Adaptable KAP model questionnaires

This document is an extract from the FAO publication *Guidelines for assessing nutrition-related knowledge, attitudes and practices* (2014), also called KAP manual, available at: <http://www.fao.org/docrep/019/i3545e/i3545e00.htm>

It contains some of the document’s annexes, namely:

* informed consent and sociodemographic questionnaires, and
* nutrition-related KAP model questionnaires (modules).

These questionnaires need to be adapted to the local context and to the requirements of the specific project or intervention in which they are going to be used. Hence, they are herewith provided in MS Word format, for easy adaptation and reproduction.

Table of Contents

[Appendix 3: Informed consent form and sociodemographic questionnaire for caregivers of infants and young children (0–6 months and 6–23 months) 2](#_Toc374979478)

[Appendix 4: Informed consent form and sociodemographic questionnaire for school-aged children 5](#_Toc374979480)

[Appendix 5: Informed consent form and sociodemographic questionnaire for adults (> 18 years) 7](#_Toc374979484)

[Appendix 6: Nutrition-related KAP model questionnaires 9](#_Toc374979486)

[Module 1: Feeding infants (0–6 months) 9](#_Toc374979487)

[Module 2: Feeding young children (6–23 months) 20](#_Toc374979511)

[Module 3: Diet of school-aged children 33](#_Toc374979531)

[Module 4: Nutrition during pregnancy and lactation 42](#_Toc374979547)

[Module 5: Undernutrition 49](#_Toc374979561)

[Module 6: Iron-deficiency anaemia 54](#_Toc374979571)

[Module 7: Vitamin A deficiency 66](#_Toc374979592)

[Module 8: Iodine deficiency 74](#_Toc374979607)

[Module 9: Food safety 80](#_Toc374979620)

[Module 10: Personal hygiene 87](#_Toc374979637)

[Module 11: Water and sanitation 92](#_Toc374979649)

[Module 12: Food-based dietary guidelines 99](#_Toc374979662)

[Module 13: Overweight and obesity 105](#_Toc374979674)

Appendix 3: Informed consent form and sociodemographic questionnaire for caregivers of infants and young children (0–6 months and 6–23 months)

Informed consent and confidentiality of interviews

Good morning/afternoon, Mr/Mrs \_\_\_\_\_\_\_\_. We are from [insert the name of your organization]. We are working on a project concerned with nutrition and education in which you could participate/participated. [Include the objectives and a short description of the project]. Now, the project is just starting/almost finished [select depending if the project is just starting or almost finished] and we are completing a survey among participants to know more about their knowledge, attitudes and practices to do with nutrition. The interview will take about [time estimated to conduct the interview]. All the information we obtain will remain strictly confidential and your answers and name will never be revealed. Also, you are not obliged to answer any question you do not want to, and you may stop the interview at any time.

The objective of this study is to [evaluate the effectiveness of an intervention (if outcome evaluation) or assess the nutrition situation (if situation analysis)]. This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer the questions honestly, telling me about what you know, how you feel, the way you live and how you prepare food. Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes \_\_\_ No \_\_\_ If yes, continue to the next question; if no, stop the interview.

Do you have any question before we start? (Answer questions).

May I start now?

Sociodemographic questionnaire for caregivers

|  |  |  |
| --- | --- | --- |
| Caregiver |  |  |
| 1. Name and code | What is your name? |  |
| *Insert respondent code* | \_ \_ \_ \_ |
| 2. Sex | *Insert the sex of the caregiver* | Male ⁭  Female ⁭ |
| 3. Relationship | What is your relationship with the child you take care of? | Mother ⁭  Father ⁭  Grandmother/Grandfather ⁭  Other ⁭ |
| 4. Caregiver's age | When is your birthday?  *Probe if necessary*:  On what day and in which month and year were you born? | \_ \_ / \_ \_ /\_ \_ \_ \_  day month year |
| How old are you?  *Probe if necessary*:  What was your age at your last birthday?  *If the information conflicts with the previous question, determine which one is more accurate* | Age in completed years  \_ \_ |
| 5. Parity (only for women) | How many children do you have?  *For pregnant women: ask if this is her first pregnancy* | Number of children  \_ \_  First pregnancy ⁭ |
| 6. Geographical characteristics | Where do you live?  *Adapt to the local geographical characteristics: district, city, village, section, tribe, etc.* | ⁭District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 7. Educational level | Have you ever attended school?  *If yes, continue asking*:  What is the highest level of school you attended? | None ⁭  Primary school ⁭  Secondary school ⁭  Higher ⁭ |
| What is the highest grade/form/year you completed at that level? | Grade  \_ \_ |

|  |  |  |
| --- | --- | --- |
| Infant/young children |  |  |
| 1. Child's name | What is your child's name? |  |
| 2. Child's sex | Is(*the name of the child*) male or female? | Male ⁭  Female ⁭ |
| 3. Child's age | When is your child's birthday?  *Probe if necessary*:  On what day and in which month and year was (*name of the child*) born?  Does he/she have a health/vaccination card with the birth date recorded?  *If yes, record the date of birth as documented in the card* | \_ \_ \_ \_ / \_ \_ / \_ \_  year month day |
| How old was(*name of the child*) at his/her last birthday?  *Record age in completed years and/or months* | Age in completed years  \_ \_  Age in completed months  \_ \_ |

Appendix 4: Informed consent form and sociodemographic questionnaire for school-aged children

Informed consent and confidentiality of interviews

### For parents/caregivers of children younger than 18 years of age

Good morning/afternoon, Mr/Mrs \_\_\_\_\_\_\_\_. We are from [insert the name of your organization]. We are working on a project concerned with nutrition and education in which your child could participate/participated. [Include the objectives and a short description of the project]. Now, the project is just starting/almost finished [select depending if the project is just starting or almost finished] and we are completing a survey among participants to know more about their knowledge, attitudes and practices to do with nutrition. The interview will take about [time estimated to conduct the interview]. All the information we obtain will remain strictly confidential and your child’s name and answers will never be revealed. If you agree that your child may participate in the survey, he/she will be asked to give his/her own consent. Do you agree that your child participates in the survey?

Yes \_\_\_ No \_\_\_ If yes, continue to the next question; if no, do not conduct the interview.

### Respondent school-aged children

Good morning/afternoon. We are working on a project concerned with nutrition and education in which you could participate/participated. [Include the objectives and a short description of the project]. The project is just starting/almost finished [select depending if the project is just starting or almost finished] and we are completing a survey among children like you who could participate/participated in the project because we want to know more about their knowledge, attitudes and practices in nutrition. The interview will take about [**t**ime estimated to conduct the interview]. All the information we obtain will remain strictly confidential and your answers and name will never be revealed. Also, you are not obliged to answer any question you do not want to, and you may stop the interview at any time.

The objective of this study is to [evaluate the effectiveness of an intervention (if outcome evaluation) or assess the nutrition situation (if situation analysis)]. This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you to give a specific answer; I would like you to answer questions honestly, telling me about what you know, how you feel, the way you live and how you eat and prepare food. Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes \_\_\_ No \_\_\_ If yes, continue to the next question; if no, stop the interview.

Do you have any question before we start? (Answer questions).

May I start now?

