

SWS Serial Number



12 MONTH INFANCY QUESTIONNAIRE

Mother's forename only: _____

Infant's forename only: _____

[Nurse to refer to salmon card to ensure child's name is correct, and record any changes thereon. Also to request additional telephone number, for tracing purposes if family move]

Infant's date of birth

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex M=Male ☐
 F=Female

Date of interview

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Interviewer

<input type="text"/>	<input type="text"/>
----------------------	----------------------

I would firstly like to ask you about your baby's feeding. I'll start with questions about the type of milk or formula he/she has had.

1 MILK OR FORMULA FEEDING

1.1 Was he/she breast fed after the age of 6 months?

0. No *go to 1.10*
 1. Yes

☐

1.2 Are you still breast feeding?

0. No *go to 1.4*
 1. Yes

☐

1.3 *What is the **main** reason for continuing to breast feed?

1. Enjoyment
2. Best for baby / prevention of allergies
3. Cheaper
4. Baby prefers it or refuses other feeds
5. Convenience
8. Any other / multiple reasons, e.g. help lose weight, so sleeps through night

☐

go to 1.5

1.4 How old was your baby when he/she last had a breast feed?

mths wks days

or

On what date did he/she last have a breast feed?

d d m m y y

If not breast fed in past 4 wks go to 1.9

1.5 I am now going to ask you about the breast milk your baby has had in the **past 4 weeks**.

Not including expressed breast milk, can you tell me how many days out of the past 4 weeks (28 days) he/she was breast fed? On average, how many feeds per day did he/she receive on these days? How long on average was he/she actively sucking **per day** on these days?

Number of days in the past 28 days	Number of feeds per day	Total time actively sucking per day
<input type="text"/>	<input type="text"/>	<input type="text"/> hrs <input type="text"/> <input type="text"/> mins

1.6 In the **past 4 weeks** did he/she have any expressed breast milk?

0. No *go to 1.8*
 1. Yes

1.7 How many days out of the past 4 weeks (28 days) did he/she have expressed breast milk? On average, how many times per day did he/she have expressed breast milk on these days? What was the average amount of milk **per day** on these days?

Number of days in the past 28 days	How many times per day	Total volume per day							
		oz				mls			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

1.8 Except for breast milk, has he/she had any other milk or formula in the past 6 months?

0. No *go to section 2*
 1. Yes

1.9 How old was your baby when he/she started regularly having other milk or formula feeds from a bottle or cup, OR FOR MIXING WITH SOLIDS?

mths wks days

or

On what date did he/she start regularly having milk or formula feeds?

d d m m y y

- 1.10** *Please tell me which types of milk or formula you have used between 6 months and now, and what age your baby was when it was started and stopped, or on what date it was started and stopped.

Use 88's if still using

Name of formula	Formula code	Age started			Age stopped (month/day)			Date started	Date stopped
		mths	wks	days	mths	Wks	days		

- 1.11** *Can you tell me the types of milk or formula he/she has had in the past 4 weeks? How many days out of the past 4 weeks (28 days) was *type of milk* given? How many times per day was *type of milk* given? *What was the average amount of *type of milk* **per day** on these days? *Repeat for any other types of milk used.*

Type of milk or formula	Formula /milk code	Number of days in the past 28	How many times per day	Total volume per day									
				oz					mls				
						.							
						.							
						.							
						.							

2 FOOD FREQUENCY QUESTIONNAIRE

Now I am going to ask you about the **foods** your baby has eaten in the **past 4 weeks**. I will ask you how often he/she has eaten certain foods and also the amount of food eaten. You should only include food actually eaten, do not include food that was left over or spilled. For some foods, I will show you drawings and models to help you estimate the amount of food. Your baby may sometimes be fed by a relative, friend or someone else. If you know the type of food and approximate amount eaten at these times please include them. *Explain the use of spoons, cups, bowl and diagrams.*

2.1 *Did your baby eat any dried baby foods in the past 4 weeks?

