Form: BSOC Update DAISY ID:_____

NAME:_____

UPDATE INTERVIEW

_____**Month Interview** Good time to call:_____

Date: | | | | | | | | | | | | Interviewer:_____

Interviewee:_____ → Relation to DAISY Child: ☐ Mother ☐ Grandparent ☐ Father ☐ Other:_____

Reason not done:_____

The first set of questions asks about breast-feeding, and infant diet.

1a. Did you breast-feed _____ at all in the past 3 months? ☐ **1 Yes** ☐ **2 No**

If Yes, answer 1b, 1c and 1d. If No, go on to question 2 (infant diet history).

1b. Are you breast-feeding _____ now?

Interview				
3 Months	**6 Months**	**9 Months**	**12 Months**	**15 Months**
☐ **1 Yes** ☐ **2 No** **If no, when stopped?** ____/_____/_____	☐ **1 Yes** ☐ **2 No** **If no, when stopped?** ____/_____/_____	☐ **1 Yes** ☐ **2 No** **If no, when stopped?** ____/_____/_____	☐ **1 Yes** ☐ **2 No** **If no, when stopped?** ____/_____/_____	☐ **1 Yes** ☐ **2 No** **If no, when stopped?** ____/_____/_____

1c. While you were breast-feeding _____, did you have any of the following conditions?

Coding: 1=Yes 2=No

Condition	Interview				
	3 Months	6 Months	9 Months	12 Month	15 Month
1. Breast inflammation/infection	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
2. Pneumonia	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
3. Sore throat or tonsillitis	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
4. Chronic earache	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
5. Bad cold or influenza	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
6. Bronchitis	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
7. Sinus infection	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐

8. Kidney or urine infection	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐

Question 1c, continued

Coding: 1=Yes 2=No

Condition	Interview				
	3 Months	6 Months	9 Months	12 Months	15 Months
9. Diarrhea or gastroenteritis	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
10. Rash	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
11. Skin infection	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
12. Eye discharge or pink eye	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐
13. Other infection or fever	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐	☐ **Y** ☐ **N** Date started: ☐☐ ☐☐

1d. While you were breast-feeding.

Condition	Interview				
	3 Months	6 Months	9 Months	12 Months	15 Months
On average, how many glasses of <u>tap water</u> did you drink per day (include drinks that you make with water, like tea, juice, Kool-aid, coffee)?	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know
On average, how many glasses of cow's milk did you drink per day?	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know	☐ None ☐ One (8oz) glass ☐ Two to three (8oz) glasses ☐ Four to six (8oz) glasses ☐ Greater than six (8oz) glasses ☐ Don't know

CEDAR's Wheat Questions:

[For the 6 month interview: The next set of questions need to be answered specifically by the biological mother. If she is unavailable to complete the questions, please try to speak with her at the 9 month interview or a later time.]

☐ **Not Breastfeeding at 6 months** *(skip to infant diet history)*

Is the biological mother available to complete the following questions at the 6 month interview?
Yes or No → If "no" then complete this question at the 9 month interview.

[While the mother was breastfeeding…]

1e. When _____ was about 6 months of age, on average, how many servings a day did you eat of foods made with wheat, oats, barley or 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

1f. Again, when _____ was about 6 months of age, on average, how many servings a day did you eat of corn, rice or potatoes and/or foods made of corn, rice or potatoes such as fries, rice cakes, cereals, breads, cookies, pies, pasta, chips, and crackers. (1/2 cup cooked rice = 1 serving).

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

2. Infant Diet History

The next set of questions ask you to remember _____'s diet over the past 3 months. I will be asking about all foods and milks _____ ate. Please tell me the number of times a day (on average over the span of a month) you gave _____ each of the milks, formulas and foods that I am going to name.

Example Series of Questions

In the past 3 months, did you give _____ infant formulas?
[If yes] What was (were) the brand name(s) of the formula(s)? [Record the code(s)]

When did you first give Enfamil to _____? (record this date in the "date" field)

On average, how many bottles of Enfamil did _____ drink a day at this time?
[If between 1 and 2 months of age, record quantity in 2nd column; if between 2 and 3 months of age, record quantity in 3rd column, etc.]
Enter a zero (0) in the cell if food not given for that period.

