

Child ID Code:

S	B	T	-												
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Urine and Breath Collection Form Version 1.3			
	Question	Code	Response
01	Study researcher/Nurse/Fieldworker ID		<input type="text"/> <input type="text"/>
02	Today's date (DD/MM/YY)		<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>
03	Time of arrival to Study Clinic	Time (24 h Scale; HH:MM)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Screening questions			
04	Diarrhea in past month	Yes = 01 No = 00	<input type="text"/> <input type="text"/>
05	Antibiotics in past month	Yes = 01 No = 00	<input type="text"/> <input type="text"/>
06	Anti-inflammatories in past month (ibuprofen, naproxen, aspirin, methenozol) (paracetamol is OK)	Yes = 01 No = 00	<input type="text"/> <input type="text"/>
If any of these questions (03, 04, 05) was yes, please re-schedule the test one month from the date of the diarrhea or antibiotic/NSAID use			
07	Standard meal given (rice: legume mix, egg) or breastmilk	Tick	Idly /Kichadi/ Hard-boiled egg
08	Time of completion of standard meal	Time (24 h Scale; HH:MM)	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>

BASELINE BREATH COLLECTION		
Breath sample tube number	Time of completion	Comments (note crying, difficult sample collection, etc.)
Baseline	<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

BASELINE URINE COLLECTION (LR and D ₂ O)			
Urinary collection Time*	Collection Volume (mL)	Time of Collection	Comments (please note any spillage)
Baseline		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>	

*Use baseline urine for LR and Body composition (D₂O)

DO NOT ADMINISTER SUGAR SOLUTION UNTIL THE CHILD HAS FULLY VOIDED THEIR BLADDER AND THE TIME IS 1 HOUR FROM THE LAST MEAL		
Vial label of ¹³ C ₁₂ -sucrose solution		
Time the ¹³ C ₁₂ -sucrose was first consumed:		<input type="text"/> <input type="text"/> : <input type="text"/> <input type="text"/>
Total volume (mL) of sucrose solution consumed		<input type="text"/> <input type="text"/>
Total volume (mL) of chaser consumed		<input type="text"/> <input type="text"/>
Time the LR solution was consumed:		Start time: __ : __ End time: __ : __
Total volume (mL) of LR solution consumed		<input type="text"/> <input type="text"/>
Total volume (mL) of chaser consumed		<input type="text"/> <input type="text"/>

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How many minutes did it take the child to consume the LR solution in full?		01-20 minutes				
Was the LR solution consumed in full? <i>Weight of pre-weighed tissue =</i> <i>Weight of soaked tissue =</i>		Yes = 01 No = 00				
<i>If the child spits out, vomits, or fails to swallow all the sugar solution, the test cannot be completed. Please stop and re-schedule the test for another day.</i>						
Total volume (mL) of deuterium water consumed						
Total volume (mL) of chaser consumed						
Was the deuterium dose consumed in full? <i>Weight of pre-weighed tissue =</i> <i>Weight of soaked tissue =</i>		Yes = 01 No = 00				
<i>A pre-weighed napkin should be placed under the neck to collect any spill from the dose. This should be weighed immediately after or placed in a small airtight container to avoid evaporation if immediate weighing is not possible.</i>						
<i>Start collection: Encourage the child to drink water throughout the test.</i>						
Breath sample tube time	Exact collection time (use a stopwatch in minutes)	Comments (child was crying Y/N)	Urinary collection Time	Collection Volume (mL)	Exact collection time (using a stopwatch in minutes)	Comments (please note any spillage)
15 minutes			<i>Do not collect urine for the first 30 minutes after the child consumes the sugar solution</i>			
30 minutes						
45 minutes			30 to 90 minutes			
60 minutes						
75 minutes						
90 minutes						
<i>At this time, please give the child the standardized meal</i>						
Standard meal given (rice: legume mix, egg) or breastmilk			Tick	Idly /Kichadi/ Hard-boiled egg/ milk without sugar/ milk + beet sugar		
Time of consumption of standard meal			Time (24 h Scale; HH:MM)			
120 minutes			90 to 120 minutes			
150 minutes			120 to 300 minutes			
180 minutes						
Urine						
210 minutes						
240 minutes						
Total:						

