ANNUAL UPDATE INTERVIEW

VITAMINS

1. In the past year has your child taken vitamin supplements? ☐ Yes ☐ No

If yes, continue to questions 2-7. Record all brands/types of vitamins *separately*.

2. What type of vitamin? (Please include mg/IU of the vitamin, do not list number of pills)
Reference the summary of the last interview if needed.

☐ Multiple vitamin	☐ Multiple vitamin	☐ Multiple vitamin	☐ Multiple vitamin
☐ Vit A (IU)	☐ Vit A (IU)	☐ Vit A (IU)	☐ Vit A (IU)
☐ Vit C (mg)	☐ Vit C (mg)	☐ Vit C (mg)	☐ Vit C (mg)
☐ Vit D (IU)	☐ Vit D (IU)	☐ Vit D (IU)	☐ Vit D (IU)
☐ Vit E (IU)	☐ Vit E (IU)	☐ Vit E (IU)	☐ Vit E (IU)
☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)	☐ Vit B/B complex (mg)
☐ Iron (IU)	☐ Iron (IU)	☐ Iron (IU)	☐ Iron (IU)
☐ Other Specify:	☐ Other Specify:	☐ Other Specify:	☐ Other Specify:
☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg	☐☐☐☐☐ ☐ IU ☐ mg

3. What is the brand name of the vitamin? (is this with extra C, or iron, or_________…)

Brand 1	Brand 2	Brand 3	Brand 4
____________	____________	____________	____________
Code ☐☐☐	Code ☐☐☐	Code ☐☐☐	Code ☐☐☐

4. Each time you give the vitamin, how many droppers full or pills do you usually give?

☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐	☐ Droppers ☐ Pills ☐☐

5. When you are giving the vitamin, how many times per week do you give it?

☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9	☐ 2 or less ☐ 6-9
☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10	☐ 3-5 ☐ ≥ 10

6. Since the last interview (~52 weeks), how many weeks did they take the vitamin _____ times per week?
If "All Weeks" stop after this question, if less than all weeks get the number and continue to question **7.**

☐ All Weeks	☐ All Weeks	☐ All Weeks	☐ All Weeks
☐☐ Weeks ↓	☐☐ Weeks ↓	☐☐ Weeks ↓	☐☐ Weeks ↓

7. Were these____ weeks during a specific time period (school year, winter…)**, or spread out, off and on, over the whole year?** *If the vitamin was given during a specific time get start and stop dates.*

☐ Off and On	☐ Off and On	☐ Off and On	☐ Off and On
or	**or**	**or**	**or**
Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐
Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐

2. **On average, over the past year, how many glasses of *tap water* does _______ drink per day (include drinks that are made with tap water, like tea, juice from concentrate, Kool-aid)?**
   1 glass = 8 oz. Bottled water = 0

   ☐ None ☐ 1 glass ☐ 2-3 glasses ☐ 4-6 glasses ☐ >6 glasses

3. **On average, over the past year, how many glasses of cow's milk does _____ drink per day?**
   1 glass = 8 oz. Do not include soy, rice, or goat's milk.

   ☐ None ☐ 1 glass ☐ 2-3 glasses ☐ 4-6 glasses ☐ >6 glasses

4. **On average, how many servings a day does "___" eat of foods made with wheat, oats, barley and rye? This includes breads (dark and white), cookies, pies, pasta, cereals, pretzels, and crackers. (1 slice of bread = 1 serving)**

   ☐ Rarely or Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6 or more

5. **On average, how many servings a day does "___" eat corn, rice, or potatoes and foods made with corn, rice and potatoes? This includes fries, rice cakes, breads, cookies, pies, pasta, cereals, pretzels, and crackers. (½ cup of cooked rice = 1 serving)**

   ☐ Rarely or Never ☐ Less than 1 ☐ 1-2 ☐ 3-5 ☐ 6 or more

6. **Because the results of one of our laboratory tests can be affected by exposure to smoke, we need to ask a few questions about your child's exposure to smoke from cigarettes, cigars, or pipes.**

   a. Does the child's mother currently smoke? ☐ Yes ☐ No

   b. Does she smoke in the home? ☐ Yes ☐ No

   c. Does she smoke in the car? ☐ Yes ☐ No

   d. Does the child's father currently smoke? ☐ Yes ☐ No

   e. Does he smoke in the home? ☐ Yes ☐ No

   f. Does he smoke in the car? ☐ Yes ☐ No

   g. Does the child smoke? ☐ Yes ☐ No

h. Is the child exposed on a regular basis from anyone other than the parents? ☐ Yes ☐ No

The next set of questions asks about allergies, symptoms and illnesses of ________ that occurred in the last year. For the allergy questions, let me know if he/she has not been exposed to the food or substance.

Coding: Diagnosed? = diagnosed by health professional
NE = not exposed

7. Is ______________ allergic to any of the following foods?

FOOD ALLERGEN	Allergic?	Age Symptoms Began	Diagnosed?
Cow's Milk/Dairy Products	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Chocolate	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Peanuts/Peanut Butter/Nuts	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Citrus Fruits	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Tomatoes/Spaghetti Sauce/Ketchup	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Other Fruits	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Eggs	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Shellfish	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Wheat	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Other Food (Specify) ____________________	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No
Other Non-Food (Specify) ____________________	☐ Yes ☐ No ☐ NE	☐☐ ☐ Years ☐ Months	☐ Yes ☐ No

ILLNESSES

8. The next questions ask about episodes of illness.

In the last year, how many times has __________ been sick? ("sick" means unable to participate in normal activities)? ☐☐

Number of times sick:

What illness or symptoms did __________ have during each sick episode?

