

1. CONSUMPTION OF FOOD (SECTION CA)

In the past 7 days, how many days did you eat (...)?

0. Did not eat 8. DK 9. Did not answer 10. Does not have children

	RESPONDENT	SELECTED CHILD		RESPONDENT	SELECTED CHILD
	PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD		PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	BETWEEN 1 AND 11 YEARS OLD
NAME	_____	_____	NAME	_____	_____
LS	_ _	_ _	LS	_ _	_ _
AGE OF SELECTED CHILD		_ _	AGE OF SELECTED CHILD		_ _
A. FOOD			A. FOOD		
A1. Potatoes	_ _	_ _	A15. Mayonnaise	_ _	_ _
A2. Carrots	_ _	_ _	A16. Ham, sausage, salami, etc.	_ _	_ _
A3. Lettuce, pumpkin, avocado, cactus, etc	_ _	_ _	A17. Milk	_ _	_ _
A4. Banana	_ _	_ _	A18. Other milk products such as: powdered, milk, butter, cream, etc	_ _	_ _
A5. Apple	_ _	_ _	A19. Coffee	_ _	_ _
A6. Orange and mandarin	_ _	_ _	A20. Juices, flavored powder for water, soft drinks	_ _	_ _
A7. Grapefruit, peach, melon, papaya, guava, etc.	_ _	_ _	A21. Industrialized products like: packed pancakes, candy, potatoe chips, etc.	_ _	_ _
A8. Fruit flavored water	_ _	_ _	A22. Beans	_ _	_ _
A9. Cookies (sweet and crackers) / sweet bread	_ _	_ _	A23. Legumes like: chickpea, lentil, broad bean, etc.	_ _	_ _
A10. Bakery, store bread/ baguette or un-packaged miscellaneous baked goods	_ _	_ _	A24. Pasta soup	_ _	_ _
A11. Packaged bread/ flour/ pancakes	_ _	_ _	A25. Dry Pasta soup	_ _	_ _
A12. Corn Tortillas	_ _	_ _	A26. Beef (steak, ground, and remnant, etc)	_ _	_ _
A13. Corn, paste/ Mexican food (quesadillas, tacos, flautas, gorditas, etc.)	_ _	_ _	A27. Pork	_ _	_ _
A14. Cheese (fresh, Oaxaca, etc.)	_ _	_ _	A28. Chicken	_ _	_ _

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	RESPONDENT PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	SELECTED CHILD BETWEEN 1 AND 11 YEARS OLD		RESPONDENT PERSON IN CHARGE OF PREPARING MEALS OR PERSON RESPONSIBLE FOR CHILD'S NOURISHMENT	SELECTED CHILD BETWEEN 1 AND 11 YEARS OLD
NAME	_____	_____	NAME	_____	_____
LS	_ _	_ _	LS	_ _	_ _
AGE OF SELECTED CHILD	_____	_ _	AGE OF SELECTED CHILD	_____	_ _
A. FOOD			A. FOOD		
A29. Tuna fish or packed sardines	_ _	_ _	A32. Poached or hard boiled eggs	_ _	_ _
A30. Fish and shellfish	_ _	_ _	A33. Rice	_ _	_ _
A31. Scrambled or fried eggs	_ _	_ _			
B. MISCELLANEOUS			B. MISCELLANEOUS		
B1. Lemon. Example: In lemonade, salads, meat, etc	_ _	_ _	B5. Tomato. For example: In salsas, tacos, stews, etc (crushed or entire)	_ _	_ _
B2. Onions. For example: In salsas, tacos, stews, etc (crushed or whole)	_ _	_ _	B6. Broth/ stock soups: soups, stews with vegetables, meat or rice	_ _	_ _
B3. Chili/ red peppers. For example: In salsa, tacos, stew, etc. (crushed or whole)	_ _	_ _	B7. White sugar: Example: In fruit water or milk, tea, coffee, cornflower drink, desserts, etc.	_ _	_ _
B4. Green tomatoes. For example: In salsas, tacos, stews, etc. (crushed or whole)	_ _	_ _			

C. CONSUMPTION OF GREASE (SECTION CA)

What kind of grease do you use in order to prepare the following meals?

FOR EACH ONE MARK 1 IF GREASE IS USED OR 0 IF IT IS NOT USED.
IF MORE THAN ONE GREASE PRODUCT IS USED PER MEAL, CHECK ALL THAT APPLY

	1. Vegetable oil	2. Lard	3. Vegetable Butter	4. Margarine	5. Butter	6. Mayonnaise	7. Don't use grease	8. Does not eat this
C1. Fried rice	<input type="checkbox"/>							
C2. Fried pasta soup	<input type="checkbox"/>							
C3. Beans	<input type="checkbox"/>							
C4. Fried beans	<input type="checkbox"/>							
C5. Fried bananas	<input type="checkbox"/>							
C6. Fried or scrambled eggs	<input type="checkbox"/>							
C7. Cooked meats	<input type="checkbox"/>							
C8. Cooked vegetables	<input type="checkbox"/>							
C9. Meat, chicken or potato tarts	<input type="checkbox"/>							
C10. Breaded chicken or beef	<input type="checkbox"/>							
C11. Mexican food (quesadillas, tacos, flautas, gorditas, sopas, tamales)	<input type="checkbox"/>							
C12. Torta sandwich, sandwich, toast or any other type or bread	<input type="checkbox"/>							

INTERVIEW SESSION NOTES (SECTION NE)

NE01. IN THE SPACE PROVIDED, WRITE DOWN ANY PROBLEM YOU MAY HAVE FACED RELATING TO THE COMPLETION OF THIS QUESTIONNAIRE

VISIT LOG

NUMBER OF VISITS	DATE OF VISIT		TIME OF INTERVIEW		VISIT RESULTS (see codes)	SECTIONS ANSWERED	DATE OF NEXT VISIT			
	DAY	MTH	HRS	MIN			HRS.	MIN.	DAY	MTH
1						CA NE				
2						CA NE				
3						CA NE				
4						CA NE				
5						CA NE				
TOTAL TIME OF INTERVIEW					<div style="border: 1px solid black; width: 100px; height: 15px; margin-bottom: 5px;"></div> INTERVIEW RESULT					

STAFF RECORD

POSITIONS	NAME	CODE	SIGNATURE	DELIVERY DATE
POSITIONS				
HEALTH WORKER				
SUPERVISOR				
EDITOR				
COORDINATOR				

- INTERVIEW RESULTS**
- 20. Complete and correct
 - 21. Incomplete due to new appointment
 - 22. Respondent refused to continue
 - 23. Respondent not found in successive visits
 - 24. Other (specify) _____
 - 25. Respondent refused to provide information
 - 26. Respondent not found
 - 27. Respondent could not provide information
 - 28. Other (specify) _____