0. No *go to 2.3*

1. Yes

☐

2.2

	Food	Never	1-3 per month	Number of times per week							More than once a day	Brand code	Average no. of tablespoons <u>dried</u> on each occasion			
				1	2	3	4	5	6	7						
1	Dried baby cereals	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
2	Dried meat or fish based meals	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
3	Dried vegetable, pasta or rice based meals	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
4	Dried desserts	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	

2.3 *Did your baby eat any jars, tins or pots of baby foods in the past 4 weeks? 0. No *go to 2.5*

1. Yes

☐

2.4

	Food	Never	1-3 per month	Number of times per week							More than once a day	Brand code	Size of jar/tinA	Average number of jars on each occasion		
				1	2	3	4	5	6	7						
5	Breakfast meals such as porridge	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
6	Meat or fish based meals	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
7	Vegetable, pasta or rice based savoury meals	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
8	Milk or cereal based desserts	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
9	Fruit based desserts, not including pure fruit puree	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
10	Pure fruit puree	0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	
		0	0.5	1	2	3	4	5	6	7					.	

A 1 = Small size (100-150 g) Usually from 4 months
2 = Medium size (160-200 g) Usually from 7 months

3 = Large size (220-250 g) Usually from 12 months

2.5

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving
				1	2	3	4	5	6	7		
Bread and crackers												
11	White bread	0	0.5	1	2	3	4	5	6	7		No. of slices <input type="text"/> <input type="text"/>
12	Brown and wholemeal bread	0	0.5	1	2	3	4	5	6	7		No. of slices <input type="text"/> <input type="text"/>
13	Crackers, cheese biscuits and breadsticks	0	0.5	1	2	3	4	5	6	7		No. of crackers ritz = 1, baby breadstick = 1 <input type="text"/> <input type="text"/> adult breadstick and cream cracker = 2
Breakfast cereals												
14	Breakfast cereals and porridge	0	0.5	1	2	3	4	5	6	7		No. of tbsp dried 1 Weetabix = 4 <input type="text"/> <input type="text"/> <input type="text"/>
What are the main types of cereal used?		Type									Brand	
		Type									Brand	
		Type									Brand	
Potatoes, rice and pasta												
15	Boiled and baked potatoes	0	0.5	1	2	3	4	5	6	7		No. of egg size 1 av. scoop (1/4 cup) = 1 <input type="text"/> <input type="text"/>
16	Chips, potato shapes and roast potatoes	0	0.5	1	2	3	4	5	6	7		McDonald's = 2 1 Waffle or 2 croq.= 1 <input type="text"/> <input type="text"/>
17	Rice	0	0.5	1	2	3	4	5	6	7		No. of tablespoons cooked <input type="text"/> <input type="text"/> <input type="text"/>
18	Pasta	0	0.5	1	2	3	4	5	6	7		No. of tbsp cooked <input type="text"/> <input type="text"/> <input type="text"/>

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving	
				1	2	3	4	5	6	7			
Meat and fish													
19	Chicken or turkey in batter or breadcrumbs	0	0.5	1	2	3	4	5	6	7		1 nugget = 0.5 1 stick = 1 1 burger = 3	<input type="text"/> <input type="text"/> . <input type="text"/>
20	Beefburgers	0	0.5	1	2	3	4	5	6	7		1 burger = 4	<input type="text"/> <input type="text"/> . <input type="text"/>
21	Bacon and gammon	0	0.5	1	2	3	4	5	6	7		1 rasher back/streaky = 1 1 whole rasher = 2	<input type="text"/> <input type="text"/> . <input type="text"/>
22	Sausages	0	0.5	1	2	3	4	5	6	7		1 thin chipolata = 1 1 large = 2	<input type="text"/> <input type="text"/> . <input type="text"/>
23	Meat casseroles, stews, and curries	0	0.5	1	2	3	4	5	6	7		no. of tablespoons (not incl. potato topping)	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
24	Roast, grilled or fried meat	0	0.5	1	2	3	4	5	6	7		chicken breast = 4 average slice = 1	<input type="text"/> <input type="text"/> . <input type="text"/>
25	Liver, kidney and faggots	0	0.5	1	2	3	4	5	6	7		faggot = 4 see drawing	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
26	Meat pies and sausage rolls	0	0.5	1	2	3	4	5	6	7		see drawing individual meat pie = 4	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
27	Ham and processed cold meats	0	0.5	1	2	3	4	5	6	7		average slice = 1 see drawing	<input type="text"/> <input type="text"/> . <input type="text"/>
28	Fish in batter or breadcrumbs	0	0.5	1	2	3	4	5	6	7		fish finger = 1 triangle shape = 3 chip shop fish = 5	<input type="text"/> <input type="text"/> . <input type="text"/>
29	Other white fish	0	0.5	1	2	3	4	5	6	7		drawing 4 tbsp = 1	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>
30	Oily fish	0	0.5	1	2	3	4	5	6	7		no. of tablespoons std can tuna = 13	<input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/>

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving	
				1	2	3	4	5	6	7			
Vegetables													
31	Tinned peas, carrots, sweetcorn and mixed vegetables	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
32	Carrots	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
33	Peas and green beans	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
34	Sweetcorn	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
35	Broccoli, cabbage, spring greens and Brussels sprouts	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
36	Cauliflower	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
37	Tomatoes	0	0.5	1	2	3	4	5	6	7		1 tbsp tinned = 1 medium tomato = 5	<input type="text"/> <input type="text"/>
38	Green salad	0	0.5	1	2	3	4	5	6	7		1 lettuce leaf = 1 3 slices cucumber = 1	<input type="text"/> <input type="text"/>
39	Beans and pulses	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/>
Other meal items													
40	Vegetarian burgers, sausages and nuggets	0	0.5	1	2	3	4	5	6	7		1 burger = 2 1 thin saus = 1 1 lge saus = 2 1 nugget = 0.5	<input type="text"/> <input type="text"/>
41	Pizza	0	0.5	1	2	3	4	5	6	7		see drawing	<input type="text"/> <input type="text"/>
42	Quiche and savoury flan	0	0.5	1	2	3	4	5	6	7		see drawing	<input type="text"/> <input type="text"/>
43	Eggs	0	0.5	1	2	3	4	5	6	7		no. of eggs	<input type="text"/> <input type="text"/>

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving
				1	2	3	4	5	6	7		
44	Cheese	0	0.5	1	2	3	4	5	6	7		1 tbsp grated = 0.5 1 slice (see drawing) = 1 <input type="text"/> <input type="text"/> 1 tbsp cottage = 1 small triangle = 1
45	Savoury white sauce	0	0.5	1	2	3	4	5	6	7		no. of tablespoons <input type="text"/> <input type="text"/> <input type="text"/>
Fruit												
46	Tinned fruit	0	0.5	1	2	3	4	5	6	7		no. of tablespoons <input type="text"/> <input type="text"/> <input type="text"/> 1 can fruitini = 8 tbsp
47	Apples and pears	0	0.5	1	2	3	4	5	6	7		1 whole fruit = 1 <input type="text"/> <input type="text"/> <input type="text"/> 6 tbsp cooked fruit = 1
48	Bananas	0	0.5	1	2	3	4	5	6	7		no. of bananas <input type="text"/> <input type="text"/> <input type="text"/>
49	Oranges and satsumas	0	0.5	1	2	3	4	5	6	7		satsuma = 1 <input type="text"/> <input type="text"/> <input type="text"/> orange = 3
50	Peaches, nectarines, melon	0	0.5	1	2	3	4	5	6	7		1 peach/nectarine <input type="text"/> <input type="text"/> <input type="text"/> 1 thin slice melon
51	Strawberries, raspberries, mango and kiwi	0	0.5	1	2	3	4	5	6	7		kiwi = 1, mango = 3 <input type="text"/> <input type="text"/> <input type="text"/> 5 strawberries = 1 15 raspberries = 1
52	Plums, cherries and grapes	0	0.5	1	2	3	4	5	6	7		plum = 1 <input type="text"/> <input type="text"/> <input type="text"/> 10 cherries/grapes = 1

