Weighed Food Record Form-Day

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| 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)** |
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| 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) |

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Recipe Form—Day

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| 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**  |
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