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09	How many loose stools were passed during the breath/urine collection?	Range (00-15, NA)	<input type="text"/> <input type="text"/>
10	Did any breastfeeding occur in the first 90 minutes of the test? (if the mother needed to comfort the child)	Yes = 01 No = 00	<input type="text"/> <input type="text"/>
11	Did the child consume any non-breastmilk liquids or foods during the first 90 minutes of the test? (excluding water, which should be encouraged throughout the test)	Yes = 01 No = 00	<input type="text"/> <input type="text"/>
12	Weight of sipper with water at start of experiment (g)		<input type="text"/> <input type="text"/> <input type="text"/>
13	Weight of sipper with water at end of experiment (g)		<input type="text"/> <input type="text"/> <input type="text"/>
Anthropometry (take measurement in triplicates)			
1	Height (cm)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
2	Weight (kg)	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> <input type="text"/>
3	Head circumference (cm)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>
4	MUAC (cm)	<input type="text"/> <input type="text"/> . <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/>

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Breath Sample Reception in Laboratory Version 1.0																									
	Question	Code	Response																						
01	Study researcher/ Nurse/ Fieldworker ID		<table border="1"><tr><td></td><td></td><td></td></tr></table>																						
02	Today's date (DD/MMM/YY)		<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>																						
03	Sample ID:																								
04	Time of arrival of sample at laboratory	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>																						
05	Please confirm that each sample is complete:	<table border="0"> <tr> <td><input type="checkbox"/> 15-minute sample A</td> <td><input type="checkbox"/> 15-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 30-minute sample A</td> <td><input type="checkbox"/> 30-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 45-minute sample A</td> <td><input type="checkbox"/> 45-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 60-minute sample A</td> <td><input type="checkbox"/> 60-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 75-minute sample A</td> <td><input type="checkbox"/> 75-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 90-minute sample A</td> <td><input type="checkbox"/> 90-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 120-minute sample A</td> <td><input type="checkbox"/> 120-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 150-minute sample A</td> <td><input type="checkbox"/> 150-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 180-minute sample A</td> <td><input type="checkbox"/> 180-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 210-minute sample A</td> <td><input type="checkbox"/> 210-minute sample B</td> </tr> <tr> <td><input type="checkbox"/> 240-minute sample A</td> <td><input type="checkbox"/> 240-minute sample B</td> </tr> </table>		<input type="checkbox"/> 15-minute sample A	<input type="checkbox"/> 15-minute sample B	<input type="checkbox"/> 30-minute sample A	<input type="checkbox"/> 30-minute sample B	<input type="checkbox"/> 45-minute sample A	<input type="checkbox"/> 45-minute sample B	<input type="checkbox"/> 60-minute sample A	<input type="checkbox"/> 60-minute sample B	<input type="checkbox"/> 75-minute sample A	<input type="checkbox"/> 75-minute sample B	<input type="checkbox"/> 90-minute sample A	<input type="checkbox"/> 90-minute sample B	<input type="checkbox"/> 120-minute sample A	<input type="checkbox"/> 120-minute sample B	<input type="checkbox"/> 150-minute sample A	<input type="checkbox"/> 150-minute sample B	<input type="checkbox"/> 180-minute sample A	<input type="checkbox"/> 180-minute sample B	<input type="checkbox"/> 210-minute sample A	<input type="checkbox"/> 210-minute sample B	<input type="checkbox"/> 240-minute sample A	<input type="checkbox"/> 240-minute sample B
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<input type="checkbox"/> 210-minute sample A	<input type="checkbox"/> 210-minute sample B																								
<input type="checkbox"/> 240-minute sample A	<input type="checkbox"/> 240-minute sample B																								
06	Notes:																								

Breath samples should be labeled as follows: Study code + site code + participant code + timepoint + replicate identifier (A or B) e.g. SBT-ZAM1-P1-T60-A

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Urine Reception in Laboratory Version 1.0									
	Question	Code	Response						
01	Study researcher/ Nurse/ Fieldworker ID		<table border="1"><tr><td></td><td></td><td></td></tr></table>						
02	Today's date (DD/MMM/YY)		<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>						
03	Sample ID:								
04	Time of arrival of sample at laboratory	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						
05	Number of aliquots of urine collected from 30 - 90 minutes (should be 4 aliquots of 250 µL)	01-04	<table border="1"><tr><td></td><td></td></tr></table>						
06	Number of aliquots of urine collected from 90 minutes to 120 minutes (should be 2 aliquots of 250 µL)	01-02	<table border="1"><tr><td></td><td></td></tr></table>						
07	Number of aliquots of urine collected from 120 minutes to 300 minutes (should be 2 aliquots of 250 µL) <i>If applicable</i>	01-02	<table border="1"><tr><td></td><td></td></tr></table>						
08	Notes:								

