

CAMIPATA

(Climate Adverse Malnutrition Infectious reProductive Age Tanzania)

DIETARY ASSESMENT QUESTIONNAIRE: 24-HOUR RECALL FORM

- [illegible]

5. Type of visit ☐ Inclusion ☐ ANV 20-22 ☐ ANV 34-36
at special occasions if missed at the above visit.
☐ ANV 26-28 ☐ Extra ANV
☐ EMR ☐ Delivery

- 5.1. Number of visit if Extra ANV or EMR _____

6. Gestational age at todays visit _____ + _____

7. Day of week food eaten: _____

8. When taking meals, did you ate from a shared plate?
☐ Yes (If yes go to 9)
☐ No (If no, go to 11)

- 9 At which meal time did you ate from a shared plate?

- 9.1 Breakfast ☐ Yes ☐ No
- 9.2 Morning snack ☐ Yes ☐ No
- 9.3 Lunch ☐ Yes ☐ No
- 9.4 Afternoon snack ☐ Yes ☐ No
- 9.5 Supper ☐ Yes ☐ No
- 9.6 Evening snack ☐ Yes ☐ No
- 9.7 Night snack ☐ Yes ☐ No

10. In each meal you shared plate, please mention the number of people you shared with?

	Meal	no of people
10.1	Breakfast	— —
10.2	Morning snack	— —
10.3	Lunch	— —
10.4	Afternoon snack	— —
10.5	Supper	— —
10.6	Evening snack	— —
10.7	Night snack	— —

Indicate in the spaces below the types of food described by the interviewee as having been consumed over the last 24 hours. Start the interview by asking: "What did you eat or drink after you woke up yesterday morning? Did you eat that food at home? What did you have next and at what time?" When the end of

the day has been reached, go back and ask details about ingredients, preparation method and serving size.

Note the ingredients used in the preparation of the dish and the method of preparation. Indicate the amount of the dish/product/food item consumed by the interviewee, based on appropriate household measures such as cups or other appropriate containers such as those for cooking fat, a noted size.

TIME	(A) PLACE EATEN	(B) DISH (Description of food or drink)	(C) INGREDIENTS	(D) PREPARATION METHOD And for how long?	(E) SERVING SIZE/ AMOUNT (g or ml)
(11) Breakfast <input type="checkbox"/> Yes <input type="checkbox"/> No	11.1 Time you ate breakfast (24h format, e.g. 13:30): __: __ 11.2 How hungry where you before starting the meal on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 11.3 How full did you feel after eating the meal on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		Use 1 cell per dish 11.B1	Use 1 cell per dish 11.C1	Use 1 cell per dish 11.D1	Use 1 cell per dish 11.E1
		11.B2	11.C2	11.D2	11.E2
		11.B3	11.C3	11.D3	11.E3
		11.B4	11.C4	11.D4	11.E4
		11.B5	11.C5	11.D5	11.E5
(12) Morning snack <input type="checkbox"/> Yes <input type="checkbox"/> No	12.1 Time you ate the morning snack (24h format, e.g. 13:30): __: __ 12.2 How hungry where you before starting the snack on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 12.3 How full did you feel after eating the snack on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		Use 1 cell per dish 12.B1	Use 1 cell per dish 12.C1	Use 1 cell per dish 12.D1	Use 1 cell per dish 12.E1
	12.B2	12.C2	12.D2	12.E2	