Sociodemographic questionnaire for school-aged children

|  |  |  |
| --- | --- | --- |
| School-aged children |  |  |
| 1. Child's name and code | What is your name? |  |
| *Insert respondent code* | \_ \_ \_ \_ |
| 2. Child's sex | *Insert the child's sex* | Male ⁭  Female ⁭ |
| 3. Child's age | When is your birthday?  *Probe if necessary*:  On what day and in which month and year were you born? | \_ \_ / \_ \_ /\_ \_ \_ \_  day month year |
| How old are you?  *Probe if necessary*:  How old were you at your last birthday?  *Record age in completed years and months*  *If the information conflicts with the previous question, determine which one is more accurate* | Age in completed years  \_ \_  Age in completed months  \_ \_ |
| 4. Geographical characteristics | Where do you live?  *Adapt to the local geographical characteristics: district, city, village, section, tribe, etc.* | ⁭District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Educational level | What level of school are you attending now? | Primary school ⁭  Secondary school ⁭  Higher ⁭ |
| What grade/form/year? | Grade  \_ \_ |

Appendix 5: Informed consent form and sociodemographic questionnaire for adults (> 18 years)

Informed consent and confidentiality of interviews

Good morning/afternoon, Mr/Mrs \_\_\_\_\_\_\_\_. We are from [insert the name of your organization]. We are working on a project concerned with nutrition and education in which you could participate/participated. [Include the objectives and a short description of the project]. Now, the project is just starting/almost finished [select depending if the project is just starting or almost finished]and we are completing a survey among participants to know more about their knowledge, attitudes and practices to do with nutrition. The interview will take about [time estimated to conduct the interview]. All the information we obtain will remain strictly confidential and your answers and name will never be revealed. Also, you are not obliged to answer any question you do not want to, and you may stop the interview at any time.

The objective of this study is to [evaluate the effectiveness of an intervention (if outcome evaluation) or assess the nutrition situation (if situation analysis)]. This is not to evaluate or criticize you, so please do not feel pressured to give a specific response and do not feel shy if you do not know the answer to a question. I am not expecting you give a specific answer; I would like you to answer questions honestly, telling me about what you know, how you feel, the way you live and how you eat and prepare food. Feel free to answer questions at your own pace.

Do you agree to participate in this interview?

Yes \_\_\_ No \_\_\_ If yes, continue to the next question; if no, stop the interview.

Do you have any question before we start? (Answer questions).

May I start now?

Sociodemographic questionnaire for adults (> 18 years)

|  |  |  |
| --- | --- | --- |
| Adults (>18 years) |  |  |
| 1. Name and code | What is your name? |  |
| *Insert respondent code* | \_ \_ \_ \_ |
| 2. Sex | *Insert the sex of the respondent* | Male ⁭  Female ⁭ |
| 3. Age | When is your birthday?  *Probe if necessary*:  On what day and in which month and year were you born? | \_ \_ / \_ \_ /\_ \_ \_ \_  day month year |
| How old are you?  *Probe if necessary*:  What was your age at your last birthday?  *If the information conflicts with the previous question, determine which one is more accurate* | Age in completed years  \_ \_ |
| 4. Geographical characteristics | Where do you live?  *Adapt to the local geographical characteristics: district, city, village, section, tribe, etc.* | ⁭District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Village \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Section \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ⁭Other  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5. Educational level | Have you ever attended school?  *If yes, continue asking*:  What is the highest level of school you attended? | None ⁭  Primary school ⁭  Secondary school ⁭  Higher ⁭ |
|  | What is the highest grade/form/year you completed at that level? | Grade  \_ \_ |
|  |  |  |

Appendix 6: Nutrition-related KAP model questionnaires

Module 1: Feeding infants (0–6 months)

**NOTE:** The surveyor should ideally be female in order to put mothers at ease.

Explain to the participant:

I am going to ask you some questions about nutrition of infants from birth to six months old. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Breastfeeding[[1]](#footnote-1)

Was (name of the baby) breastfed yesterday during the day or at night?

* Yes
* No
* Don’t know/no answer

1 Question P.2: Feeding breastmilk1

Sometimes babies are fed breastmilk in different ways, for example by spoon, cup or bottle, or are breastfed by another woman.

Did (name of the baby) consume breastmilk in any of these ways yesterday during the day or night?

* Yes
* No
* Don’t know/no answer

1 Question P.3: Feeding breastmilk when the mother is absent

When you are not home or cannot feed the baby yourself, who does it?

* Father
* Grandmother
* Other children
* Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know/no answer

If you are not there to feed the baby, what type of food is the baby fed?

* Breastmilk by spoon, cup or bottle
* Infant formula by spoon, cup or bottle
* Other liquids

1 Question P.4: Introducing liquids1

Next I would like to ask you about some liquids that (name of the baby) may have had yesterday during the day or at night.

Did (name of the baby) have any of the following liquids? (Read the list of liquids, starting with “plain water”)

A. Plain water

* Yes⁭
* No⁭
* Don’t know

B. Infant formula such as (insert local examples)

* Yes
* No
* Don’t know

C. Milk, such as tinned, powdered or fresh animal milk

* Yes
* No
* Don’t know

D. Juice or juice drinks

* Yes
* No
* Don’t know

E. Clear broth

* Yes
* No
* Don’t know

F. Yogurt

* Yes
* No
* Don’t know

G. Thin porridge

* Yes
* No
* Don’t know

H. Any other liquids such as (list other water-based liquids available in the local setting)

* Yes
* No
* Don’t know

I. Any other liquids

* Yes
* No
* Don’t know

Preliminary analysis

From questions P1, P2, P3 and P4 determine if the child is exclusively breastfed (i.e. fed exclusively with breastmilk)

* Exclusively breastfed
* Not exclusively breastfed

Knowledge

2 Question K.1: Breastmilk at birth

What is the first food a newborn baby should receive?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Only breastmilk
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.2: Meaning of exclusive breastfeeding

Have you heard about exclusive breastfeeding?

* Yes
* No 🡪 continue to question K.3

What does exclusive breastfeeding mean?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Exclusive breastfeeding means that the infant gets only breastmilk and no other liquids or foods
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.3: Recommended length of exclusive breastfeeding

How long should a baby receive nothing more than breastmilk?

Probe if necessary:

Until what age is it recommended that a mother feeds nothing more than breastmilk?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* From birth to six months
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.4: Breastmilk is sufficient for babies from birth to six months old

Why do you think breastmilk is the only food recommended for infants up to six months old?

Probe if necessary:

Why is breastmilk alone sufficient to feed babies during the first six months?

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* Because breastmilk provides all the nutrients and liquids a baby needs in its first six months
* Because babies cannot digest other foods before they are six months old
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.5: Frequency of feeding

How often should a baby younger than six months be breastfed or fed with breastmilk?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* On demand, whenever the baby wants
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.6: Benefits of exclusive breastfeeding for babies

What are the benefits for a baby if he or she receives only breastmilk during the first six months of life?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* He/she grows healthily
* Protection from diarrhoea and other infections
* Protection against obesity and chronic diseases in adulthood
* Protection against other diseases. Specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

3 Question K.7: Benefits of exclusive breastfeeding for mothers

What are the physical or health benefits for a mother if she exclusively breastfeeds her baby?

Probe if necessary:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Delays fertility
* Helps her lose the weight she gained during pregnancy
* Lowers risk of cancer (breast and ovarian)
* Lowers risk of losing blood after giving birth (less risk of post-partum haemorrhage)
* Improves the relationship between the mother and baby
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.8: Maintaining breastmilk supply

Many times, mothers complain about not having enough breastmilk to feed their babies.

Please tell me different ways a mother can keep up her milk supply.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Breastfeeding exclusively on demand
* Manually expressing breastmilk
* Having a good nutrition/eating well/having a healthy or diversified diet
* Drink enough liquids during the day
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.9: Overcoming barriers to breastfeeding

Many mothers need to work and are separated from their baby. In this situation, how could a mother continue feeding her baby exclusively with breastmilk?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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By:

* Expressing breastmilk by hand, storing it and asking someone to give breastmilk to the baby
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

3 Question K.10: Seeking health care if breastfeeding difficulties arise

If a mother has difficulties feeding breastmilk what should she do to overcome them?

Probe if necessary:

Who can help the mother to solve the problem?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Seek professional help from health-care services: doctors, nurses, midwives or other health professionals
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards an ideal or desired nutrition-related practice

1 Breastfeeding exclusively for six months

#### Perceived benefits

How good do you think it is to breastfeed your baby exclusively for six months?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Perceived barriers

How difficult is it for you to breastfeed your baby exclusively for six months?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Breastfeeding on demand

#### Perceived benefits

How good do you think it is to breastfeed your baby on demand, that is when the baby wants to feed?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Perceived barriers

How difficult is it for you to breastfeed your child on demand?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Self-confidence

Breastfeeding

How confident do you feel in breastfeeding your child?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Expressing and storing breastmilk

How confident do you feel in expressing and storing breastmilk so that someone else can feed your baby?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Module 2: Feeding young children (6–23 months)

Explain to the participant:

I am going to ask you some questions about nutrition of infants aged from 6 to 23 months. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Season:

* Low food season
* High food season

Practices

1 Question P.1: Continued breastfeeding[[2]](#footnote-2)

Was (name of the baby) breastfed or did he or she consume breastmilk yesterday during the day or at night?

* Yes
* No
* Don’t know/no answer

3 Question P.2: Dietary diversity2

Now I would like to ask you about (other) liquids or foods that (name of the baby) ate yesterday during the day or at night. I am interested in whether your child had the item even if it was combined with other foods.

For example, if (name of the baby) ate a millet porridge made with a mixed vegetable sauce, you should reply yes to any food I ask about that was an ingredient in the porridge or sauce.

Please do not include any food used in a small amount for seasoning or condiments (like chillies, spices, herbs or fish powder); I will ask you about those foods separately.

Yesterday during the day or at night, did (name of the baby) eat:

(Read the food lists. Underline the corresponding foods consumed and tick the column Yes or No depending on whether any food item of the list was consumed. Record the number of times when relevant (Group 3)).

|  |  |  |  |
| --- | --- | --- | --- |
| Group | Food lists | No | Yes |
| **Group 1**: Grains, roots and tubers | Porridge, bread, rice, noodles or other foods made from grains |  |  |
| White potatoes, white yams, manioc, cassava or any other foods made from roots |  |  |
| **Group 2**: Legumes and nuts | Any foods made from beans, peas, lentils, nuts or seeds |  |  |
| **Group 3**:  Dairy products | Infant formula, such as [insert local examples] |  | How many times? |\_\_\_||\_\_\_| |
| Milk, such as tinned, powdered or fresh animal milk |  | How many times? |\_\_\_||\_\_\_| |
| Yogurt or drinking yogurt |  | How many times? |\_\_\_||\_\_\_| |
| Cheese or other dairy products |  |  |
| **Group 4**:  Flesh foods | Liver, kidney, heart or other organ meats |  |  |
| Any meat, such as beef, pork, lamb, goat, chicken or duck |  |  |
| Fresh or dried fish, shellfish or seafood |  |  |
| Grubs, snails or insects |  |  |
| **Group 5**:  Eggs | Eggs |  |  |
| **Group 6**:  Vitamin A fruits and vegetables | Pumpkin, carrots, squash or sweet potatoes that are yellow or orange inside |  |  |
| Any dark green vegetables [insert local examples] |  |  |
| Ripe mangoes (fresh or dried [not green]), ripe papayas (fresh or dried), musk melon [insert other local vitamin-A-rich fruits] |  |  |
| Foods made with red palm oil, red palm nut or red palm nut pulp sauce |  |  |
| **Group 7**:  Other fruits and vegetables | Any other fruits or vegetables |  |  |
| **Others**  (not counted in the dietary diversity score) | Any oil, fats, or butter or foods made with any of these |  |  |
| Any sugary foods, such as chocolates, sweets, candies, pastries, cakes or biscuits |  |  |
| Condiments for flavour, such as chillies, spices, herbs or fish powder |  |  |

* The baby does not consume any food other than breastmilk

Preliminary analysis

Number of food groups consumed the previous day \_\_\_\_\_/7

1 Question P.3: Minimum meal frequency2

How many times did (name of the baby) eat foods, that is meals and snacks other than liquids yesterday during the day or at night?

Number of times |\_\_\_||\_\_\_|

Don’t know/no answer

Preliminary analysis (to do after the interview)

WHO (2008) recommendations for minimum meal frequency:

For breastfed children:

2–3 times for breastfed infants 6–8 months

3–4 times for breastfed infants 9–23 months

For non breastfed children:

4 times for non breast-fed children 6–24 months (including milk feeds, identified in question P2, Group 3)

From questions P.1, P.2 and P.3, determine if the child receives food the minimum number of times according to WHO recommendations:

Less than recommended

The minimum number of times each day (follows the recommendation)

More than recommended

Knowledge

2 Question K.1: Continued breastfeeding

How long is it recommended that a woman breastfeeds her child?

Probe if necessary:

Until what age is it recommended that a mother continues breastfeeding?

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* Six months or less
* 6–11 months
* 12–23 months
* 24 months and more (correct response)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.2: Age of start of complementary foods

At what age should babies start eating foods in addition to breastmilk?

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* At six months
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.3: Reason for giving complementary foods at six months

Why is it important to give foods in addition to breastmilk to babies from the age of six months?

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* Breastmilk alone is not sufficient (enough)/cannot supply all the nutrients needed for growth/from six months, baby needs more food in addition to breastmilk
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.4: Consistency of meals

Please look at these two pictures of porridges. Which one do you think should be given to a young child?

(Show the images/pictures of thick and watery/thin porridges and tick one of the options here below depending on the respondent answer.)

* Shows the thick porridge
* Shows the watery
* Does not know

Preliminary analysis

* Knows
* Does not know

### Support material: porridges

#### 1.



#### 2.

#### Y:\Yvette\1. KAP manual\FINAL STAGES\Design and layout\3 Photographs_KAP\Thin and thick porridge\Thin porridge_Module 2.JPG

2 Question K.5: Reason for consistency of meals

Why did you pick that picture?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Because the first porridge is thicker than the other
* Because the thick porridge is more nutritious/because it is prepared with different types of foods or ingredients (food diversity)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.6: Dietary diversity and ways of enriching porridge

To feed their children, many mothers give them rice porridge or borbor.

Please tell me some ways to make rice porridge more nutritious or better for your baby’s health.

Probe if necessary:

Which foods or types of food can be added to rice porridge make it more nutritious?

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By adding:

* Animal-source foods (meat, poultry, fish, liver/organ meat, eggs, etc.)
* Pulses and nuts: flours of groundnut and other legumes (peas, beans, lentils, etc.), sunflower seed, peanuts, soybeans
* Vitamin-A-rich fruits and vegetables (carrot, orange-fleshed sweet potato, yellow pumpkin, mango, papaya, etc.)
* Green leafy vegetables (e.g. spinach)
* Energy-rich foods (e.g. oil, butter/ghee)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

3 Question K.7: Responsive feeding

Do you know any ways to encourage young children to eat?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Giving them attention during meals, talk to them, make meal times happy times
* clap hands
* make funny faces/play/laugh
* demonstrate opening your own mouth very wide/modelling how to eat
* say encouraging words
* draw the child’s attention
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards an ideal or desired nutrition-related practice

1 Self-confidence

How confident do you feel in preparing food for your child?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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1 Giving a diversity of food (foods from many food groups)

#### Perceived benefits

How good do you think it is to give different types of food to your child each day?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived barriers

How difficult is it for you to give different types of food to your child each day?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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1 Feeding frequently

#### Perceived benefits

How good do you think it is to feed your child several times each day?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to feed your child several times each day?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1 Continuing breastfeeding beyond six months

#### Perceived benefits

How good do you think it is to continue breastfeeding beyond six months?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived barriers

How difficult is it for you to continue breastfeeding beyond six months?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Module 3: Diet of school-aged children

**NOTE:** Depending on the study context, questions from this module can be administered to different players involved in changing knowledge, attitudes and practices, some of whom may be the project’s participant populations, such as parents and teachers of school-age children or mothers, caregivers (e.g. fathers, grandmothers).