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving		
				1	2	3	4	5	6	7				
Desserts														
53	Yoghurt and fromage frais	0	0.5	1	2	3	4	5	6	7		Weight (grams) small pot approx 50g average pot approx 100g	<input type="text"/> <input type="text"/> <input type="text"/>	
	1) Ordinary wholemilk 2) Ordinary low fat 3) Danone baby fromage frais made with follow on milk			4) Onky Blok fromage frais with added vitamins			5) Tescos fromage frais with added vitamins				88) Other	<input type="text"/> <input type="text"/>		
			 <i>for multiple types use 77</i>										
54	Other ready made desserts in pots	0	0.5	1	2	3	4	5	6	7		average pot = 1	<input type="text"/> <input type="text"/>	
55	Ice-cream	0	0.5	1	2	3	4	5	6	7		no. of tablespoons mini milk = 2 1scoop=4	<input type="text"/> <input type="text"/> <input type="text"/>	
56	Custard and sweet white sauce	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/> <input type="text"/>	
57	Other puddings	0	0.5	1	2	3	4	5	6	7		no. of tablespoons	<input type="text"/> <input type="text"/> <input type="text"/>	
Cakes, biscuits and snacks														
58	Cakes, buns and pastries	0	0.5	1	2	3	4	5	6	7		small cake e.g.. mini-roll = 1 bun / scone = 2	<input type="text"/> <input type="text"/>	
59	Chocolate and digestive biscuits	0	0.5	1	2	3	4	5	6	7		chocolate finger = 1/2 digestive size = 1 wrapped biscuit = 2	<input type="text"/> <input type="text"/>	
60	Other biscuits	0	0.5	1	2	3	4	5	6	7		no. of average biscuits	<input type="text"/> <input type="text"/>	

	Food	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving	
				1	2	3	4	5	6	7			
61	Chocolate	0	0.5	1	2	3	4	5	6	7		fun/treat size Mars etc = 1 3 squares chocolate = 1 average bag buttons = 2	<input type="text"/> . <input type="text"/>
62	Sweets	0	0.5	1	2	3	4	5	6	7		fun size bag = 1 average bag = 2	<input type="text"/> . <input type="text"/>
63	Crisps and savoury snacks	0	0.5	1	2	3	4	5	6	7		1 average bag	<input type="text"/> . <input type="text"/> <input type="text"/>
Spreads													
64	Marmite and Bovril	0	0.5	1	2	3	4	5	6	7		no. of teaspoons 1 sl bread = 0.3 tsp	<input type="text"/> . <input type="text"/> <input type="text"/>
65	Peanut butter	0	0.5	1	2	3	4	5	6	7		no. of teaspoons 1 sl bread = 2 tsp	<input type="text"/> . <input type="text"/> <input type="text"/>
66	Jam and sweet spreads	0	0.5	1	2	3	4	5	6	7		no. of teaspoons 1 sl bread = 2 tsp	<input type="text"/> . <input type="text"/> <input type="text"/>
67	Butter and margarine	0	0.5	1	2	3	4	5	6	7		no. of teaspoons 1 sl bread = 1.5 tsp	<input type="text"/> . <input type="text"/> <input type="text"/>
Miscellaneous													
68	Sugar	0	0.5	1	2	3	4	5	6	7		no. of teaspoons	<input type="text"/> <input type="text"/> . <input type="text"/>

	Drinks	Never	1-3 per month	Number of times per week							More than once a day	Average amount per serving <i>Standard beaker approx 8oz</i>	
				1	2	3	4	5	6	7		No. of ozs	No. of std beakers
69	Baby juices	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
70	Pure fruit juice	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
71	Fruit drinks	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
72	Ribena, C-vit and high juice blackcurrant squash (<i>amt. diluted</i>)	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
What is the main type?		1) Ordinary Ribena, C-vit and hi juice blackcurrant		2) Ribena light		3) Really Light Ribena		4) Low sugar hi juice blackcurrant		5) Other		<input type="text"/>	
73	Squash, not including low calorie (<i>amount when diluted</i>)	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
74	Low cal squash (<i>amount when diluted</i>)	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
75	Fizzy drinks, not including low calorie	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
76	Low calorie fizzy drinks	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
77	Tea (<i>amount without milk</i>)	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
78	Water	0	0.5	1	2	3	4	5	6	7		<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

2.6 Is there anything else he/she has had to eat or drink 4 or more times (that is, about once a week or more) in the past 4 weeks that we have not already included?

