

BREAST MILK AND FORMULA STUDY

NATIONAL INSTITUTE OF ENVIRONMENTAL HEALTH SCIENCES

INTERVAL HISTORY - ONE YEAR OLD AND OLDER

CHILD # \_\_\_\_\_

MOTHER'S NAME \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

CHILD # [ ] [ ] [ ] [ ] 1-4

CARD # [4] 5

VISIT #

4=1 YEAR 7=3 YEARS

5=18 MONTHS 8=4 YEARS

6=2 YEARS 9=5 YEARS

[ ] 6

TODAY'S DATE

[ ] [ ] [ ] [ ] [ ] [ ] 7-12

QUESTIONER (SEE LIST)

[ ] [ ] 13-14

1. IS THE CHILD NOW ALIVE?  
IF NOT, SPECIFY CAUSE OF DEATH

1=YES [ ] 15  
2=NO

2. SINCE THE LAST VISIT HAS THE  
CHILD BEEN HOSPITALIZED?

1=YES [ ] 16  
2=NO

HOW OLD WAS THE CHILD?

YRS.MOS [ ] [ ] [ ] 17-19

HOW LONG WAS THE CHILD IN HOSPITAL?

DAYS [ ] [ ] [ ] 20-22

REASON(S) FOR HOSPITALIZATION (FROM LIST)

[ ] [ ] 23-24

[ ] [ ] 25-26

ANY OPERATIONS?

1=YES [ ] 27  
2=NO

IF YES. TYPE

1=MYRINGOTOMY WITH TUBES

[ ] 28

2=T AND A

3=APPENDECTOMY

4=HERNIA REPAIR

5=OTHER (SPECIFY)

WAS CHILD HOSPITALIZED MORE THAN ONCE?

1=YES [ ] 29  
2=NO

IF YES, TOTAL NUMBER OF HOSPITALIZATIONS  
(GIVE DETAILS ON EXTRA SHEET)

[ ] [ ] 30-31

4. HAS THIS CHILD HAD ANY SKIN RASHES OR  
SKIN PROBLEMS OF ANY KIND?

1=YES [ ] 32  
2=NO

IF YES, KIND

1=DIAPER RASH/HEAT RASH ONLY

[ ] 33

2=BLACKHEADS/PUSTULES/ACNE-LIKE RASH  
(SPECIFY EXTENT AND DURATION)

3=OTHER (SPECIFY)

5. DOES THIS CHILD HAVE ANY  
CONDITION REQUIRING SPECIAL CARE?  
(I.E. DEVELOPMENTAL DAY CARE,  
ORTHOPEDIC APPLIANCES, ETC.) 1=YES [ ] 34  
IF YES. SPECIFY 2=NO

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6. HAS THE CHILD HAD A PROBLEM WITH EYE  
IRRITATION OR INFECTION? 1=YES [ ] 35  
IF YES. HOW OFTEN? 2=NO  
1=RARE [ ] 36  
2=FREQUENT  
3=ALWAYS

7. HOW HAS THE CHILD BEEN TAKEN CARE OF?  
AT HOME ALMOST ALWAYS? 1=YES [ ] 37  
IF NOT. WAS THE CHILD AT 2=NO  
DAYS/ HOURS/  
WEEK DAY  
DAY CARE/NURSERY SCHOOL [ ] [ ] 38-39  
RELATIVE [ ] [ ] 40-41  
OTHER (SPECIFY) [ ] [ ] 42-43  
BABYSITTER [ ] [ ] 44-45

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HOW MANY OTHER CHILDREN AT SAME PLACE?  
(LARGEST NUMBER) [ ] [ ] 46-47

8. DO YOU THINK THAT THIS CHILD HAS A  
BEHAVIOR PROBLEM? 1=YES [ ] 48  
2=NO

DOES THIS CHILD SEEM MORE ACTIVE THAN  
OTHER CHILDREN HIS AGE? 1=YES [ ] 49  
2=NO

HAVE YOU BEEN TOLD BY OTHERS WHO TAKE  
CARE OF THE CHILD THAT HE/SHE HAS A  
BEHAVIOR PROBLEM (IF SO, WHO)? 1=YES [ ] 50  
2=NO

