

FAIR Study

Six month Questionnaire

Child's Name & Address	Date of questionnaire		/ /		
	Sex	Male ¹	Female ²		
	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:			

Intolerance / Allergy from three month questionnaire

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

1. Who completed questionnaire?

Mother ¹	Father ²	Grandparent ³	Guardian ⁴	Other ⁵	Who
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2. Has the child had 1st and 2nd immunisations at three months? (3/12 Q)

1 st Imm		2 nd Imm	
Yes ¹	No ²	Yes ¹	No ²

3. Has your child had the following immunisations in the last three months?

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

3rd Immunisation

Polio	Yes ¹	No ²	D/K ³	
HIB, Diptheria, Tetanus	Yes ¹	No ²	D/K ³	
Whooping Cough	Yes ¹	No ²	D/K ³	
Meningitis C	Yes ¹	No ²	D/K ³	
Other	Yes ¹	No ²	D/K ³	What

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

Yes ¹	No ²	D/K ³
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5. 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 ¹	No ²	D/K ³
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6. In the last three months, has your child suffered from an itchy, stuffy Or runny nose when they did not have a cold or flu?

Yes ¹	No ²	D/K ³
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7. Has your child ever suffered from an itchy skin that looks like nettle rash /hives?

Yes ¹	No ²	D/K ³
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8. Has your child ever had an itchy dry flaky skin/eczema that was coming and going over the last three months?

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

9. If yes, where does your child get the itchy dry flaky skin/eczema?

Place	code	Place	code

10. Has your child ever suffered from vomiting (>1 tbsps) in the last three months?

Yes ¹		No ²		D/K ³	
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11. Has your child ever suffered from diarrhoea in the last three months?

Yes ¹		No ²		D/K ³	
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12. Has your child ever suffered from constipation in the last three months?

Yes ¹		No ²		D/K ³	
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13. Has your child ever suffered swelling of the eyes, lips, tongue or throat in the last three months?

Yes ¹		No ²		D/K ³	
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14. Has your child ever suffered from colic/tummy ache in the last three months?

Yes ¹		No ²		D/K ³	
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15. Has your child suffered from any food related problems in the last three months?

Yes ¹		No ²		D/K ³	
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16. If yes, what?

Symptom	code	Food	code	Temp Rel	code	Frequency	code	Age (wks)	Still present	
									Yes ¹	No ²
									Yes ¹	No ²
									Yes ¹	No ²
									Yes ¹	No ²

17. Have you consulted your GP/Paediatrician regarding any of the above symptoms in the last six months?

GP	Yes ¹		No ²		Paediatrician	Yes ¹		No ²	
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IF 'NO' GO TO Q. 19

18. If yes, what symptoms?

Symptom	code	Symptom	code

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

Breast milk only ¹		Bottle only ²		Both ³	
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IF BREAST ONLY OR BOTTLE ONLY GO TO Q. 21

20. If both, do you feed your baby breast/bottle equally, more breast or more bottle?

Breast >half ¹		Equal ²		Bottle >half ³		Breast + top up ⁴		Breast + occasional bottle ⁵	
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21. In the last three months, have you given your baby any water?

Yes ¹		No ²	
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22. When did you first introduce solids into your baby's diet?

	weeks
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23 Have you given your baby any of the following foods and at what age?

Rice or baby rice	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Wheat containing foods (e.g. baby rusk, baby cereals, cereals, pasta, bread, cakes, biscuits)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Oats or oat cereal	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Non-citrus fruit (e.g. banana)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Citrus fruit (e.g. orange, orange juice, mandarin, clementine, lemon, lime, tangerine, grapefruit)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Strawberry	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Vegetables (not tomato or potato)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Tomato	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Potato	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Dairy foods (e.g. yoghurt, fromage frais, custard, ice cream, butter, margarine, cow's milk in food, cheese)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Chicken or turkey	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Lamb	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Beef	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Pork	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fish	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Whole egg	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Pulses (e.g. lentils, peas, baked beans)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Soya	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Tree nuts – almonds, brazil nuts, pecan nuts, hazel nuts, walnuts etc. (e.g. in chocolate, crunchy nut cornflakes, choc chip cookies, pesto sauce, vegetarian meals)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Peanuts (e.g. Bombay mix, peanut butter, peanut brittle, peanut cookies, Snickers bar, some vegetarian meals)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Sesame (e.g. humous, tahini, seed rolls, cereal bars)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Other food (specify)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	

24 Which three foods have you introduced first?

Food	code	Food	code	Food	code

25 Have you given your baby any baby cereals, packet foods or jars yet?

Yes ¹	No ²	
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26 Are you consciously avoiding any foods from your baby's diet at present?
IF 'NO' GO TO Q. 28

Yes ¹	No ²	
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27 If yes, what?

Food	code	Food	code

28 Have you given your baby any of the following drinks and at what age?

Fruit squash – citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fruit squash – non-citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Diet fruit squash – citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Diet fruit squash – non-citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fruit juice – citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fruit juice – non-citrus	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fruit juice – prune	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Herbal drinks	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	

Tea/coffee	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Cold flavoured milk drinks	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Fizzy drinks	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Cow's milk	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Flavoured water	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	
Other drinks (specify)	<3 mths ¹		3-6 mths ²		No ³		D/K ⁴	

29 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. 31

Yes ¹		No ²	
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30 If yes what?

Gripe water	Yes ¹		No ²	
Calpol	Yes ¹		No ²	
Colief	Yes ¹		No ²	
Infacol	Yes ¹		No ²	
Antibiotics	Yes ¹		No ²	
Other medication	Yes ¹		No ²	Please specify _____

31 Has your baby had a temperature/fever in the last six months?

Yes ¹		No ²	
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32 If yes, how many times?

1		2		3		4		5		6		>6	
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33 What was the reason for this temperature/fever?

Immunisation		Gastro-enteritis		Teething		Chest infection		cold	
Flu		Other		specify				Don't know	

34 Do you normally smoke?

Yes ¹		No ²	
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35 If yes, how many cigarettes do you smoke daily on average?

36 Has your baby regularly been exposed to cigarette smoke?

Yes ¹		No ²	
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37 Is your baby exposed to pets at home?

Cat	Yes ¹		No ²	
Dog	Yes ¹		No ²	
Other	Yes ¹		No ²	What? _____

38 Is your baby regularly exposed to pets elsewhere?

Cat	Yes ¹		No ²	
Dog	Yes ¹		No ²	
Other	Yes ¹		No ²	What? _____

IF STILL BREAST FEEDING (Breast only / Breast + Bottle)

39 Mum reverted back to breast feeding only after a period of bottle feeding?

Yes ¹		No ²	
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40 Has your baby ever had an infant formula?

Yes ¹		No ²		D/K ³	
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IF 'NO' OR 'D/K' END OF QUESTIONNAIRE

41 If yes, which formula?

IF BREAST FEEDING ONLY END OF QUESTIONNAIRE

IF BOTTLE FEEDING AT ALL (Get info from 3 month questionnaire)

42 When did you first introduce bottle feeding? _____ Days _____ Weeks

43 When did you stop breast feeding? Days Weeks

44 Why did you stop breast feeding your baby?

Reason	code

45 Which bottle feed are you using at present?

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46 In the last three months have you used any formula other than the one you are using at the moment?

Yes ¹		No ²	
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IF 'NO' END OF QUESTIONNAIRE

47 If yes, what formula and why did you change?

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

For Office Use Only

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