Explain to the participant (child):

I am going to ask you some questions about your nutrition and nutrition in general. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Season:

* Low food season
* High food season

Practices

1 Question P.1: Having breakfast: time and place

1. Did you have breakfast before going to school?

* Yes Go to question P.1.b.
* No Go to question P.2
* Don’t know/no answer

If Yes:

1. At what time?

* Between 6 a.m. and 9 a.m.
* Between 9 a.m. and noon
* Between noon and 3 p.m.

1. Where?

* Home
* School
* Elsewhere (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Question P.2: Having lunch: time and place

1. If the interview is being conducted before lunchtime, ask: Did you have lunch yesterday?

If the interview is being conducted after lunchtime, ask: Did you have lunch today?

* Yes Go to question P.2.b
* No Go to question P.3
* Don’t know/no answer

If Yes:

1. At what time?

* Between 9 a.m. and noon
* Between noon and 3 p.m.
* Between 3 p.m. and 6 p.m.

1. Who prepares your lunch?

* Parents at home
* School cafeteria
* Lunch is bought with pocket money
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Question P.3: Dinner/supper: time and place

1. Did you have dinner yesterday?

* Yes Go to question P3.b.
* No Go to question P.4
* Don’t know/no answer

If Yes:

1. At what time?

* Between 3 p.m. and 6 p.m.
* Between 6 p.m. and 9 p.m.
* Between 9 p.m. and midnight

1. Where?

* Home
* School
* Elsewhere (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Question P.4: Snacks

1. Yesterday during the day and night, did you eat anything between the meals?

* Yes Go to question P4.b.
* No Go to question P.5
* Don’t know/no answer

If Yes:

1. What did you eat?

[Include a list of locally available snacks or the responses most cited during pre-testing.]

* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1 Question P.5: Bought food

1. Yesterday during the day and night, did you buy foods with your own money?

* Yes Go to question P5.b.
* No Go to question K.1
* Don’t know/no answer

If Yes:

1. What did you buy?

[Include a list of locally available snacks/foods or the responses most cited during pre-testing.]

* Other

1. Where did you buy those foods?

* At school/cafeteria
* On the street (from street vendors)
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Knowledge

1 Question K.1: Consequences of short-term hunger at school

Some children do not have breakfast before going to school and are hungry in class. What is the consequence for children of not having breakfast and being hungry at school?

Probe if necessary:

What problems can children have if they don’t eat before going to school?

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* Children have short attention/have low concentration/cannot study well/do not do as well at school as they should
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.2: Discouraging sweets and candies

Why should parents discourage sticky and sugar-rich foods, such as sweets and candies?

Probe if necessary:

Why is it so bad to eat too many sweets and candies?

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* Because they can cause tooth decay
* Because they are not nutritious
* Because they interfere with appetite
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

[Knowledge and practice questions included in other modules can be added to this module. Look at modules 6 to 13 and select the relevant questions based on the objectives of the survey.]

Attitudes

### Attitudes towards an ideal or desired nutrition-related practice

1 Having breakfast before going to school

#### Perceived benefits

How good do you think it is to have breakfast before going to school?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to have breakfast before going to school?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1 Having three meals a day and snacks

#### Perceived benefits

How good do you think it is to have three meals a day and snacks?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived barriers

How difficult is it for you to have three meals a day and snacks?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1 Having different types of foods at meal times

#### Perceived benefits

How good do you think it is to have different types of foods at meals?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Perceived barriers

How difficult is it for you to have different types of foods at meals?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Attitudes towards food preference

[Refer to questions included in modules 6 and 7 and add the relevant ones based on objectives of the survey.]

Module 4: Nutrition during pregnancy and lactation

Explain to the participant:

I am going to ask you some questions about nutrition of pregnant and lactating women. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

Question P.1: Food-intake practices

Based on the objectives of the survey, food-intake practices can be assessed in terms of:

1 Intake of foods from a list of locally available nutrient-rich foods through a short food-intake checklist. To assess the intake of nutrient-rich foods, refer to the practice section of modules 6, 7 and 8 for iron, vitamin A and iodine, respectively. Before measuring food-intake practices, lists of locally available nutrient-rich foods of interest should be created; or

3 Frequency of intake of foods from a list of locally available nutrient-rich foods with a short food-frequency questionnaire; or

3 Dietary diversity through the dietary-diversity questionnaire to assess the quality of the diet. The guidelines for measuring dietary diversity are available online (FAO, 2011): <http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/FAO-guidelines-dietary-diversity2011.pdf>

Knowledge

1 Question K.1: Women’s nutrition during pregnancy and breastfeeding

For a pregnant woman:

How should a pregnant woman eat in comparison with a non-pregnant woman to provide good nutrition to her baby and help him grow?

Please list four practices she should do.

For a lactating woman:

How should a lactating woman eat in comparison with a non-lactating woman to be healthy and produce more breastmilk?

Please list four practices she should do.

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* 1. Eat more food (more energy)
* Eat more at each meal (eat more food each day)

Or

* Eat more frequently (eat more times each day)
* 2. Eat more protein-rich foods
* 3. Eat more iron-rich foods
* 4. Use iodized salt when preparing meals
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.2: Micronutrient supplements for pregnant women

Most women would benefit from two types of supplements, or tablets, during pregnancy. Which are they?

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* Iron supplements
* Folic acid supplements
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.3: Recommendation of folic acid supplements

Can you tell me why it is so important to take folic acid supplements during pregnancy?

Probe if necessary:

What is the health benefit for taking folic acid supplements/tablets?

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* For normal development of the nervous system of the unborn baby (brain, spine and skull)
* To prevent birth defects/abnormalities the nervous system of the unborn baby (brain, spine and skull)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

3 Question K.4: Health risks for low-birth-weight babies

When a pregnant woman is undernourished, she is at risk of having a low-birth-weight baby, meaning that the baby is small or has a low birth weight. What are the health risks for these babies?

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* Slower growth and development
* Risks of infections/being sick
* Risks of dying
* Risks of being undernourished/having micronutrient deficiencies
* Risks of being sick once adult/developing chronic diseases in adulthood (heart disease, high blood pressure, obesity, diabetes)
* Other
* Don’t know

Preliminary analysis

Number of correct responses \_\_

3 Question K.5: Family planning/birth spacing

**NOTE:** This question can generate anxiety in participants. The theme (family planning) should be handled with care.

It is recommended that a woman waits at least two or three years between pregnancies, that is before coming pregnant once again. Please can you tell me why this is recommended?

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* To rebuild/fill up their body stores of nutrients (fat, iron and others)
* For the mother to be healthier before having a new baby/to be prepared for the arrival of a new baby⁭
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards a health or nutrition-related problem

2 Giving birth/having a low-birth-weight baby

#### Perceived susceptibility

How likely do you think you are to have a low-birth-weight baby?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think it is for your baby to have a low-birth-weight?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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### Attitudes towards an ideal or desired nutrition-related practice

1 Eating more food during pregnancy: eating more at each meal or eating more frequently or having more snacks during the day

#### Perceived benefits

How good do you think it is to eat more food during pregnancy?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived barriers

How difficult is it for you to eat more food during pregnancy?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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Module 5: Undernutrition

Explain to the participant:

I am going to ask you some questions about undernutrition. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Knowledge

1 Question K.1: Signs of undernutrition

How can you recognize that someone is not having enough food?

Probe if necessary:

What are the signs of undernutrition? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Lack of energy/weakness: cannot work, study or play as normal (disability)
* Weakness of the immune system (becomes ill easily or becomes seriously ill)
* Loss of weight/thinness
* Children do not grow as they should (growth faltering)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.2: Causes of undernutrition

What are the reasons why people are undernourished?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Not getting enough food
* Food is watery, does not contain enough nutrients
* Disease/ill and not eating food
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

What are the reasons why people do not get enough food?