Question 2, continued

Serv/wk <1 1 2 3 4 5 6 Coding .1 .2 .3 .4 .6 .7 .9		Interview														
		3 Months			6 Months			9 Months			12 Months			15 Months		
	Date	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
[DATE OF BIRTH]																
Breast Milk																
Formula -1 _____(code)																
Formula -2 _____(code)																
Formula -3 _____(code)																
Formula -4 _____(code)																
Fresh Cow's milk																
Other Fresh Milk specify:_____																
Fruit juice																
Cereal -1 _____(code)																
Cereal -2 _____(code)																
Cereal -3 _____(code)																
Fruit																
Vegetables																

Question 2, continued

Serv/wk <1 1 2 3 4 5 6 Coding .1 .2 .3 .4 .6 .7 .9		Interview													
		3 Months			6 Months			9 Months			12 Months			15 Months		
	Date	0-1	1-2	2-3	3-4	4-5	5-6	6-7	7-8	8-9	9-10	10-11	11-12	12-13	13-14	14-15
[DATE OF BIRTH]																
Meat																
Zwieback, toast, bread, crackers, flour tortillas, pretzels																
Cheese, yogurt, ice cream, cottage cheese																
Eggs																
Cookies, candies, cakes																
Potato chips, corn chips, etc.																
Other: (Code ___) specify_____																
Other: (Code ___) specify_____																
Other: (Code ___) specify_____																

Formula

Code	Brand
0	Not sure/given in hospital
11	Enfamil
12	Enfamil w/ Iron
13	Enfamil Premature
14	Enfamil Human milk fortifier
15	Similac
16	Similac w/ Iron
17	Similac Natural Care
18	Similac Special Care
19	Similac Special Care w/ Iron
20	Similac PM 60/40
21	Advance
22	SMA
23	SMA Lo-Iron
24	Preemie SMA
25	Good Start
26	Carnation Follow-up Formula
27	Gerber Baby Formula
28	Gerber Baby Formula w/ Iron
29	Isomil
30	Isomil SF
31	Nursoy
32	Soyalac
33	I-Soyalac
34	Prosobee
35	RCF
36	Nutramingen
50	Homemade Formula

Please List ingredients of formula:

_____

_____

_____

Formula

Code	Brand
37	Pregestimil
38	Portagen
39	Preterm Human Milk
40	Alimentum
41	Calcilo XD
42	Impact
43	Lipisorb
44	Product 3200 AB
45	Product 3200 K
46	Product 3232 A
47	S-14
48	S-29
49	S-44
50	(see below)
51	Lacto-free
52	Gerber Soy
53	Enfamil Next Step
54	Isomil DF (diarrhea formula)
55	Isomil w/ Iron
56	Isomil AD
57	Toddler's Best
59	Enfamil Next Step Soy
60	Bonamil
61	Bonamil w/ Iron
62	Carnation Follow-up (soy)
63	All Soy
65	Tolerex
66	Neocate
67	Analog XP

Formula

Code	Brand
68	Rice Dream
69	NF Formula
148	Enfamil Lactose free
149	Parent's Choice soy w/ Iron
158	Albertson's
162	Similac-low Iron
163	Kroger Brand
164	Parent's Choice
166	Target Brand w/ Iron
168	Similac Lactose free w/ Iron
169	Enfamil AR (added rice)
170	Similac Lactose free
171	Enfamil-low Iron
173	King Sooper's Brand
174	Safeway Select Soy Milk Enhanced w/ Iron
175	Organic Soy-Wild Oats
176	Cozy Kids
177	Enfamil Lipil (w/ Omega-3-FA)
178	Walmart Brand w/Omega-3 FA
181	Baby's Own Organic
182	Similac 2
183	Kirkland with Iron
184	Good Start with Soy
185	Parents Choice #2

Cereals

71	Rice (baby cereal only)
72	Wheat (baby cereal only)
73	Oatmeal (baby cereal only)
74	Barley (baby cereal only)
75	Mixed (baby cereal only)
76	High Protein (baby cereal only)
77	Adult Cereals (please include name)

Other Foods

Code	Brand
81	Rice / Potato
82	Beans
83	Processed meats (hot dogs, bologna, lunchmeats)
84	Fish
87	Peanut Butter and Other Nuts
88	Malt-o-Meal, Cream of Wheat or Oatmeal (**not** baby cereal)
92	Tofu
96	Pizza
98	Hamburger w/ bun
99	Soda pop (all kinds)
102	French Fries
150	Gerber Breakfast Bars
152	Popcorn
153	Jello
154	Gatorade/Kool-aid
155	Baby Puddings
156	Pancakes
160	Pedialyte
161	Seafood
165	Granola Bars
167	Gerber Snack'n Squares
179	Corn Tortillas
180	Pasta

2a. **VITAMINS**

CIRCLE ONE:	**3mo**	**6mo**	**9mo**	**12mo**	**15mo**

1. In the past 3 months 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)

☐ 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 (~12 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, or spread out, off and on, over the last 3 months?

