



Acknowledgments must be given to University College London, Department of Epidemiology and Public Health if this questionnaire is used or modified.



## Infant Feeding Peer Support Trial

### Food consumption record: individual 24 hour recall

Date recalled: .....

Day: 1 2 3

Day of week recalled: .....

Stage: 12-mos 18-mos

Time at which interview started (24 hour clock):

**IN CONFIDENCE**

ID NUMBER

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**Standard weights and measures**

- 1 Tablespoon (tbp) = 1/2 fl oz = about 15ml
- 1 Dessertspoon (dsp) = 1/4 fl oz = about 10ml
- 1 Teaspoon (tsp) = 1/8 fl oz = about 5ml
  
- 1 ounce (oz) = 28.35 g
- 1 pound (lb) = 453.6 g
- 1 gram (g) = 0.0353 oz
- 1 kilogram (kg) = 2.20516 lb
  
- 1 fluid ounce (fl oz) = 28.41 ml
- 1 pint (pt) = 568.3 ml
- 1 litre (L) = 1.76 pints

Description of Household measures	
Object	Weight

**The following information is required.**

- **Formula milk**
  - Type of milk
  - Amount of milk - water/formula
  - Frequency of feeds
  - Additions to the milk - extra formula; other foods
  - How the formula was made up
- **Breast feeding**
  - Duration of feed
  - Frequency of feeds
- **Foods/drinks given with the milk, in-between feeds**
  - What type of food or drink was it?
  - Did it have a brand or product name?
  - How was it bought? - fresh, canned, jarred, frozen, dehydrated etc.
  - Was it homemade? - what was in it?
  - How was it cooked?
  - Was anything added to it? – e.g. sugar/salt/milk
  - If it was dried how was it reconstituted?
  - Was the item coated before cooking?
  - Was it unsweetened with sugar/ artificially sweetened?
  - Was it low fat/low calorie?
- **Water and other Drinks**
  - Type of drink (e.g. boiled, bottled water etc)
  - Dilutions





**RECIPE 1**

Name of home-made dish: \_\_\_\_\_

Were ingredients added to a dish cooked before? Yes [ ] No [ ]

If Yes, name of dish \_\_\_\_\_

<b>Ingredients</b>	<b>Amount</b>

**Cooking Method**

**RECIPE 2**

Name of home-made dish: \_\_\_\_\_

Were ingredients added to a dish cooked before? Yes [ ] No [ ]

If Yes, name of dish \_\_\_\_\_

<b>Ingredients</b>	<b>Amount</b>

**Cooking Method**

**RECIPE 3**

Name of home-made dish: \_\_\_\_\_

Were ingredients added to a dish cooked before? Yes [ ] No [ ]

If Yes, name of dish \_\_\_\_\_

<b>Ingredients</b>	<b>Amount</b>

**Cooking Method**

**RECIPE 4**

Name of home-made dish: \_\_\_\_\_

Were ingredients added to a dish cooked before? Yes [ ] No [ ]

If Yes, name of dish \_\_\_\_\_

<b>Ingredients</b>	<b>Amount</b>

**Cooking Method**

**Infant Feeding Peer Support Trial**  
**INTERVIEWER: COMPLETE THIS AFTER EACH 24-HOUR RECALL INTERVIEW**

INTERVIEWER: Did you use the **forgotten foods** list (item 3 of protocol)?

Yes/No

INTERVIEWER: Did you **review** the day's food after completing the detailed record (item 5 of protocol)?

Yes/No

INTERVIEWER: Have you **asked the respondent** to give you a **meal time** and **place** for each eating occasion (item 6 of protocol)?

Yes/No

**HAND RESPONDENT CARD 2 AND ASK:**

1. Please look Card 2 and tell me if yesterday your baby had any of the dietary supplements listed whether in tablets, capsules or liquid form.

Tick all boxes that apply

<input type="checkbox"/>	<b>He/She does not take dietary supplements</b>	
		<b>Name of Supplement</b>
<input type="checkbox"/>	1. Cod liver oil and other fish based supplements	
<input type="checkbox"/>	2. Evening primrose oil type supplements	
<input type="checkbox"/>	3. Vitamin C only	
<input type="checkbox"/>	4. Other single vitamins NOT vitamin C	
<input type="checkbox"/>	5. Vitamins A, C and D only	
<input type="checkbox"/>	6. Vitamins with iron	
<input type="checkbox"/>	7. Iron only	
<input type="checkbox"/>	8. Non-prescribed folic acid only	
<input type="checkbox"/>	9. Multivitamins and multiminerals	
<input type="checkbox"/>	10. Multivitamins, NO minerals	
<input type="checkbox"/>	11. Minerals ONLY; NOT fluoride or iron ONLY	
<input type="checkbox"/>	12. Other (specify)	

2. ASK: Was the amount of food that (*child's name*) had yesterday about what they usually have, less than usual, or more than usual?

- 1 Usual amount (GO TO QUESTION 3)
- 2 Less than usual (GO TO QUESTION 2b)
- 3 More than usual (GO TO QUESTION 2c)
- 4 Don't know (GO TO QUESTION 3)

2b. **ASK:** What is the **main** reason that the amount (*child's name*) had to eat yesterday was less than usual?

