

## 1. ID

<b>ID.1</b>	Child name: _____
<b>ID.2</b>	Child sex: 1.male 2.female
<b>ID.3</b>	Child birthdate (Solar calendar) : __ __ __ y__ __ m__ __ d
<b>ID.4</b>	Education of mother: 1.primary school and below 2.Junior high school 3.High school 4.University 5.graduate and above
<b>ID.5</b>	Age of mother: __ __ years old
<b>ID.6</b>	Hukou of mother? 1.Urban 2.Rural
<b>ID.7</b>	Phone number: _____

## 2.Breast-feeding and nutrition (BN)

<b>Feeding knowledge.</b>	
Q1:	Can you tell me until what age a baby should only receive breastmilk? (months) __ __ months [0=less than one month, 88=Don't know]
Q2:	Can you tell me until what age a baby should start receiving foods such as mashed or solid foods? (months) __ __ months [0=less than one month, 88=Don't know]
Q3:	Can you tell me until what age a baby should be breastfed? (months) __ __ m __ __ months [0=less than one month, 88=Don't know]
<b>Feeding practice.</b>	
Q4:	Has your child ever been breastfed? 1. Yes 2. No
Q5:	Has your child ever been fed solid or semi-solid food? 1.Yes. 2.No solid or semi-solid food has been fed to the child yet——> <b>ship to Q26</b>
Q6:	At what age did you first feed your child her/his first solid and semi-solid food? __ __ months (fill in 00 for less than 1 month)
Q7:	Did you breastfed your child yesterday during the day or at night? 1. Yes——>How many times did you breastfeed your child during the past 24 hours? __ __ times [88=Don't know] 2. No. my child did not eat breast milk. 3. No. My child has been stopped breastfeeding
Q8:	Did your child drink plain water / mineral water / sugar water / tea yesterday

	during the day or at night?
	1. Yes 2. No
<b>Yesterday during the day or night, did your child drink/eat any the following food group items?</b>	
Q9: Grains (Porridge, bread, rice, noodles, or other foods made from grains)	1. Yes 2. No
Q10: Roots (White potatoes, white yams, cassava)	1. Yes 2. No
Q11: Sweet potatoes that are yellow or orange inside	1. Yes 2. No
Q12: Any dark green leafy vegetables	1. Yes 2. No
Q13: Pumpkin, carrots, tomato, mango that are yellow or orange inside	1. Yes 2. No
Q14: Any other vegetables and fruits	1. Yes 2. No
Q15: Any meat, such as beef, pork, lamb, goat, chicken, or duck	1. Yes 2. No
Q16: Fish, shrimp or other seafood	1. Yes 2. No
Q17: Liver, kidney, heart, or other organ meats	1. Yes 2. No
Q18: Eggs	1. Yes 2. No
Q19: Any foods made from beans, peas, lentils	1. Yes 2. No
Q20: Any nuts or seeds	1. Yes 2. No
Q21: Infant formula	1. Yes 2. No
Q22: Milk	1. Yes 2. No
Q23: Cheese, yogurt, or other milk products	1. Yes 2. No
Q24: How many times did your child drink infant formula yesterday during the day or at night?	1. Yes 2. No
Q25: How many times did your child drink milk yesterday during the day or at night?	1. Yes 2. No
Q26: How many times did your child eat solid, semi-solid, or soft foods other than liquids yesterday during the day or at night?	1. Yes 2. No
Q27: Yesterday, during the day or night, did your child consume any food to which you added a powder or sprinkles contained iron, or any lipid that contains iron?	1. Yes 2. No
<b>Information sources</b>	
Where do you get information about breastfeeding?	
Q28: Have you received any complementary feeding information before and after delivery	1. Yes 2. No
Q29: From family members, relatives, friends or neighbors	1. Yes 2. No
Q30: From hospital of county or above	1. Yes 2. No
Q31: From township hospital or community health center	1. Yes 2. No
Q32: From village clinics or community health stations	1. Yes 2. No
Q33: From private hospitals or clinics	1. Yes 2. No
Q34: Internet (Baidu, Sogou, Wechat account, microblog)	1. Yes 2. No
Q35: From traditional mass media (newspaper, magazine, TV, books)	1. Yes 2. No
Q36: From other sources	1. Yes 2. No