



Food Frequency Questionnaire

FGLS Number

-

Date of birth of infant

- -

Paediatric Outpatient Record Number

Date of this visit

- -

Paediatric Infant Hospital Record Number

Was the child part of the Preterm Postnatal Follow-up Study?

yes no

Please answer all yes/no questions by placing an 'x' in the corresponding box

Section 1: Infant feeding during the 1st year of life

1. At discharge from the hospital, was your baby:

- Exclusively breastfed? If yes, please go to Q2

OR - Receiving mixed feeding? If yes, please go to Q2

OR - Exclusively bottle fed? If yes, please go to Q6

2. During the 1st year of life, have you given your child expressed milk? yes no

3. If you are still breastfeeding your child, how many feeds per day (expressed milk included)? number of feeds/day

4. How old was your child when you stopped exclusively breastfeeding? mths weeks

5. How old was your child when you started giving formula? mths weeks

6. What type of formula did you give your child? (Cross as many as applicable)

Standard infant formula Hydrolysed formula High energy formula Soy based formula Any other special formula

7. How old was your child when you started giving her/him other types of milk? mths weeks

8. If yes, what type(s) of milk?

Skimmed Semi-skimmed Whole Soy milk Other

9. How old was your child when solids were first introduced? mths weeks

10. On average, where is most of your child's food prepared?

At home Family / friends Restaurant Shop

11. Who mainly feeds your child at home?

Mother Father Grand-parent Nanny Other

12. Is your child following any special diet?

Vegetarian Gluten-free Low-lactose Low-phenylalanine Other None

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Please indicate with an 'x' in the table how often your child had each item in the past 28 days.

Section 2: Food frequency questionnaire

	Over the past 28 days, how often did your child have?	Never	Times/month	Times/week		Times/day		Not Applicable
			1-3 times	1-3 times	> 3 times	1-3 times	> 3 times	
13.	Breast milk							
14.	Formula / soya milk							
15.	Animal milk							
16.	Fruit / vegetable Juice							
17.	Non-diet soft drinks							
18.	Diet soft drinks							
19.	Water							
20.	Soup							
21.	Dairy products							
22.	Cooked cereals (e.g. porridge)							
23.	Cold cereals							
24.	Vitamin A rich fruits / veg (e.g. carrot, spinach)							
25.	Other fruits							
26.	Other vegetables							
27.	Grains (e.g. rice)							
28.	Legumes (e.g. beans, pulses)							
29.	Tubers (e.g. potatoes)							
30.	Pasta / noodles							
31.	Bread / crackers							
32.	Biscuits / sweet snacks							
33.	Crisps / savoury snacks							
34.	Sweets / jelly							
35.	Eggs							
36.	Red / organ meats (e.g. beef, liver)							
37.	Fish							
38.	Poultry							
39.	Take-away food (e.g. pizza...)							
40.	Full-fat spreads / oils							
41.	Low-fat spreads / oils							

Name of Researcher

Signature

Researcher Code