

Circle the round: Round 1: Aug/Sep –Oct/Nov, 2013 **Round 2:** Nov/Dec – Jan/Feb, 2014 **Round 3:** Feb/Mar –Apr/May, 2014 **Round 4:** May/Jun –Jul/Aug, 2014

D2 24-Hr DIETARY RECALL FORM: CHILD

Enumerator: Collect this information for the children in the household as per the color coded list provided to you.

D2.01. Household Identification:	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>													D2.07. Start time of Interview (hh:mm): End time of Interview (hh:mm):	__ __ : __ __ __ __ : __ __
D2.02 Child Name, sex and ID Name: Sex : M or F	<table border="1" style="width: 100%; height: 60px;"> <tr> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> <td style="width: 30px; height: 30px;"></td> </tr> </table>				D2.08 Did you complete the interview in one visit: If No, Date of second visit (dd/mm/yyyy) Reason for second visit:	Yes/No 									
D2.03 Date of Birth OR Age of the child (include months. eg 2.4 means 2 years & 4 months)	D2.04a. Date of Sensitization visit: D2.04b. Recall day (code): 1 – normal day; 2 – sick day; 3 – fasting day; 4 – festival /religious day; 5 – Parties/functions day ; 6 – visitors(relatives); 7 - others (specify)	D2.09. Final outcome of interview (enter code): Completed.....1; Incomplete.....2; Absent.....3; Refused.....4; Could not locate.....5	_____												
D2.05. Date of Interview (dd/mm/yyyy)	D2.06. Name of Enumerator and code Name: Emp #	D2.10. Reason for incomplete interview:													
D1.11. Supervisor comments, signature and date															

D1. 24-Hr RECALL FORM: CHILD

HHID _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _							Respondent ID _ _ _ _				
FIRST PASS			SECOND PASS				THIRD PASS				
	A		B	Use Probe List	C		D			E	
Sl. No	Time period	Food item or name of the dish	Source of food	Description of food item or dish	Form when eaten	Recipe#	Measur ement method	Measurement	Grams or milliliters	Size	Number
A		B		C			D		E		
1=Morning (4.00 am -12.00 pm) 2=Afternoon(12.01 pm -4.00 pm) 3=Evening (4.01 pm-7.00 pm) 4=Night (7.01 pm-3.00 am)		1. Home made 2. Purchased 3. Gift /given by neighbor 4. Home garden/farm 5. Leftover 6. Wild food 7. Food aid 8. Other (_____)		1. Raw 2. Boiled 3. Boiled in water but retained water 4. Boiled in water but removed water 5. Steamed 6. Roasted with oil			7. Roasted without oil 8. Fried 9. Stir - fried 10. Soaking and stir fried 11. Boiled and fried 12. Boiled and stir-fried 13. Steamed and fried 14. Roasted and boiled 15. Others (_____)		1. Direct weight 2. Volume of water 3. Volume of food 4. Play dough 5. Number 6. Size (photo)		1.Small Spoon 2.Big spoon 3. Standard cup 4. Small 5. Medium 6. Large
Do not forget to probe for bottled milk snacks/biscuits				Do not forget to probe for chocolates/ toffees/			Do not forget the fourth pass				

D1. 24-Hr RECALL FORM: CHILD (Contd)

HHID							Respondent ID				
FIRST PASS			SECOND PASS				THIRD PASS				
	A		B	Use Probe List	C		D			E	
	Time period	Food item or name of the dish	Source of food	Description of food item or dish	Form when eaten	Recipe #	Measurement method	Measurement	Grams or milliliters	Size	Number
A		B		C			D		E		
1=Morning (4.00 am -12.00 pm) 2=Afternoon(12.01 pm -4.00 pm) 3=Evening (4.01 pm-7.00 pm) 4=Night (7.01 pm-3.00 am)		1. Home made 2. Purchased 3. Gift /given by neighbor 4. Home garden/farm 5. Leftover 6. Wild food 7. Food aid 8. Other () 99. Not applicable		1. Raw 2. Boiled 3. Boiled in water but retained water 4. Boiled in water but removed water 5. Steamed 6. Roasted with oil			7. Roasted without oil 8. Fried 9. Stir - fried 10. Soaking and stir fried 11. Boiled and fried 12. Boiled and stir-fried 13. Steamed and fried 14. Roasted and boiled 15. Others ()		1. Direct weight 2. Volume of water 3. Volume of food 4. Play dough 5. Number 6. Size (photo)		1.Small Spoon 2.Big spoon 3. Standard cup 4. Small 5. Medium 6. Large
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D1. 24-Hr RECALL FORM: CHILD (Contd)

HHID							Respondent ID				
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	Time period	Food item or name of the dish	Source of food	Description of food item or dish	Form when eaten	Recipe #	Measurement method	Measurement	Grams or milliliters	Size	Number
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