes/No

If yes, how is she dealing with it?