TIME	(A) PLACE EATEN	(B) DISH (Description of food or drink)	(C) INGREDIENTS	(D) PREPARATION METHOD And for how long?	(E) SERVING SIZE/ AMOUNT (g or ml)
(13) Lunch <input type="checkbox"/> Yes <input type="checkbox"/> No	13.1 Time you ate Lunch (24h format, e.g. 13:30): _ _ : _ _ 13.2 How hungry where you before starting the meal on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 13.3 How full did you feel after eating the meal on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		<i>Use 1 cell per dish</i> 13.B1	<i>Use 1 cell per dish</i> 13.C1	<i>Use 1 cell per dish</i> 13.D1	<i>Use 1 cell per dish</i> 13.E1
		13.B2	13.C2	13.D2	13.E2
		13.B3	13.C3	13.D3	13.E3
		13.B4	13.C4	13.D4	13.E4
		13.B5	13.C5	13.D5	13.E5
(14) Snack afternoon <input type="checkbox"/> Yes <input type="checkbox"/> No	14.1 Time you ate the afternnon snack (24h format, e.g. 13:30): _ _ : _ _ 14.2 How hungry where you before starting the snack on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 14.3 How full did you feel after eating the snack on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		<i>Use 1 cell per dish</i> 14.B1	<i>Use 1 cell per dish</i> 14.C1	<i>Use 1 cell per dish</i> 14.D1	<i>Use 1 cell per dish</i> 14.E1
	14.B2	14.C2	14.D2	14.E2	

TIME	(A) PLACE EATEN	(B) DISH (Description of food or drink)	(C) INGREDIENTS	(D) PREPARATION METHOD And for how long?	(E) SERVING SIZE/ AMOUNT (g or ml)
(15) Supper <input type="checkbox"/> Yes <input type="checkbox"/> No	15.1 Time you ate dinner (24h format, e.g. 13:30): _ _ : _ _ 15.2 How hungry where you before starting the meal on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 15.3 How full did you feel after eating the meal on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		<i>Use 1 cell per dish</i> 15.B1	<i>Use 1 cell per dish</i> 15.C1	<i>Use 1 cell per dish</i> 15.D1	<i>Use 1 cell per dish</i> 15.E1
		15.B2	15.C2	15.D2	15.E2
		15.B3	15.C3	15.D3	15.E3
		15.B4	15.C4	15.D4	15.E4
(16) Snack evening <input type="checkbox"/> Yes <input type="checkbox"/> No	16.1 Time you ate the evening snack (24h format, e.g. 13:30): _ _ : _ _ 16.2 How hungry where you before starting the snack on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 16.3 How full did you feel after eating the snack on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		<i>Use 1 cell per dish</i> 16.B1	<i>Use 1 cell per dish</i> 16.C1	<i>Use 1 cell per dish</i> 16.D1	<i>Use 1 cell per dish</i> 16.E1
		16.B2	16.C2	16.D2	16.E2
(17).Night snack <input type="checkbox"/> Yes <input type="checkbox"/> No	17.1 Time you ate the night snack (24h format, e.g. 13:30): _ _ : _ _ 17.2 How hungry where you before starting the snack on a scale from 1-5, 1 being a bit hungry and 5 being extremely hungry: ____ 17.3 How full did you feel after eating the snack on a scale from 1-5, 1 being only a bit full and 5 being extremely full: ____				
		<i>Use 1 cell per dish</i> 17.B1	<i>Use 1 cell per dish</i> 17.C1	<i>Use 1 cell per dish</i> 17.D1	<i>Use 1 cell per dish</i> 17.E1
		17.B2	17.C2	17.D2	17.E2

18. Compared to other days, was the food intake unusual?

☐ Yes

☐ No (If no go to question 19)

18.1 If yes, how was it unusual?

A. Composition (Give Details)

B. Quantity (Give details) _____

18.2 If yes did it affect your appetite?

☐ Yes

☐ No.

18.3 How was the appetite affected?

☐ Decreased

☐ Increased

18.4 Give details: _____

19. Was the day a feast day?

☐ Yes

☐ No.

20. Were you sick?

☐ Yes

☐ No

21. At what time did you eat the last meal/snack the day preceding the 24
hr recall: _ _ : _ _

22. At what time did you eat breakfast today (24h format) _ _ : _ _

23. Do you ever eat soil (pika/geophagy)?

☐ No - If the answer is No end here

☐ Yes

24. If the answer is **yes**, please explain how often do you eat soil?

☐ _____/week ☐ _____/month ☐ don't know
/day ☐

25. Volume of Pika/soil eaten _____ (See pictures)

26. Additional notes:
