**Health History Form**

**Feeding Patterns of Infants and Toddlers at WIC in San Marcos, Texas**

***(To be completed during telephone interview: interviewer will ask the following questions.***

***Phrases in bold red font are notes to the interviewer.)***

**Now, I am going to ask you some questions regarding your health and your child’s health. This information is never shared and is for research purposes only.**

Do you have any of the following conditions?

* Diabetes
* Cardiovascular disease
* Lung disease
* Kidney disease
* Liver disease
* Asthma
* Allergies

What is your weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ask the next 2 questions only if participant has spouse:**

Does your spouse have any of the following conditions?

* Diabetes
* Cardiovascular disease
* Lung disease
* Kidney disease
* Liver disease
* Asthma
* Allergies

What is your spouse’s weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have medical insurance?

If so, who is the insurance provider for mother?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ For child?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Child Information (to be studied)**

Which of the following problems did your child have during the past 2 weeks?

* Fever
* Diarrhea
* Vomiting
* Ear infection
* Colic
* Fussy or irritable
* Reflux
* Runny nose or cold
* Respiratory Syncytial Virus (RSV)
* Cough or wheezing
* Asthma
* Food allergy
* Eczema (atopic dermatitis)
* None of these

Did your child receive any of the following medicines in the past 2 weeks?

* Antibiotics
* Other prescription medicines
* Non-prescription medicines
* None of these

Does your child have any serious, long-term medical problems? \_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what is the medical problem? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been hospitalized for any reason or has your child been taken to a hospital for any outpatient procedure or surgery in the past 4 weeks? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, what condition was your child treated for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What is your child’s weight? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your child born at term (40 weeks)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If not, how many weeks were you pregnant before delivery? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How much did your child weigh at birth? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any dietary restrictions or special dietary needs? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If so, explain\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child ever had problems caused by food, such as an allergic reaction, sensitivity, or intolerance?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child been diagnosed by a medical doctor as having an allergy to any food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Which of the following foods caused a problem for your child?

* Cow’s milk or other dairy products (including infant formula made with cow’s milk)
* Soy milk or other soy foods (including infant formula made with soy)
* Eggs
* Peanuts, peanut butter, or peanut oil
* Nuts (such as almonds, pecans, walnuts)
* Sesame seeds, tahini, or sesame seed oil
* Fish, shellfish, or other seafood
* Beef, chicken, or turkey
* Wheat, gluten, or wheat starch
* Other grain or cereal (such as oats, barley)
* Fruit or fruit juice
* Vegetable
* Other foods (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_