**DO NOT PROMPT FOR RESPONSE: CODE ONE ONLY**

- 1 Sickness
- 2 Short of money
- 3 Little food in the house
- 4 Travelling
- 5 At a special occasion or on holiday
- 6 On a special day
- 7 Weekend day
- 8 Too busy
- 9 Not hungry
- 10 Don't know
- 11 Some other reason (specify) .....

**GO TO QUESTION 3a**

2c. **ASK:** What is the **main** reason that the amount (*child's name*) had to eat yesterday was more than usual?

**DO NOT PROMPT RESPONSE. CODE ONE ONLY**

- 1 Just got some money
- 2 Travelling
- 3 At a special occasion or on holiday
- 4 On a special day
- 5 Weekend day
- 6 Very hungry
- 7 Bored or restless
- 8 Don't know
- 9 Some other reason (specify) .....



3. **Ask:** Did (child's name) drink any water? Yes 1 No 2  
**IF YES, PLEASE RECORD ON THE RECORD FORM.**

3a. **ASK:** Was the amount of drink that (*child's name*) had yesterday about what they usually have, less than usual, or more than usual?

- 1 Usual amount (GO TO QUESTION 4)
- 2 Less than usual (GO TO QUESTION 3b)
- 3 More than usual (GO TO QUESTION 3c)
- 4 Don't know (GO TO QUESTION 4)

3b. **ASK:** What is the **main** reason that the amount (*child's name*) had to drink yesterday was less than usual? **DO NOT PROMPT FOR RESPONSE. CODE ONE ONLY**

- 1 Sickness
- 2 Short of money
- 3 Little food in the house
- 4 Travelling
- 5 At a special occasion or on holiday
- 6 On a special day
- 7 Weekend day
- 8 Too busy
- 9 Not hungry
- 10 Don't know
- 11 Some other reason (specify) .....

**GO TO QUESTION 4**

3c. **ASK:** What is the **main** reason that the amount (*child's name*) had to drink yesterday was more than usual? **DO NOT PROMPT FOR RESPONSE. CODE ONE ONLY**

- 1 Just got some money
- 2 Travelling
- 3 At a special occasion or on holiday
- 4 On a special day
- 5 Weekend Day
- 6 Very hungry
- 7 Bored or restless
- 8 Don't Know
- 9 Some other reason (specify) .....

**4. ASK [if not already known] AND RECORD**

Name of parent/carer: .....

Relationship to child: .....

Is this person the main food provider for the child: Yes 1 No 2

**5. RECORD:**

[For adults and children]

Who else was present during the interview:

**CODE RELATIONSHIP TO RESPONDENT. CODE ALL THAT APPLY**

- 1 NO ONE ELSE PRESENT
- 2 SPOUSE/PARTNER
- 3 CHILDREN
- 4 PARENT/CARER
- 5 OTHER FAMILY MEMBERS
- 6 VISITORS
- 7 OTHER (specify) .....

**6. RECORD:**

TIME AT WHICH INTERVIEW FINISHED (24 HOUR CLOCK)  :

**7. ARRANGING THE NEXT 24 HOUR RECALLS**

**IF THIS IS YOUR FIRST 24 HOUR RECALL**

- Thank the respondent for doing the first 24-hour recall
- Tell the respondent you would like to ask them about what they had to eat and drink on two more occasions within the next 10 days. Arrange a time to ring them some time in the next few days to conduct another 24-hour recall.

**IF THIS IS THE 2<sup>nd</sup> 24 HOUR RECALL**

- Remind the respondent of the subsequent date(s) you will visit.

**8. DON'T FORGET TO COMPLETE THE INTERVIEWER FEEDBACK QUESTIONNAIRE (NEXT PAGE) IMMEDIATELY AFTER THIS INTERVIEW.**

**INTERVIEWER FEED BACK QUESTIONNAIRE – 24 hour recall**

**[PLEASE RECORD THE FOLLOWING IMMEDIATELY AFTER EACH INTERVIEW]**

1. RECORD:

1 INTERVIEW CONDUCTED IN PERSON

2 INTERVIEW CONDUCTED BY TELEPHONE

2. What language was the interview conducted in?

1 ENGLISH

2 OTHER.....SPECIFY LANGUAGE (AND NAME OF TRANSLATOR)

.....

3. Is this the respondent's first language?

1 YES

2 NO

4. Did you or the respondent have difficulty with this interview?

1 YES

2 NO (GO TO QUESTION 6)

5. What was the reason for this difficulty?

1 Did not understand questions

2 Did not prepare food

3 Foods were eaten away from home

4 Poor memory of food

5 Sick

6 Language barrier

7 Uncooperative/Impatient

8 Not ascertained

9 Frequent interruptions

10 Other (specify) .....

6. Overall, how well do you think the record reflects what the respondent ate and drank over this 24 hour period?

1 Good

2 Moderate

3 Poor

7. Please add any additional comments you have in the box below.

# CARD 1

## Place

<b>A</b>	Home
<b>B</b>	Friend's or Relative's house
<b>C</b>	Nursery, crèche or playgroup
<b>D</b>	At childminder's
<b>E</b>	Restaurant or Cafe
<b>F</b>	Pub, bar, lounge, hotel
<b>G</b>	Shops / shopping centre
<b>H</b>	Travelling
<b>I</b>	Other- <i>please state</i>