

FOR ALL PERSONS IN THE HOUSEHOLD, INCLUDING THOSE TEMPORARILY ABSENT, ASK B3 THROUGH B12. RECORD RESPONSES IN TABLE B-1. BEGIN WITH HOUSEHOLD HEAD, WHO SHOULD HAVE LINE NUMBER 1, THEN CONTINUE WITH HIS/HER SPOUSE, UNMARRIED CHILDREN, MARRIED CHILDREN, HELPERS, etc.

B3 What is his/her full name? ENTER NAME IN COL. B3

B4 How is he/she related to the index child? ENTER CODE IN COL. B4

01 - spouse	13 - aunt	25 - cousin-in-law
02 - father	14 - cousin	26 - nephew-in-law
03 - mother	15 - nephew	27 - niece-in-law
04 - son	16 - niece	28 - other relative
05 - daughter	17 - father-in-law	29 - yaya
06 - brother	18 - mother-in-law	30 - other servant
07 - sister	19 - son-in-law	31 - other non-relat.
08 - grandson	20 - daughter-in-law	32 - mother of IC
09 - granddaughter	21 - brother-in-law	33 - caretaker of IC
10 - grandfather	22 - sister-in-law	34 - IC, single birth
11 - grandmother	23 - uncle-in-law	35 - IC, multiple bth.
12 - uncle	24 - aunt-in-law	-8 - NR/DK

B5 How is he/she related to the mother/caretaker of the index child?

ENTER CODE (SAME AS B4), IN COL. B5. FOR THE INDEX CHILD, CODE RELATIONSHIP TO MOTHER (son, daughter) OR TO CARETAKER (e.g. niece)

IF PERSON IS NOT PART OF IC'S NUCLEAR FAMILY, CONTINUE, ELSE CODE -9

B6 Is he/she paid in cash or in kind (e.g., sent to school) to do household chores?

1 - Yes; 0 - No ENTER CODE IN COL. B6

B7 IF NOT OBVIOUS TO INTERVIEWER, ASK: Is this person male or female?

1 - Male; 2 - Female ENTER CODE IN COL. B7

B8 When was he/she born?

What month? ENTER MONTH IN FIRST COLUMN OF B8
What year? CODE LAST TWO DIGITS OF YEAR IN B8

B9 How old was he/she on his/her last birthday?

ENTER AGE IN COL. B9

B10 Has he/she resided in this household for the last six (6) months?

A RESIDENT IS DEFINED AS A PERSON WHO HAS LIVED IN THE HOUSEHOLD FOR THE LAST SIX MONTHS OR WHO HAS LIVED IN THE HOUSEHOLD FOR LESS THAN SIX MONTHS BUT HAS NO OTHER PLACE OF RESIDENCE. INFANTS BORN INTO, OR PERSONS WHO MARRIED INTO, THE HOUSEHOLD, ARE RESIDENTS REGARDLESS OF DATE THEY JOINED THE HOUSEHOLD.

Yes - ENTER CODE 1 in COL. B10. GO TO NEXT PERSON OR B11

No - CONTINUE

DK - CONTINUE

Does he/she have a residence any place else?

Yes - ENTER CODE 2 IN B10 (non-resident)

No - ENTER CODE 3 IN B10 (recent resident)

DK - ENTER CODE -8 IN B10

GO TO NEXT PERSON OR B11

B11 What is the highest grade that he/she completed? ENTER RESP. IN B11

00 - no grade completed	12 - 1 year of college
01 - 1 year elementary	13 - 2 years of college
02 - 2 years elementary	14 - 3 years of college
03 - 3 years elementary	15 - 4 years of college
04 - 4 years elementary	16 - 5 years of college
05 - 5 years elementary	17 - some post graduate training
06 - 6 years elementary	18 - MA degree
07 - 7 years elementary	19 - more than MA (doctorate, training toward doctorate)
08 - 1 year high school	-8 - DK/NR
09 - 2 years high school	-9 - NA (FOR CHILDREN BELOW 6)
10 - 3 years high school	
11 - 4 years of high school	

B12 Is he/she currently studying in school?

1 - Yes

0 - No

-8 - DK/NR

-9 - NA (FOR CHILDREN BELOW 6 YEARS OF AGE)

ENTER CODE IN COL. B12

MOTHER'S 24-HOUR FOOD RECALL

I15 I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

START WITH FIRST MEAL OR SNACK OF THE DAY

- | | |
|----------------------------|---------------------|
| 0 - Before-breakfast snack | 4 - Afternoon snack |
| 1 - Breakfast | 5 - Supper |
| 2 - Morning snack | 6 - Evening snack |
| 3 - Lunch | |

ENTER CODE IN COL. I15 OF TABLE I-1

I16 What dishes did you have for breakfast (lunch, supper, snacks)?

WRITE NAME OF DISH IN COL. I16 OF TABLE I-1

I17 How was the dish prepared?

