**PERIODIC ASSESSMENT PROTOCOL: DATA COLLECTION TOOL**

**FORM 1, QUESTIONNAIRE FOR MOTHERS**

PLACE STICKER LABEL (IDENTIFIER)

|  |  |
| --- | --- |
| **Type of health facility (***change to appropriate local administrative unit/division)* | □ Health Centre ………….………………1  □ Health Clinic ……………..…………….2  □ Hospital….………………..………………3  □ Other ………….…………….…………….4 |
| **Public / Private** | □ Public ………………………..……………1  □ Private ………….…………….………….2 |
| **For large facilities, indicate Ward/ Unit/Department , if applicable**  *[adapt as above]* | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facility name** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Facility ID** | \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ |
| **Data collector ID** | \_\_ \_\_ \_\_ |
| **Date (dd/mm/yyyy)** | \_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_ |

NOTE to data collectors: **Remember to go through the Consent form before you begin!**

1. Are you a mother of any children younger than 24 months?

□ Yes □ No **IF NO, STOP THE INTERVIEW**

1. How many children under 24 months do you have?

□ 1

□ 2

□ 3

1. What are the dates of birth of your children under 24 months?

**YOUNGEST**: **(dd/mm/yyyy)**

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

**2nd YOUNGEST**: **(dd/mm/yyyy)**

**3RD YOUNGEST**: **(dd/mm/yyyy)**

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

\_\_ \_\_/\_\_ \_\_/\_\_ \_\_ \_\_ \_\_

**REFER TO THE INSTRUCTION PAGE AND DETERMINE WHICH CHILD TO ASK ABOUT IN THIS QUESTIONNAIRE IF MOTHER HAS MORE THAN ONE CHILD UNDER 24 MO.**

1. RECORD WHICH CHILD WAS SELECTED

□ YOUNGEST 1

□ 2ND YOUNGEST 2

□ 3RD YOUNGEST 3

1. RECORD THE AGE OF THE CHILD IN COMPLETED MONTHS \_\_ \_\_MONTHS

**IF THE CHILD IS IN THE AGE GROUP THAT HAS REACHED A SAMPLE SIZE OF FIVE IN THIS FACILITY, STOP THE INTERVIEW.**

1. What is the name of your (\*) child?

**(\*) = selected child**

**DO NOT RECORD THE NAME, SIMPLY ASK AND USE NAME THROUGHOUT THE INTERVIEW**

**(SPECIAL NOTE:** If it is sensitive to ask for the child’s name in certain context, tell the mother that her child’s name will not be recorded and this is only for purpose of conversation)

1. Where was (NAME) delivered?

□ Home 1

□ Health Facility 2

□ Other (s) 3

1. What is the highest level of school you have completed?

□ No School 0

□ Pre-primary 1

□ Primary (1-6) 2

□ Lower secondary (7-9) 3

□ Upper secondary (10-12) 4

□ Post-secondary (above 12) 5

□ Non-standard curriculum 6

**ADVICE**

1. In the past six months, did anyone tell you that you should feed any milk products other than breast milk to (NAME)?

□ Yes

□ No

□ Don’t know

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Product 1** | **Product 2** | **Product 3** | **Product 4** |
| 1. What type of milk product was recommended? | Infant formula (0+ months) 1 | □ | □ | □ | □ |
| Follow-up/on formula (6+ months) 2 | □ | □ | □ | □ |
| Growing-up milk (12+ months) 3 | □ | □ | □ | □ |
| Baby milk (age range not specified/unknown) 4 | □ | □ | □ | □ |
| Milk not targeted for babies 5 | □ | □ | □ | □ |
| A combination of milk product categories 6 | □ | □ | □ | □ |
| 1. Who recommended it? **(CHECK ALL THAT APPLY)** | Family/general doctor 1 | □ | □ | □ | □ |
| Nurse 2 | □ | □ | □ | □ |
| Gynaecologist 3 | □ | □ | □ | □ |
| Midwife 4 | □ | □ | □ | □ |
| Paediatrician 5 | □ | □ | □ | □ |
| Nutritionist 6 | □ | □ | □ | □ |
| Other health professionals 7 | □ | □ | □ | □ |
| Partner/relative/friend 8 | □ | □ | □ | □ |
| Shop/pharmacy personnel 9 | □ | □ | □ | □ |
| Representative of a company 10 | □ | □ | □ | □ |
| Can’t remember 11 | □ | □ | □ | □ |
| Other (Specify) 12 | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ |
| 1. What particular company/brand was it from?   **RECORD NAME OF COMPANY and BRAND.**  **IF CAN’T REMEMBER, WRITE 99.** | Company | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Brand | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**IF NO OR DON’T KNOW, GO TO QUESTION 13**

