

## DIETARY DIVERSITY QUESTIONNAIRE <sup>1</sup>

Please describe the foods (meals and snacks) that you ate yesterday during the day and night, whether at home or outside the home. Start with the first food eaten in the morning.

**[Household level: consider foods eaten by any member of the household, and exclude foods purchased and eaten outside of the home]**

Question number	Food group	Examples	YES=1 NO=0
1	CEREALS	bread, noodles, biscuits, cookies or any other foods made from millet, sorghum, maize, rice, wheat + <i>insert local foods e.g. ugali, nshima, porridge or pastes or other locally available grains</i>	
2	VITAMIN A RICH VEGETABLES AND TUBERS	pumpkin, carrots, squash, or sweet potatoes that are orange inside + <i>other locally available vitamin-A rich vegetables(e.g. sweet pepper)</i>	
3	WHITE TUBERS AND ROOTS	white potatoes, white yams, cassava, or foods made from roots.	
4	DARK GREEN LEAFY VEGETABLES	dark green/leafy vegetables, including wild ones + <i>locally available vitamin-A rich leaves such as cassava leaves etc.</i>	
5	OTHER VEGETABLES	other vegetables (e.g. tomato, onion, eggplant) , including wild vegetables	
6	VITAMIN A RICH FRUITS	ripe mangoes, cantaloupe, dried apricots, dried peaches + <i>other locally available vitamin A-rich fruits</i>	
7	OTHER FRUITS	other fruits, including wild fruits	
8	ORGAN MEAT (IRON-RICH)	liver, kidney, heart or other organ meats or blood-based foods	
9	FLESH MEATS	beef, pork, lamb, goat, rabbit, wild game, chicken, duck, or other birds	
10	EGGS		
11	FISH	fresh or dried fish or shellfish	
12	LEGUMES, NUTS AND SEEDS	beans, peas, lentils, nuts, seeds or foods made from these	
13	MILK AND MILK PRODUCTS	milk, cheese, yogurt or other milk products	
14	OILS AND FATS	oil, fats or butter added to food or used for cooking	
15	SWEETS	sugar, honey, sweetened soda or sugary foods such as chocolates, sweets or candies	
16	SPICES, CONDIMENTS, BEVERAGES	spices(black pepper, salt), condiments (soy sauce, hot sauce), coffee, tea, alcoholic beverages OR <i>local examples</i>	
			YES=1 NO=0
Individual level only	Did you eat anything (meal or snack) OUTSIDE of the home yesterday?		
Household level only	Did you or anyone in your household eat anything (meal or snack) OUTSIDE of the home yesterday?		

<sup>1</sup> FAO/Nutrition and Consumer Protection Division, version of May, 2007. Please acknowledge FAO in any documents pertaining to use of this questionnaire.

<sup>2</sup> This questionnaire may be used for any individual above the age of three years. For children under three, the dietary diversity questionnaire used in DHS surveys for young children is more appropriate.