

SAMPLE INSTRUMENT

HOUSEHOLD TRIALS: VISIT 1

BACKGROUND INFORMATION:

Date / / Start time: :

d d/ m m/ y y

Community _____ Code _____

Interviewer _____ Code _____

Child's Name _____ I.D. _____

Age in months Birthdate: / /

Sex: _____ Mother's Tribe: _____

Caretaker's Name _____

Relationship to child _____

Address/Compound _____

FEEDING AND HEALTH HISTORY:

Explain to the mother that we want to learn about her child's health and feeding.

1. (a) How is the child's health today? (Probe for current or recent illness and symptoms.)

(b) How is the child's overall health? Any problems? (Probe for frequent illnesses and mother's general impression of the child's health.)
2. Generally, how is the child eating?
3. Is child breastfed? ____ (Y/N)

Frequency? Day ____ Night ____
On demand? Day ____ Night ____ (Y/N)

5. Conduct food frequency about other foods, drinks, or snacks that child commonly receives (even if not in the last 24 hours). Ask the mother about other foods she sometimes gives the child, but not yesterday. The idea is to learn about other foods that did not get included in the 24-hour recall, but that the child might eat at least once a week.

Probe for foods eaten only once in a while, such as when away from the house, on weekends, or just when available. Ask mother to estimate how much the child usually eats of this food, and about how often. Also ask about purchased foods and snacks.

Food/Drink	Ingredients	Amount	Times/wk

From the dietary history, you'll know whether the mother knows how much the child eats. These questions on appetite and quantity apply to breastfeeding and other foods.

6. Ask mother about the child's appetite. Who decides when the child will eat and how much (does she leave it up to the child? What cues does the child give?)

7. Does she feel the child eats enough? Why or why not? Does she ever try to get the child to eat more? When? How? Does it work? Do other people have other ways? Can she give examples?
8. Probe on feeding and child appetite during illness. How is the child's appetite when sick? Is this a problem? What can be done?

Thank the mother for her collaboration and make an appointment within the next 24 hours to discuss with her the feeding recommendations for her child.

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ANALYSIS OF DIET – in consultation with the supervisor:

Take a few minutes to look at the dietary information and identify any feeding problems listed on the Assessment and Counseling Guide. Describe the following aspects of feeding and indicate whether or not current feeding is adequate.

Breastfeeding practices:

Feeding frequency:

Amount given:

Quality/variety:

Consistency/thickness:

Problems identified: ____ ____ ____

(list numbers from Assessment and Counseling Guide)

Possible recommendations: ____ ____ ____ ____ ____

[Add any other important information the mother has mentioned. Ask if she agrees with your summary.]

3. Problem-solving.

Ask the mother if she would be willing to try something new to improve the diet for the child's health and strength.

Ask if she has any ideas – make general suggestions and try to get her to come up with some possible improvements.

Use the recommendations listed on the guide under the problems you have identified as suggestions as to what improvements the mother could try.

Discuss the appropriate recommendations for the child's age and current feeding patterns, based on the Assessment and Counseling Guide.

Record as much detail as possible about the mother's responses to the recommendations (on the following pages).

Negotiate with the mother so that she chooses the practice she would be willing to try for a few days.

RECOMMENDATIONS:

Recommendation no. ____:

Specific food options suggested:

Mother's response:

Willing to try? Why or why not?

Any other circumstances under which she would try the recommendation? When? What modifications?

[Note: Several copies of this page need to be included for each household because more than one recommendation will be suggested and discussed.]

Summarize what the mother has agreed to try:

Ask her to explain the practices to you and make sure she understands and agrees. Ask if she has any questions or comments (record them).

Write what she is going to try on a “Child Feeding Reminder” slip and give it to her to keep.

Arrange a date for follow-up visit (see schedule). You may ask the mother when is a convenient time of day to meet her and try to arrange that she will be home when you come.

Follow-up: _____

Thank mother for spending time answering your questions and encourage her to really try the new practice.

Time finished: __ __: __ __

SAMPLE INSTRUMENT

HOUSEHOLD TRIALS: VISIT 3

BACKGROUND INFORMATION:

Date / / Start time: : :

d d/ m m/ y y

Community _____ Code _____

Interviewer _____ Code _____

Child's Name _____ I.D. _____

Age in months ____

DIETARY ASSESSMENT

Begin with a 24-hour recall, to see if there is any change since the first visit.

[Insert 24-hour recall table, as in form for initial interview.]

FEEDBACK ON RECOMMENDATIONS:

Refer to summary of the agreement made with the mother during the first visit (last page of form). List each practice she agreed to try, and ask the questions on the following pages.

Recommendation

Has the mother tried it? ____ (yes/no)

If no, what are her reasons? Probe why.

If yes, did she like it? _____

What did she like about it?

What didn't she like?

How does she feel the child responded?

Did she modify the recommendation? How? Why?

Did other people say anything about it? Who? What did they say?

Will she continue the recommended practice? Why or why not?

Would she recommend it to others? How would she convince them to try it?

Encourage mother to continue practice and ask if she has any questions or comments. Provide counseling or information as needed. Thank her for her participation in the study.

Time finished: __ __: __ __

HOUSEHOLD TRIALS: SAMPLE RECRUITMENT SHEET

Community: _____ Interviewer: _____

Description: _____

[illegible]

SAMPLE HOUSEHOLD TRIAL TABULATION FORM

AGE GROUP _____ Community _____ Interviewers: _____

No. interviewed: First visit ____ Second visit ____ Third visit ____

I.D.	Age	Feeding Problems	Recommendations Offered	Reasons/ Reactions	Tried	Recommendations Agreed	Outcome/Reactions / Changes	Adopted