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* Not having enough money to buy food
* Food is not available
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.3: Seeking growth monitoring for infants and young children

How can you (caregiver) find out if the baby is growing well or not?

Probe if necessary:

Who can help the mother to find out if the baby is growing well? Where can she go?

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* Go to the health centre/ask a doctor or nurse (health professional)(seeking health-care services for growth monitoring)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.4: Meaning of lack of weight gain among infants and young children

Families and health workers can find out if children are well nourished or malnourished by weighing them regularly and plotting their weights on growth charts.

If the baby is not gaining weight, what does that mean?

If no answer, probe:

What could be the causes?

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* The baby is not eating well/the baby does not want to eat
* The baby may be sick often
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.5: Prevention of undernutrition

What should we do to prevent undernutrition among [population of interest]?

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Infants (0–6 months)

* Breastfeed exclusively/give only breastmilk
* Go to the health centre/hospital and check that the child is growing (growth monitoring services)

Young children (6–23 months)

* Give more food
* Feed frequently
* Give attention during meals
* Go to the health centre/hospital and check that the child is growing (growth monitoring services)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Undernutrition

#### Perceived susceptibility

How likely do you think your child is to be undernourished, that is they stop growing or lose weight?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think undernutrition is for a baby’s health?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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Module 6: Iron-deficiency anaemia

Explain to the participant:

I am going to ask you some questions about anaemia and iron-rich foods. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Knowledge

1 Question K.1: General signs of iron-deficiency anaemia

Have you heard about iron-deficiency anaemia?

* Yes
* No
* Don’t know/no answer

If Yes:

Can you tell me how you can recognize someone who has anaemia?

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* Less energy/weakness
* Paleness/pallor
* Spoon nails/bent nails (koilonychia)
* More likely to become sick (less immunity to infections)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.2: Consequences of iron-deficiency anaemia for infants and young children

What are the health risks for infants and young children of a lack of iron in the diet?

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* Delay of mental and physical development
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.3: Consequences of iron-deficiency anaemia for pregnant women

What are the health risks for pregnant women of a lack of iron in the diet?

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* Risk of dying during or after pregnancy
* Difficult delivery
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.4: Causes of iron-deficiency anaemia

What causes anaemia?

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* Lack of iron in the diet/eat too little, not much
* Sickness/infection (malaria, hookworm infection, other infection such as HIV/AIDS)
* Heavy bleeding during menstruation
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.5: Prevention of anaemia

How can anaemia be prevented?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Eat/feed iron-rich foods/having a diet rich in iron
* Eat/give vitamin-C-rich foods during or right after meals
* Take/give iron supplements if prescribed
* Treat other causes of anaemia (diseases and infections) – seek health-care assistance
* Continue breastfeeding (for infants 6–23 months old)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.6: Iron rich foods – easily absorbed[[3]](#footnote-3)

Can you list examples of foods rich in iron?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Organ meat

* Liver
* Kidney
* Heart

[Add other locally available organ meat.]

Flesh meat

* Beef
* Pork
* Lamb
* Goat
* Rabbit
* Dog
* Chicken
* Duck

[Add other locally available flesh meat.]

Insects

* Insect larvae
* Red ants
* Grasshopper
* Cricket

[Add other locally available insects.]

Fish and seafood

* Fresh fish
* Dried fish
* Canned fish
* Prawns
* Shrimps
* Seafood

[Add other locally available fish and seafood.]

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.7: Foods that increase iron absorption

When taken during meals, certain foods help the body absorb and use iron. What are those foods?

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* Vitamin-C-rich foods, such as fresh citrus fruits (orange, lemons, etc.)

[List locally available vitamin-C-rich foods.]

* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.8: Foods that decrease iron absorption

Some beverages decrease iron absorption when taken with meals. Which ones?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Coffee
* Tea
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Practices

1 Question P.1: Food-intake practices3

I would like to ask you about particular foods you may eat on their own or as part of a dish.

Yesterday, during the day and night, did you eat any of the following?

(Read the list of iron-rich foods and tick either yes or no for each food item)

Organ meat

Liver □ Yes □ No

Kidney □ Yes □ No

Heart □ Yes □ No

[Add other locally available organ meat.]

Flesh meat

Beef □ Yes □ No

Pork □ Yes □ No

Lamb □ Yes □ No

Goat □ Yes □ No

Rabbit □ Yes □ No

Dog □ Yes □ No

Chicken □ Yes □ No

Duck □ Yes □ No

[Add other locally available flesh meat.]

Insects

Insect larvae □ Yes □ No

Red ants □ Yes □ No

Grasshopper □ Yes □ No

Cricket □ Yes □ No

[Add other locally available insects.]

Fish and seafood

Fresh fish □ Yes □ No

Dried fish □ Yes □ No

Canned fish □ Yes □ No

Prawns □ Yes □ No

Shrimps □ Yes □ No

Seafood □ Yes □ No

[Add other locally available fish and seafood.]

**NOTE:** This can be asked for all the locally available iron-rich foods from the list but it is recommended to prioritize some of them; for example, those most often mentioned during the educational intervention.

2 Question P.2: Consumption of vitamin-C-rich fruits

Do you usually eat fresh citrus fruits, such as [provide examples of locally available fresh citrus fruits], or drink juice made from them?

* Yes
* No
* Don’t know/no answer

If Yes:

Every day?

* Yes
* No
* Don’t know/no answer

When do you usually eat fresh citrus fruits? (Read the following options to the respondent)

* Before a meal
* During the meal
* After a meal
* Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know/no answer

2 Question P.3: Consumption of coffee/tea

Do you usually drink coffee or tea?

* Yes
* No
* Don’t know

If Yes:

Every day?

* Yes
* No
* Don’t know

When do you usually drink coffee or tea? (Read the following options to the respondent)

* Two hours or more before a meal
* Right before a meal
* During the meal
* Right after a meal
* Two hours or more after a meal
* Other (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know/no answer

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Iron-deficiency anaemia

#### Perceived susceptibility

How likely do you think your child is to be iron-deficient/anaemic?

OR

How likely do you think you are to be iron-deficient/anaemic?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived severity

How serious do you think iron-deficiency/anaemia is?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Attitudes towards an ideal or desired nutrition-related practice

1 Preparing meals with iron-rich foods

#### Perceived benefits

How good do you think it is to prepare meals with iron-rich foods such as beef, chicken or liver?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Perceived barriers

How difficult is it for you to prepare meals with iron-rich foods?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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#### Self-confidence

How confident do you feel in preparing meals with iron-rich foods?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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### Attitudes towards food preference

3 Food preferences

How much do you like the taste of [iron-rich food item or meal]?

* 1. Dislike
* 2. You’re not sure
* 3. Like

Module 7: Vitamin A deficiency

Explain to the participant:

I am going to ask you some questions about vitamin A and food rich in vitamin A. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Knowledge

1 Question K.1: Signs of vitamin A deficiency

Have you heard about vitamin A deficiency or lack of vitamin A?

* Yes
* No
* Don’t know/no answer

If Yes:

Can you tell me how you can recognize someone who lacks vitamin A in his or her body?

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* Weakness/feels less energetic
* Be more likely to become sick (less immunity to infections)
* Eye problems: night blindness (inability to see at dusk and in dim light), dry eyes, corneal damage, blindness
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.2: Causes of vitamin A deficiency

What causes a lack of vitamin A in the body?

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* Poor variety of foods
* Eat too little food/not eat much (poor intake)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.3: Prevention of vitamin A deficiency

How can one prevent a lack of vitamin A in the body?

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* Eat/feed vitamin-A-rich foods – having/giving a diet rich in vitamin A
* Eat/feed foods fortified with vitamin A
* Give vitamin A supplements/sprinkles
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.4: Food sources of vitamin A3

Can you list examples of foods rich in vitamin A?