Urine samples should be labeled as follows: Study code + site code + participant code + timepoint (in minutes, from start time) + replicate identifier (A, B, C, D)

e.g. 30-90-minute urine: SBT-ZAM1-P001-T30-A

90-120-minute urine: SBT-ZAM1-P001-T90-A

120-300-minute urine: SBT-ZAM1-P001-T120-A

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Blood Sample Collection Version 1.0 (6 hours postprandial)									
	Question	Code	Response						
01	Study researcher/ Nurse/ Fieldworker ID		<table border="1"><tr><td></td><td></td><td></td></tr></table>						
02	Today's date (DD/MMM/YY)		<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>						
03	Before starting the test, when was the last time the child ate (either breastmilk or solid foods) (post prandial for how many hours)	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						
If the child has not fasted overnight, please reschedule the blood draw:									
04	Time of blood collection:	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td></tr></table> : <table border="1"><tr><td></td><td></td></tr></table>						
05	Tube with up to 2mL blood collected?	Yes=01 No=00	<table border="1"><tr><td></td><td></td></tr></table>						
06	Notes:								

Blood samples should be labeled as follows: Study code + site code + participant code + timepoint + replicate identifier (A or B) e.g. SBT-ZAM1-P1-T60-A

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Blood Sample Reception Version 1.0											
	Question	Code	Response								
01	Study researcher/ Nurse/ Fieldworker ID		<table border="1"><tr><td></td><td></td><td></td></tr></table>								
02	Date of blood collection (DD/MMM/YY)		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
03	Date of blood arrival in laboratory		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
04	Time of arrival	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr></table>			:					
		:									
05	Tube 1 with up to 2mL blood received?	Yes=01 No=00	<table border="1"><tr><td></td><td></td></tr></table>								
06	Evidence of hemolysis?	No=00 Slight=01 Severe=02	<table border="1"><tr><td></td><td></td></tr></table>								
07	Sample ID:										
08	Date of Centrifugation:		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
09	Time of Centrifugation:	Time (24 Hr Scale; HH:MM)	<table border="1"><tr><td></td><td></td><td>:</td><td></td><td></td></tr></table>			:					
		:									
10	Number of 500µL Plasma Aliquots:	00-03	<table border="1"><tr><td></td><td></td></tr></table>								
06	Notes:										

Blood samples should be labeled as follows: Study code + site code + participant code + timepoint + replicate identifier (A or B) e.g. SBT-ZAM1-P1-T60-A

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Enrollment Form Version 1.1											
	Question	Code	Response								
01	Study researcher/Nurse/Fieldworker ID		<table border="1"><tr><td></td><td></td><td></td></tr></table>								
02	Today's date (DD/MMM/YY)		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
A. Child information and anthropometry											
01	Date of birth (DD/MMM/YY)		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
02	Sex of child	Male=01 Female=02	<table border="1"><tr><td></td><td></td></tr></table>								
03	Birthweight (kg) * (from birth record, if available)		<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.					
		.									
04	Current weight (kg) *		<table border="1"><tr><td></td><td></td><td>.</td><td></td><td></td></tr></table>			.					
		.									
05	Current length (cm)		<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.					
		.									
06	Current head circumference (cm)		<table border="1"><tr><td></td><td></td><td>.</td><td></td></tr></table>			.					
		.									
B. Maternal anthropometry											
01	Mother's date of birth		<table border="1"><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td></tr></table>			/			/		
		/			/						
02	Is the mother currently pregnant?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
03	Mother's Weight (kg)		<table border="1"><tr><td></td><td></td><td></td><td>.</td><td></td><td></td></tr></table>				.				
			.								
04	Mother's Height (cm)		<table border="1"><tr><td></td><td></td><td></td><td>.</td><td></td></tr></table>				.				
			.								
C. Socio-economic Information (WAMI)											
<i>Please explain to the mother that these questions are standardized questions used around the world, so some questions may be more applicable to them than others.</i>											
01	Was this child chosen for participation in the study because they come from a low-SES community, or a high SES community?	Low SES= 01 High SES = 02	<table border="1"><tr><td></td><td></td></tr></table>								
02	What is the main source of drinking water for members of your household?	Piped into dwelling = 01 Piped to yard/plot = 02 Public tap/stand pipe= 03 Tube well or borehole = 04 Protected well = 05 Unprotected well = 06 Surface water (river/ dam/ lake/pond/ stream/canal/irrigation canal) = 07 Other = 08	<table border="1"><tr><td></td><td></td></tr></table>								
02a	If other, describe:										
03	What is the main source of water used by your household for other purposes such as cooking and hand-washing?	Piped into dwelling = 01 Piped to yard/plot = 02 Public tap/stand pipe= 03 Tube well or borehole = 04 Protected well = 05 Unprotected well = 06 Surface water (river/ dam/ lake/pond/ stream/canal/irrigation canal) = 07	<table border="1"><tr><td></td><td></td></tr></table>								

