Child Feeding practices
Household questionnaire

Date: District: Quarter: Cluster n°: Household n°:

Note: this is an example of a questionnaire. Questions have to be adapted to the goal of your assessment, the specific situation and the time available.

A. Household identification

1) What is the n° of people living at present in this household? _______
of those => n° of children < 5 years? _______
=> n° of children 6-16 years? _______
=> n° of adults? _______

2) Are you living in 1. a tent
2. a hut
3. a wooden house
4. a brick house
5. other (specify)……………..

3) Who is the head of household 1. Father
2. Mother
3. Other (specify)……………..

4) Is your family 1. Resident
2. IDP
3. Refugee
4. Other (specify)……………..
If 2, 3 or 4:
4.1. Since how long (in months)?_______

B. Prenatal

5) Did you go to Ante-natal consultations during your last pregnancy? Yes/No
If yes, how many times during your last pregnancy _______
If no, why not 1. too far
2. too expensive
3. not welcome
4. care is not good
5. not allowed by family
6. Other________________

6) Where was the last child born. a. in hospital
b. in a maternity
c. in a Primary health care centre
d. in the house of a traditional birth attendant
e. at home with a TBA
f. at home without TBA
g. Other:________________
If not a. to c.: why was the child not born in hospital, maternity or PHC?

1. too far
2. too expensive
3. not welcome
4. care is not good
5. not allowed by family
6. Other________________
7) How was the umbilical cord taken care of:
   a. in hospital/maternity/PHC until it fell off
   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:______

<table>
<thead>
<tr>
<th>Type of feeding:</th>
<th>Breastmilk only</th>
<th>Breastmilk &amp; other food</th>
<th>Other food only</th>
</tr>
</thead>
<tbody>
<tr>
<td>(indicate correct feeding)(go to 5.1)</td>
<td>(go to 5.2)</td>
<td>(go to 5.3)</td>
<td></td>
</tr>
</tbody>
</table>

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?**

<table>
<thead>
<tr>
<th>Food</th>
<th>Yes(1)/no(2)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Porridge</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Infant formula</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Powder milk</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Fresh non-breast milk (eg cow)</td>
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</tr>
<tr>
<td>Tea/water with sugar</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Yoghurt</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Same as family (liquidised)</td>
<td>yes(1)/no(2)</td>
</tr>
<tr>
<td>Same as family (non liquidised)</td>
<td>yes(1)/no(2)</td>
</tr>
</tbody>
</table>
h. In the last 7 days, how often has the child eaten the following types of food:

<table>
<thead>
<tr>
<th>Food type</th>
<th>N° of days eaten (Circle 1 n°only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Staple (bread, wheat, maize, rice, potatoes)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>b. Meat, fish, animal products (eggs, milk, yoghurt, cheese)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>c. Pulses, nuts (dried beans, peas, nuts, …)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>d. Oil, fats (cooking oil, animal fats, butter, …)</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
<tr>
<td>e. Fruit/vegetables</td>
<td>0 1 2 3 4 5 6 7</td>
</tr>
</tbody>
</table>

i. Does the child have any difficulties with eating (refusing, …)? Yes (1)/No(2)

Why do you think that is, and what do you do about it?

9) Who takes the main care of the children < 5 years?
   1. Mother
   2. Grandmother
   3. Father
   4. Grandfather
   5. Sister/brother age_____  
   6. Uncle/aunt
   7. Other (specify) ............

D. Health

10) Were the children < 5 years vaccinated (cross the correct column)?

<table>
<thead>
<tr>
<th></th>
<th>Full EPI</th>
<th>EPI started, but not completed</th>
<th>Measles</th>
<th>Don’t know</th>
<th>Vaccination card yes/no</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child 1 (youngest)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child 2</td>
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<tr>
<td>Child 3</td>
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</tr>
<tr>
<td>Child 4 (oldest)</td>
<td></td>
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</tr>
</tbody>
</table>

11) Is the child followed in pre-school consultations? Yes/No

If yes, how often?
   a. 1x/month
   b. 1x/2-4 months
   c. 2x/year
   d. When going to PHC, irregular
   e. Other ____________________

If no, why not?
   1. There is no pre-school consultations available
   2. Too far
   3. Too expensive
   4. Does not see the necessity
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?