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 month? ☐ **1 Yes** ☐ **2 No**

1b. Are you breast-feeding_________ now? ☐ **1 Yes** ☐ **2 No**

If no, when stopped? | | | | | | |

1c. While you were breast-feeding _________ in the last month, did you have any of the following conditions?

Condition	N	Y	Date started
1. Breast inflammation/infection	☐ **N**	☐ **Y**	Date started:
2. Pneumonia	☐ **N**	☐ **Y**	Date started:
3. Sore throat or tonsillitis	☐ **N**	☐ **Y**	Date started:
4. Chronic earache	☐ **N**	☐ **Y**	Date started:
5. Bad cold or influenza	☐ **N**	☐ **Y**	Date started:
6. Bronchitis	☐ **N**	☐ **Y**	Date started:
7. Sinus infection	☐ **N**	☐ **Y**	Date started:
8. Kidney or urine infection	☐ **N**	☐ **Y**	Date started:
9. Diarrhea or gastroenteritis	☐ **N**	☐ **Y**	Date started:
10. Rash	☐ **N**	☐ **Y**	Date started:
11. Skin infection	☐ **N**	☐ **Y**	Date started:
12. Eye discharge or pink eye	☐ **N**	☐ **Y**	Date started:
13. Other infection or fever	☐ **N**	☐ **Y**	Date started:

1d. While you were breast-feeding…

On average, how many glasses of tap water 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**

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**

CEDAR's Wheat Questions: *[to be asked at the 6 month interview]*

☐ **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 7 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**

VITAMINS

2. In the past month 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 ☐3-5 ☐≥ 10	☐2 or less ☐6-9 ☐3-5 ☐≥ 10	☐2 or less ☐6-9 ☐3-5 ☐≥ 10	☐2 or less ☐6-9 ☐3-5 ☐≥ 10

6. Since the last interview (~4 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 ☐☐ Weeks ↓	☐All Weeks ☐☐ Weeks ↓	☐All Weeks ☐☐ Weeks ↓	☐All Weeks ☐☐ Weeks ↓

7. Is this a new vitamin? (if yes get start date) **Did they stop taking this vitamin?** (if yes get a stop date)

Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐	Start date: ☐☐ ☐☐ ☐☐
Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐	Stop date: ☐☐ ☐☐ ☐☐

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

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

3. 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

4. The next questions ask about episodes of illness.

In the last month, how many times has __________ been sick? ("sick" means unable to participate in normal activities, including eating and sleeping)?

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?	☐☐	☐☐	☐☐	☐☐	☐☐	☐☐

5. a. Has _______________ attended day care (church, gym, family day care home or center) or preschool on a regular basis in the past month? ☐Y ☐N

b. If yes, what age did__________ *first* start day care or preschool? Age: [ ][ ] ☐ Weeks ☐ Months ☐N/A

c. On average, what is the size of the day care or preschool class? (i.e. number of children) Children: [ ][ ]

d. On average how many days per week is _________ in day care or preschool? Days: [ ]

e. On average, how many hours per day is _________ in day care or preschool? Hours: [ ][ ]

f. Is __________ currently attending day care or preschool? ☐ Y ☐ N

If not, when did they stop? Date stopped: [ ][ ][ ][ ][ ][ ]

g. In the past month, how many other day care centers or preschools did _________ attend? 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 month and please answer whether or not each of these has happened. For those events that ______ has experienced, please tell me when 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	[ ][ ]/[ ][ ]
2. Serious illness, injury or operation of parent		☐ Y ☐ N	[ ][ ]/[ ][ ]
3. Serious illness, injury or operation of sibling		☐ Y ☐ N	[ ][ ]/[ ][ ]
4. Serious illness, injury or operation of other family member (specify who)		☐ Y ☐ N	[ ][ ]/[ ][ ]
5. Bad auto accident involving DAISY child		☐ Y ☐ N	[ ][ ]/[ ][ ]
6. Marital separation/divorce of child's parents		☐ Y ☐ N	[ ][ ]/[ ][ ]
7. Death of a: (check one)	☐ parent ☐ sibling	☐ Y ☐ N	[ ][ ]/[ ][ ]
8. Death of: (check one)	☐ other family member ☐ friend ☐ pet	☐ Y ☐ N	[ ][ ]/[ ][ ]
9. Moving		☐ Y ☐ N	[ ][ ]/[ ][ ]
10. Change in school and/or daycare		☐ Y ☐ N	[ ][ ]/[ ][ ]
11. Other (specify)		☐ Y ☐ N	[ ][ ]/[ ][ ]

7. What is your current health insurance carrier?

Check all that apply.

☐ Kaiser Permanente ☐ Medicaid ☐ Multiple Plans

☐ Other HMO/PPO/Private ☐ No Health Insurance

8. 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.

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

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

[To be asked at the 6 month interview only]

9. When _________ was 6 months old how many people lived in your household?

☐☐ number of people (including DAISY child)

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

☐☐ **number of rooms**

(To be asked at 6 month interview)

11. 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