\*CRF to be used for infants <36 months of age on Quarterly Calls

Note to DMC; For infants born to women enrolled at Pregnancy, This CRF should start appearing at 2002(Quarterly call 2) not at 2001 visit. That is because Infant Feeding CRF start to appear at 2001 visit, for these children and because of that at 2001 visit an enrolment infant feeding CRF is completed instead

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.

The last infant feeding form was completed on: *DEFAULT IN DATE*

Notes to DMC: Add date of previous visit

3. Since the last scheduled visit in March 2022, has any of your infant feeding information changed?

Yes

No

4. Has the participant ever breast fed?

□Yes

□No

Note to DMC: If Q3, was answered ‘Yes’ on previous visit prefill answers on Q3-Q5.

 If ‘Yes’ continue to Q4

 If ‘No’ skip to Q10

5. Date start of breastfeeding: \_\_\_\_\_\_\_\_\_\_\_

6. Is the start date of breastfeeding estimated?

□ None

□Yes – General estimation

□Yes – Used infant date of birth

□No

7. Since the last visit or quarterly phone call, did the participant breast feed?

□Yes

□No

If ‘No’ leave the prefilled date at Q8.

If ‘Yes’ remove the prefilled date at Q8 and prompt to provide a new date when trying to save the CRF

8. Date of most recent breastfeeding: \_\_\_\_\_\_\_\_

Note to DMC: If the answer to Q7 is "Yes," allow any date after the previous visit. Correct the word “beast” to “breast”

9. Is the participant currently completely weaned from breast milk (at least 72 hours without breast feeding ,no intention to re-start)?

□Yes

□No

Note to DMC: If ‘Yes”, provide date at Q10. If “No” skip to Q11

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

Note to DMC: If Q9 is "Yes," date entered here should match the one provided at Q8.

11. Between the last visit or quarterly phone call and date of most recent breastfeeding, 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

12. Since the last visit or quarterly phone call, has the participant received any liquids other than breast milk?

□Yes

□No

 If ‘Yes’ continue to Q11

 If ‘No’ skip to Q23

13. Since the last visit or quarterly phone call, did the participant take formula?

□Yes

□No

□Not sure

If ‘Yes’ continue to Q12

 If ‘No’ or ‘Not Sure’ skip to Q19

14. Is this the first reporting of infant formula use?

□Yes

□No

 If ‘Yes’ continue to Q13 & Q14

 If ‘No’ skip to Q15

15. Date infant formula introduced: \_\_\_\_\_\_\_\_\_

Provide date if this is first reporting of infant formula.

16. Is date infant formula introduced estimated?

□Yes

□No

Provide date if this is first reporting of infant formula.

Note to DMC: After Q13 & Q14 are completed once, save the responses and pre-fill for all future forms. [Enrollment form Questions are Q12 & Q13]

17. Has the infant completed formula feeding?

□Yes

□No

 If ‘Yes’ continue to Q16 & Q17, then skip to Q20

 If ‘No’ skip to Q18

18. Date of when infant formula was stopped: \_\_\_\_\_\_\_

19. Is the date infant formula stopped estimated?

□Yes

□No

Note to DMC: After Q16 & Q17 are completed once, save the responses and pre-fill for all future forms. [Enrollment form Questions are Q15 & Q16]

20. 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

□ Water not required (ready-made or pre-made formula milk)

□Other

If ‘Other’ continue to Q19

 If any response other than ‘Other’ skip to Q20

21. If ‘Other’, specify: \_\_\_\_\_\_\_\_

Note to DMC: If Q15 is answered ‘Yes’ once on previous form, prefill Q15-Q19 Previous answer. Allow for editing. Enrollment form Questions are Q15-Q18.

22. Since the last visit or quarterly phone call, did the participant take water?

□Yes

□No

□Not sure

Not as part of formula milk.

23. Since the last visit or quarterly phone call, did the participant take juice?

□Yes

□No

□Not sure

24. Since the last visit or quarterly phone call, did the participant take cow’s milk?

□Yes

□No

□Not sure

If ‘Yes’ continue to Q23

 If ‘No’ or ‘Not sure’ skip to Q24

25. If ‘Yes’, cow’s milk was…

□1. Boiled from cow

□2. Unboiled from cow

□3. From store

26. Since the last visit or quarterly phone call, did the participant take other animal milk?

□Yes

□No

□Not sure

If ‘Yes’ continue to Q25 & Q26

 If ‘No’ or ‘Not Sure’ skip to Q27

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

28. Was milk boiled?

□Yes

□No

□Not sure

29. Since the last visit or quarterly phone call, did the participant take oral rehydration salts?

□Yes

□No

□Not sure

30. Since the last visit or quarterly phone call, has the participant received any solid foods?

□Yes

□No

 If ‘Yes’ continue to Q29

 If ‘No’ form is complete

*Solid Food Section (same CRF)*

*Solid Food Section (same CRF)*

31. Date the participant first started receiving solids: \_\_\_\_\_\_\_\_\_

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

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

Note to DMC: After above (Q28 & Q29 on enrollment CRF) is completed once, save the responses and pre-fill for all future forms for clinic team reference. Allow for editing of answers.

Are you able to provide answers about solid foods and their frequency the child/infant is taking?

□Yes

□No

(if No, end of the form)

33. 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 Q31, Q32 is required

If ‘Legumes and nuts’ was selected to Q31, Q33 is required

If ‘Dairy products (milk, yogurt, cheese)’ was selected to Q31, Q34 is required

If ‘Flesh foods (meat, fish, poultry and liver/organ meat)’ was selected to Q31, Q35 is required

If ‘Eggs’ was selected to Q31, Q36 is required

If ‘Porridge’ was selected to Q31, Q37 is required

If ‘Vitamin A rich fruits and vegetables (carrots)’ was selected to Q31, Q38 is required

If ‘Other fruits and vegetables’ was selected to Q31, Q39 & Q40 is required

If ‘Other’ was selected to Q31, Q41 & Q42 is required

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

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

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

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

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

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

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

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

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

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

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