

CAMIPATA
(Climate Adverse Malnutrition Infectious reProductive Age TAanzania)

DIETARY ASSESSMENT QUESTIONNAIRE: 24-HOUR RECALL FORM

1. Interview date (dd/mm/yyyy): _____ / _____ / _____

2. Start time: _____ : _____

3. End Time: _____ : _____

4. Interviewer (NMW/CO): _____

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 eat from a shared plate?

- Yes (If yes go to 9)
 - No (If no, go to 11)

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

- | | | |
|---------------------|------------------------------|-----------------------------|
| 9.1 Breakfast | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.2 Morning snack | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.3 Lunch | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.4 Afternoon snack | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.5 Supper | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.6 Evening snack | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9.7 Night snack | <input type="checkbox"/> Yes | <input type="checkbox"/> 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: ___				
		<i>Use 1 cell per dish</i> 11.B1	<i>Use 1 cell per dish</i> 11.C1	<i>Use 1 cell per dish</i> 11.D1	<i>Use 1 cell per dish</i> 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: ___				
		<i>Use 1 cell per dish</i> 12.B1	<i>Use 1 cell per dish</i> 12.C1	<i>Use 1 cell per dish</i> 12.D1	<i>Use 1 cell per dish</i> 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	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: ___				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Use 1 cell per dish 13.B1	Use 1 cell per dish 13.C1	Use 1 cell per dish 13.D1	Use 1 cell per dish 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	14.1 Time you ate the afternoon 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: ___				
<input type="checkbox"/> Yes <input type="checkbox"/> No		Use 1 cell per dish 14.B1	Use 1 cell per dish 14.C1	Use 1 cell per dish 14.D1	Use 1 cell per dish 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?

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

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

26. Additional notes:
