

Kilkaari 12 month assessment: Observed Feeding Session

Identifying information			Form type
Cluster	<input type="text"/>	<input type="text"/>	CLUSTER
Village	<input type="text"/>	<input type="text"/>	VILLAGE
Household number	<input type="text"/>	<input type="text"/>	HH
Mother name		Husband name	
Child name		Child DOB & Sex (label only)	
Woman ID	<input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/>	WOMANID	
Child ID	<input type="text"/> CHILD # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/> # <input type="text"/>	CHILDID	

Visit Information		
Assessor code	<input type="text"/>	ASSESSOR
Date of visit	<input type="text"/> d <input type="text"/> d - <input type="text"/> M <input type="text"/> M <input type="text"/> M - <input type="text"/> y <input type="text"/> Y <input type="text"/> y <input type="text"/> y	DATEVISIT
Form status	1. Completed 2. Incomplete (Please specify on ONEYRVISITFORM) 3. Child not yet feeding 4. No meal during day	FORMSTATUS
Start Time	<input type="text"/> h <input type="text"/> h : <input type="text"/> m <input type="text"/> m	TIMESTART
End Time	<input type="text"/> h <input type="text"/> h : <input type="text"/> m <input type="text"/> m	TIMEEND
Video Taken	1. Yes 2. No	VIDEORECORD
Video Consent taken	1. Yes 2. No	VIDEOCONSENT

Now that you're feeding [child's name] I am just going to sit at the side here and focus on my papers. Please ignore me and continue with your feeding as you usually do, and be as normal as possible. I know it's a bit strange but I'm going to be completely silent because I don't want to interrupt the feeding. Please don't worry about me, look at me or talk to me. I also won't talk to you during the meal.

Take your time with the meal, I'm not in any rush. Whenever you finish just do everything normally as I'll have some writing to do for 5 minutes after. We'll talk again after this is finished.

<b>A1</b>	<b><i>Were the child's hands washed before the meal started?</i></b>	1. Yes 2. No	CHILDWASH
<b>A2</b>	<b><i>Did the person feeding wash their hands before the meal started?</i></b>	1. Yes 2. No	MOTHWASH

Mouthfuls of food							
<b>B1. Self fed:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> </table>			<b>B2. Mother fed:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 30px;"></td><td style="width: 50%; height: 30px;"></td></tr> </table>		
SELF FED		MOT FED					

SELF FEEDING																							
<b>C1. Mother encourages or helps</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTSELFPOS</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTSELFPOS	0	1	2	3+		<b>C2. Mother discourages or stops</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTSELFNEG</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTSELFNEG	0	1	2	3+	
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ENCOURAGEMENT																							
<b>C3. Mother says things like ‘eat, eat’, ‘chappati is nice’, or ‘you are so good’ (not in response to child’s request – that would be C5)</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTVERBALACTPOS</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTVERBALACTPOS	0	1	2	3+		<b>C4. Mother imitates feeding or plays positive food games</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTGAMESACTPOS</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTGAMESACTPOS	0	1	2	3+	
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REACTING TO CHILD																							
<b>C5. Mother responds positively to child’s needs - for example when child indicates they want food, mother gives food. When child indicates food is too hot, mother makes it cooler.</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTRESPOSNEEDS</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTRESPOSNEEDS	0	1	2	3+		<b>C6. If child seems bored, says ‘no’ or tries to stop feeding: mother tries using a different positive strategy to keep child’s interest</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTRESPOSSTRATEGY</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					MOTRESPOSSTRATEGY	0	1	2	3+	
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HARSHNESS																							
<b>C7. Mother force feeds, holds child’s head still to give food, shakes child, threatens child, uses an angry tone of voice, shouts or berates child</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">MOTACTNEG</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>		✓					MOTACTNEG	0	1	2	3+												
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CHILD’S INTEREST IN FOOD																							
<b>C8. Tries to get food by asking, pointing to food, reaching for food, touching food or opening mouth</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">CHILDACTPOS</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					CHILDACTPOS	0	1	2	3+		<b>C9. Shows disinterest in having food, e.g says no, sticks out tongue, closes mouth, turns or moves away</b>  <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">✓</td> <td></td> <td></td> <td></td> <td></td> <td rowspan="2" style="text-align: center;">CHILDACTNEG</td> </tr> <tr> <td style="text-align: center;">0</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">3+</td> <td></td> </tr> </table>	✓					CHILDACTNEG	0	1	2	3+	
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**Instruction to Assessor: Turn over the page as meal is finishing**

<b>D1.</b>	<i>Were any of the following true when meal ended?</i>		
	<b>D1.1</b> Child consumed only a few mouthfuls throughout the meal	1. Yes 2. No	FEWMOUTHEND
	<b>D1.2</b> Child refused food once and mother ended meal with no additional encouragement	1. Yes 2. No	REFUSED1XEND
	<b>D1.3</b> Child refused last two mouthfuls	1. Yes 2. No	REFUSED2XEND
	<b>D1.4</b> Meal ended because child was self-feeding and stopped independently	1. Yes 2. No	INDEPENDENTEND
	<b>D1.5</b> All Food prepared for child was finished	1. Yes 2. No	FOODFINISHEDEND
	<b>D1.6</b> Child looked for more food to eat after meal ended	1. Yes 2. No	STILLHUNGRY
<b>D2</b>	<i>Who was mainly in charge of feeding the child this meal?</i> 1. Child's Mother 2. Child's Grandmother 3. Child's Father 4. Child's Brother 5. Child's Sister 6. Other Adult 7. Other Child		FEDCHILD

