

Large-scale survey on thiamine status: Biomarkers module for women of reproductive age (W)

W1. a) Survey ID: Cluster number _____ b) Household number _____ c) Individual number (if available) _____	W2. Date (DD/MM/YYYY): _____
W3. Interviewer name: _____	P4. ID: _____
W5. Date of birth of respondent (DD/MM/YYYY): _____	W 6. Consent obtained: 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If "No", stop here and thank the participant for her time.
Interviewer notes: use this space to record notes about the interview with this woman, such as call-back times, number of attempts to re-visit, reasons for incomplete interview, etc.	

Pregnancy & lactation, use of nutrition supplements and symptoms of thiamine deficiency

W7. Are you pregnant? 1. No <input type="checkbox"/> (go to P9) 2. Yes <input type="checkbox"/> (go to P8)
W8. Do you know how many weeks you have been pregnant? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If "Yes", P8 a) _____ weeks
W9. Do you have children? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If "No", go to the next question. If yes, W9 a) How many? (number) _____
W9 b) Are you breastfeeding any of your children? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/>
W9 c) If you breastfed other children, when did you stop breastfeeding your last child? date: ____/____/____ (MM/YYYY)
W10. Nutrition supplements containing thiamine Are you currently taking any vitamin supplements? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If yes, ask to see the bottle/box and check the label to confirm whether it contains thiamine (also known as vitamin B1). If yes, W10 a) amount of thiamine: _____ mg/day; W10 b) since (date): ____/____/____ (DD/MM/YYYY)
W11. Symptoms of thiamine deficiency Did you feel any of these symptoms at least in the past 24h?
W11 a) tingling or loss of sensation on hands or feet 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/>
W11 b) muscle problems: muscle weakness starting with feet, muscle loss, difficulty in walking 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/>
W11 c) swollen feet or legs 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/>

Blood specimen collection

W11. Blood drawn? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If "No", record the reason below, stop here and thank the participant for her time.
W11 a) If yes, date: _____ (DD/MM/YYYY) time: _____ (HH:MM)
W11 b) If yes, biomarker to be analyzed: <input type="checkbox"/> 1. erythrocyte ThDP <input type="checkbox"/> 2. whole blood ThDP <input type="checkbox"/> 3. ETKA Tube ID: _____
Notes: use this space to record notes about problems associated with blood collection, samples processing issues, storage conditions, etc.

Large-scale survey on thiamine status: Dietary intake module for women of reproductive age (optional)

Medications that can deplete thiamine

W12. Are you taking any medications?	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
<i>If "No", go to the next question. If "Yes", interviewer says: I'd like to see the list of medications (you can show me the boxes/bottles) that you are regularly taking (>3months), so I can identify those that reduce levels of thiamine in your body.</i>		
Anticonvulsant Medications		
W12 a) Phenytoin (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
Cardiovascular Medications		
W12 b) Digoxin (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
Diuretics		
W12 c) Bumetanide (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
W12 d) Ethacrynic Acid (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
W12 e) Furosemide (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>
W12 f) Torsemide (brand name:)	1. No <input type="checkbox"/>	2. Yes <input type="checkbox"/>

Food habits related to thiamine deficiency and food fortification

Food habits	
W13. If you drink tea, do you usually drink it during a meal?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W14. Do you chew fermented tea leaves or betel nuts?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W15. Do you consume African silkworm larvae?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W16. Do you consume raw or fermented fish (paste)?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W17. Do you soak or wash the rice before cooking it?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W18. Do you eat parboiled rice?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
W19. If pregnant or breastfeeding: do you avoid eating certain foods?	1. <input type="checkbox"/> No 2. <input type="checkbox"/> Yes
If yes, W19 a) If yes: which foods? _____	
If yes, W19 b) Why? _____	
Food fortification	
<i>Interviewer shows pictures of thiamine fortified foods consumed locally and asks:</i>	
W20 a) Do you use any of these foods, which are fortified with thiamine? (examples below)	
<input type="checkbox"/> 1. Rice <input type="checkbox"/> 2. Fish sauce <input type="checkbox"/> 3. Wheat product (flour, bread, pasta) <input type="checkbox"/> 4. Other: _____	
<i>If yes, see the label of the food and, if fortification with thiamine is reported, record the amount of thiamine per unit (as described in the label) e.g. 1mg of thiamine per 100g of wheat flour</i>	
W20 b) Level of fortification: ____ mg thiamine/ ____ g (or mL) of _____ (product and brand)	
W21 c) Level of fortification: ____ mg thiamine/ ____ g (or mL) of _____ (product and brand)	