0. No

go to 2.8

☐

1. Yes

2.7

Brand/Description	Number of times per week							More than once a day	Average amount per serving	Code	Weight
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				
	1	2	3	4	5	6	7				

[Note: Nurse to see Lynne Marriott if items exceed 10.]

- 2.8** On average over the past 4 weeks, how many meals per week were given to your baby by someone other than yourself?

None go to 2.10

- 2.9** *How many of the meals given by others were you able to include in the previous questions?

- 0. None
- 1. Some
- 2. Most
- 3. All

- 2.10** During the past 4 weeks have you given him/her any vitamins or minerals, including iron and fluoride drops?

- 0. No *go to section 3*
- 1. Yes

- 2.11** *If yes, please state which:*

Supplement Name	Code	How many days in the last 28?	Is it: 1)tablet 2)drops 3) other? (state) 4) liquid	No. of stated units per day
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			

3 INTRODUCTION OF FOODS

Now I'd like to ask you about when various foods were first introduced to your baby.

3.1 Was he/she eating solid foods by 6 months of age?

0. No

1. Yes *go to section 4*

☐

3.2 How old was he/she when solids were first regularly introduced?

or mths wks days

On what date were solids first regularly introduced?

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3.3 What was the first solid food he/she regularly ate?

Use separate coding sheet

Use 88 for multiple foods

4 BOTTLE USE

4.1 Can he/she drink from an ordinary cup or glass, or have you never tried?

0. No

1. Yes

2. Never tried

☐

4.2 *Does he/she have the following drinks from a bottle, cup, both or never has it?

Tick as appropriate

Drink	Bottle	Cup/beaker	Both	Never has it
Milk or formula				
Water				
Fruit juice or other soft drinks				

5 BABY'S ILLNESSES

I would just like to ask a few questions about any illnesses the baby might have had **since we last visited you when your baby was about six months old.** (*Give date of last visit*)
(Prolonged period with <1 week break between bouts - enter 88)

- 5.1** Has he/she had any episodes of chestiness associated with wheezing or whistling in his/her chest? (includes wheezy bronchitis, asthma)

No 0. go to 5.3

Yes - number of times

--	--

- 5.2** How old was he/she at the start of the first episode ?

--	--

 mths

--

 wks

--

 days

- 5.3** In the past six months, other than during the first week of a cold, has he/she woken at night with coughing for 3 or more nights in a row?

0. No

1. Yes

--

- 5.4** In the past six months has he/she ever been diagnosed by a doctor as having had pneumonia or bronchiolitis?
(don't include bronchitis or "chest infection")

No 0.

Yes – number of times

--	--

- 5.5** In the past six months, has he/she ever been diagnosed by a doctor as having had a chest infection or bronchitis ?
(includes wheezy bronchitis)

No 0.

Yes – number of times

--	--

- 5.6** In the past six months, has he/she had any episodes of croup or a croupy cough ?
(i.e. a barking cough worse at night)

No 0.

Yes – number of episodes

--	--

- 5.7** In the past six months, has he/she had any bouts of vomiting lasting 2 days or longer ?
(do not include possetting or regurgitation)

No 0.

Yes – number of bouts

--	--

- 5.8** In the past six months, has he/she had any bouts of diarrhoea lasting 2 days or longer ?
(probe; diarrhoea=frequent unformed stools)

No 0.

Yes – number of bouts

--	--

- 5.9** In the past six months, has he/she ever been diagnosed by a doctor as having an ear infection ?

No 0.