Probe if necessary:

Do you know of any animal-source foods, vegetables or fruits that are rich in vitamin A?

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Animal-source foods

* Liver
* Kidney
* Heart
* Egg yolks/egg from chicken, duck, guinea fowl or other bird
* Milk, cheese, yogurt or other dairy product

Orange-coloured vegetables

* Orange sweet potato
* Carrot
* Pumpkin
* Squash

[Add other locally available vitamin-A-rich vegetables (e.g. red sweet pepper).]

Green vegetables

* ⁭Amaranths, spinach, cassava leaves, kale and other green leafy vegetables

[Add locally available vitamin-A-rich leaves.]

Fruits (orange- or yellow-coloured non-citrus fruits)

* Ripe mango
* Ripe papaya
* Cantaloupe
* Apricot
* Dried peach

[Add other locally available vitamin-A-rich fruits.]

* Red palm oil

[Add other locally available vitamin-A-rich foods.]

Foods fortified with vitamin A

[Add locally available foods fortified with vitamin A (for example, oils, fats and sugar).]

Other foods

* Breastmilk (for infants 0–6 months)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Practices

1 Question P.1: Food-intake practices3

I would like to ask you about particular foods you may eat on their own or as part of a dish.

Yesterday, during the day and night, did you eat any of the following foods?

(Read the list of vitamin-A-rich foods and tick yes or no for each food item)?

Animal-source foods

Liver □ Yes □ No

Kidney □ Yes □ No

Heart □ Yes □ No

Egg yolks/egg from chicken, duck, guinea fowl or other bird

□ Yes □ No

Milk, cheese, yogurt or other dairy products

□ Yes □ No

Orange-coloured vegetables

Orange sweet potato □ Yes □ No

Carrot □ Yes □ No

Pumpkin □ Yes □ No

Squash □ Yes □ No

[Add other locally available vitamin-A-rich vegetables (e.g. red sweet pepper).]

Green vegetables

Amaranths, spinach and other green leafy vegetables:

□ Yes □ No

[Add locally available vitamin-A-rich leaves.]

Fruits (orange- or yellow-coloured non-citrus fruits)

Ripe mango □ Yes □ No

Ripe papaya □ Yes □ No

Cantaloupe □ Yes □ No

Apricot □ Yes □ No

Dried peach □ Yes □ No

[Add other locally available vitamin-A-rich fruits.]

Red palm oil □ Yes □ No

Foods fortified with vitamin A

[List locally available foods fortified with vitamin A (for example, oils, fats and sugar).]

*NOTE: This can be asked for all locally available vitamin-A-rich foods from the list but it is recommended to prioritize some of them; for example, those most often referred to during the educational intervention.*

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Vitamin A deficiency

#### Perceived susceptibility

How likely do you think your child is to lack vitamin A in his/her body?

OR

How likely do you think you are to lack of vitamin A in your body?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think a lack of vitamin A is?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

*If Not Serious*:

Can you tell me the reason why it is not serious?

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### Attitudes towards an ideal or desired nutrition-related practice

1 Preparing meals with vitamin-A-rich foods

#### Perceived benefits

How good do you think it is to prepare meals with vitamin-A-rich foods such as carrots, green leafy vegetables, sweet-potatoes or liver?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to prepare meals with vitamin-A-rich foods?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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#### Self-confidence

How confident do you feel in preparing meals with vitamin-A-rich foods?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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### Attitudes towards food preference

3 Food preferences

How much do you like the taste of [insert a vitamin-A-rich food item or meal]?

Do you dislike it, you neither like it nor dislike it (neutral) or do you like it?

* 1. Dislike
* 2. Neutral
* 3. Like

Module 8: Iodine deficiency

**NOTE:** It is important, mainly for pregnant women, that meals are prepared with iodized salt to prevent the development of goitre and to prevent mental and physical impairment of the unborn child. However, it will be necessary to reinforce the message of using salt moderately, because a high consumption of salt is related to hypertension.

Explain to the participant:

I am going to ask you some questions about iodine deficiency. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Use of iodized salt[[4]](#footnote-4)

Did you use salt to cook the main meal eaten by members of your family last night?

* Yes
* No
* Don’t know/no answer

If Yes:

What kind of salt did you use? (If possible, ask the respondent to show you the salt.)

* Iodized
* Not iodized
* No salt at home
* Don’t know/no answer

Knowledge

1 Question K.1: Signs of iodine deficiency

Do you know what iodine deficiency is?

Probe if necessary:

Have you heard about iodine deficiency?

* Yes
* No
* Don’t know/no answer

If Yes:

Can you tell me what it is?

Probe if necessary:

Can you describe the signs of a lack of iodine in the body?

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* Apathy (lack of motivation and excitement)
* Having difficulty working or studying
* Goitre
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.2: Consequences for the unborn baby

What could be the consequences or health risks for the unborn baby of a lack of iodine in the diet of a pregnant woman?

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* Risk of being mentally impaired
* Risk of being physically damaged
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

2 Question K.3: Cause of iodine deficiency

What causes iodine deficiency?

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* Poor or no intake of iodized salt
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.4: Prevention of iodine deficiency

How can iodine deficiency be prevented?

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* Eat/prepare foods with iodized salt
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Iodine deficiency

#### Perceived susceptibility

**NOTE:** The question is most relevant for pregnant women.

How likely do you think your child is to lack iodine?

OR

How likely do you think you are to lack iodine?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think a lack of iodine in the body is?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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### Attitudes towards an ideal or desired nutrition-related practice

1 Preparing meals with iodized salt

#### Perceived benefits

How good do you think it is to prepare meals with iodized salt?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to buy and use iodized salt?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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Module 9: Food safety

Explain to the participant:

I am going to ask you some questions about food safety. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Cleaning of dirty surfaces, plates and utensils

After you have prepared dinner, kitchen surfaces, pots, pans, plates and utensils are dirty. Can you describe how you clean them usually?

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* Scrape excess food into rubbish bin
* Wash with hot water
* Wash with detergent
* Don’t know/no answer

Preliminary analysis

Number of correct responses \_\_

1 Question P.2: Storage of perishable foods

How do you store perishable fresh foods such as raw meat, poultry and seafood?

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* In the refrigerator (below 5 °C)/cool box
* Covered (protected from insects, rodents, pests and dust)
* Separated from cooked or ready-to-eat foods
* Other
* Don’t know/no answer

Preliminary analysis

Number of correct responses \_\_

Knowledge

1 Question K.1: Separation of raw and cooked foods

Why should you prevent raw meat, offal, poultry and seafood from touching other foods such as those that are cooked or ready to eat?

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* Raw animal foods often contain germs (which may be transferred to cooked and ready-to-eat foods)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.2: Cooking thoroughly

When cooking soups and stews, what sign shows that these are ready and safe to be served?

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* They are boiling/ well cooked
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

2 Question K.3: Storage of perishable foods

What kinds of food should be placed in the refrigerator or in a cool place, such as an icebox or cool box?

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Perishable foods

* Meat, offal
* Poultry
* Fish
* Foods from the sea or lake
* Milk/dairy products
* Cooked foods
* Other
* Don’t know

Preliminary analysis

Number of correct responses \_\_

1 Question K.4: Storage of leftovers in a cool/cold place

Why should someone avoid eating leftovers that were not kept in a cool place?

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* Because food is not safe anymore
* Foods get spoiled (germs multiply very quickly and can cause illness)
* Higher temperatures make germs grow faster
* Other
* Don’t know

(Any of the three first response options is correct)

Preliminary analysis

* Knows
* Does not know

1 Question K.5: Washing raw fruits and vegetables

What should you do before eating raw fruits and vegetables?

