

Breastfeeding only (3 months)

1. Are you currently excluding any foods from your diet?
IF 'NO' GO TO Q. 3

Yes ¹		No ²	
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2. 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 babies 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 reason	Yes ¹		No ²		Food				

3. Have you identified any foods in your diet that affected your baby after breast feeding?
IF 'NO' GO TO Q. 5

Yes ¹		No ²	
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4. If yes, what foods and what effect did they have?

Food	code	Effect	code

5. Have you taken any medication (e.g. antibiotics, paracetamol or aspirin) since your baby's birth?
IF 'NO' GO TO Q. 7

Yes ¹		No ²	
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6. If yes, what? (If no tick assume answer to be NO)

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

7. Has your baby ever had an infant formula (bottle)?
IF 'NO' OR D/K END OF QUESTIONNAIRE

Yes ¹		No ²		D/K ³	
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Study No.

8. If yes, which formula?

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Comments

e.g. fortified / TPN / tube feed

For Office Use Only

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