Yes – number of times

--	--

6 ANTIBIOTICS & ANTIHISTAMINES

I'd now like to ask about your child's treatment with antibiotics and/or antihistamines prescribed by a doctor or hospital **at any time since birth**.

6.1 Has he/she ever been given antibiotics as a treatment?

0. No *go to 6.4*
1. Yes

☐

6.2 How old was he/she when first given them?

 mths wks days

or on what date was he/she first given them ?

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6.3 How many times have they been prescribed for him/her?

(Prolonged period with <1 week break between bouts - enter 88)

6.4 Has he/she had any antihistamine syrup in the last 7 days?

0. No
1. Yes

☐

7 SKIN CONDITIONS

7.1 Has he/she had an itchy skin condition **at any time in the past six months** - by itchy we mean scratching or rubbing the skin a lot ? *(exclude chicken pox)*

0. No *go to 7.4*
1. Yes

☐

7.2 Has this skin condition affected **the cheeks, the outer arms or legs**, or the **skin creases** in the past - by skin creases we mean the folds of the elbows, behind the knees, the fronts of the ankles, or around the eyes ?

0. No
1. Yes

☐

7.3 How old was he/she when the rash **first** appeared ?

 mths wks days

7.4 In the past six months, has he/she suffered from a generally dry skin ?

0. No
1. Yes
8. To a minor degree

☐

7.5 *In the past six months, has he/she had a **scaly, or red and weeping** skin rash affecting any of the following areas:

- | | |
|--|--------------------------|
| A) the scalp or behind the ears (including "cradle cap") | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| B) around the neck | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| C) the cheeks or forehead | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| D) either the folds of the elbows or behind the knees | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| E) the forearms, wrists, shins or ankles | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| F) the shoulders, chest, tummy or back | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| G) in the armpits | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |
| H) the nappy area (including nappy rash) | |
| 0. No | <input type="checkbox"/> |
| 1. Yes | |

If **yes to (C), (D), (E), (F) or (G)**,

have you ever been able to clearly link a rash on his/her face, trunk or limbs with teething?

- | | |
|--------|--------------------------|
| 0. No | <input type="checkbox"/> |
| 1. Yes | |

or with specific foods

- | | |
|------------------------------|--------------------------|
| 0. No <i>go to section 8</i> | <input type="checkbox"/> |
| 1. Yes | |

7.6 If yes, which foods? _____

8 ALLERGIES

One of the things we are trying to determine is why some children become allergic to cats & dogs whereas many others don't.

8.1 I would first like to ask whether you have **kept a cat** at home at any time in the past six months?

0. No *go to 8.3*

1. Yes

☐

8.2 If yes, and offered, is the cat kept: *if yes & not offered, go to 8.5*

1. Only in a separate room

go to 8.5

2. Only outside the house

go to 8.5

☐

8.3 *How often has he/she **visited homes that keep a cat or cats** in the past six months?.

0. Never

1. Infrequently (once a month or less)

2. Fairly frequently (several times a month)

3. Frequently (several times a week)

4. Every day or almost every day

☐

8.4 If yes, and offered, is the cat kept:

1. Only in a separate room

2. Only outside the house

☐

8.5 And similarly, have you **kept a dog** at home at any time in the past six months?

0. No *go to 8.7*

1. Yes

☐

8.6 If yes, and offered, is the dog kept: *if yes & not offered, go to section 9*

1. Only in a separate room

go to section 9

2. Only outside the house

go to section 9

☐

8.7 *How often has he/she **visited homes that keep a dog or dogs** in the past six months?

0. Never

1. Infrequently (once a month or less)

2. Fairly frequently (several times month)

3. Frequently (several times a week)

4. Every day or almost every day

☐

8.8 If yes, and offered, is the dog kept:

1. Only in a separate room

2. Only outside the house

☐

9 SLEEPING ARRANGEMENTS

9.1 *Does he/she sleep mainly

1. in the same bedroom as brothers or sisters

2. in the same bedroom as parents

3. in his/her own bedroom

8. other, *specify* _____

☐

9.2 How many times **per night** (between midnight and 6am) does he/she generally wake for feeding or any other reason?

Please answer this in relation to the last 2 weeks?

