				For parents of the child aged 25-60 n	onths	
		B2 Parenting				
1) In the past month, what type of m	ilk did you feed the child? (Check the Ros	ter,in case the child was not fed with breast milk, please skip to no	.B)			
A: breast milk	1- yes (skip to B) 3- no					CC1A
A1- How old was the child was	when you stopped breast feeding? (recor	d 2 digit number e.g. 1 month, record "01")				CC1A1
				_		
B: Other milk 1- yes(in case of answer 1 in the Roster, please skip to ask no. 3- no (skip to ask no. 3)				]		CC1B
B1- How old was the child was	when you started to feed him/her with other			CC1B1		
ask 2A-2C in each item and recor	d in table 1					
2A) In the past week, what type of mil	k did you feed the child? (inclu 1-yes	3-no (skip to ask next item)		use CARD with interview		

Table 1 In the past week	CC2A		CC2C
Type of milk	Drink?	explain detials	unit
1 Powdered milk			ounce
2 Bag milk/Pasteurized milk			bag/bottle
3 UHT milk (sterilize)			box
4 Soy milk			bag/bottle/box
5 Drinking yogurt/Yakult			box/bottle
6 Sweet condensed milk (as a substitute for milk) 7 Evaporated milk (as a substitute for milk)			can
			can
8 Yogurt			cup
9 Others			

2B) Specify average quantity of milk per week (box/bag/bottle/glass)

For central staff	
CC2B	
average quantity	
per week	
	ı

3) Do you think the child currently develops malnutrition?	1-yes 3-no (skip to ask 4B)				CC15
3A) What do you do?		•			CC15A
4 Since last interview, has the child had vitamin or supplementary food?	1-yes 3-no (skip to ask 5B)				CC3
4B) Since last interview, what kind of vitamin has the child had? (In case of none, rec	ord "0")	•			ССЗВ
4C Since last interview, has the child had supplementary food e.g. chicken essence	bird's nest ?(in case of none, record "0" in number of times)		Ī	No. of times	CC3CA
Frequency code 1- every day 3- every week 5- every month 7- every 6 mo	nths 9- every year 11- others		ССЗСВ	COC	de CC3CC
5B) Since last interview, has the child regularly drunk boiled, filtered or bottled water	?	1-yes 3-no	]		CC4B
6A) Since last interview, has your child eaten the following food?	1-yes 3-no (skip to next i 9- Others (skip to D) and record deta	ails in interviewer record	use C.	ARD with intervi	ew
6B) How many days per month did your child have the following food?					
In the past month			yes / no		day per month
1 vegetable (including cooked, dried, grilled, boiled vegetable) )				CC5A1	CC5B1
2 Eggs, meat and meat products				CC5A2	CC5B2
3 Seafood e.g. mackerel, squid				CC5A3	CC5B3
4 Softdrink				CC5A4	CC5B4
				CC5A5	CC5B5
				000,10	GGGBG
				CC5A6	CC5B6

							For	central staff
7A) How many hours per week does the father ta	ike care of thi	s child? (In case the father lives or	utside the household, reco	ord "NA".)				CC6A
Monday-Friday (might include Saturday)		Before going to school	(CC6AA)	to	(CC6AB)			
		After school (until going to bed) .		Has this child moved household?	to	(CC6AD)		
	or	(quantity hours)	CC6AG					
		(quantity days)	CC6AH					
Saturday-Sunday or Holidays	Since	(CC6AE)	to(CC6	<mark>A</mark> F)				
	or	(quantity hours)	CC6AI					
		(quantity days)	CC6AJ					
7B) How many hours per week does the mother to	take care of th	nis child? (In case the mother lives	outside the household, re	ecord "NA".)				CC6B
Monday-Friday (might include Saturday)		Before going to school	(CC6BA)	to	(CC6BB)			
		After school (until going to bed) .			(CC6BC) to	(CC6BD)		
	or	(quantity hours)	CC6BG					
		(quantity days)	СС6ВН					
Saturday-Sunday or Holidays		Since (CC	6BE) to	(CC6BF)				
	or	(quantity hours)	CC6BI					
		(quantity days)	CC6BJ					
7C) How many hours per week do you take care	of this child	?						CC6C
(In case the father or mother of child is the	primary care	giver and no other member is the	primary caregiver, please	record "NA" in CC6C)				
Monday-Friday (might include Saturday)		Before going to school	(CC6CA)	to	(CC6CB)			
		After school (until going to bed) .			(CC6CC) to	(CC6CD)		
	or	(quantity hours)	CC6CG					
		(quantity days)	CC6CH					
Saturday-Sunday or Holidays		Since	(CC6CE) to	(CC6CF)				
	or	(quantity hours)	CC6CI		_			
		(quantity days)	CC6CJ					

	8)	Ask	A-H	and	record	in	table	2
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Apart from vo	ı was the	child take	n care of by	the followi	ing people?

