

**FAIR Study**

**Three month Questionnaire**

Child's Name & Address	Date of questionnaire		/ /		
	Sex	Male <sup>1</sup>		Female <sup>2</sup>	
	GP				
	HV				
	Length	ins	cms	Date	D/K
Weight	lbs	oz	kgs	Date	D/K
Child's date of birth:					
Mother's Name			Mother's IW number		
Telephone No.			E-mail address		

1. Who completed questionnaire?

Mother <sup>1</sup>		Father <sup>2</sup>		Grandparent <sup>3</sup>		Guardian <sup>4</sup>		Other <sup>5</sup>		Who
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2. Has your child had the following immunisations?

	1 <sup>st</sup> Immunisation				2 <sup>nd</sup> Immunisation			
Polio	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>
HIB, Diptheria, Tetanus	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>
Whooping Cough	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>
Meningitis C	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>
Other	Yes <sup>1</sup>		No <sup>2</sup>	D/K <sup>3</sup>	What			

3. Has your child ever had wheezing or whistling in the chest in the past three months?

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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4. In the last three months, has your child had a dry cough at night, apart from the cough associated with a cold or a chest infection?

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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5. Has your child ever had an itchy rash that was coming and going over the last three months?

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 10

6. If yes, where does your child get the itchy rash?

Place	code	Place	code

7. Have you identified the cause of the itchy rash?

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 10

8. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>	
Animals	Yes <sup>1</sup>		No <sup>2</sup>	
House dust mite	Yes <sup>1</sup>		No <sup>2</sup>	
Other	Yes <sup>1</sup>		No <sup>2</sup>	

9. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

10. Has your child ever suffered from vomiting (> 1 tbsp) in the last three months?  
IF 'NO' OR D/K GO TO Q. 14

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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11. Have you identified the cause of the vomiting?  
IF 'NO' OR D/K GO TO Q. 14

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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12. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>		
Other	Yes <sup>1</sup>		No <sup>2</sup>		

13. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

14. Has your child ever suffered from diarrhoea in the last three months?  
IF 'NO' OR D/K GO TO Q. 18

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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15. Have you identified the cause of the diarrhoea?  
IF 'NO' OR D/K GO TO Q. 18

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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16. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>		
Other	Yes <sup>1</sup>		No <sup>2</sup>		

17. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

18. Has your child ever suffered from constipation in the last three months?  
IF 'NO' OR D/K GO TO Q. 22

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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19. Have you identified the cause of the constipation?  
IF 'NO' OR D/K GO TO Q. 22

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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20. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>		
Other	Yes <sup>1</sup>		No <sup>2</sup>		

21. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

22. Has your child ever suffered from abdominal distension in the last three months? 

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 26

23. Have you identified the cause of the abdominal distension? 

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 26

24. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>		
Other	Yes <sup>1</sup>		No <sup>2</sup>		

25. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

26. Has your child ever suffered from colic/tummy ache in the last three months? 

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 30

27. Have you identified the cause of the colic/tummy ache? 

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 30

28. If yes, what?

Food	Yes <sup>1</sup>		No <sup>2</sup>		
Other	Yes <sup>1</sup>		No <sup>2</sup>		

29. If food

At what age

Food	code	Temporal Rel	code	Frequency	code	(Weeks)	Still present			
							Yes <sup>1</sup>		No <sup>2</sup>	
							Yes <sup>1</sup>		No <sup>2</sup>	

30. Has your child ever suffered from any other food related problems in the last three months? 

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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IF 'NO' OR D/K GO TO Q. 33

31. If yes, what was the problem and did you identify the cause?

Problem	code	Cause identified?	code	Yes <sup>1</sup>	No <sup>2</sup>	D/K <sup>3</sup>

IF CAUSE NOT IDENTIFIED GO TO Q. 33

32. If you identified the cause of the problems, what?

At what age

Problem	code	Cause	code	Temp Rel	code	Frequency	code	(Weeks)	Still present			
									Yes <sup>1</sup>		No <sup>2</sup>	
									Yes <sup>1</sup>		No <sup>2</sup>	

**Feeding Practices:**

33. Which method of feeding are you using **at the moment**?

Breast milk only <sup>1</sup>		Infant formula only <sup>2</sup>		Both <sup>3</sup>	
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34. Did your baby have a bottle feed (containing infant formula)

**soon after birth** i.e. 1-2 days?

IF 'NO' OR D/K GO TO Q. 36

Yes <sup>1</sup>		No <sup>2</sup>		D/K <sup>3</sup>	
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35. If yes, which formula?

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36. Since the baby's birth, have you given your baby any water?

Yes <sup>1</sup>		No <sup>2</sup>	
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**Weaning:**

37. Have you given your baby any food or drinks other than breast milk/infant formula in the past three months?

IF 'NO' GO TO Q. 39

Yes <sup>1</sup>		No <sup>2</sup>	
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38. If yes, what food/drinks and at what age?

Food/Drink	code	Age (wks)

Solids			
Yes <sup>1</sup>		No <sup>2</sup>	N/A <sup>100</sup>

39. Has your baby taken any medication (e.g. gripe water, antibiotics etc.) or used any medicated creams in the last three months?

IF 'NO' GO TO Q. 41

Yes <sup>1</sup>		No <sup>2</sup>	
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40. If yes what?

(If no tick assume answer to be NO)

Gripe water	Yes <sup>1</sup>		No <sup>2</sup>		Please specify
Calpol	Yes <sup>1</sup>		No <sup>2</sup>		
Colief	Yes <sup>1</sup>		No <sup>2</sup>		
Infacol	Yes <sup>1</sup>		No <sup>2</sup>		
Antibiotics	Yes <sup>1</sup>		No <sup>2</sup>		
Other medication	Yes <sup>1</sup>		No <sup>2</sup>		

**Smoking:**

41. Do you normally smoke?

IF 'NO' GO TO Q. 46

Yes <sup>1</sup>		No <sup>2</sup>	
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42. If yes, have you smoked during baby's first three months of life?

IF 'NO' GO TO Q. 46

Yes <sup>1</sup>		No <sup>2</sup>	
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43. If yes, how many cigarettes have you smoked daily on average during this time?

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44. Is this 

the same as <sup>1</sup>		more than <sup>2</sup>		less than <sup>3</sup>	
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 normally **before** your pregnancy?

45. Is this 

the same as <sup>1</sup>		more than <sup>2</sup>		less than <sup>3</sup>	
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 normally **during** your pregnancy?

46. Has your baby regularly been exposed to cigarette smoke?

Yes <sup>1</sup>		No <sup>2</sup>	
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47. Is your baby exposed to pets at home?

Cat	Yes <sup>1</sup>		No <sup>2</sup>	
Dog	Yes <sup>1</sup>		No <sup>2</sup>	
Other	Yes <sup>1</sup>		No <sup>2</sup>	What?

48. Is your baby regularly exposed to pets elsewhere?

Cat	Yes <sup>1</sup>		No <sup>2</sup>	
Dog	Yes <sup>1</sup>		No <sup>2</sup>	
Other	Yes <sup>1</sup>		No <sup>2</sup>	What?

**Study No.** \_\_\_\_\_