If the vitamin was given during a specific time get start and stop dates.

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

2a. **VITAMINS**

CIRCLE ONE:	**3mo**	**6mo**	**9mo**	**12mo**	**15mo**

1. In the past 3 months 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)

☐ 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 (~12 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, or spread out, off and on, over the last 3 months?

If the vitamin was given during a specific time get start and stop dates.

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

2a. **VITAMINS**

CIRCLE ONE:	**3mo**	**6mo**	**9mo**	**12mo**	**15mo**

1. In the past 3 months 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)

☐ 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 (~12 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, or spread out, off and on, over the last 3 months?

If the vitamin was given during a specific time get start and stop dates.

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

2a. **VITAMINS**

CIRCLE ONE:	**3mo**	**6mo**	**9mo**	**12mo**	**15mo**

1. In the past 3 months 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)

☐ 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 (~12 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, or spread out, off and on, over the last 3 months?

If the vitamin was given during a specific time get start and stop dates.

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

2a. **VITAMINS**

CIRCLE ONE:	**3mo**	**6mo**	**9mo**	**12mo**	**15mo**

1. In the past 3 months 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)

☐ 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 (~12 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, or spread out, off and on, over the last 3 months?

If the vitamin was given during a specific time get start and stop dates.

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

The next set of questions asks about allergies, symptoms and illnesses of _____ that occurred in the last three months. For the allergy questions, let me know if (s)he has not been exposed to the food or substance in the last 3 months.

3. Is _____ allergic to any of the following foods?

Coding: 1=Yes
2=No

NE= not exposed
Age= age symptoms started (in months)
Diag= diagnosed by health professional

Food Allergen	Interview				
	3 month	6 month	9 month	12 month	15 month
Cow's Milk/ Dairy Products	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N
Infant Formula	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N
Chocolate	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N
Peanuts/Peanut Butter/Nuts	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N
Citrus Fruits	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐N

Question 3, continued.
Coding: 1= Yes 2= No NE= not exposed Age= age symptoms started (in months) Diag= diagnosed by a health professional

Food Allergen	Interview				
	3 month	6 month	9 month	12 month	15 month
Tomatoes/ Spaghetti Sauce/ Ketchup	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N
Other Fruits	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N
Eggs	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N
Shellfish	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N
Wheat	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N
Other food Allergy Specify: _____	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N	☐Y ☐ N ☐ NE Age: ☐☐ Diag ☐Y ☐ N

Other Non-Food Allergy **Specify:** _____	☐**Y** ☐ **N** ☐ **NE** **Age:** ☐☐ **Diag** ☐**Y** ☐ **N**	☐**Y** ☐ **N** ☐ **NE** **Age:** ☐☐ **Diag** ☐**Y** ☐ **N**	☐**Y** ☐ **N** ☐ **NE** **Age:** ☐☐ **Diag** ☐**Y** ☐ **N**	☐**Y** ☐ **N** ☐ **NE** **Age:** ☐☐ **Diag** ☐**Y** ☐ **N**	☐**Y** ☐ **N** ☐ **NE** **Age:** ☐☐ **Diag** ☐**Y** ☐ **N**

ILLNESSES

CIRCLE ONE:	3mo	6mo	9mo	12mo	15mo

4. The next questions ask about episodes of illness.

In the last 3 months, how many times has _____ been sick? ("sick" means unable to participate in normal activities)?

Number of times sick: ☐☐

What illness did _____ have during each sick episode?

Check the box on this page if the illness was present. Look on the next page for specific symptoms present during each sick episode. [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 on the following page whether or not a specific illness was used to describe the sick episode.]

4. (Continued)
What symptoms did_____ have during each 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? (# *days*, 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

ILLNESSES

CIRCLE ONE:	3mo	6mo	9mo	12mo	15mo

4. The next questions ask about episodes of illness.

In the last 3 months, 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 this page if the illness was present. Look on the next page for specific symptoms present during each sick episode. [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 on the following page whether or not a specific illness was used to describe the sick episode.]

4. (Continued)
What symptoms did_____ have during each 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? (# *days*, 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

ILLNESSES

CIRCLE ONE:	3mo	6mo	9mo	12mo	15mo

4. The next questions ask about episodes of illness.

In the last 3 months, 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 this page if the illness was present. Look on the next page for specific symptoms present during each sick episode. [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 on the following page whether or not a specific illness was used to describe the sick episode.]

4. (Continued)
What symptoms did_____ have during each 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? (# *days*, 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

ILLNESSES

CIRCLE ONE:	3mo	6mo	9mo	12mo	15mo

4. The next questions ask about episodes of illness.

In the last 3 months, 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 this page if the illness was present. Look on the next page for specific symptoms present during each sick episode. [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 on the following page whether or not a specific illness was used to describe the sick episode.]

4. (Continued)
What symptoms did_____ have during each 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? (# *days*, 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

ILLNESSES

CIRCLE ONE:	3mo	6mo	9mo	12mo	15mo

4. The next questions ask about episodes of illness.

In the last 3 months, 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 this page if the illness was present. Look on the next page for specific symptoms present during each sick episode. [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 on the following page whether or not a specific illness was used to describe the sick episode.]

4. (Continued)
What symptoms did_____ have during each 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? (# *days*, 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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

5. Has _____ attended day care (church, gym, family day care home or center) on a regular basis in the past three months?

1 = Yes
2 = No

	Interview				
	3 Months	6 Months	9 Months	12 Months	15 Months
a. Did _____ attend day care or preschool in the past 3 months?	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N	☐ Y ☐ N
b. If yes, what age did _____ *first* start day care or preschool?	Age: ☐ Weeks ☐ Months ☐☐	Age: ☐ Weeks ☐ Months ☐☐	Age: ☐ Weeks ☐ Months ☐☐	Age: ☐ Weeks ☐ Months ☐☐	Age: ☐ Weeks ☐ Months ☐☐
c. On average, what is the size of the day care or preschool class? (i.e. number of children)	Children: ☐☐	Children: ☐☐	Children: ☐☐	Children: ☐☐	Children: ☐☐
d. On average, how many days per week is _____ in day care or preschool?	Days: ☐	Days: ☐	Days: ☐	Days: ☐	Days: ☐
e. On average, how many hours per day is _____ in day care or preschool?	Hours: ☐☐	Hours: ☐☐	Hours: ☐☐	Hours: ☐☐	Hours: ☐☐
f. Is _____ currently attending day care? If not, when did they stop?	☐ Y ☐ N Date stopped: ___/___/___	☐ Y ☐ N Date stopped: ___/___/___	☐ Y ☐ N Date stopped: ___/___/___	☐ Y ☐ N Date stopped: ___/___/___	☐ Y ☐ N Date stopped: ___/___/___
g. In the past 3 months, how many <u>other</u> day care centers or preschools did _____ attend?	Number: ☐☐	Number: ☐☐	Number: ☐☐	Number: ☐☐	Number: ☐☐

6. 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 3 months 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 = month/year when event occurred

Events of the DAISY child	Interview				
	3 Months	6 Months	9 Months	12 Months	15 Months
1. Serious illness, injury or operation that required hospitalization	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
2. Serious illness, injury or operation of parent	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
3. Serious illness, injury or operation of sibling	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
4. Serious illness, injury or operation of other family member (specify who)	☐ Y ☐ N Date ☐☐☐☐ Who:_____	☐ Y ☐ N Date ☐☐☐☐ Who:_____	☐ Y ☐ N Date ☐☐☐☐ Who:_____	☐ Y ☐ N Date ☐☐☐☐ Who:_____	☐ Y ☐ N Date ☐☐☐☐ Who:_____
5. Bad auto accident involving DAISY child	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
6. Marital separation/divorce of child's parents	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
7. Death of a parent/ sibling	☐ Y ☐ N Date ☐☐☐☐ ☐ Parent ☐ Sibling	☐ Y ☐ N Date ☐☐☐☐ ☐ Parent ☐ Sibling	☐ Y ☐ N Date ☐☐☐☐ ☐ Parent ☐ Sibling	☐ Y ☐ N Date ☐☐☐☐ ☐ Parent ☐ Sibling	☐ Y ☐ N Date ☐☐☐☐ ☐ Parent ☐ Sibling
8. Death of other family member/friend/pet	☐ Y ☐ N Date ☐☐☐☐ ☐ Fam ☐ Friend ☐ Pet	☐ Y ☐ N Date ☐☐☐☐ ☐ Fam ☐ Friend ☐ Pet	☐ Y ☐ N Date ☐☐☐☐ ☐ Fam ☐ Friend ☐ Pet	☐ Y ☐ N Date ☐☐☐☐ ☐ Fam ☐ Friend ☐ Pet	☐ Y ☐ N Date ☐☐☐☐ ☐ Fam ☐ Friend ☐ Pet