**IF YES, CONTINUE TO QUESTION 10-12 FOR EACH MILK PRODUCT RECOMMENDED TO THE MOTHER. PROMPT BY ASKING *“Any other milk product that was recommended to you?”* AND RECORD IN THE TABLE BELOW**

1. **IF CHILD <6MO:** Has anyone told you to start feeding (NAME) any other food or drink products?

**IF CHILD >=6MO:** Did anyone tell you to start feeding (NAME) any other food or drink products when he/she was under 6 months old?

□ Yes

□ No

□ Don’t know

**IF NO OR DON’T KNOW, GO TO QUESTION 17**

**IF YES, CONTINUE TO QUESTION 14-16 FOR EACH PRODUCT RECOMMENDED TO THE MOTHER.PROMPT BY ASKING *“Any other product that was recommended to you?”* AND RECORD IN THE TABLE BELOW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Product/ Combination 1** | **Product/ Combination 2** | **Product/ Combination 3** | **Product/ Combination 4** |
| 1. What type of product was recommended? | Complementary foods or liquids 1 | □ | □ | □ | □ |
| A combination of product categories 2 | □ | □ | □ | □ |
| Not specified product 3 | □ | □ | □ | □ |
| 1. Who recommended it? **(CHECK ALL THAT APPLY)** | Family/general doctor 1 | □ | □ | □ | □ |
| Nurse 2 | □ | □ | □ | □ |
| Gynaecologist 3 | □ | □ | □ | □ |
| Midwife 4 | □ | □ | □ | □ |
| Paediatrician 5 | □ | □ | □ | □ |
| Nutritionist 6 | □ | □ | □ | □ |
| Other health professionals 7 | □ | □ | □ | □ |
| Partner/relative/friend 8 | □ | □ | □ | □ |
| Shop/pharmacy personnel 9 | □ | □ | □ | □ |
| Representative of a company 10 | □ | □ | □ | □ |
| Can’t remember 11 | □ | □ | □ | □ |
| Other (Specify) 12 | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ |
| 1. What particular company/brand was it from?   **RECORD NAME OF COMPANY AND BRAND. IF CAN’T REMEMBER, WRITE 99.** | Company | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Brand | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**PROMOTION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the past six months, have you heard or seen any *(TYPE OF PROMOTION/ MESSAGE)* at **this health facility** about any milk products or feeding bottles and teats for children less than 3 years old or companies that sells these products? **PROMPT BY ASKING *“Did you see any XXX (TYPE) in the health facility?”*** | **CHECK IF YES** | **Promotion 1** | | | | | | | | **Promotion 2** | | | | | | | |
| What particular company and brand was being promoted?  **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER, WRITE 99.** | 1. What type of product was promoted? | | | | | | | **PROMPT BY ASKING *“Have you heard or seen another (TYPE OF PROMOTION/ MESSAGE)?”***  What particular company and brand was being promoted?  **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER, WRITE 99.** | 1. What type of product was promoted? | | | | | | |
| Infant formula (0+ months)…………………...1 | Follow-up/on milk (6+ months)….…...…….2 | Growing-up milk (12+ months)……..…......3 | Baby milk (age range not specified/ unknown)……….……………………………………..4 | Feeding bottles and teats………………………5 | A combination of product categories……6  \_) | Not a specific product………………….………..7 | Infant formula (0+ months)…………………...1 | Follow-up/on milk (6+ months)….………….2 | Growing-up milk (12+ months)…..……......3 | Baby milk (age range not specified/ unknown)……….…………………………………....4 | Feeding bottles and teats………………………5 | A combination of products categories..…6  \_) | Not a specific product…………………………..7 |
| Poster | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Flyer / Brochure | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Video | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Any other promotional materials/messages (**SPECIFY\_\_\_\_\_\_\_\_\_\_\_)** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Logo on any objects (**SPECIFY e.g. clocks, growth charts)**  **Object 1\_\_\_\_\_\_\_\_\_\_\_**  **Object 2\_\_\_\_\_\_\_\_\_\_\_** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |

**IF THE CHILD IS <6MO AND WAS DELIVERED AT A HEALTH FACILITY, ASK QUESTIONS 22-26. OTHERWISE CONTINUE TO QUESTION 27.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Did you see/hear any *(TYPE OF PROMOTION/ MESSAGE)* at **the facility where (NAME) was born** about any baby milk products or feeding bottles and teats for children less than 3 years old or companies that sell these products? **PROMPT BY ASKING *“Did you see any XXX (TYPE) in the hospital?”*** | **CHECK IF YES** | **Promotion 1** | | | | | | | | **Promotion 2** | | | | | | | |
| What particular company and brand was being promoted?  **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER, WRITE 99.** | 1. What type of product was promoted? | | | | | | | **PROMPT BY ASKING *“ Did you see/hear another (TYPE OF PROMOTION/ MESSAGE)?”***  What particular company and brand was being promoted?  **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER, WRITE 99.** | 1. What type of product was promoted? | | | | | | |
| Infant formula (0+ months)…………………...1 | Follow-up/on milk (6+ months)….…...…….2 | Growing-up milk (12+ months)……..…......3 | Baby milk (age range not specified/ unknown)………….………………………………..4 | Feeding bottles and teats……………………5 | A combination of product categories…6  \_) | Not a specific product………………….……..7 | Infant formula (0+ months)…………………...1 | Follow-up/on milk (6+ months)….…...…….2 | Growing-up milk (12+ months)……..…......3 | Baby milk (age range not specified/ unknown)……….……………………….………....4 | Feeding bottles and teats……………………5 | A combination of products categories…6  \_) | Not a specific product………………….……..7 |
| Poster | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Flyer / Brochure | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Video | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Any other promotional materials/messages (**SPECIFY\_\_\_\_\_\_\_\_\_\_\_)** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Logo on any objects (**SPECIFY e.g. clocks, growth charts…)**  **Object 1\_\_\_\_\_\_\_\_\_\_\_**  **Object 2\_\_\_\_\_\_\_\_\_\_\_** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| In the past six months, have you heard or seen a promotion or message on the *(SOURCE OF PROMOTION/MESSAGE)* from companies that sell any baby milk products for children under 3 years old or feeding bottles and teats? | **CHECK IF YES** | **Promotion 1** | | | | | | | | **Promotion 2** | | | | | | | |
| 1. What particular company and brand was being promoted?   **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER,WRITE 99.** | 1. What type of product was it? | | | | | | | **PROMPT BY ASKING *“Have you heard or seen another (SOURCE OF PROMOTION/ MESSAGE)?”***  What particular company and brand was being promoted?  **RECORD COMPANY & BRAND NAME. IF CAN’T REMEMBER, WRITE 99.** | 1. What type of product was it? | | | | | | |
| Infant formula (0+ months)…..………...1 | Follow-up/on milk (6+ months)……….2 | Growing-up milk (12+ months)………..3 | Baby milk (age range not specified/ unknown)………………………….……………..4 | Feeding bottles and teats…………………5 | A combination of product categories.6  \_) | Not a specific product……….……………..7 | Infant formula (0+ months)…..………...1 | Follow-up/on milk (6+ months)……….2 | Growing-up milk (12+ months)………..3 | Baby milk (age range not specified/ unknown)…………………………………….…..4 | Feeding bottles and teats…………………5 | A combination of product categories.6  \_) | Not a specific product……………..…….…7 |
| Television | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Radio | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Magazine | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Shop/pharmacy | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Billboard | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Social media (e.g. Facebook, Instagram, mobile chat apps) **(SPECIFY\_\_\_\_\_\_\_\_\_\_\_)** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Internet (Other than social media) | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Community event, conference | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Other 1 **(SPECIFY)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Other 2 **(SPECIFY)**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |
| Can’t remember | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | □ | □ | □ | □ | □ | □ | □ |

