**INSTITUTE OF HEALTH/SES-SP**

Breastfeeding and Municipalities Project

Nº \_\_\_\_\_\_\_\_\_\_\_ (Enter code) Rejected

1. Date \_\_\_\_/\_\_\_\_/\_\_\_\_ 02- Interviewer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

03- Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 04- State \_\_\_\_\_\_\_\_\_

05- Place of vaccination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_06- Area Urban Rural

07- Child’s birth date \_\_\_/\_\_\_/\_\_\_ information unviable – end interview

08- Child’s gender Male Female

1. What is your relationship to the child? Mother Father Other or not related
2. Does the child life in this city?  
   a. Yes  
   b. No

Can you tell me what the child drank or ate from yesterday morning until this morning? I will say the name of a food and you respond yes or no. (Q 11 to 34).

1. Did the child receive breast milk between yesterday morning until this morning? Yes
   1.  No (skip to Q 13)
   2. Don’t know (skip to Q 13)
2. How of many times?
   1. \_\_\_ (Write 8 if 8 or more)
   2.  Don’t know
3. Did the child receive water?
   1.  Yes
   2.  No
   3.  Don’t know
4. Did the child receive tea?
   1.  Yes
   2.  No
   3.  Don’t know
5. Did the child receive other milk?
   1.  Yes
   2.  No (skip to Q 17)
   3.  Don’t know (skip to Q 17)
6. When did the child receive the other milk? (read the options and mark only one option)
   1.  Only during the day
   2.  Only at night
   3.  During both the day and night
   4.  Don’t know
7. Did the child ate baby cereal?
   1.  Yes
   2.  No
   3.  Don’t know
8. Did the child ate fruit either in pieces or mashed?
   1.  Yes
   2.  No
   3.  Don’t know
9. Did the child receive ate mush or soup or other homemade savory food?
   1.  Yes
   2. No (skip to Q 26)
   3.  Don’t know (skip to Q 26)
10. How often?
    1.  1 time
    2.  2 times
    3. 3 or more times
    4.  Don’t know
11. The food offered was: (Read the options. If necessary, mark more than one option.)
    1.  Same as the family

 Prepared for the child

* 1.  Industrialized (prepacked)
  2.  Don’t know   
     Q.21 \_\_\_\_\_ (Enter code)

1. This food was (Read the options. If necessary, mark more than one option.)
   1.  In pieces?
   2.  Mashed?
   3.  Passed through a strained?
   4. Pureed in a blender?
   5.  Don’t know

Q.22 \_\_\_\_\_ (Enter code)

1. Did this food contain beef, chicken, fish, or innards?
   1.  Yes
   2.  No
   3.  Don’t know
2. Did the food contain beans, in a broth or whole?
   1.  Yes
   2.  No
   3.  Don’t know
3. Did the food contain vegetables?
   1.  Yes
   2.  No
   3.  Don’t know
4. Did they drink natural fruit juice or coconut water?
   1.  Yes
   2.  No
   3.  Don’t know

Interviewer, remember to say “Between yesterday morning and this morning, did this child”:

1. Drink industrialized juice or boxed coconut water?
   1.  Yes
   2.  No
   3.  Don’t know
2. Drink a soft drink?
   1.  Yes
   2.  No
   3.  Don’t know
3. Drink coffee?
   1.  Yes
   2.  No
   3.  Don’t know
4. Receive food sweetened with sugar, honey, molasses, or artificial sweetener?
   1.  Yes
   2.  No
   3.  Don’t know
5. Eat a cookie or cracker?
   1.  Yes
   2.  No
   3.  Don’t know
6. Drink or eat other foods?
   1.  Yes
   2.  No
   3.  Don’t know
7. Use a baby bottle?
   1.  Yes
   2.  No
   3.  Don’t know
8. Use a pacifier?
   1.  Yes
   2.  No
   3.  Don’t know
9. What city was the child born in?
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Write name)
   2.  Don’t know
10. What hospital was the child born in?
    1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Write name)
    2.  Born at home
    3.  Don’t know

Q. 36 HAC – Find the name of this hospital on the list of Child Friendly Hospitals

1. How was the baby born?
   1.  Normal birth
   2.  Forceps
   3.  Cesarian section
   4.  Don’t know
2. Did the child breastfeed in the first hour of life, after their birth?
   1.  Yes
   2.  No
   3.  Don’t know
3. Do you have the child’s Health Booklet with you?
   1.  Yes
   2.  No (skip to Q 43)

(Only consider the new Booklet from the Ministry of Health – blue or pink cover)

1. [If it is the child’s mother] Did you read the Booklet?
   1.  Yes, completely
   2.  Yes, some parts
   3.  No, I didn’t read

[Other caretaker] 9- Not the mother (Pass to Q 41)

Interviewer, look at the charts in the Booklet (for girls and boys) and mark (Q 41 e 42)

1. If you have Booklet 2, did you register the child’s weight on the growth chart?
   1.  Girls page 46-47
   2.  Boys page 56-57
2. If you have Booklet 2, did you register the child’s height on the growth chart?
   1.  Girls page 48-49
   2.  Boys page 58-59
3. What was the child’s birth weight \_\_\_\_\_ Kg (If necessary, write in the Booklet)
   1.  Don’t know
4. Where do you take the child for routine medical checkups? (mark only one option)
   1.  Private doctor paid with medical insurance or in cash
   2.  Public medical system: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Write name)
   3. Don’t know/ haven’t done any checkups
      1. Q 44 – If it is the Public system specify
      2. UBS – Primary Care Unit
      3. PACS/PSF – Community health agent/Family health program
      4. Others
      5. \_\_\_\_\_\_\_(Enter code)

Ask the following questions for children under 4 months old (Q 45–49)

1. After birth how long did the child remain in the maternity hospital?
   1. \_\_\_\_\_Write in days (move to Q 46)
   2.  Born at home (If mother move to Q 50) (If not end interview)
   3.  Don’t know (If mother move to Q 50) (If not end interview)

On the first day at home after leaving the hospital did the child

1. Breastfeed?
   1.  Yes
   2.  No
   3.  Don’t know
2. Drink other milk?
   1.  Yes
   2.  No
   3.  Don’t know
3. Drink water?
   1.  Yes
   2.  No
   3.  Don’t know
4. Drink tea?
   1.  Yes
   2.  No
   3.  Don’t know

Ask the following questions when the child is accompanied by the mother (Q 50–55)

1. How old are you?   
   \_\_\_\_\_(complete years)
2. Is this your first child?
   1.  Yes
   2.  No

(Consider only children born alive)

1. Can you read and write?
   1.  Yes
   2.  No
2. What is the highest school level that you completed?

(Mark below)

* 1.  No schooling (0)
  2.  Elementary school (1 – 6)
  3. Junior high school (7 – 9)
  4.  Senior high school (10 – 12)

1. And what grade?

(Mark below)

* 1.  Incomplete
  2.  Complete
  3.  No schooling
  4.  Elementary school
  5.  High school
  6.  Secondary education
     1. Q 53 \_\_\_\_\_ (Enter code)
     2. Q 54 \_\_\_\_\_ (Enter code)

1. In regard to employment, at this time are you: (read the options and mark only one option)
   1.  Employed outside the home
   2.  Not employed
   3.  On maternity leave

Observations: