

PREGNANCY & INFANCY QUESTIONNAIRES

B. Editing Forms

Prior to data entry the questionnaire is reviewed for completeness. If essential information is missing the family is called to obtain the information. If a call is made to obtain essential information, an attempt should be made to obtain ALL missing information.

A red pen is used to edit/code the questionnaire to distinguish these marks from the original data.

SOC-Individual & NEC Individual	
DAISY_ID	If missing, look up in database by name
Today's date	If missing, look up in tblFormTrack – return date
Child's name	If missing, look up in database by ID
1/Preg Conditions	If all blank, CALL It is essential to have an answer on a, b, c, d, e, h, and l. CALL back if these are unanswered.
5/Work	If both full-time and part-time are checked, circle full-time
6/Mom's Tap Water	If blank, CALL If two choices are marked, circle the larger
7/Mom's Cow's Milk	If blank, CALL If two choices are marked, circle the larger
8/Birth Circumstances - Apgar	If a range is given average to obtain a whole number. If a decimal is given, round to the nearest whole number.
9/Neonatal Conditions	It is essential to have an answer on c, d, e, f, I, k, l. CALL back if these are unanswered.

SOC-Individual ONLY	
10/Breast Feeding	Check to see that the answer to this question coincides with the infant diet history.
10a/Breast Feeding Conditions	It is essential to have an answer on 2, 3, 5, 6, 9, 13. CALL back if these are unanswered.
10b/Breast Feeding Sensitivities	Must answer 'yes' or 'no' to each food.
10c/Stopped Breast Feeding	If blank, but can be deduced from infant diet then OK If blank, and can't be deduced from infant diet, CALL
11/Infant Diet History	In general, check to see that it makes sense, if it doesn't CALL back. When foods were introduced is essential information, the

	<p>number of servings per day is not. Adjustments may be required: for example if “2% milk” is placed in the “other fresh milk” row, it must be adjusted to be in the “Fresh Cow’s Milk” row; if “Saltines” are listed as “other”, they must be counted as an additional serving of bread products.</p>
12/Child’s Tap Water	<p>If blank, CALL If two are marked, circle the larger quantity</p>
13/Child’s Cow’s Milk	<p>If blank, CALL If two are marked, circle the larger quantity</p>
14/Food Allergies	<p>If blank, CALL If an age range is given, use the earliest as this is likely when the symptom ‘started’</p>
15/Other Allergies	<p>If blank, CALL If an age range is given, use the earliest as this is likely when the symptom ‘started’</p>
16/Diseases	<p>If blank, CALL</p>
18/Day Care	<p>If blank, CALL Make sure that the numbers make sense. May see ‘40 hours per day’ which was meant to be ‘40 hours/wk’</p>
24/Pets	<p>If given different exposures to different pets of the same species, use the highest exposure.</p>