**\*CRF to be used for infants <36 months of age AT ENROLLMENT**

**1. Infant visit: \_\_\_\_\_**

**2. Report date**

**Date: \_\_\_\_\_\_\_**

**Time: \_\_\_\_\_\_\_**

If reporting today, use today’s date/time, otherwise use the date/time this information was reported.

**3. Has the participant ever breast fed?**

□Yes

□No

**If ‘Yes’ continue to Q4**

**If ‘No’ skip to Q10**

**4. Date start of breastfeeding: \_\_\_\_\_\_\_\_\_\_\_**

**5. Is the start date of breastfeeding estimated?**

□Yes – General estimation

□Yes – Used infant date of birth

□No

**6. Date of most recent breastfeeding: \_\_\_\_\_\_\_\_**

**7. Is the participant continuing to breastfeed**

□Yes

□No

**If ‘No’ continue to Q8**

**If ‘Yes’ skip to Q9**

**8. If no longer breastfeeding, please provide the date of the participant weaned:** \_\_\_\_\_\_\_\_\_\_\_\_\_

**9. On average, how often did the participant receive breast milk for feeding?**

□1. Less than once per week

□2. Less than once per day, but at least once per week

□3. About once per day on most days

□4. More than once per day, but not for all feedings

□5. For all feedings (i.e. no formula or other foods or liquids)

□Not applicable

**10. Has the participant received any liquids other than breast milk?**

□Yes

□No

**If ‘Yes’ continue to Q11**

**If ‘No’ skip to Q27**

**11. Has the infant taken formula?**

□Yes

□No

□Not sure

**If ‘Yes’ continue to Q12**

**If ‘No’ or ‘Not Sure’ skip to Q19**

**12. Date infant formula introduced: \_\_\_\_\_\_\_\_\_**

**13. Is date infant formula introduced estimated?**

□Yes

□No

**14. Has the infant completed formula feeding?**

□Yes

□No

**If ‘Yes’ continue to Q15 & Q16, then skip to Q19**

**If ‘No’ skip to Q17**

**15. Date of when infant formula was stopped: \_\_\_\_\_\_\_**

**16. Is the date infant formula stopped estimated?**

□Yes

□No

**17. What water do you usually use to prepare the participant’s infant formula?**

□Water direct from source

□Water boiled immediately before use

□Water boiled earlier and then stored

□Specifically treated water

□Other

**If ‘Other’ continue to Q18**

**If any response other than ‘Other’ skip to Q19**

**18. If ‘Other’, specify: \_\_\_\_\_\_\_\_**

**19. Has the infant taken water?**

□Yes

□No

□Not sure

Not as part of formula milk.

**20. Has the infant taken juice?**

□Yes

□No

□Not sure

**21. Has the infant taken cow’s milk?**

□Yes

□No

□Not sure

**If ‘Yes’ continue to Q22**

**If ‘No’ or ‘Not sure’ skip to Q23**

**22. If ‘Yes’, cow’s milk was…**

□1. Boiled from cow

□2. Unboiled from cow

□3. From store

**23. Has the infant taken other animal milk?**

□Yes

□No

□Not sure

**If ‘Yes’ continue to Q24 & Q25**

**If ‘No’ or ‘Not Sure’ skip to Q26**

**24. If ‘Yes’, specify which animal: \_\_\_\_\_\_\_\_**

**25. Was milk boiled?**

□Yes

□No

□Not sure

**26. Has the infant taken take oral rehydration salts?**

□Yes

□No

□Not sure

**27. Has the infant taken received any solid foods?**

□Yes

□No

**If ‘Yes’ continue to Q28**

**If ‘No’ form is complete**

***Solid Food Section (same CRF)***

**28. Date the participant first started receiving solids: \_\_\_\_\_\_\_\_\_**

**29. At approximately what age, in months, did this child start taking solid foods (foods other**

**than breast milk or formula)? \_\_\_\_\_**

**30. What solid foods is your infant/child taking (tick all that apply)**

□ Grains, roots and tubers

□ Legumes and nuts

□ Dairy products (milk, yogurt, cheese)

□ Flesh foods (meat, fish, poultry and liver/organ meat)

□ Eggs

□ Porridge

□ Vitamin A rich fruits and vegetables (carrots, pumpkin, sweet potato)

□ Other fruits and vegetables

□ Other solid foods

**If ‘Grains, roots and tubers’ was selected in Q30, Q31 is required**

**If ‘Legumes and nuts’ was selected to Q30, Q32 is required**

**If ‘Dairy products (milk, yogurt, cheese)’ was selected to Q30, Q33 is required**

**If ‘Flesh foods (meat, fish, poultry and liver/organ meat)’ was selected to Q30, Q34 is required**

**If ‘Eggs’ was selected to Q30, Q35 is required**

**If ‘Porridge’ was selected to Q30, Q36 is required**

**If ‘Vitamin A rich fruits and vegetables (carrots)’ was selected to Q30, Q37 is required**

**If ‘Other fruits and vegetables’ was selected to Q30, Q38 & Q39 is required**

**If ‘Other’ was selected to Q30, Q40 & Q41 is required**

**31. On average how many times a week does this child take Grains, roots and tubers:\_\_\_\_\_**

**32. On average how many times a week does this child take Legumes and nuts:\_\_\_\_\_**

**33. On average how many times a week does this child take Dairy products (milk, yogurt, cheese):\_\_\_\_\_**

**34. On average how many times a week does this child take Flesh foods (meat, fish, poultry and liver/organ meat):\_\_\_\_\_**

**35. On average how many times a week does this child take Eggs:\_\_\_\_\_**

**36. On average how many times a week does this child take Porridge:\_\_\_\_\_**

**37. On average how many times a week does this child take** **Vitamin A rich fruits and vegetables (carrots):\_\_\_\_\_**

**38. Please describe other types of fruits and vegetables the infant/child is taking: \_\_\_\_\_\_\_\_\_**

**39. On average how many times a week does this child take Other fruits and vegetables:\_\_\_\_\_**

**40. Please describe other types of solid foods the infant/child is taking: \_\_\_\_\_\_\_\_\_**

**41. On average how many times a week does this child take the other foods:\_\_\_\_\_**