

Formula feeding only (3 months)

1. Have you ever breast fed your baby?
IF 'NO' GO TO Q. 10

Yes ¹		No ²	
------------------	--	-----------------	--

2. If Yes, for how long?

1 feed ¹		1 day ⁴		1 week ¹⁰		7 weeks ¹⁶	
2 feeds ²		2 days ⁵		2 weeks ¹¹		8 weeks ¹⁷	
3 feeds ³		3 days ⁶		3 weeks ¹²		9 weeks ¹⁸	
		4 days ⁷		4 weeks ¹³		10 weeks ¹⁹	
		5 days ⁸		5 weeks ¹⁴		11 weeks ²⁰	
		6 days ⁹		6 weeks ¹⁵		12 weeks ²¹	

3. Why did you stop breast feeding your baby?

Reason	code

If Mum breast feeding > 1 week

4. During the time you were breast feeding, did you exclude any foods from your diet?
IF 'NO' 'D/K' OR 'N/A' GO TO Q. 6

Yes ¹		No ²	
D/K ³		N/A ¹⁰⁰	

5. If yes, why?

Vegetarian	Yes ¹		No ²		Eat Fish	Yes ¹		No ²	
Vegan	Yes ¹		No ²						
Dislike certain foods	Yes ¹		No ²		Food				
Due to baby's allergy/intolerance	Yes ¹		No ²		Food				
Due to own allergy/intolerance	Yes ¹		No ²		Food				
Due to lactation	Yes ¹		No ²		Food				
Other	Yes ¹		No ²		Food				

6. Have you identified any foods in **your** diet that affected your baby after breast feeding?
IF 'NO' 'D/K' OR 'N/A' GO TO Q. 8

Yes ¹		No ²	
D/K ³		N/A ⁴	

7. If yes, what foods and what effect did they have?

Food	code	Effect	code

Study No. _____

8. If breast feeding at all, have you taken any medication (e.g. antibiotics, paracetamol or aspirin) since your baby's birth?
IF 'NO' GO TO Q. 10

Yes ¹		No ²	
------------------	--	-----------------	--

9. If yes, what

Antibiotics	Yes ¹		No ²	
Paracetamol	Yes ¹		No ²	
Aspirin	Yes ¹		No ²	
Other medication	Yes ¹		No ²	
				Please specify

10. When did you first introduce formula bottle feeding?

Age		days		weeks
-----	--	------	--	-------

11. Which formula are you using at present?

--	--	--	--

12. Why have you chosen this formula? (If no tick assume answer to be NO)

	Formula 1				Formula 2				
Treatment of allergy/intolerance	Yes ¹		No ²		Yes ¹		No ²		By whom
Prevention of allergy	Yes ¹		No ²		Yes ¹		No ²		
Other child was allergic to milk	Yes ¹		No ²		Yes ¹		No ²		
One that was given in hospital	Yes ¹		No ²		Yes ¹		No ²		
Advised to do so	Yes ¹		No ²		Yes ¹		No ²		
Own preference	Yes ¹		No ²		Yes ¹		No ²		
Available in Baby Clinic	Yes ¹		No ²		Yes ¹		No ²		
Other	Yes ¹		No ²		Yes ¹		No ²		

13. Have you ever used any formula other than the one you are using at the moment?
IF 'NO' END OF QUESTIONNAIRE

Yes ¹		No ²	
------------------	--	-----------------	--

14. If yes, what formula and why did you change?

Formula	code	Age when you changed	How long used	Reason for change	code

Comments

e.g. fortified / TPN / tube feed

For Office Use Only

	Food	code
Possible Intolerance / Allergy		
Definite Intolerance / Allergy		
No Intolerance / Allergy		