

Staff code:

Study ID number:

MAKILIKA Project

Form 00 Baseline Infant Feeding History Form

1.0 Date of interview / /
d d m m y y y y

TICK 1 2

2.0 Interview site 1 Buguruni 3 Mwananyamala
 2 Ukonga 4 Sinza

3.0 When was your baby born? /
(Ask to see infant growth card) m m y y y y

4.0 Did you breastfeed your baby? 1 Yes
 2 No (*finished*)

5.0 Are you still breastfeeding your baby now? 1 Yes (*skip to question 7.0*)
 2 No

6.0 (*If no*) How old was your baby when you stopped breastfeeding completely? Months Weeks

7.0 How old was your baby when you first introduced water or any liquids or foods? Months Weeks

8.0 Has your baby ever received any of the following?

(*If yes*) How old was your baby when you first fed this?

8.1 Water 1 Yes
 2 No
 3 DK

Months Weeks

8.2 Tea 1 Yes
 2 No
 3 DK

Months Weeks

8.3 Infant formula 1 Yes
 2 No
 3 DK

Months Weeks

8.0 Has your baby ever received any of the following?

(If yes) How old was your baby when you first fed this?

8.4 Cow milk without sugar or water	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.5 Cow milk with sugar or water	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.6 Milk powder	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.7 Fresh fruit juice	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.8 Packaged fruit juice	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.9 Porridge or cereals	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks
8.10 Family foods	<input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 No <input type="checkbox"/> 3 DK	<input type="checkbox"/> Months <input type="checkbox"/> Weeks

Quality control mwenyewe	<input type="checkbox"/>	<input type="checkbox"/>
Quality control field manager	<input type="checkbox"/>	<input type="checkbox"/>
Data entry 1	<input type="checkbox"/>	<input type="checkbox"/>
Data entry 2	<input type="checkbox"/>	<input type="checkbox"/>