

Child's Name: _____

DAISY ID: _____

1. Has _____ ever taken vitamins?

- no (end supplement here)
- yes (If yes, please continue with questions)

If yes,

2. At what age did _____ start taking vitamins? _____ age

3. Is _____ currently taking vitamins?

- no
- yes (If yes, please answer questions 4, 5 and 6)

4. If yes, what brand of vitamin does _____ take?

_____ (please specify exact brand name)

5. If yes, what type of vitamin does _____ currently take?

- 1 multiple vitamin
- 2 Vitamin A, only (please specify dose _____ IU)
- 3 Vitamin C, only (dose _____ mg)
- 4 Vitamin D, only (dose _____ IU)
- 5 Vitamin E, only (dose _____ IU)
- 6 Vitamin B or B Complex, only (dose _____ mg)
- 7 Iron, only
- 8 Other, please specify _____

6. If yes, how often does _____ currently take the vitamins?

- 2 or less times per week
- 3-5 times per week
- 6-9 times per week
- 10 or more times per week

Thank you.