

## Large-scale survey on thiamine status: Biomarker module for infants (aged <12 months) (I)

<b>I1. a)</b> Survey ID: Cluster number _____ <b>b)</b> Household number _____ <b>c)</b> Individual number (if available) _____		<b>I2.</b> Date (DD/MM/YYYY): _____
<b>I3.</b> Interviewer name: _____		<b>I4.</b> ID: _____
<b>I5.</b> Date of infant birth (DD/MM/YYYY): _____	<b>I6.</b> Consent obtained: 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <i>If "No", stop here and thank the participant for her/his time.</i> <i>If "Yes", record relationship between infant and the person who will answer the survey on behalf of the infant:</i> <b>I6 a) From:</b> 1. Mother <input type="checkbox"/> 2. Father <input type="checkbox"/> 3. Grandparent <input type="checkbox"/> 4. Other <input type="checkbox"/> _____	
<b>Interviewer notes:</b> use this space to record notes about the interview with this infant's carer, such as call-back times, number of attempts to re-visit, reasons for incomplete interview, etc.		

### Breastfeeding history and use of nutrition supplements

<b>I7.</b> Has the baby ever been breastfed? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If yes, <b>I7 a)</b> for how long? _____ months
<b>I8.</b> Is the baby still breastfed? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> If yes, <b>I8 a)</b> exclusively? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <i>If yes, go to question I10.</i>
<b>I9.</b> Is the infant receiving infant formula? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <i>If yes, ask to see the container of formula and check the label to collect the level of thiamine</i> <b>I9 a)</b> Name of the formula? _____ <b>I9 b)</b> Amount (mL) of prepared formula the infant consumes/day: _____ <b>I9 c)</b> Thiamine content/100mL of prepared formula: _____ mg
<b>I10.</b> Nutrition supplements containing thiamine Is the baby currently taking any vitamin supplements, including multiple micronutrient powders? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <i>If yes, ask to see the bottle/box and check the label to confirm whether it contains thiamine (also known as vitamin B1).</i> If yes, <b>P10 a)</b> amount of thiamine: _____ mg/day; <b>P10 b)</b> since (date): ___/___/_____(DD/MM/YYYY)

### Blood specimen collection

<b>I11.</b> Blood drawn? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <i>If "No", go to the next section.</i> <b>I11a)</b> If yes, date: _____ time: _____ <b>I11b)</b> If yes, biomarker to be analyzed: <input type="checkbox"/> 1. erythrocytes ThDP                      Tube ID : _____ <input type="checkbox"/> 2. whole blood ThDP <input type="checkbox"/> 3. ETKA
<b>Notes:</b> 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 infants (optional)

### History of thiamine deficiency and complementary feeding

<b>I12.</b> Has the baby ever been diagnosed or treated for thiamine deficiency, or beriberi? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <b>I12 a)</b> If yes, age of diagnosis: _____ month(s)
<b>I13.</b> Has the complementary feeding been initiated, i.e. is the baby eating other foods in addition to milk? 1. No <input type="checkbox"/> 2. Yes <input type="checkbox"/> <b>I13 a)</b> If yes, continue to next section. If not, the survey is completed.

### Fortified “family foods” and “baby foods” (commercial foods developed specifically for infants)

<b>I14 a)</b> Interviewer shows pictures of thiamine fortified foods consumed locally by adults and infants and asks: Does the baby eat any of these foods, which are fortified with thiamine? (examples below, infant formula does not count)  If yes, ask to see the label of the “family foods” (such as rice, fish sauce, wheat flour) and the “commercial baby foods” (e.g. instant cereal, baby biscuits) and record the amount of thiamine per unit as described in the label, e.g. 2mg of thiamine per 100g of Cerelac infant cereal  Family foods: <input type="checkbox"/> 1. Rice <input type="checkbox"/> 2. Fish sauce <input type="checkbox"/> 3. Wheat product (flour, bread, pasta) Baby foods: <input type="checkbox"/> 4. Baby cereal <input type="checkbox"/> 5. Baby biscuits <input type="checkbox"/> 6. Other: _____  <b>I14 b)</b> Level of fortification: _____ mg thiamine/ _____ g of _____ (product and brand) <b>I14 c)</b> Level of fortification: _____ mg thiamine/ _____ g of _____ (product and brand) <b>I14 d)</b> Level of fortification: _____ mg thiamine/ _____ g of _____ (product and brand) <b>I14 e)</b> Level of fortification: _____ mg thiamine/ _____ g of _____ (product and brand)
--

### I16. Dietary assessment: food frequency questionnaire (infants, <12 M):

Now I'd like to ask you how frequently your baby eats a list of approximately 30 foods, from a frequency of never to less than once a month, to everyday. How often during the past month have your baby 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
SOLIDS	1. Rice (circle: white or brown or parboiled)						
	2. Cassava						
	3. Pasta/noodles						
	4. Bread/crackers						
	5. Cooked cereals (e.g. oatmeal)						
	6. Commercial baby cereal (brand): _____						
	7. Commercial baby biscuits (brand): _____						
	8. Commercial snack foods (brand): _____						
	9. Crisps / savory snacks (brand): _____						
	10. Meat (pork)						
	11. Meat (liver)						
	12. Meat other: _____						
	13. Fish (name): _____						
	14. Eggs						
	15. Pulses (name): _____						
	16. Fruits (name): _____						
	17. Fruits (name): _____						
	18. Vegetables (name): _____						
	19. Vegetables (name): _____						

	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
	20. Yoghurt or cheese:						
	21. Soup (made of _____)						
	22. Ready meal (made of _____)						
	23. Other (name): _____						
LIQUIDS	24. Water						
	25. Tea						
	26. Milk (cow)						
	27. Tinned or powered milk (brand): _____						
	28. Fruit/vegetable juice (name): _____						
	29. Soft drink (brand): _____						
	30. Other liquid (name): _____						