Check the box on following page if the illness or symptom was present. [If the answer is 'flu' prompt for the specific symptoms listed]

		SICK EPISODE					
Illness	**Further details**	**1**	**2**	**3**	**4**	**5**	**6**
Pneumonia		☐	☐	☐	☐	☐	☐
Croup	Barking cough, includes RSV	☐	☐	☐	☐	☐	☐
Meningitis		☐	☐	☐	☐	☐	☐
Ear infection		☐	☐	☐	☐	☐	☐
Skin infections	Boils, impetigo, not eczema	☐	☐	☐	☐	☐	☐
Chicken pox		☐	☐	☐	☐	☐	☐
Strep throat		☐	☐	☐	☐	☐	☐
Sinus infection		☐	☐	☐	☐	☐	☐

[Ask about the above 8 illnesses first. Then ask about each of the symptoms in the following table whether or not a specific illness was used to describe the sick episode.]

		SICK EPISODE					
Specific Symptoms	**Further details**	**1**	**2**	**3**	**4**	**5**	**6**
Cold/runny nose		☐	☐	☐	☐	☐	☐
Cough		☐	☐	☐	☐	☐	☐
Wheezing	Bronchiolitis, reactive airway disease, not due to asthma	☐	☐	☐	☐	☐	☐
Diarrhea	3 or more times in 24 hours	☐	☐	☐	☐	☐	☐
Fever	Over 100 degrees F	☐	☐	☐	☐	☐	☐
Vomiting	Not just spitting up; vomits 3 or more times in 24 hours	☐	☐	☐	☐	☐	☐
Mouth sores	Includes ulcers, cold sores	☐	☐	☐	☐	☐	☐
Rash	Not diaper rash	☐	☐	☐	☐	☐	☐
Eye discharge/pinkeye	Not due to blocked tear ducts	☐	☐	☐	☐	☐	☐
Any other infection/ illness (specify) ____________________		☐	☐	☐	☐	☐	☐

	SICK EPISODES					
	1	**2**	**3**	**4**	**5**	**6**

How long did each illness last? (# <u>days</u>, including days of symptoms and treatment)	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐
Saw doctor or health professional?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
How many episodes of a similar illness did they have that is *not* described in a separate episode?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

9. DAY CARE

a. Did __________ attend day care or preschool in the past year? ☐ **Yes** ☐ **No**
If yes, answer questions b-f. If no, proceed to question 10.

b. What age did he/she *first* start day care or preschool? **Age:** ☐☐ ☐ Years ☐ Months

c. On average, what is the size of the day care or preschool class? **Number of children:** ☐☐

d. On average, how many days per week is he/she in day care or preschool? ☐ **Days**

e. On average, how many hours per day is he/she in day care or preschool? ☐☐ **Hours**

f. Is ________ currently attending day care? ☐ Yes ☐ No
If not, when did they stop? _____/_____/_____

g. In the past year, how many <u>other</u> day care centers or preschools did he/she attend? **Number:** ☐☐

10. SCHOOL

a. Did _______ attend school since our last interview? ☐ **Yes** ☐ **No**
If yes, answer questions b-c. If no, proceed to question 11.

b. If yes, what age did _____ *first* start school? ☐☐ Years ☐ N/A

c. If yes, how many children in the child's class?
Number of children: ☐☐ ☐ Don't Know

11. What is your current health insurance carrier?
Check all that apply.

☐ Kaiser Permanente ☐ Medicaid ☐ Multiple Plans

☐ Other HMO/PPO/Private ☐ No Health Insurance

12. The next set of questions list stressful things that can happen to people during their lives. Think of the list in terms of ______'s life in the past year and please answer whether or not each of these has happened. For those events that ______ has experienced, please tell me the month in which it happened. It is also possible that none of these events have happened to ________. Remember to think in terms of events that happened to _______, not to you.

1 = Yes 2 = No Date = date when event occurred

Events of the DAISY child		Yes or No	Date of Event
1. Serious illness, injury or operation that required hospitalization		☐ Y ☐ N	☐☐/☐☐ mm yy
2. Serious illness, injury or operation of parent		☐ Y ☐ N	☐☐/☐☐ mm yy
3. Serious illness, injury or operation of sibling		☐ Y ☐ N	☐☐/☐☐ mm yy
4. Serious illness, injury or operation of other family member (specify who)		☐ Y ☐ N	☐☐/☐☐ mm yy
5. Bad auto accident involving DAISY child		☐ Y ☐ N	☐☐/☐☐ mm yy
6. Marital separation/divorce of child's parents		☐ Y ☐ N	☐☐/☐☐ mm yy
7. Death of a: (check one)	☐ parent ☐ sibling	☐ Y ☐ N	☐☐/☐☐ mm yy
8. Death of: (check one)	☐ other family member ☐ friend ☐ pet	☐ Y ☐ N	☐☐/☐☐ mm yy
9. Moving		☐ Y ☐ N	☐☐/☐☐ mm yy
10. Change in school and/or daycare		☐ Y ☐ N	☐☐/☐☐ mm yy
11. Other (specify)		☐ Y ☐ N	☐☐/☐☐ mm yy