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03a	If other, describe:	Other = 08									
04	What kind of toilet facility do members of your household usually use?	No facility/bush/field or bucket toilet = 01 Pit latrine without flush = 02 Flush to piped sewer system = 03 Flush to septic tank = 04 Flush to pit latrine = 05 Flush to somewhere else = 06 Other = 07	<table border="1"><tr><td></td><td></td></tr></table>								
04a	If other, describe:										
05	Do you have a separate room which is used as a kitchen?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
06	Does any member of your household have a bank account?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
07	Does your household have a mattress?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
08	Does your household have a refrigerator?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
09	Does your household have a television?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
10	Does your household have a table?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
11	Does your household have a chair or bench?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
12	How many rooms are there in your house?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
13	How many people usually sleep in this household?	01-30 (people)	<table border="1"><tr><td></td><td></td></tr></table>								
14	Have you (the mother of the study child) ever attended school? <i>If no, skip to question 18.</i>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
15	How many years of schooling have you completed?	00-20	<table border="1"><tr><td></td><td></td></tr></table>								
16	<i>If younger than 25 years old:</i> Are you currently attending school or college?	Yes = 01; No = 00	<table border="1"><tr><td></td><td></td></tr></table>								
17	What is the average monthly income for the entire household?		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>								
18	Currency	I = Indian rupees; J = Jamaica dollars; K = Zambian kwacha; P = Peruvian soles; S = Kenyan Shilling; T = taka	<table border="1"><tr><td></td></tr></table>								

D. Child's dietary diversity

01	Are you breastfeeding <CHILD>? If NO, then skip to Q.6	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
01a	Last night, how many times did you breastfeed <CHILD> from sunset to sunrise?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
01b	Yesterday, during the day, how many times did you breastfeed <CHILD>?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
02	Do you give <CHILD> infant formula? If NO, then skip to Q.9	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		

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02a	Last night, how many times did you feed <CHILD> formula from sunset to sunrise?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
02b	Yesterday, during the day, how many times did you feed <CHILD> formula?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
03	Do you give <CHILD> other milks, such as tinned, powdered or fresh animal milk? If NO, then skip to Q.12	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
03a	Last night, how many times did you feed <CHILD> animal milks from sunset to sunrise?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
03b	Yesterday, during the day, how many times did you feed <CHILD> animal milk?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
<i>Yesterday, during the day or last night, did <CHILD> have:</i>					
04	Plain water	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
05	Tea, coffee <local examples>?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
06	Fruit or vegetable juices?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
07	Any other liquids, such as sugar water, thin soup or broth, carbonated drinks <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
08	Is <CHILD> eating any semi-solid, mashed or solid foods? If NO, go to Q24	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
<i>Thinking about yesterday, during the day and at night, did <CHILD> have any of these foods, even if they were in combination with other foods?</i>					
09	Maize?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
10	Sorghum?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
11	Millet (any kind)?	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
12	Sugar cane or cane-derived sugar	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
13	Rice, porridge, bread, noodles or other foods made from grains? (do not include foods made from maize, sorghum, or millet) Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
14	White potatoes, white yams, manioc, or other foods made from roots? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		

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15	Carrots, squash, or sweet potatoes that are yellow or orange inside? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
16	Any dark green leafy vegetables such as spinach? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
17	Foods made with beans, lentils, peas, corn, ground nuts? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
18	Ripe mangoes, papayas, or other sweet yellow/orange or red fruit? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
19	Any other fruits or vegetables such as banana, apple, oranges, tomatoes, avocado? Mention <local examples> (not including sugar cane)	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
20	Liver, kidney, heart or other organ meats? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
21	Any meat, such as chicken, beef, lamb, goat, duck (others)? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
22	Eggs? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
23	Fresh or dried fish or shellfish? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
24	Cheese, yogurt or other dairy products? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
25	Any sugary foods such as pastries, cakes or biscuits? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
26	Any commercially available foods for infants or young children? Mention <local examples>	Yes = 01 No = 00	<table border="1"><tr><td></td><td></td></tr></table>		
27	Yesterday, counting meals and snacks, how many times did you feed <CHILD>?	00-99	<table border="1"><tr><td></td><td></td></tr></table>		
28	How would you describe your child's appetite? Would you say it is:	01=poor, 02=fair, 03=good, 04=very good	<table border="1"><tr><td></td><td></td></tr></table>		

