BREAST MILK AND FORMULA STUDY

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES


Interval History - 1 Year Old and Older


Mother's Name_____          CODE # [ ][ ][ ][ ]

Child's Name_____

Address_____

_____


I.H.    _____yrs.

Interval History - 1 Year Old and Older

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

CARD # [4 ]
         5

Visit #                          4=1 year       [ ]
                                 5=18 months  6
                                 6=2 years
                                 7=3 years
                                 8=4 years
                                 9=5 years

Date Today (Day, Month, Year)    [ ] [ ] [ ] [ ] [ ] [ ]
                                  7  8   9  10  11 12

1.   Is the child now alive?              1=yes [ ]
                                          2=no  13

     If no, specify cause of death.

     _____

     _____

2.   Since the last visit to the study, has    1=yes [ ]
     the child been hospitalized?               2=no  14

     If yes, how old was the child    years, months [ ] [ ][ ]
     when the first hospitalization                  15   16 17
     began?

     How long was the child in the hospital?    Days [ ][ ][ ]
                                                      18 19 20

     Why was the child in the hospital?

          For all causes, note category and    [ ]
          specify details below                 21
                                                [ ]
          1 = trauma                             22
          2 = ingestion or poisoning
          3 = respiratory infection (pneumonia, bronchitis)
          4 = other infection (Specify site below)
          5 = diarrhea/vomiting/dehydration
          6 = failure to thrive or weight loss
          7 = appendicitis, suspected or confirmed
          8 = T and A
          9 = any other condition (Specify below)
                          I.H.

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2-78 (Rev. 5-79)

Specify

_____

_____

_____

Was any operation performed during the                        1=yes [___]
hospitalization?                                               2=no    23

    If yes, specify type and record details                  [___]
    below                                                      24

    1 = T and A, with tubes
    2 = T and A only
    3 = appendectomy
    4 = hernia repair
    5 = other (specify below)

_____

_____

_____

Was the child hospitalized more than once?                    1=yes [___]
                                                              2=no    25

    If yes, enter total number of hospitalizations            [___|___]
    here, and append extra sheets.                            26  27

3.  Since the last visit to the study, how many times has      [___|___]
    the child been seen by a doctor or clinic for any         28  29
    reason?

    How old was the child at the (first, etc.) visit?

| VISIT 1 | VISIT 2 | VISIT 3 | VISIT 4 | VISIT 5 |
|---|---|---|---|---|
| [_] [__] | [_] [__] | [_] [__] | [_] [__] | [_] [__] |
| yrs months | yrs months | yrs months | yrs months | yrs months |
| 30  31 32 | 33  34 35 | 36  37 38 | 39  40 41 | 42  43 44 |

    Why was the child taken to the clinic
    or doctor? (See attached "Visiting Code"
    list.)

| VISIT 1 | VISIT 2 | VISIT 3 | VISIT 4 | VISIT 5 |
|---|---|---|---|---|
| [__] | [__] | [__] | [__] | [__] |
| 45 46 | 47 48 | 49 50 | 51 52 | 53 54 |
| [__] | [__] | [__] | [__] | [__] |
| 55 56 | 57 58 | 59 60 | 61 62 | 63 64 |
| [__] | [__] | [__] | [__] | [__] |
| 65 66 | 67 68 | 69 70 | 71 72 | 73 74 |

Specify if not coded or more than 3

_____

_____

CODE # ☐☐☐☐
       1  2  3  4

CARD # ☐ 5
       5

VISIT ☐
    6

Was the child given any medication?

| VISIT 1 | VISIT 2 | VISIT 3 | VISIT 4 | VISIT 5 |
|---------|---------|---------|---------|---------|
1=yes
2=no

    7      8      9      10      11

If yes, enter by code.  If more than
3, specify below.

| VISIT 1 | VISIT 2 | VISIT 3 | VISIT 4 | VISIT 5 |
|---------|---------|---------|---------|---------|
| 12 13 | 14 15 | 16 17 | 18 19 | 20 21 |
| 22 23 | 24 25 | 26 27 | 28 29 | 30 31 |
| 32 33 | 34 35 | 36 37 | 38 39 | 40 41 |

01 = antibiotics (oral or injection)
02 = decongestants
03 = anti-diarrheals
04 = other gastrointestinal (antacids, antispasmodics)
05 = epinephrine (injection)
06 = any asthma preparation
07 = skin preparation (any topical)
08 = immunizations
09 = cough syrup
10 = vitamins
11 = iron
99 = other (specify drugs by name and route of administration)

_____

_____

4.   Has this child had any skin rashes or skin problems      1=yes ☐
    of any kind that have not already been mentioned?      2=no  42

    If yes,                                       ☐
                                                43

      1 = diaper rash/heat rash only
      2 = blackheads/pustules/acne-like rash
          extent?_____
          duration?_____
      3 = other kind of skin problem? (specify)

_____

5.   Does this child have any condition for which he/she      1=yes ☐
    requires special care (i.e., developmental day care,      2=no  44
    orthopedic appliances, etc.)?

    If yes, specify. _____

_____

I.H.p.3 _____yrs.
Code # _____

6. Has the child had a problem with eye irritation or infections?

1=yes [__]
2=no  45

   If yes, how often?

1=rare     [__]
2=frequent  46
3=always

7. Since the last visit to the study, how has the child been taken care of during the day?

   At home almost always?
   If not, was the child

1=yes [__]
2=no  47

|  | Days/Week | Hours/Day |
|---|---|---|
| In a day care center or nursery school? | 1[__] 48 | 1[__] 49 |
| At a relative's? | 1[__] 50 | 1[__] 51 |
| Some place else? (specify) | 1[__] 52 | 1[__] 53 |

_____

_____

   About how many other children are usually taken care of at the same place? (Largest number)

[__|__]
54 55

8. Do you think that this child has a problem with behavior?

1=yes [__]
2=no  56

   Does this child seem more active than other children his age?

1=yes [__]
2=no  57

   Have you been told by others who take care of the child that he/she has a problem with behavior?

1=yes [__]
2=no  58

9. Is the child usually on table food only?

1=yes [__]
2=no  59

   If the child still takes formula, about how many (standard) bottles does he/she take in a day?

[__]
60

   Does the child have any problems with eating?

1=yes [__]
2=no  61

   If yes,

[__]
62

1 = does not eat well generally/picky or fussy eater
2 = refuses certain foods, otherwise eats well
3 = allergic to milk (told by doctor)
4 = allergic to other food (told by doctor) (specify)

_____

_____

Has the child been breast fed at all since the last visit? (Ask when appropriate)    1=yes [  ]    2=no  63

   If yes, has the child started weaning?    1=yes [  ]    2=no  64

   If yes, when was weaning begun?    [    ]  Months  65 66

   If yes, why was weaning begun?    [  ]  67

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)

_____

_____

_____

   Is the baby now completely weaned from breast feeding?    1=yes [  ]    2=no  68

   If yes, how old was the baby when weaning was completed?    [    ]  Months  69 70

About how often does the child eat the following kinds of food?

   meat    day/week [  ]  71

   eggs    [  ]  72

   milk    [  ]  73

   butter (not margarine)    [  ]  74

   fish (commercial)    days/month [    ]  75 76

   fish (privately caught)    [    ]  77 78