 .

per night

10 MOTHER'S EMPLOYMENT

10.1 Are you currently employed in paid work ?

0. No *go to section 11*

1. Yes

☐

10.2 What is your current job?

Job Position _____ (Self-employed/manager/foreman/employee)

Industry _____

10.3 How old was the baby when you went back to work? mths wks days

or on what date did you go back to work ?

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

10.4 How many hours did you work over the last week ? hrs mins

11 INFANT EXAMINATION

11.1 Measurement Date

d	d	m	m	y	y
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11.2 Time (24 hr clock)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

11.3 Measurer

<input type="text"/>	<input type="text"/>
----------------------	----------------------

11.4 Helpers (Parent 90)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

11.5 Occipito-frontal circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No
1. Yes

11.6 Left mid-upper arm circumference (arm straight)

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No
1. Yes

11.7 Chest circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No
1. Yes

11.8 Abdominal circumference

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	cm

Crying
0. No
1. Yes

Skinfold thicknesses

11.9 Triceps skinfold

<input type="text"/>	<input type="text"/>	.	<input type="text"/>	mm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	mm
<input type="text"/>	<input type="text"/>	.	<input type="text"/>	mm

Crying
0. No
1. Yes

11.10 Subscapular skinfold . mm . mm . mm

Crying

0. No

1. Yes

☐**11.11** Skinfold calipers used**11.12** Crown-rump length
(infantometer) . cm . cm . cm

Crying

0. No

1. Yes

☐**11.13** Crown-heel length
(left leg)
(infantometer) . cm . cm . cm

Crying

0. No

1. Yes

☐**11.14** Minimum carriage reading mm**11.15** Anthropometer used☐**11.16** Baby weight
(preferably nude) . kg**11.17** Weight of any clothes / nappy . kg

12 TEETH

12.1 Number of teeth

--	--

12.2 Position of teeth

(Mark with a cross for each tooth present)

Child's top right

Child's top left

Child's bottom right

Child's bottom left

12.3 How old was your baby when he/she cut his/her **first tooth**?

		mths		wks		days
--	--	------	--	-----	--	------

or on what date did he/she cut his/her **first** tooth ?

d	d	m	m	y	y

13 SKIN EXAMINATION

*Eczema = poorly defined redness with scaling, crusting, vesicles or accentuated skin markings (lichenification)

	Eczema*	Birthmarks <i>see codes below</i>
13.1 Is/are there any? 0. No / 1. Yes	<input type="checkbox"/>	<input type="checkbox"/>
13.2 Scalp / Behind ears	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.3 Face – cheeks & forehead	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.4 Face – around the mouth	<input type="checkbox"/>	
13.5 Neck	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.6 Arms – palms of the hands	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.7 Arms – antecubital fossae	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.8 Arms – remainder (backs of hands, forearms, upper arms)	<input type="checkbox"/>	
13.9 Arms – axillae	<input type="checkbox"/>	
13.10 Trunk – back	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.11 Trunk – front (chest & abdomen)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.12 Legs – soles of feet	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.13 Legs – popliteal fossae (behind knees)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
13.14 Legs – remainder of (ie. thighs, lower leg, dorsa feet)	<input type="checkbox"/>	
13.15 Nappy area (incl. nappy rash)	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Birthmarks:

- 01 Strawberry Naevus
- 02 Port Wine Stain
- 03 Stork Mark
- 04 Café au lait

- 05 Mongolian blue spot
- 06 Nevus sebaceous
- 07 Nevus spilus
- 08 Other birthmark, unclassified

14 SKIN PRICK TESTING

14.1 *Mother's skin prick testing is done on her forearm and the child's on his/her back.*

Skin Prick Test (av diameter)	Mother (mm)	Child (mm)
Cat		
Dog		
Egg		
Saline (neg control)		
Grass Pollens		
House dust mite (D. pteronyss.)		
Milk		
Histamine (pos control)		

14.2 Skin prick tester

