
9 Month Data Collection Wave: Main Cohort

Child Proxy Questionnaire

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CONFIDENTIALITY STATEMENT

I just want to reassure you again, that your personal (identifying) information and the personal information about your child and family will be kept in a secure location separate from the main questionnaire data. Your answers are completely confidential, and no personal information such as your name or address will be shared with any other individual or agency. Remember that there are no right or wrong answers and your honesty is greatly appreciated.

BABY'S HEALTH

I'm going to start by asking you a series of questions about the health of "BABY" since "HE/SHE" was born.

Interviewer Note: If mother has more than one baby in the study, also say:

Please answer these questions about "BABY1" [BABY2/BABY3/BABY4] only. We will talk separately about each of the babies.

NO.	QUESTION	CODING CATEGORIES	GO TO
C1	<p>In general how would you say "BABY'S" current health is?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <p>1. Excellent 2. Very Good 3. Good 4. Fair 5. Poor</p>	<p>EXCELLENT..... 1 VERY GOOD 2 GOOD 3 FAIR 4 POOR..... 5 REFUSED..... 98 DON'T KNOW 99</p>	
C2	<p>Does your baby have a health or developmental problem?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>1. Yes 2. No</p>	<p>YES..... 1 NO 2 REFUSED..... 98 DON'T KNOW 99</p>	<p>→C3 →C4 →C4 →C4</p>
C3	<p>Please can you describe up to 5 of "BABY'S" health or developmental problems?</p> <p><i>Interviewer Note: Probe to NO.</i></p>	<p>1. 2. 3. 4. 5.</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C4	<p>'Well Child' (or Tamariki Ora) checkups are visits to the doctor or nurse with the baby when "HE/SHE" isn't sick, but to get "HIM/HER" checked over, or to get immunisations. Which of the following 'Well Child' checks has "BABY" had?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. At Birth 2. First 2 Weeks 3. About Six Weeks 4. About Three Months 5. About Five Months 6. "BABY" Has Had No Well Child Checks 	<p>AT BIRTH..... 1</p> <p>FIRST 2 WEEKS 2</p> <p>ABOUT SIX WEEKS..... 3</p> <p>ABOUT THREE MONTHS..... 4</p> <p>ABOUT FIVE MONTHS 5</p> <p>NO WELL CHILD CHECKS 6</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C10</p> <p>→C10</p> <p>→C10</p>
C5	<p><i>If "BABY" did not have a 'Well Child' check at birth → C6</i></p> <p>Who did your baby's 'Well Child' checks at birth?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Midwife 2. Plunket/Well Child Nurse 3. Public Health Nurse 4. Māori Health Provider 5. Pacific Health Provider 6. GP/GP Practice 7. Paediatrician/Specialist 8. Other (please specify) 	<p>MIDWIFE 1</p> <p>PLUNKET/WELL CHILD NURSE..... 2</p> <p>PUBLIC HEALTH NURSE 3</p> <p>MĀORI HEALTH PROVIDER..... 4</p> <p>PACIFIC HEALTH PROVIDER..... 5</p> <p>GP/GP PRACTICE 6</p> <p>PAEDIATRICIAN/SPECIALIST 7</p> <p>OTHER: _____ .. 97</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C6	<p><i>If "BABY" did not have a 'Well Child' check in the first two weeks → C7</i></p> <p>Who did your baby's 'Well Child' checks in the first two weeks?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Midwife 2. Plunket/Well Child Nurse 3. Public Health Nurse 4. Māori Health Provider 5. Pacific Health Provider 6. GP/GP Practice 7. Paediatrician/Specialist 8. Other (please specify) 	<p>MIDWIFE 1</p> <p>PLUNKET/WELL CHILD NURSE..... 2</p> <p>PUBLIC HEALTH NURSE 3</p> <p>MĀORI HEALTH PROVIDER..... 4</p> <p>PACIFIC HEALTH PROVIDER..... 5</p> <p>GP/GP PRACTICE 6</p> <p>PAEDIATRICIAN/SPECIALIST 7</p> <p>OTHER: _____ .. 97</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C7	<p><i>If “BABY” did not have a ‘Well Child’ check in the first six weeks →C8</i></p> <p>Who did your baby’s ‘Well Child’ checks at about six weeks?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Midwife 2. Plunket/Well Child Nurse 3. Public Health Nurse 4. Māori Health Provider 5. Pacific Health Provider 6. GP/GP Practice 7. Paediatrician/Specialist 8. Other (please specify) 	<p>MIDWIFE 1</p> <p>PLUNKET/WELL CHILD NURSE..... 2</p> <p>PUBLIC HEALTH NURSE 3</p> <p>MĀORI HEALTH PROVIDER..... 4</p> <p>PACIFIC HEALTH PROVIDER..... 5</p> <p>GP/GP PRACTICE 6</p> <p>PAEDIATRICIAN/SPECIALIST 7</p> <p>OTHER: _____ .. 97</p> <p>_____</p> <p>REFUSED..... 98</p> <p>DON’T KNOW 99</p>	
C8	<p><i>If “BABY” did not have a ‘Well Child’ check at about three months →C9</i></p> <p>Who did your baby’s ‘Well Child’ checks at about three months?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Midwife 2. Plunket/Well Child Nurse 3. Public Health Nurse 4. Māori Health Provider 5. Pacific Health Provider 6. GP/GP Practice 7. Paediatrician/Specialist 8. Other (please specify) 	<p>MIDWIFE 1</p> <p>PLUNKET/WELL CHILD NURSE..... 2</p> <p>PUBLIC HEALTH NURSE 3</p> <p>MĀORI HEALTH PROVIDER..... 4</p> <p>PACIFIC HEALTH PROVIDER..... 5</p> <p>GP/GP PRACTICE 6</p> <p>PAEDIATRICIAN/SPECIALIST 7</p> <p>OTHER: _____ .. 97</p> <p>_____</p> <p>REFUSED..... 98</p> <p>DON’T KNOW 99</p>	
C9	<p><i>If “BABY” did not have a ‘Well Child’ check at about five months →C10</i></p> <p>Who did your baby’s ‘Well Child’ checks at about five months?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Midwife 2. Plunket/Well Child Nurse 3. Public Health Nurse 4. Māori Health Provider 5. Pacific Health Provider 6. GP/GP Practice 7. Paediatrician/Specialist 8. Other (please specify) 	<p>MIDWIFE 1</p> <p>PLUNKET/WELL CHILD NURSE..... 2</p> <p>PUBLIC HEALTH NURSE 3</p> <p>MĀORI HEALTH PROVIDER..... 4</p> <p>PACIFIC HEALTH PROVIDER..... 5</p> <p>GP/GP PRACTICE 6</p> <p>PAEDIATRICIAN/SPECIALIST 7</p> <p>OTHER: _____ .. 97</p> <p>_____</p> <p>REFUSED..... 98</p> <p>DON’T KNOW 99</p>	