A- At present, is the child receiving care from the following 1-yes 3-no (skip to next person)

B- Identify Member ID of household member (in case the caregiver is one of the relatives. )

C- specify relationship with the child (see code)

D- When did the child strart to receive care from that person?

DA- month

DB- year

E- How many hours per week does child receive care from that person?

F-What is the monthly average amount the household member pays a caregiver or a childcare center?

(If none, record "0" and skip to HA)

G- Does the expense include lunch meal?

1-yes 3-no

H- In case the child is enrolled in a childcare center, ask the following questions

HA- Identify total number of children in classroom

HB- Identify number of teacher / caregiver in classroom

	1- household head	21- grand parents : mother side			
	3- husband / wife	23- father/mother-in-law (paretnts of wife)			
	5- father / mother	25- father/mother-in-law (parents of husband)			
- 1	7- son / daughther	27- son/doughter-in-law			
9- brother / sister / younger brother / younger sister					
	11- grand son / grand daughter	29- sister in law / brother-in-law			
	13- cousin	31- grandson/grand daughter-in-law			

15- uncle, aunt : father side 33- cousin-in-law
17- uncle, aunt: mother side 35- relatives
19- grand parents : father side 37- non-relatives

Code: relationship with child

Table 2	CC7	CC7A	СС7В	CC7C	CC7C_code	CC7DA	CC7DB	CC7E	CC7F	CC7G	СС7НА	СС7НВ
B2_tab	ole2	take care?	Member	relationship	relationship	month	1400#	take care	payment	lunch	number	number
NO.	Category	take care?	ID	with the child	reiationsnip	month	year	(hr/week)	(baht/month)	lunch	of children	of teacher
1 childo	care center		NA	NA	NA							
2 babys	sitter**		NA	NA	NA						NA	NA
3 relativ	ves outside the household		NA								NA	NA
4 relativ	ves inside the household								NA	NA	NA	NA
5 others	s, specify										NA	NA
6 others	s, specify										NA	NA
7 others	s, specify										NA	NA
8 others	s, specify										NA	NA
9 others	s, specify										NA	NA
10 others	s, specify										NA	NA

<sup>\* &</sup>quot;child care center" means a place to raise children ex. nursery (excluding child development center, kindergarten)

<sup>\*\*&</sup>quot;babysitter" means the person who is hired to take care of child at home.(excluding nursery, relatives outside household)

9G)	Regarding the child's eating behavior, do you still no	eed to follow and feed the child?	1- yes	3- no		CC10G
10) <b>M</b>	edia exposure and influence of media on children					
	I: How often does the child watch television or mobile	phone/ tablet/ iPad while eating?				CC11I
	1- never 3- sometimes 5- often					
(	: In the past week, did you restrict the television prog	rams for the child?				CC11C
	1- yes (restricted) 3- no (The child can w	vatch any program)	5- The child did not watch television			
E	E: Does your household connect to the internet via con	nputor, Ipad, teblet, or mobile phone?	1-yes 3-no			CC11E
11) Th	ne response of parents to the child					
A	A: Since last interview, has the child's father participate	ed in child rearing?	(Only giving money is not considered a	s participating in child rearing)		CC13A
	1- never (skip to B)	3- sometimes	5- often			
	If yes, please specify how					CC13A_des
E	3: Since last interview, have you and your household m	nembers planned and discussed on goo	od practice on child rearing?			CC13B
	1- never (skip to H)	3- sometimes	5- often			
	If yes, please specify how?					CC13B_des
	I: At present, how dangerous is the community to the d	child?				CC13I
	1- not at all	3- somewhat	5- much			
					<u></u>	
12) In	terviewer's note					CC14