

FAIR Study

Nine 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 six 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
---------------------	---------------------	--------------------------	-----------------------	--------------------	-----

2. Has the child had 1st and 2nd immunisations at three months? (6/12 Q)

	1 st Imm	2 nd Imm	3 rd Imm
	Y ¹	N ²	Y ¹
			N ²
			Y ¹
			N 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. Declined all immunisations

Yes ¹	No ²	N/A ⁻¹⁰⁰	Reason
------------------	-----------------	---------------------	--------

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

Yes ¹	No ²	D/K ³
------------------	-----------------	------------------

6. 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
------------------	-----------------	------------------

7. 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
------------------	-----------------	------------------

8. Has your child ever suffered from an itchy skin that looks like nettle rash /hives?

Yes ¹	No ²	D/K ³
------------------	-----------------	------------------

9. 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	
------------------	--	-----------------	--	------------------	--

IF 'NO' OR 'D/K' GO TO Q. 11

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

Place	code	Place	code

11 Has your child ever suffered from vomiting (>1 tbsp) in the last three months?

Yes ¹		No ²		D/K ³	
------------------	--	-----------------	--	------------------	--

12 Has your child ever suffered from diarrhoea in the last three months?

Yes ¹		No ²		D/K ³	
------------------	--	-----------------	--	------------------	--

13 Has your child ever suffered from constipation in the last three months?

Yes ¹		No ²		D/K ³	
------------------	--	-----------------	--	------------------	--

14 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	
------------------	--	-----------------	--	------------------	--

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

Yes ¹		No ²		D/K ³	
------------------	--	-----------------	--	------------------	--

16 Has your child suffered from any food related problems in the last three months?

Yes ¹		No ²		D/K ³	
------------------	--	-----------------	--	------------------	--

17 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	

18 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	
----	------------------	--	-----------------	--	---------------	------------------	--	-----------------	--

IF 'NO' GO TO Q. 20

19 If yes, what symptoms?

Symptom	code	Symptom	code

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

Breast milk only ¹		Bottle/Beaker only ²		Both ³	
-------------------------------	--	---------------------------------	--	-------------------	--

IF BREAST ONLY OR BOTTLE ONLY GO TO Q. 22

21 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	
---------------------------	--	--------------------	--	---------------------------	--	------------------------------	--	---	--

22 In the last three months, have you given your baby any water?

Yes ¹		No ²	
------------------	--	-----------------	--

23 In the last three months have you introduced any of the following foods?

Rice or baby rice	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Wheat containing foods (e.g. baby rusk, baby cereals, cereals, pasta, bread, cakes, biscuits)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Oats or oat cereal	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Non-citrus fruit (e.g. banana)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Citrus fruit (e.g. orange, orange juice, mandarin, clementine, lemon, lime, tangerine, grapefruit)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Strawberry	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Vegetables (not tomato or potato)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Tomato	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Potato	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Dairy foods (e.g. yoghurt, fromage frais, custard, ice cream, butter, margarine, cow's milk in food, cheese)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Chicken or turkey	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Lamb	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Beef	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Pork	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Fish	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Whole egg	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Pulses (e.g. lentils, peas, baked beans)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Soya	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
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)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Peanuts (e.g. Bombay mix, peanut butter, peanut brittle, peanut cookies, Snickers bar, some vegetarian meals)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Sesame (e.g. humous, tahini, seed rolls, cereal bars)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Other food (specify)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰

24 Are you consciously avoiding any foods from your baby's diet at present?
IF 'NO' GO TO Q. 26

Yes ¹	No ²
------------------	-----------------

25 If yes, what?

Food	code	Food	code

26 In the last three months have you given your baby any of the following drinks?

Fruit squash	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Fruit juice	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Tea/coffee	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Fizzy drinks	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Cow's milk / flavoured milk drinks	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Flavoured water	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰
Other drinks (specify)	Yes ¹	No ²	D/K ³	N/A ⁻¹⁰⁰

27 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. 29

Yes ¹	No ²
------------------	-----------------

28 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	
Neurofen	Yes ¹		No ²	
Other medication	Yes ¹		No ²	Please specify _____

29 Do you normally smoke? Yes¹ No²

30 If yes, how many cigarettes do you smoke daily on average? _____

31 Has your baby regularly been exposed to cigarette smoke? Yes¹ No²

32 Is your baby exposed to pets at home?
 Cat

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>
------------------	--------------------------	-----------------	--------------------------

 Dog

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>
------------------	--------------------------	-----------------	--------------------------

 Other

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>	What? _____
------------------	--------------------------	-----------------	--------------------------	-------------

33 Is your baby regularly exposed to pets elsewhere?
 Cat

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>	_____
------------------	--------------------------	-----------------	--------------------------	-------

 Dog

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>	_____
------------------	--------------------------	-----------------	--------------------------	-------

 Other

Yes ¹	<input type="checkbox"/>	No ²	<input type="checkbox"/>	What? _____
------------------	--------------------------	-----------------	--------------------------	-------------

IF BOTTLE FEEDING AT ALL (Get info from 3/6 month questionnaire)

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

35 When did you stop breast feeding? _____ Days _____ Weeks

36 Why did you stop breast feeding your baby?

Reason	code

37 Which bottle/beaker feed are you using at present? _____

38 In the last three months have you used any formula other than the one you are using at the moment? Yes¹ No²

IF 'NO' END OF QUESTIONNAIRE

39 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	