- | | |
|---------------------|---------------|
| 1 - Boiled | 6 - Steamed |
| 2 - Fried | 7 - Baked |
| 3 - Sauteed | 8 - Processed |
| 4 - Broiled/roasted | 9 - Raw |
| 5 - Scrambled | -8 - DK |

ENTER CODE IN COL. I17 OF TABLE I-1

I18 Where was the dish prepared?

- 1 - Home (includes any home setting or home extension like a relative's home, office)
- 2 - Restaurant (carenderia, cafeteria)
- 3 - Feeding program
- 4 - Ambulant food vendor, street foods
- 5 - Store (sari-sari, grocery, bakery, etc.)
- 8 - DK

ENTER CODE IN COL. I18 OF TABLE I-1

I19 What were the ingredients (food items) composing the dish?

ENTER ALL FOOD ITEMS IN COL. I19. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE "SAME" BUT SPELL OUT ITEM EACH TIME!

I20 Dish Number

DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

I21 What were the specifics of these food items?

DESCRIBE FOOD ITEM CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. I21 OF TABLE I-1

I22 Food Code

TO BE ACCOMPLISHED BY DIETARY EDITORS

I23 Amount consumed

ENTER AMOUNT IN COL. I23 OF TABLE I-1

I24 Unit of Measurement

- | | |
|----------|--------------------|
| 1 - cup | 4 - matchbox (mbx) |
| 2 - tsp | 5 - piece |
| 3 - tbsp | 6 - pack, bottle |

SPELL OUT IN COL. I24 OF TABLE I-1

I25 Was the food you ate yesterday your usual food intake?

- | | | |
|---------|-----------|--------------------------|
| 0 - No | CONTINUE | <input type="checkbox"/> |
| 1 - Yes | GO TO I27 | |

I26 If not, why?

VERBATIM:

SPECIFY REASON ONLY, DO NOT CODE

CHILD'S 24-HOUR FOOD RECALL

J12 I would like you to tell me all about what you ate yesterday that is, from the time you woke up until you went to bed, including snacks.

START WITH FIRST MEAL OR SNACK OF THE DAY

- | | |
|----------------------------|---------------------|
| 0 - Before-breakfast snack | 4 - Afternoon snack |
| 1 - Breakfast | 5 - Supper |
| 2 - Morning snack | 6 - Evening snack |
| 3 - Lunch | |

ENTER CODE IN COL. J12 OF TABLE J-1

J13 What dishes did you have for breakfast (lunch, supper, snacks)?

WRITE NAME OF DISH IN COL. J13 OF TABLE J-1

J14 How was the dish prepared?

- | | |
|---------------------|---------------|
| 1 - Boiled | 6 - Steamed |
| 2 - Fried | 7 - Baked |
| 3 - Sauteed | 8 - Processed |
| 4 - Broiled/roasted | 9 - Raw |
| 5 - Scrambled | -8 - DK |

ENTER CODE IN COL. J14 OF TABLE J-1

J15 Where was the dish prepared?

- 1 - Home (includes any home setting or home extension like a relative's home)
- 2 - Restaurant (carenderia, cafeteria)
- 3 - Feeding program
- 4 - Ambulant food vendor, street foods
- 5 - Store (sari-sari, grocery, bakery, etc.)
- 8 - DK

ENTER CODE IN COL. J15 OF TABLE J-1

J16 What were the ingredients (food items) composing the dish?

ENTER ALL FOOD ITEMS IN COL. I19. USE A SEPARATE LINE FOR EACH INDIVIDUAL FOOD ITEM. IF THE SAME DISH WAS EATEN AT DIFFERENT MEALS, DO NOT WRITE "SAME" BUT SPELL OUT ITEM EACH TIME!

J17 Dish Number

DISHES FORMING PART OF A MEAL ARE NUMBERED CONSECUTIVELY, STARTING WITH # 1. IF A DISH CONSISTS OF MORE THAN ONE ITEM, EACH ITEM BELONGING TO THE DISH MUST HAVE THE SAME DISH NUMBER

J18 What were the specifics of these food items?

DESCRIBE FOOD ITEM CLEARLY AS TO FORM, KIND, COLOR, SIZE, e.g., WHAT KIND OF MEAT, FISH, CEREAL, FRUIT, OR PART OF IT.

ENTER ANSWER IN COL. J18 OF TABLE J-1

J19 Food Code

TO BE ACCOMPLISHED BY DIETARY EDITORS

J20 Amount consumed

ENTER AMOUNT IN COL. J20 OF TABLE J-1

J21 Unit of Measurement

- | | |
|----------|--------------------|
| 1 - cup | 4 - matchbox (mbx) |
| 2 - tsp | 5 - piece |
| 3 - tbsp | 6 - pack, bottle |

SPELL OUT IN COL. J21 OF TABLE J-1