

ENEWETAK DIET SURVEY		PAGE 1 OF 3
HOUSEHOLD DIET QUESTIONNAIRE	DATE	HOUSEHOLD QUESTIONNAIRE NR

PARENTS

Name of Father	Name of Mother
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CHILDREN

Boys		GIRLS	
NAME	AGE	NAME	AGE
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	
11		11	
12		12	

TOTAL NUMBER OF CHILDREN

OTHER HOUSEHOLD MEMBERS

MALES		FEMALES	
NAME	AGE	NAME	AGE
1		1	
2		2	
3		3	
4		4	
5		5	
6		6	

TOTAL NUMBER OF OTHER HOUSEHOLD MEMBERS

TOTAL NUMBER IN HOUSEHOLD

SUMMARY BY AGE GROUP	0-3		36-50
	4-12		51-70
	13-21		71-80
	22-35		81-100

5009500

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HOUSEHOLD DIET QUESTIONNAIRE

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TYPICAL HOUSEHOLD MEALS

TYPICAL MEAL NO 1

Persons who take this meal (define by age or other appropriate terms):

Time when this meal is taken:

- Morning
- Noon
- Night

- Normal times
- Famine times

List all FOOD items included in this meal:

List all BEVERAGE items included in this meal:

TYPICAL MEAL NO 2

Persons who take this meal:

Times:

- Morning
- Noon
- Night

- Normal times
- Famine times

Food items:

BEVERAGE items:

TYPICAL MEAL NO 3

Persons who take this meal:

Times:

- Morning
- Noon
- Night

- Normal times
- Famine times

FOOD items:

BEVERAGES:

TYPICAL MEAL NO 4

Persons who take this meal:

Times:

- Morning
- Noon
- Night

- Normal times
- Famine times

FOOD items:

BEVERAGE items:

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HOUSEHOLD DIET QUESTIONNAIRE

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TYPICAL HOUSEHOLD MEALS

TYPICAL MEAL NR 5

Persons who take this meal (define by age or other appropriate terms):

Time when this meal is taken:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Normal times |
| <input type="checkbox"/> Noon | <input type="checkbox"/> Famine times |
| <input type="checkbox"/> Night | |

List all FOOD items included in this meal

List all BEVERAGE items included in this meal:

TYPICAL MEAL NR 6

Persons who take this meal:

Times:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Normal times |
| <input type="checkbox"/> Noon | <input type="checkbox"/> Famine times |
| <input type="checkbox"/> Night | |

Food items:

BEVERAGE items:

TYPICAL MEAL NR 7

Persons who take this meal:

Times:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Normal times |
| <input type="checkbox"/> Noon | <input type="checkbox"/> Famine times |
| <input type="checkbox"/> Night | |

FOOD items:

BEVERAGES:

TYPICAL MEAL NR 8

Persons who take this meal:

Times:

- | | |
|----------------------------------|---------------------------------------|
| <input type="checkbox"/> Morning | <input type="checkbox"/> Normal times |
| <input type="checkbox"/> Noon | <input type="checkbox"/> Famine times |
| <input type="checkbox"/> Night | |

FOOD items:

BEVERAGE items:

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