1. **ID**

| ID.1   | Child name: __________________ |
|-------|-----------------------------|
| ID.2   | Child sex:  1.male  2.female |
| ID.3   | Child birthdate (Solar calendar): __ __ __ __y__ __m__ __d |
| ID.4   | Education of mother:  
|       | 1.primary school and below  
|       | 2.Junior high school  
|       | 3.High school  
|       | 4.University  
|       | 5.graduate and above |
| ID.5   | Age of mother: __ __ years old |
| ID.6   | Hukou of mother? 1.Urban  2.Rural |
| ID.7   | Phone number: __________________ |

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

**Feeding knowledge.**

| 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) __ __ months [0=less than one month, 88=Don’t know] |

**Feeding practice.**

| 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—> ship to Q26 |
| 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 |


| Question | Options |
|----------|---------|
| Q1 | Yes | No |
| Yesterday during the day or night, did your child drink/eat any the following food group items? | |
| 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 |

**Information sources**

Where do you get information about breastfeeding?

| Question | Options |
|----------|---------|
| 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 |