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INTERVAL HISTORY - PAGE 3

- 9A. IS CHILD USUALLY ON TABLE FOOD ONLY? 1=YES [ ] 51  
(I.E. NO BREAST MILK, FORMULA, BABY FOOD) 2=NO
- 9B. IF THE CHILD STILL TAKES FORMULA, ABOUT [ ] 52  
HOW MANY BOTTLES PER DAY?
- 9E. HAS THE CHILD BEEN BREAST FED AT ALL 1=YES [ ] 53  
SINCE THE LAST VISIT? 2=NO  
(IF NO. THEN SKIP TO NEXT PAGE)
- 9F. IF YES, HAS THE CHILD STARTED WEANING? 1=YES [ ] 54  
(I.E. STARTED SOLID FOOD) 2=NO
- 9G. IF YES, WHEN WAS WEANING BEGUN? MONTHS [ ] [ ] 55-56
- 9H. IF YES, WHY WAS WEANING BEGUN?  
1=FELT USUAL TIME TO WEAN OR  
NORMAL PROCESS OF GROWING UP  
2=BECAME INCONVENIENT OR [ ] 57  
MOTHER BACK TO WORK  
3=MOTHER BECAME ILL  
4=BABY BECAME ILL  
5=NOT ENOUGH MILK  
6=BABY "ALLERGIC" TO BREAST MILK  
7=BREASTS BECAME IRRITATED OR INFECTED  
8=BABY HAD DIFFICULTY BREAST FEEDING  
9=OTHER

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- 
- 9I. IS THE BABY NOW COMPLETELY WEANED? 1=YES [ ] 58  
2=NO
- IF YES, WHEN WAS WEANING COMPLETED? MONTHS [ ] [ ] 59-60
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INTERVAL HISTORY - PAGE 4

9C. DOES THE CHILD HAVE ANY PROBLEMS WITH EATING? 1=YES [ ] 61  
2=NO

9D. IF YES KIND [ ] 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)  
9=OTHER (SPECIFY)

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9J. HOW OFTEN DOES THE CHILD EAT:

MEAT	DAYS/WEEK [ ]	63
EGGS	" [ ]	64
MILK	" [ ]	65
BUTTER	" [ ]	66
FISH (COMMERCIAL)	DAYS/MONTH [ ] [ ]	67-68
FISH (PRIVATELY CAUGHT)	" [ ] [ ]	69-70

CARD # [5] 5

VISIT #

- 4=1 YEAR
- 5=18 MONTHS
- 6=2 YEARS
- 7=3 YEARS
- 8=4 YEARS
- 9=5 YEARS

[ ] 6

PAGE # [1] 7

SINCE LAST VISIT, HOW MANY WELL-CHILD CHECKS? [ ] [ ] 8-9

HOW MANY OTHER TIMES HAS CHILD GONE TO DOCTOR/CLINIC? [ ] [ ] 10-11

FOR EACH TIME EXCEPT WELL-CHILD CHECKS

	AGE		REASONS	MED? Y/N	MED KIND	NUMBER RECHECKS
	YRS	MONTHS				
FIRST	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 12-20
			[ ] [ ]		[ ] [ ]	21-24

COMMENTS \_\_\_\_\_

SECOND:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 25-33
			[ ] [ ]		[ ] [ ]	34-37

COMMENTS \_\_\_\_\_

THIRD:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 38-46
			[ ] [ ]		[ ] [ ]	47-50

COMMENTS \_\_\_\_\_

FOURTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 51-59
			[ ] [ ]		[ ] [ ]	60-63

COMMENTS \_\_\_\_\_

FIFTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 64-72
			[ ] [ ]		[ ] [ ]	73-76

COMMENTS \_\_\_\_\_

SEE LISTS FOR REASONS, MEDICATIONS

VISIT #

- 4=1 YEAR
- 5=18 MONTHS
- 6=2 YEARS
- 7=3 YEARS
- 8=4 YEARS
- 9=5 YEARS

	AGE		REASONS	MED?	MED	NUMBER
	YRS	MONTHS		Y/N	KIND	
SIXTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 8-16
			[ ] [ ]		[ ] [ ]	17-20

COMMENTS \_\_\_\_\_

SEVENTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 21-29
			[ ] [ ]		[ ] [ ]	30-33

COMMENTS \_\_\_\_\_

EIGHTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 34-42
			[ ] [ ]		[ ] [ ]	43-46

COMMENTS \_\_\_\_\_

NINTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 47-55
			[ ] [ ]		[ ] [ ]	56-59

COMMENTS \_\_\_\_\_

TENTH:	[ ]	[ ] [ ]	[ ] [ ]	[ ]	[ ] [ ]	[ ] 60-68
			[ ] [ ]		[ ] [ ]	69-72

COMMENTS \_\_\_\_\_

SEE LISTS FOR REASONS, MEDICATIONS