

Formula + Breast milk (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 baby's 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	Yes ¹		No ²		Food				

3. Have you identified any foods in **your** diet that affected your baby after breast feeding?
IF 'NO' GO 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. When did you introduce bottle feeding?

Age (weeks)	
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8. Which formula are you using at present?

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9. Why have you chosen this formula? (If no tick assume answer to be NO)

	Formula 1		Formula 2		
Treatment of allergy/intolerance	Yes ¹	No ²	Yes ¹	No ²	
Prevention of allergy	Yes ¹	No ²	Yes ¹	No ²	
Other child was allergic to milk	Yes ¹	No ²	Yes ¹	No ²	
One that was given in hospital	Yes ¹	No ²	Yes ¹	No ²	
Advised to do so	Yes ¹	No ²	Yes ¹	No ²	By whom <input type="text"/>
Own preference	Yes ¹	No ²	Yes ¹	No ²	
Available in Baby Clinic	Yes ¹	No ²	Yes ¹	No ²	
Other	Yes ¹	No ²	Yes ¹	No ²	

10. Have you ever used any formula other than the one you are using at the moment? Yes¹ No²
 IF 'NO' GO TO Q. 12

11. If yes, what formula and why did you change?

Formula	code	Age when you changed	How long used	Reason for change	code

12. Do you feed your baby breast/bottle equally, more breast or more bottle?

<input type="checkbox"/> Breast > half ¹	<input type="checkbox"/> Equal ²	<input type="checkbox"/> Bottle > half ³	<input type="checkbox"/> Breast + top up ⁴
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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		