W21. Dietary assessment: 24-h recall

Interviewer says: *Now I'd like to ask you to describe everything that you ate or drank yesterday during the day or night, whether you ate it at home or anywhere else. Please tell us for each meal consumed: the time, place, name of food or drink, preparation method (e.g. roasted, raw, fried) and amount (e.g. using household measures, such as slices, cups, teaspoons, etc.). Let's start with the first food or drink consumed yesterday.*

Did you have anything to eat or drink when you woke up, for breakfast? If yes, at which time? Where were you? What did you eat or drink? How was it cooked or prepared? How much/how many slices/spoons? Anything else?

Repeat the questions for the remaining meals.

Food and drinks	Preparation method (if possible)	Amount (in household measures)
Breakfast Time: Place:		
Mid-morning snack Time: Place:		
Lunch Time: Place:		
Mid-afternoon snack Time: Place:		
Dinner Time: Place:		
Night snack Time: Place:		

W22. Dietary assessment: food frequency questionnaire

Now I'd like to ask you how frequently you eat a list of approximately 45 foods, from a frequency of never to less than once a month, to everyday. How often during 1 week have you eaten the following foods?

	Food	1. Every day (7x/week)	2. 4-6 x/ week	3. 2-3 x/ week	4. 1x / week	5. 1-3 x/ month	6. Never or less than 1x/month
SEAFOOD	1. Fresh raw fish						
	2. Dry raw fish						
	3. Fermented fish						
	4. Cooked fish						
	5. Shellfish						
	6. Other seafood (name): _____						
MEAT	7. Beef (not tinned)						
	8. Pork meat (not tinned)						
	9. Chicken meat (not tinned)						
	10. Liver of animal (name): _____						
	11. Other meat (name): _____						
TINNED FOOD	12. Tinned fish						
	13. Tinned pork						
	14. Tinned beef						
	15. Other tinned food: _____						
DRINKS	16. Tea						
	17. Fruit juice: _____						
	18. Other soft drink: _____						
	19. Beer						
	20. Other alcoholic drink: _____						
CEREALS/ STARCHY ROOTS	21. Rice (circle the most consumed: white or brown or parboiled)						
	22. Cassava						
	23. Taro						
	24. Bread (circle: white or wholegrain)						
	25. Pasta/noodle						
	26. Potatoes						
	27. Other cereals /starchy roots: _____						
FRUIT/ VEG	28. Orange						
	29. Pineapple						
	30. Tamarinds						
	31. Other fruit/veg.: _____						
PULSES	32. Soybeans						
	33. Chickpeas						
	34. Lentils						
	35. Beans						
	36. Other pulses: _____						
	NUTS	37. Seeds: sesame					
38. Other seeds (name): _____							
39. Nuts: peanuts							
40. Other nuts (name): _____							
44. Other: _____							
CONDIMENT S	41. Fish sauce						
	42. Soy sauce						
	43. Bouillon cubes						
	44. Salt						
	45. Other: _____						

W23. Potential food vehicles for fortification

A list of foods that are not fortified with thiamine but could be potential fortification vehicles is selected (examples below). Interviewer says: now I'd like to know where you buy and who produces a few foods (e.g. rice and condiments)

Product	Place of purchase <i>(e.g. supermarket; local market)</i>	Producer (or brand) <i>(e.g. local producer; "Maggi")</i>
Rice		
Salt		
Bouillon cubes		
Fish sauce		
Soy sauce		