

Questionnaire - birth to 12 months

Please note that we may contact you if your responses need to be clarified.

1. a) Today's date: : _____
(Month) (day) (year)
- b) Your name: _____ Ph #: _____ - _____ - _____
(First) (Last)
2. a) Your child's name: _____
(First) (Last)
- b) Your child's doctor's name: Dr. _____ Ph #: _____ - _____ - _____
(Initial) (Last)
- c) Your mailing address (so we can send a copy of your signed consent form to you):

3. Your child's date of birth: _____
(Month) (day) (year)
4. Your child is: ☐ female ☐ male
5. a) Was your child born in Canada?
☐ yes - In which province was your child born? _____
☐ no - In which country was your child born? _____
- How many years has your child lived in Canada? _____
- b) Where has your child lived for the last 2 years? _____
- c) In which country was your child's biological mother born? _____
- d) In which country was your child's biological father born? _____

6. What are considered to be healthy and normal blood test results for one ethnic group may be different for other ethnic groups. For this reason, it is important for us to know your child's ethnic origin. Please check mark the ethnic origin(s) of your child's biological mother and biological father. You can select more than one answer.

biological mother

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arab/west Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Black | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South east Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: _____ |

biological father

- | | |
|--|---|
| <input type="checkbox"/> Aboriginal | <input type="checkbox"/> Korean |
| <input type="checkbox"/> Arab/west Asian | <input type="checkbox"/> Latin American |
| <input type="checkbox"/> Black | <input type="checkbox"/> South Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> South east Asian |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Caucasian |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> Other: _____ |

7. Do you consider your child's biological mother to be healthy?

- ☐ yes
☐ no - please explain: _____
☐ unsure

8. Do you consider your child's biological father to be healthy?

- ☐ yes
☐ no - please explain: _____
☐ unsure

9. Does your child have a long-term illness or health condition that has been confirmed by a doctor?

- ☐ yes - please explain: _____
☐ no

10. Has your child been ill within the past month?

- ☐ yes - please explain: _____
☐ no

11. Does your child take any vitamins or supplements regularly?

- ☐ no
☐ multivitamin _____ times per _____ (day, week, month, year)
☐ multivitamin with iron _____ times per _____ (day, week, month, year)
☐ iron _____ times per _____ (day, week, month, year)
☐ vitamin D _____ times per _____ (day, week, month, year)
☐ calcium _____ times per _____ (day, week, month, year)
☐ other – please explain: _____

12. a) Does your child regularly take any prescribed medications?

- ☐ yes - please explain: _____
☐ no

- b) Has your child taken any medication prescribed by a doctor in the past 2 weeks?

- ☐ yes - please explain: _____
☐ no

- c) Please check all non-prescribed medications or substances that your child has taken in the past 2 weeks.

- ☐ cold/flu medication
☐ other - please explain: _____
☐ none
☐ unsure

13. Was your child's biological mother ill during her pregnancy?
☐ yes - please explain: _____
☐ no
☐ unsure
14. Did your child's biological mother take any vitamins or supplements during her pregnancy?
☐ no
☐ prenatal multi-vitamin _____ times per _____ (day, week, month, year)
☐ iron _____ times per _____ (day, week, month, year)
☐ vitamin D _____ times per _____ (day, week, month, year)
☐ unsure
☐ other - please explain: _____
15. Did your child's biological mother take any medications prescribed by a doctor during her pregnancy?
☐ yes - please explain: _____
☐ no
☐ unsure
16. Please check all non-prescribed medications or substances that your child's biological mother took during her pregnancy.
☐ cold/flu medication
☐ cigarettes
☐ alcohol
☐ other - please explain: _____
☐ none
☐ unsure
17. Please specify the diet for your child's biological mother during her pregnancy. Please check all that apply.
☐ red meat (beef, veal, pork, lamb, etc.)
☐ poultry (chicken, turkey, duck, etc.)
☐ fish (salmon, halibut, haddock, cod, tuna, etc.)
☐ shellfish (lobster, crab, shrimp, etc.)
☐ eggs
☐ milk ☐ skim ☐ 1% ☐ 2% ☐ homo
☐ cheese
☐ yogurt
☐ margarine
☐ honey
☐ vegetarian: did not eat any red meat, poultry, fish or shellfish
☐ vegan: did not eat any red meat, poultry, fish, shellfish, eggs, dairy or honey
☐ unsure
18. a) Has your child been breastfed since birth?
☐ yes (up to age: _____ months)
☐ no
☐ unsure
- b) Has your child received infant formula since birth?
☐ yes (up to age: _____ months)
☐ no
☐ unsure

c) Did your child's biological mother take any vitamins or supplements while breastfeeding?

☐ mother did not breastfeed

☐ no

☐ prenatal multi-vitamin _____ times per _____ (day, week, month, year)

☐ iron _____ times per _____ (day, week, month, year)

☐ vitamin D _____ times per _____ (day, week, month, year)

☐ unsure

☐ other - please explain: _____

d) Did your child receive Vitamin D drops?

☐ yes (up to age: _____ months)

☐ no

☐ unsure

You are now finished. Thank you for your participation.

Questions A-K on the next page are to be completed the day of your child's appointment.

Questions A-K below are to be completed the day of your child's appointment.

A) Has your child been ill within the past 7 days?

- ☐ yes - please explain: _____
☐ no

B) Please specify your child's diet for the past 3 days. Please check all that apply.

- ☐ breast milk
☐ infant formula
☐ red meat (beef, veal, pork, lamb, etc.)
☐ poultry (chicken, turkey, duck, etc.)
☐ fish (salmon, halibut, haddock, cod, tuna, etc.)
☐ shellfish (lobster, crab, shrimp, etc.)
☐ eggs
☐ milk ☐ skim ☐ 1% ☐ 2% ☐ homo
☐ cheese
☐ yogurt
☐ margarine
☐ honey
☐ vegetarian: does not eat any red meat, poultry, fish or shellfish
☐ vegan: does not eat any red meat, poultry, fish, shellfish, eggs, dairy or honey

C) Has your child taken any medication prescribed by a doctor in the past 2 weeks?

- ☐ yes - please explain: _____
☐ no

D) Please check all non-prescribed medications or substances that your child has taken in the past 2 weeks.

- ☐ cold/flu medication
☐ other - please explain: _____
☐ none

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**These measurements will be taken by a
CALIPER team member at the appointment.**

E) fasting: _____ hrs

F) weight: _____ lbs

G) height: _____ cm

H) waist: _____ cm

I) location: _____

J) We will share your child's blood test results that could be of concern with Child/Participant's doctor. Would you like us to also share normal blood test results with Child/Participant's doctor (e.g. Vitamins A, E, D, and Iron)?

- ☐ yes
☐ no

K) Would you like us to notify you of future CALIPER events?

- ☐ yes - I can be reached by phone: _____ - _____ - _____
email: _____
☐ no