Question 6, continued

1=Yes
2=No Date= month/year when event occurred

Events of the DAISY child	Interview				
	3 Months	6 Months	9 Months	12 Months	15 Months
9. Moving	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
10. Change in daycare	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐	☐ Y ☐ N Date ☐☐☐☐
11. Other (specify)	☐ Y ☐ N Date ☐☐☐☐ Spec:_____	☐ Y ☐ N Date ☐☐☐☐ Spec:_____	☐ Y ☐ N Date ☐☐☐☐ Spec:_____	☐ Y ☐ N Date ☐☐☐☐ Spec:_____	☐ Y ☐ N Date ☐☐☐☐ Spec:_____

Immunizations:
Has _____ had any severe reactions to any immunization, e.g. seizures, hospitalization, severe diarrhea, nerve paralysis, fever >2 days?

☐ No ☐Yes If yes, give dates and specify which reactions:

(To be asked at 6 month interview)

7. Did _____ have any contact with pets or farm animals during the first 6 months of his/her life?

1 = Yes
2 = No

If Yes: Please complete the following questions.

	How many animals did you have as pets or on a farm in the first 6 months? 0 = none	***Please answer these next questions ----------> for any of the animals you checked.***	**Where does the animal usually live?** 1 = animal not on property 2 = animal lives on property, never in house 3 = animal in house occasionally 4 = animal lives in house	**What *amount of contact* did ___ have with this animal in the first 6 months of life ?** 1 = none 2 = less than once per week 3 = once or more times per week 4 = daily or almost daily	**What *type of contact* did ___ have with the animal?** 0= no contact 1 = occasionally touches 2 = in same room of house or farm building 3 = touches animal regularly 4 = sleeps with animal
Dog		Circle the	1 2 3 4	1 2 3 4	0 1 2 3 4
Cat		correct	1 2 3 4	1 2 3 4	0 1 2 3 4
Rabbit		number---->	1 2 3 4	1 2 3 4	0 1 2 3 4
Mouse / Rat / Hamster/ Guinea Pig			1 2 3 4	1 2 3 4	0 1 2 3 4
Parakeet / Parrot / Bird			1 2 3 4	1 2 3 4	0 1 2 3 4
Turtle			1 2 3 4	1 2 3 4	0 1 2 3 4
Chicken / Duck / Goose			1 2 3 4	1 2 3 4	0 1 2 3 4
Pig			1 2 3 4	1 2 3 4	0 1 2 3 4
Cattle			1 2 3 4	1 2 3 4	0 1 2 3 4
Sheep			1 2 3 4	1 2 3 4	0 1 2 3 4
Horse			1 2 3 4	1 2 3 4	0 1 2 3 4
Other _____			1 2 3 4	1 2 3 4	0 1 2 3 4

8. When _____ was 6 months old how many people lived in your household?

☐☐ number of people (including DAISY child)

9. When _____ was 6 months old how many rooms were there in you home? (count the kitchen but not the bathrooms)

☐☐ number of rooms

10. What is your current health insurance carrier?

CARRIER	Interview				
	3 month	6 month	9 month	12 month	15 month
Kaiser Permanente	☐	☐	☐	☐	☐
Medicaid	☐	☐	☐	☐	☐
Multiple Plans	☐	☐	☐	☐	☐
Other HMO/PPO/Private	☐	☐	☐	☐	☐
No Health Insurance	☐	☐	☐	☐	☐

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

	Interview				
	3 months	**6 months**	**9 months**	**12 months**	**15 months**
Does the child's mother currently smoke?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
In the home?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
In the car?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
Does the child's father currently smoke?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
In the home?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
In the car?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**
Is your child exposed to secondhand smoke on a regular basis (at least one time per week) from anyone other than the parents? i.e. step-parents, daycare providers, grandparents, siblings, relatives, friends.					
Other exposure?	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**	☐**Y** ☐**N**