Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Weighed Food Record Form-Day

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Interviewer:  Scale no.:  Interview date:  Day food eaten: | | | | Location:  Subject ID: | | Sex:  Age:  Weight: | | |
| **Time** | **Place** | **Food or drink** | **Description and cooking method** | | **Amount**  **served (g)** | | **Amount**  **left (g)** | **Amount**  **eaten (g)** |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
|  |  |  |  | |  | |  |  |
| Probe for alcohol: Yes No | | | | Probe for sickness Yes No  If yes, did sickness affect appetite? Yes No  If yes, how? Increase Decrease | | | | |
| Was food intake unusual? Yes No  If yes, how was it unusual? | | | | Probe for tablets Yes No  Iron Vitamins RUTF Anti-malaria  Other Supplements | | | | |
| Was it a feast day? Yes No  Was it a market day? Yes No  Was it a fasting day? Yes No | | | | Name of supplement  (Record this from the label, if available) | | | | |

Recipe Form—Day

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject ID M / F  Interview Date: <dd/mm/yy>  Day of the week food eaten:  Name of Interviewer: Name of mixed dish:  Amount eaten by respondent (g or mL):  Weight of empty pot: (g) Wt cooked mixed dish + pot: (g)  Weight of mixed dish: (g) *Or* Volume of cooked mixed dish: (mL)  Proportion of mixed dish consumed by respondent: = | | | | | | |
| **Ingredient** | **Description of ingredient and cooking method** | **Amount of raw ingredient in recipe** | **Weight of raw ingredient in recipe (g)** | **Weight of raw ingredient consumed** | **Weight of cooked ingredient in recipe (g)** | **Weight of cooked ingredient consumed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Recipe Form—Day

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject ID M / F  Interview Date: <dd/mm/yy>  Day of the week food eaten:  Name of Interviewer: Name of mixed dish:  Amount eaten by respondent (g or mL):  Weight of empty pot: (g) Wt cooked mixed dish + pot: (g)  Weight of mixed dish: (g) *Or* Volume of cooked mixed dish: (mL)  Proportion of mixed dish consumed by respondent: = | | | | | | |
| **Ingredient** | **Description of ingredient and cooking method** | **Amount of raw ingredient in recipe** | **Weight of raw ingredient in recipe (g)** | **Weight of raw ingredient consumed** | **Weight of cooked ingredient in recipe (g)** | **Weight of cooked ingredient consumed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Recipe Form—Day

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject ID M / F  Interview Date: <dd/mm/yy>  Day of the week food eaten:  Name of Interviewer: Name of mixed dish:  Amount eaten by respondent (g or mL):  Weight of empty pot: (g) Wt cooked mixed dish + pot: (g)  Weight of mixed dish: (g) *Or* Volume of cooked mixed dish: (mL)  Proportion of mixed dish consumed by respondent: = | | | | | | |
| **Ingredient** | **Description of ingredient and cooking method** | **Amount of raw ingredient in recipe** | **Weight of raw ingredient in recipe (g)** | **Weight of raw ingredient consumed** | **Weight of cooked ingredient in recipe (g)** | **Weight of cooked ingredient consumed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Subject ID M / F  Interview Date: <dd/mm/yy>  Day of the week food eaten:  Name of Interviewer: Name of mixed dish:  Amount eaten by respondent (g or mL):  Weight of empty pot: (g) Wt cooked mixed dish + pot: (g)  Weight of mixed dish: (g) *Or* Volume of cooked mixed dish: (mL)  Proportion of mixed dish consumed by respondent: = | | | | | | |
| **Ingredient** | **Description of ingredient and cooking method** | **Amount of raw ingredient in recipe** | **Weight of raw ingredient in recipe (g)** | **Weight of raw ingredient consumed** | **Weight of cooked ingredient in recipe (g)** | **Weight of cooked ingredient consumed** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |