DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
NATIONAL INSTITUTES OF HEALTH

BREAST MILK AND FORMULA STUDY

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

Follow Up Questionnaire

MOTHER'S NAME_____ CODE # _____

BABY'S NAME_____

ADDRESS_____

_____

CLINIC OR HOSPITAL_____

ADDRESS_____

_____

Follow Up Questionnaire

CODE # [ ][ ][ ][ ] (1 2 3 4)

CARD # [1] (5)

VISIT # [ ] (6)
0=newborn
1=6 wks
2=3 mos
3=6 mos

DATE mo/day/yr [ ][ ] (7 8) [ ][ ] (9 10) [ ][ ] (11 12)

1. Baby's age weeks [ ][ ] (13 14)

2. Baby's Birth date mo/day/yr [ ][ ] (15 16) [ ][ ] (17 18) [ ][ ] (19 20)

3. Was this baby breast fed at all? [ ] (21)
1=yes
2=no

   a. if yes, how many weeks was the baby breast fed most or all the time (not more than 2 bottle feedings per day). weeks [ ][ ] (22 23)

   b. Have you begun to wean the baby? [ ] (24)
1=yes
2=no

      If yes, when was weaning begun? weeks [ ][ ] (25 26)

      If yes, why was weaning begun? [ ] (27)

1=felt that it was usual time to wean
2=became inconvenient to breast feed
3=you (the mother) became ill
4=baby became ill
5=not enough milk
6=baby allergic to milk
7=breasts became irritated or infected
8=baby had difficulty breast feeding
9=other (explain)

_____

_____

_____

c. Is the baby now completely weaned from breast feeding? 1=yes 2=no [ ] 28

If yes, how old was the baby when weaning was completed? weeks [ ][ ] 29 30

4. Was this baby bottle fed at all? 1=yes 2=no [ ] 31

If yes, what formula do you feed the baby usually?

1=cow's milk
2=Enfamil^{R}
3=Similac^{R}
4=other_____

[ ] 32

_____

How many ounces of formula or milk does the baby eat per day? [ ][ ] 33 34

5. How well does the baby eat?

1=eats well all the time
2=eats well most of the time
3=has trouble feeding

[ ] 35

6. Is this baby "fussier" or more active than you expected or than other children of the same age that you know? 0=DK 1=yes 2=no [ ] 36

7. Has this baby had runny, red, or irritated eyes since birth (or last questionnaire)? 0=DK 1=yes 2=no [ ] 37

If yes, at what age did it occur? weeks [ ][ ] 38 39

8. Has this baby had any rashes or skin irritations? 0=DK 1=yes 2=no [ ] 40

If yes, what kind of rash

1=yes 2=no

a. diaper rash [ ] 41

b. cradle cap [ ] 42

c. an acne-like rash [ ] 43

d. some other kind of rash [ ] 44

_____

_____

_____

9. Has this baby had irritated or darkened gums? 0=DK 1=yes 2=no [ ] 45

10. Has the baby been ill at all since birth or last questionnaire? 1=yes 2=no [ ] 46

If yes, how many times? [ ] 47

11. How much do you weigh now? lbs. [ ][ ][ ] 48 49 50

12. Since the last interview (or since birth of baby) how often have you had

milk days per week [ ] 51

meat days per week [ ] 52

eggs days per week [ ] 53

seafood (commercial) days per month [ ] 54

seafood (privately caught) days per month [ ] 55

If the baby has been ill, please fill out this page

REPEAT CODE # [ ][ ][ ][ ] (1 2 3 4)

CARD # [2] (5)

[ ] (6)

		FIRST ILLNESS	SECOND ILLNESS	THIRD ILLNESS	FOURTH ILLNESS
1. At what age did this illness occur?	weeks	[ ][ ] (7 8)	[ ][ ] (9 10)	[ ][ ] (11 12)	[ ][ ] (13 14)
2. What kind of illness?					
1 = "cold"	1=yes 2=no	[ ] (15)	[ ] (16)	[ ] (17)	[ ] (18)
2 = high fever (Over 101F or 38C)		[ ] (19)	[ ] (20)	[ ] (21)	[ ] (22)
3 = ear infection		[ ] (23)	[ ] (24)	[ ] (25)	[ ] (26)
4 = pneumonia or bronchitis		[ ] (27)	[ ] (28)	[ ] (29)	[ ] (30)
5 = meningitis		[ ] (31)	[ ] (32)	[ ] (33)	[ ] (34)
6 = diarrhea and/or vomiting		[ ] (35)	[ ] (36)	[ ] (37)	[ ] (38)
7 = urinary tract infection		[ ] (39)	[ ] (40)	[ ] (41)	[ ] (42)
8 = colic		[ ] (43)	[ ] (44)	[ ] (45)	[ ] (46)
9 = other (explain)		[ ] (47)	[ ] (48)	[ ] (49)	[ ] (50)

_____

_____

_____

		FIRST ILLNESS	SECOND ILLNESS	THIRD ILLNESS	FOURTH ILLNESS
3. Did this illness require a doctor's care?	1=yes 2=no	☐ 51	☐ 52	☐ 53	☐ 54
4. Did this illness require hospitalization of the baby?	1=yes 2=no	☐ 55	☐ 56	☐ 57	☐ 58
If yes, how many days?		☐☐ 59 60	☐☐ 61 62	☐☐ 63 64	☐☐ 65 66
5. How long did this illness last (days)?		☐☐ 67 68	☐☐ 69 70	☐☐ 71 72	☐☐ 73 74
6. Did the baby need antibiotics (like penicillin or ampicillin)?	1=yes 2=no 0=DK	☐ 75	☐ 76	☐ 77	☐ 78