**SOCIAL GROUPS AND EVENTS**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | 1. If yes, was it sponsored or organized by a company that sells any food or drinks for children under 3 years old or feeding bottles and teats? | 1. IF YES to Qb, which company/Brand?   **RECORD NAME** |
| 1. In the past 6 months, have you been a member of any **online social groups** for mothers and other care-givers of infants and young children, such as baby clubs or parenting groups? | □ Yes  □ No  □ Don't know | □ Yes  □ No  □ Don't know | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the past 6 months, have you participated in any **online events or activities** hosted for mothers and other care-givers of infants and young children, such as photo contests and promotional sales on e-commerce platforms? | □ Yes  □ No  □ Don't know | □ Yes  □ No  □ Don't know | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the past 6 months, have you been a member of any **in-person social groups** for mothers and other care-givers of infants and young children, such as baby club and parenting group? | □ Yes  □ No  □ Don't know | □ Yes  □ No  □ Don't know | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the past 6 months, have you attended any **classes** on parenting or infant and young child feeding? | □ Yes  □ No  □ Don't know | □ Yes  □ No  □ Don't know | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. In the past 6 months, have you attended any **events or activities** hosted for mothers and other care-givers of infants and young children, such as baby fairs/ festivals? | □ Yes  □ No  □ Don't know | □ Yes  □ No  □ Don't know | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**FREE SAMPLES**

1. In the past six months, have you received free **samples** of any baby milk products for children less than 3 years old?

□ Yes

□ No

□ Don’t know

**IF NO OR DON’T KNOW, GO TO QUESTION 42**

**IF YES, CONTINUE TO QUESTION 38-41 FOR EACH SAMPLE THE MOTHER HAS RECEIVED. PROMPT BY ASKING *“Any other sample?”* AND RECORD IN THE TABLE BELOW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Sample 1** | **Sample 2** | **Sample 3** | **Sample 4** |
| 1. What was it a sample of? | Infant formula (0+ months) 1 | □ | □ | □ | □ |
| Follow-up/on formula (6+ months) 2 | □ | □ | □ | □ |
| Growing-up milk (12+ months) 3 | □ | □ | □ | □ |
| Baby milk (age range not specified/ unknown) 4 | □ | □ | □ | □ |
| A combination of product categories 5 | □ | □ | □ | □ |
| 1. Who gave you the sample? | Family/general doctor 1 | □ | □ | □ | □ |
| Nurse 2 | □ | □ | □ | □ |
| Gynaecologist 3 | □ | □ | □ | □ |
| Midwife 4 | □ | □ | □ | □ |
| Paediatrician 5 | □ | □ | □ | □ |
| Nutritionist 6 | □ | □ | □ | □ |
| Other health professionals 7 | □ | □ | □ | □ |
| Shop/pharmacy personnel 9 | □ | □ | □ | □ |
| Representative of a company 10 | □ | □ | □ | □ |
| Can’t remember 11 | □ | □ | □ | □ |
| Other (Specify) 12 | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ |
| 1. Where did you receive the sample? | Primary health clinics 1 | □ | □ | □ | □ |
| Hospitals 2 | □ | □ | □ | □ |
| Home 3 | □ | □ | □ | □ |
| Shops/ Pharmacies 4 | □ | □ | □ | □ |
| Can’t remember 5 | □ | □ | □ | □ |
| Other(Specify) 6 | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What particular company/brand was it from?   **RECORD NAME OF COMPANY & BRAND** | Company | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |
| Brand | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_ |

**COUPONS**

1. In the past six months, have you ever received a **coupon** for any baby milk products or feeding bottles and teats for children less than 3 years old?

□ Yes

□ No

□ Don’t know

**IF NO OR DON’T KNOW, GO TO QUESTION 13**

**IF YES, CONTINUE TO QUESTION 10-12 FOR EACH MILK PRODUCT RECOMMENDED TO THE MOTHER. PROMPT BY ASKING “Any other milk product that was recommended to you?” AND RECORD IN THE TABLE BELOW**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Coupon 1** | **Coupon 2** | **Coupon 3** | **Coupon 4** |
| 1. What was it a coupon for? | Infant formula (0+ months) 1 | □ | □ | □ | □ |
| Follow-up/on formula (6+ months) 2 | □ | □ | □ | □ |
| Growing-up milk (12+ months) 3 | □ | □ | □ | □ |
| Baby milk (age range not specified/ unknown ) 4 | □ | □ | □ | □ |
| Feeding bottles and teats 5 | □ | □ | □ | □ |
| A combination of product categories 6 | □ | □ | □ | □ |
| 1. Who gave you the coupon? | Family/general doctor 1 | □ | □ | □ | □ |
| Nurse 2 | □ | □ | □ | □ |
| Gynaecologist 3 | □ | □ | □ | □ |
| Midwife 4 | □ | □ | □ | □ |
| Paediatrician 5 | □ | □ | □ | □ |
| Nutritionist 6 | □ | □ | □ | □ |
| Other health professionals 7 | □ | □ | □ | □ |
| Shop/pharmacy personnel 9 | □ | □ | □ | □ |
| Representative of a company 10 | □ | □ | □ | □ |
| Can’t remember 11 | □ | □ | □ | □ |
| Other (Specify) 12 | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ |
| 1. Where did you receive the coupon? | Primary health clinics 1 | □ | □ | □ | □ |
| Hospitals 2 | □ | □ | □ | □ |
| Home 3 | □ | □ | □ | □ |
| Shops/ Pharmacies 4 | □ | □ | □ | □ |
| Can’t remember 5 | □ | □ | □ | □ |
| Other(Specify) 6 | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What particular company/brand was it from?   **RECORD NAME OF COMPANY & BRAND**  **GET SAMPLE OR TAKE PICTURES IF POSSIBLE** | Company | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Brand | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**GIFTS**

1. In the past six months, have you ever received a **gift** from someone other than a family member or a friend?

□ Yes

□ No

□ Don’t know

**SPECIAL NOTE:** Examples of gifts include free items like toys, bags, bib, nappies/diapers, calendars, note-books, growth charts and others.

**IF NO OR DON’T KNOW, GO TO QUESTION 52**. **IF YES, CONTINUE TO QUESTION 48-51 FOR EACH GIFT THE MOTHER HAS RECEIVED. PROMPT BY ASKING *“****Any other gift?”* **AND ONLY RECORD IN THE TABLE BELOW IF GIFTS ARE ASSOCIATED WITH COMPANIES/BRANDS THAT SELL ANY FOODS AND DRINKS FOR CHILDREN 0-<36MO.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | **Gift 1** | **Gift 2** | **Gift 3** | **Gift 4** |
| 1. What was it a gift of? **SPECIFY THE GIFT** | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. Who gave you the gift? | Family/general doctor 1 | □ | □ | □ | □ |
| Nurse 2 | □ | □ | □ | □ |
| Gynaecologist 3 | □ | □ | □ | □ |
| Midwife 4 | □ | □ | □ | □ |
| Paediatrician 5 | □ | □ | □ | □ |
| Nutritionist 6 | □ | □ | □ | □ |
| Other health professionals 7 | □ | □ | □ | □ |
| Shop/pharmacy personnel 9 | □ | □ | □ | □ |
| Representative of a company 10 | □ | □ | □ | □ |
| Can’t remember 11 | □ | □ | □ | □ |
| Other (Specify) 12 | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ | □ \_\_\_\_\_\_\_\_ |
| 1. Where did you receive the gift? | Primary health clinics 1 | □ | □ | □ | □ |
| Hospitals 2 | □ | □ | □ | □ |
| Home 3 | □ | □ | □ | □ |
| Shops/ Pharmacies 4 | □ | □ | □ | □ |
| Community event 5 | □ | □ | □ | □ |
| Can’t remember 6 | □ | □ | □ | □ |
| Other(Specify) 7 | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ | □\_\_\_\_\_\_\_\_\_\_\_ |
| 1. What particular company/brand was it from?   **RECORD NAME OF COMPANY/BRAND & PRODUCT. GET GIFT OR TAKE PICTURES IF POSSIBLE.** | Company/Brand: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Product: | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**ANY OTHER COMMENTS**

1. Do you have anything else that you would like to say?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**THANK YOU VERY MUCH!**