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* Wash them with clean water
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Food poisoning/sickness from eating spoiled food

#### Perceived susceptibility

How likely do you think you are to get sick from eating spoiled food?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think it is to be sick from eating spoiled food?

* 1. Not serious
* 2. You’re not sure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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### Attitudes towards an ideal or desired nutrition-related practice[[5]](#footnote-5)

1 Keeping perishable food in a cool place, for example in a cool box or in the refrigerator

#### Perceived benefits

How good do you think it is to keep meat, poultry, fish, seafood or cooked food in a cool place, for example in a cool box or in the refrigerator?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to keep these foods in a cool box or in the refrigerator?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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1 Reheating leftovers before eating them

#### Perceived benefits

How good do you think it is to reheat leftovers before eating or serving them?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to reheat leftovers before eating or serving them?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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2 Washing fruits and vegetables with clean water

#### Perceived benefits

How good do you think it is to wash fruits and vegetables with clean water?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to wash fruits and vegetables with clean water?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult: Can you tell me the reasons why it is difficult?

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Module 10: Personal hygiene

Explain to the participant:

I am going to ask you some questions about personal hygiene. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Method of hand washing

Could you please describe step by step how you wash your hands?

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* a. Washes hands in a bowl of water (sharing with other people) — poor practise
* b. With someone pouring a little clean water from a jug onto one’s hands — appropriate practise
* c. Under running water — appropriate practise
* d. Washes hands with soap or ashes
* Other
* Don’t know/no answer

Preliminary analysis

If **both** **b** and **d** are ticked: the respondent knows to wash his/her hands (with clean water and soap)

If **both** **c** and **d** are ticked: the respondent knows to wash his/her hands (with clean water and soap)

If other responses are ticked: the respondent does not know to wash his/her hands (with clean water and soap)

Knowledge

1 Question K.1: Prevention of food poisoning from germs from faeces

Food poisoning often results from contact with germs from faeces.

What can you do to avoid sickness from germs from human or animal faeces?

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* Wash hands (after going to the toilet and cleaning the baby’s bottom)
* Remove faeces from the home and surroundings (use a latrine, teach small children to use a potty and put children’s faeces in the latrine, and clean up faeces from animals)
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.2: Key moments for hand washing

There are key moments when you need to wash your hands to prevent germs from reaching food.

What are these key moments?

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* After going to the toilet/latrine
* After cleaning the baby's bottom/changing a baby’s nappy
* Before preparing/handling food
* Before feeding a child/eating
* After handling raw food
* After handling garbage
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Attitudes

### Attitudes towards a health or nutrition-related problem

2 Sickness from not washing hands

#### Perceived susceptibility

How likely do you think you are to become sick, such as having stomach ache or diarrhoea, from not washing your hands?

OR

How likely do you think it is that your child will become sick, such as having stomach ache or diarrhoea, from you not washing your hands?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think it is if you or your child gets sick from you not washing your hands?

OR

How serious do you think diarrhoea is for your health?

OR

How serious do you think is diarrhoea for a baby’s health?

* 1.Not really serious
* 2. Neutral/unsure
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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### Attitudes towards an ideal or desired nutrition-related practice

1 Washing one’s hands

#### Perceived benefits

How good do you think it is to wash your hands before preparing food?

OR

How good do you think it is to wash your hands before feeding a child/eating?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to wash your hands before preparing food?

OR

How difficult is it for you to wash your hands before feeding a child/eating?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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1 Self-confidence

How confident do you feel in washing your hands properly?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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Module 11: Water and sanitation

Explain to the participant:

I am going to ask you some questions about water and sanitation. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Main source of water for drinking, cooking and hand washing[[6]](#footnote-6)

What is the main source of water used by your household for drinking, cooking and hand washing?

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* Piped water
* Piped into dwelling
* Piped into yard or plot
* Public tap/standpipe
* Tube well/borehole
* Dug well
* Protected well
* Unprotected well
* Water from spring
* Protected spring
* Unprotected spring
* Rainwater collection
* Tanker-truck
* Cart with small tank/drum
* Surface water (river, stream, dam, lake, pond, canal, irrigation channel)
* Bottled water
* Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know

2 Question P.2: Collection of water

1. Do you collect water for domestic use?

* Yes Go to question P.2.b.
* No Go to question P.3.

1. What item do you use to collect water?

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1. To know if the item is clean probe: Did you treat this item in any way to make it clean?

* Yes
* No
* Don’t know

If Yes:

* How?

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* Use of water and soap (clean container)
* Other
* Don’t know/no answer

2 Question P.3: Storage of water

Could you describe how you store water?

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* Clean container or jar
* Covered container or jar
* Clean and covered container or jar
* Other
* Don’t know/no answer

1 Question P.4: Treatment of water to make it safe to drink6

Do you treat your water in any way to make it safe to drink?

* Yes
* No
* Don’t know/no answer

If Yes:

What do you usually do to the water to make it safer to drink?

* Boil it
* Add bleach/chlorine
* Strain it through a cloth
* Use a water filter (ceramic, sand, composite, etc.)
* Use solar disinfection
* Let it stand and settle
* Other⁭
* Don’t know/no answer

Anything else? (Record all items mentioned)

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Knowledge

1 Question K.1: Treating unsafe water

If you know that the water you are going to use for cooking or drinking is not safe or does not come from a safe source, what should you do?

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* Boil it

OR

* Add bleach/chlorine

OR

* Strain it through a cloth

OR

* Use a water filter (ceramic, sand, composite, etc.)

OR

* Use solar disinfection

OR

* Let it stand and settle

OR

* Discard it and get water from a safe source
* Other⁭
* Don’t know

Preliminary analysis

* Knows
* Does not know

Attitudes

### Attitudes towards a health or nutrition-related problem

2 Diarrhoea from using unsafe water

#### Perceived susceptibility

How likely do you think you are to get diarrhoea from using unsafe water?

OR

How likely do you think your child is to get diarrhoea from using unsafe water?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

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#### Perceived severity

How serious do you think it is to get sick from using unsafe water?

* 1. Not really serious
* 2. Neutral/serious
* 3. Serious

### Attitudes towards an ideal or desired nutrition-related practice

1 Boiling water before drinking or using it

#### Perceived benefits

How good do you think it is to boil water before drinking or using it?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to boil water before drinking or using it?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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#### Self-confidence

How confident do you feel in boiling water before drinking or using it?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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Module 12: Food-based dietary guidelines

Explain to the participant:

I am going to ask you some questions about the national food-based dietary guidelines [provide name of the local FBDG]. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Knowledge

1 Question K.1: Knowledge of the local food-based dietary guidelines

K.1.a: Have you ever seen this image? (Show the image of the local FBDG.)

* Yes Go to question K.1.b.
* No Go to question K.2.
* Don’t know

K.1.b: Could you tell me what it is?

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* [insert the name of the local FBDG]
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.2: Objective of food-based dietary guidelines

What is the [name of the local FBDG] good for?

If the respondent experiences difficulty to answer, probe:

Why do you think the [name of the local FBDG] exist?

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* To help people to eat more healthily/have a healthy diet

OR

* To encourage people to eat foods from different food groups/have a diversified diet
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1 Question K.3: Different food groups

1. How many food groups are included in the [name of the local FBDG]?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* [insert the number of food groups]
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

1. Can you name them?

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* [list the different food groups into response options]
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_ \_\_

1 Question K.4: Examples of foods from each food group

Can you list three examples of foods in each food group?

Probe if necessary: List three foods included in each food group.

[List the food groups of the local FBDG into pre-categorized response options.]

[food group]

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preliminary analysis

* Knows
* Does not know

[food group]

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preliminary analysis

* Knows
* Does not know

etc.

* Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Don’t know

1 Question K.5: Dietary guidelines

In order to stay healthy, the [name of the local FBDG] provide general recommendations. Please name at least three of them.

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[List specific dietary guidelines appearing in text form in the local FBDG into pre-categorized options.]

* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Attitudes

1 Perceived importance of following the FBDG

How important is it to follow the [name of local FBDG]?

OR

How important is it to [insert a recommendation from the FBDG]?

* 1. Not important
* 2. You’re not sure
* 3. Important

If Not important:

Can you tell me the reasons why it is not important?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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2 Self-confidence

How confident do you feel in following the [name of local FBDG]?

OR

How confident do you feel in [insert a recommendation from the FBDG]?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### Practices

1 Question P.1: Intake and frequency of consuming foods from a specific food group

Yesterday, during the day and night, did you consume any of the following foods (read the list of different food groups of the FBDG) such as (provide example)?

[List the food groups of the local FBDG into pre-categorized response options.]

[food group] □ Yes □ No

If Yes:

Which ones?

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[food group] □ Yes □ No

If Yes:

Which ones?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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etc.

Module 13: Overweight and obesity

**NOTE:** Overweight and obesity are sensitive topics that should be handled with care.

Explain to the participant:

I am going to ask you some questions about overweight and obesity. We are asking these questions to various people in the community who were selected independently of their physical status or weight. Please let me know if you need me to clarify any of my questions. Feel free to ask any question you may have.

Practices

1 Question P.1: Assessment of dietary practices leading to overweight and obesity

Dietary practices leading to overweight and obesity are culture- and person-specific. For that reason, model questions may not be suitable to assess these practices in any context. Questions measuring dietary practices leading to overweight and obesity need to be developed based on the practices that are expected to be changed as a result of the nutrition intervention, such as the frequency of intake of specific foods or observable behaviours.

### Measurement of frequency of intake of a specific food item

For instance, if the aim of the intervention is to reduce the intake of soft drinks, then the frequency of intake of soft drinks among the survey population should be measured. Depending on the project and the context, the frequency of consumption of sugary foods (soft drinks and other locally available sugary foods*)* and fatty foods (fast foods and other locally available fatty foods) should be assessed.

Yesterday, during the day and night, did you consume [food item]?

[List the food items of interest into pre-categorized options.]

[food item] 🞎 Yes 🞎 No

If Yes:

How many times each:

day? \_\_\_

week? \_\_\_

month? \_\_\_

### Measurement of specific observable behaviours

Dietary practices leading to overweight and obesity can also be assessed in terms of specific observable behaviours, such as buying or cooking practices, removing ingredients from a recipe, etc. Questions specific to the educational intervention should be created (see “Step 5: Prepare additional questions (optional step)”) for precautions to take while preparing additional questions).

For example, if the aim of the intervention is to promote oil-free cooking methods, such as boiling and cooking in the oven, the following question could be added:

How do you usually cook chicken for your family?

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* Fry it
* Cook it in an oven
* Boil it
* Other
* Don’t know/no answer

1 Question P.2: Assessment of physical-activity practices

Do you do any physical activity, that is any activity where your body moves over long time periods? For example, walking, running, harvesting, etc.? (Give other examples if necessary.)

* Yes
* No
* Don’t know/no answer

If Yes:

Which one?

[Add any other type of physical activity that is performed in the region. For example, in rural areas physical activities could include collecting and transporting water or firewood, pasture/shepherd livestock, etc.]

* Walking

If Yes: How many minutes each day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Running

If Yes: How many minutes each:

day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Harvesting

If Yes: How many minutes each:

day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Any sport (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes: How many minutes each:

day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Other (specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Yes: How many minutes each:

day?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

week?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

month?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Don’t know/no answer

Knowledge[[7]](#footnote-7)

1 Question K.1: Risks of overweight and obesity

What are the health problems that can occur when a person is overweight or obese?

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* Increased risk of chronic conditions (such as heart/cardiovascular disease, high blood pressure and diabetes, stroke, certain types of cancer, respiratory difficulties, chronic musculoskeletal problems, skin problems and infertility)
* Reduced quality of life
* Premature death
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.2: Causes of overweight and obesity

Can you tell me the reasons why people are overweight or obese?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Increased/excessive intake of energy-dense foods that are high in fat and/or sugar
* Lack of or decreased physical activity
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

1 Question K.3: Prevention of overweight and obesity

How can people prevent overweight and obesity?

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* Reduce energy intake (less high-energy foods and drinks)/reduce the intake of fatty and sugary foods
* Eat vegetables and fruits more often
* Eat legumes/whole-grain products more often
* Increase physical activity level/engage in regular physical activity
* Other
* Don’t know

Preliminary analysis

* Knows
* Does not know

Number of correct responses \_\_

Attitudes

### Attitudes towards a health or nutrition-related problem

1 Overweight and obesity

#### Perceived susceptibility

How likely do you think you are to become overweight or obese?

* 1. Not likely
* 2. You’re not sure
* 3. Likely

If Not likely:

Can you tell me the reason why it is not likely?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Perceived severity

How serious do you think it is to be overweight or obese?

* 1. Not really serious
* 2. Neutral/serious
* 3. Serious

If Not Serious:

Can you tell me the reason why it is not serious?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Attitudes towards an ideal or desired nutrition-related practice

1 Eating less (e.g. have smaller portions, eat slowly and follow appetite/satiety signals, eat less fatty and sugary foods, etc.)

#### Perceived benefits

How good do you think it is to eat less, for example by eating smaller portions of food?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### Perceived barriers

How difficult is it for you to eat less?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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1 Doing some (more) physical activity (e.g. walk for 30 minutes every day, play a sport, dance for 60 minutes each week, etc.)

#### Perceived benefits

How good do you think it is to do some physical activity, such as walking for 30 minutes a day, running or doing a sport?

* 1. Not good
* 2. You’re not sure
* 3. Good

If Not good:

Can you tell me the reasons why it is not good?

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#### Perceived barriers

How difficult is it for you to do some physical activity/exercise?

* 1. Not difficult
* 2. So-so
* 3. Difficult

If Difficult:

Can you tell me the reasons why it is difficult?

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#### Self-confidence

How confident do you feel in doing some physical activity/exercise?

* 1. Not confident
* 2. Ok/so-so
* 3. Confident

If Not confident:

Can you tell me the reasons why you do not feel confident?

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1. Questions adapted with permission from WHO’s infant and young child feeding module taken from:

   WHO. 2010. *Indicators for assessing infant and young child feeding practices - Part 2: Measurement*. Geneva, Switzerland: World Health Organization. [↑](#footnote-ref-1)
2. Questions adapted with permission from WHO’s infant and young child feeding module taken from:

   WHO. 2010. *Indicators for assessing infant and young child feeding practices - Part 2: Measurement*. Geneva, Switzerland: World Health Organization. [↑](#footnote-ref-2)
3. Thelist of iron-rich foods was adapted from the FAO. 2011. *Guidelines for measuring household and individual dietary diversity*, by G. Kennedy, T. Ballard & M.C. Dop. Rome. [↑](#footnote-ref-3)
4. Question adapted from MICS3- Household questionnaire (UNICEF, 2005), available at: <http://www.childinfo.org/mics3_background.html>; [↑](#footnote-ref-4)
5. For additional practices to inquire on, refer to the WHO’s *Five Keys for Safer Food Manual* 12. WHO (2006) *Five Keys to Safer Food Manual*, World Heath Organization, Geneva, Switzerland and available at: <http://www.who.int/foodsafety/consumer/5keysmanual/en/> [↑](#footnote-ref-5)
6. Question adapted from MICS3-Household questionnaire (UNICEF, 2005), available at: <http://www.childinfo.org/mics3_background.html> [↑](#footnote-ref-6)
7. Answers to the knowledge questions were taken from the WHO Fact Sheet N°311, *Obesity and Overweight,* which appeared in May 2012 and is available at: <http://www.who.int/mediacentre/factsheets/fs311/en/> [↑](#footnote-ref-7)