[Ask the next two questions when convenient for the mother]

<b>D3</b>	Why did you feed [child's name] at this time today? <b>[Do not read options]</b>	1. Food was ready 2. Other family members eating 3. Child hungry 4. Child always eats at this time 5. Because assessor wanted to see 6. Other – specify _____ 8. Don't know	WHYFEEDNOW
<b>D4</b>	Do you normally feed [child's name]?	1. Yes 2. No	TYPICALFEEDER
<b>D5</b>	Is this where [child's name] is normally fed?	1. Yes 2. No	TYPICALPLACE
<b>D6</b>	Is this the sort of food that [child's name] normally eats? <b>[If 'no' ask why not and specify below]</b>	1. Yes 2. No	TYPICALFOOD
	Specify: _____		TYPFOODSPECIFY

Thank you. I will just do a little bit more writing and be finished soon.

**Junior Assessor should manage household environment until Outcome Assessor has completed section E.**

<b>SECTION E</b>		
<b><i>During the meal, did the mother and child talk about things apart from food, sing songs, touch each other, smile, look at each other, laugh?</i></b>		
<b>E1</b>	<b>Mother</b> 1. Throughout the meal    2. Sometimes during the meal    3. Not at all	MOTLAUGHTALK
<b>E2</b>	<b>Child</b> 1. Throughout the meal    2. Sometimes during the meal    3. Not at all	CHILDLAUGHTALK
<b>E3</b>	<b>Did the mother stop feeding or leave the feeding place during the meal?</b> 1. Never or one time    2. Two or more times	MOTSTOPLEAVE
<b>E4</b>	<b>Did the mother give the child full attention during feeding?</b> 1. All the time or most of the time    2. Some of the time    3. Not at all	MOTFULLATTN

<b>E5</b>	<b><i>Did the child have their own plate or bowl?</i></b>	1. Yes    2. No	OWNPLATE
<b>E6</b>	<b><i>Approximately how many katoris of food did the child eat? Please circle the amount that they definitely finished.</i></b>		KATORIS
	1. Less than a quarter    4. Three quarters    7. One and a half 2. Quarter    5. One    8. One and three quarters 3. Half    6. One and a quarter    9. Two		
<b>E7</b>	<b><i>Did any of the following people eat with the child?</i></b>		
	Child's Mother	1. Yes    2. No	EATWMOTHER
	Child's Grandmother	1. Yes    2. No	EATWGMOTHER
	Child's Father	1. Yes    2. No	EATWFATHER
	Child's Brother	1. Yes    2. No	EATWBROTHER
	Child's Sister	1. Yes    2. No	EATWSISTER
	Other Family Member	1. Yes    2. No	EATWOTHER
<b>E8</b>	<b><i>Was feeding done in one place or many places?</i></b>		FEEDPLACES
	1. One place 2. Many places – mother following child around 3. Many places – mother moving child from place to place		
<b>E9</b>	<b><i>Record all the places in which the meal took place:</i></b>		
	E9.1 Inside a room in the house	1. Yes    2. No	FEEDHOUSE
	E9.2 Inside the courtyard or on the verandah (paved floor)	1. Yes    2. No	FEEDPAVED
	E9.3 Inside the courtyard or on the verandah (mud or dust floor)	1. Yes    2. No	FEEDMUD

<b>E10</b>	<b>Which of the following food items were <u>offered</u> to the child?</b>		
E10.1	Roti / chappati	1. Yes 2. No	OBSCHAPPATI
E10.2	Rice	1. Yes 2. No	OBSRICE
E10.3	Sabzi – first type	1. Yes 2. No	OBSSABZI1
E10.4	Sabzi – second type	1. Yes 2. No	OBSSABZI2
E10.5	Daal	1. Yes 2. No	OBSDAAL
E10.6	Cudhi	1. Yes 2. No	OBSCUDHI
E10.7	Dalia	1. Yes 2. No	OBSDALIA
E10.8	Khichdi	1. Yes 2. No	OBSKICHIDI
E10.9	Uncooked vegetables	1. Yes 2. No	OBSVEGRAW
E10.10	Uncooked fruit	1. Yes 2. No	OBSFRUITRAW
E10.11	Yoghurt	1. Yes 2. No	OBSYOGHURT
E10.12	Eggs	1. Yes 2. No	OBSEGGES
E10.13	Meat	1. Yes 2. No	OBSMEAT
E10.14	Fish, prawns or seafood	1. Yes 2. No	OBSFISH
E10.15	Other – specify: _____		OBSOTHERFOOD1
E10.16	Other – specify: _____		OBSOTHERFOOD2
E10.17	Other – specify: _____		OBSOTHERFOOD3