E. Food Security (HFIAS)

01	In the past four weeks, did you worry that your household would not have enough food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>		
02	In the past four weeks, were you or any household member not able to eat the kinds of foods you preferred because of a lack of resources?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>		
03	In the past four weeks, did you or any household member have to	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>		

Child ID Code:

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	eat a limited variety of foods due to a lack of resources?								
04	In the past four weeks, did you or any household member have to eat some foods that you really did not want to eat because of a lack of resources to obtain other types of food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
05	In the past four weeks, did you or any household member have to eat a smaller meal than you felt you needed because there was not enough food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
06	In the past four weeks, did you or any other household member have to eat fewer meals in a day because there was not enough food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
07	In the past four weeks, was there ever no food to eat of any kind in your household because of lack of resources to get food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
08	In the past four weeks, did you or any household member go to sleep at night hungry because there was not enough food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
09	In the past four weeks, did you or any household member go a whole day and night without eating anything because there was not enough food?	No = 00 Rarely = 01 Sometimes = 02 Often = 03	<table border="1"><tr><td></td><td></td></tr></table>						
F. Child Morbidity									
01	Does the child have diarrhea today?	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
02	Over the past 1 week (including today), has your child had diarrhea?	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
03	If yes to 02, for how many days?	01-07	<table border="1"><tr><td></td><td></td></tr></table>						
04	Over the past 4 weeks (including today), has your child had diarrhea?	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
05	If yes to 04, how many separate episodes?	01-20 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
06	How many days per episode? <i>Note: Episodes must be separated by at least 2 days without diarrhea</i>	01-20 Doesn't know = 88	a. First episode <table border="1"><tr><td></td><td></td></tr></table> days b. Second episode <table border="1"><tr><td></td><td></td></tr></table> days c. Third episode <table border="1"><tr><td></td><td></td></tr></table> days						

Child ID Code:

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07	In how many episodes was blood/pus/mucus seen? <i>(The total number of episodes)</i>	01-20 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
CHRONIC DIARRHEA (Change in consistency of stools with passing of loose or watery stools lasting for MORE THAN 14 days)									
08	Over the past 4 weeks (including today), has your child had diarrhea for MORE THAN 14 days?	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
09	Were there any hospitalizations in the last 4 weeks? <i>If no, skip to Q 2.12. If yes, record each hospitalization separately</i>	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
09a	Date of first admission		<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>						
09b	Diagnosis:								
09c	Date of second admission		<table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table> / <table border="1"><tr><td></td><td></td></tr></table>						
09d	Diagnosis:								
History of worm infestation									
10	Have you observed worms in your child's stools	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
11	Has your child been treated for worm infestations in the last 6 months?	Yes = 01 No = 00 Doesn't know = 88	<table border="1"><tr><td></td><td></td></tr></table>						
12	If yes, what is the medication taken? (ask for empty syrup bottle/ prescription for medicine details)								
13	Is your child on regular deworming medication?	Yes = 01 No = 00 Doesn't know = 88							

	Morbidities	Does child have symptom today? ^a		If yes, how many days in past week including today? (1-7) ^b	Has child had symptom in past 1 month? ^c		If yes, how many episodes in the past month? (1-28) ^d	Has child had symptom in past 3 months, if yes how many episodes? ^e			
14	Common cold	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<table border="1"><tr><td></td></tr></table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<table border="1"><tr><td></td><td></td></tr></table>		
15	Cough	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<table border="1"><tr><td></td></tr></table>		<input type="checkbox"/> Yes	<input type="checkbox"/> No		<table border="1"><tr><td></td><td></td></tr></table>		

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16	Difficulty in breathing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>
17	Fever	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>
18	Pus draining from ears	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>
19	Vomiting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>
20	Rashes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>
21	Convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No		<input type="checkbox"/> <input type="checkbox"/>

Child ID Code:

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3 and 6-month Follow-up Version 1.0			
	Question	Code	Response
01	Study researcher/Nurse/Fieldworker ID		<div><div></div><div></div><div></div></div>
02	Today's date (DD/MMM/YY)		<div><div><div></div><div></div></div> / <div><div></div><div></div></div> / <div><div></div><div></div></div></div>
03	Current weight (kg)		<div><div><div></div><div></div></div> . <div><div></div><div></div></div></div>
04	Current length (cm)		<div><div><div></div><div></div></div> . <div><div></div></div></div>
05	Current head circumference (cm)		<div><div><div></div><div></div></div> . <div><div></div></div></div>