Illnesses

The next group of questions are about some of the common illnesses that a baby may have. Please indicate which if any of the following “BABY” has had since “HE/SHE” was born, how many times, and whether they were seen by a doctor or admitted to hospital.

NO.	QUESTION	CODING CATEGORIES	GO TO
C10	<p>How many times has your baby had an ear infection?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C14</p> <p>→C14</p> <p>→C14</p>
C11	<p>How many of those times did “BABY” see a doctor because of this ear infection?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C12	<p>How many times has “BABY” been admitted to hospital because of an ear infection? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	<p>NO. OF ADMISSIONS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C13	<p>At what age did “BABY” have HIS/HER first ear infection?</p> <p><i>Interviewer Note: If less than 1 week code as 1 week. Round up to the closest week.</i></p> <p><i>[Range: Months = 1–12]</i></p> <p><i>[Range: Weeks = 1–52]</i></p>	<p>MONTHS []</p> <p>WEEKS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C14	<p>How many times has your baby had chest infections, wheezing bronchiolitis, bronchitis, asthma, pneumonia, or croup?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C18</p> <p>→C18</p> <p>→C18</p>
C15	<p>How many times have they lasted more than a week?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C16	<p>How many of those times did “BABY” see a doctor because of chest infections, wheezing bronchiolitis, bronchitis, asthma, pneumonia, or croup?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C17	<p>How many times has “BABY” been admitted to hospital because of a chest infection, wheezing bronchiolitis, bronchitis, asthma, pneumonia, or croup? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	<p>NO. OF ADMISSIONS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C18	<p>How many times has your baby had a cough lasting for a week or more?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C22</p> <p>→C22</p> <p>→C22</p>
C19	<p>How many of those times did “BABY” see a doctor because of this cough?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C20	<p>How many times has “BABY” been admitted to hospital because of a cough? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	<p>NO. OF ADMISSIONS..... []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C21	<p>What is the longest time that “BABY” has had a cough?</p> <p><i>Interviewer Note: If less than 1 week code as 1 week. Round up to the closest week.</i></p> <p><i>[Range: Months = 1–12]</i></p> <p><i>[Range: Weeks = 1–52]</i></p>	<p>MONTHS []</p> <p>WEEKS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C22	<p>How many times has your baby had gastroenteritis (3 or more watery or looser-than-normal bowel movements or diarrhoea within a 24 hour period)?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C25</p> <p>→C25</p> <p>→C25</p>
C23	<p>How many of those times did “BABY” see a doctor because of this gastroenteritis?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C24	<p>How many times has “BABY” been admitted to hospital because of gastroenteritis? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	<p>NO. OF ADMISSIONS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C25	<p>How many times has your baby had a skin infection (where the skin is red and warm, or there are pustules or boils, or crusting or oozing)? Does NOT include cradle cap, mild nappy rash, eczema, or dermatitis.</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C28</p> <p>→C28</p> <p>→C28</p>

NO.	QUESTION	CODING CATEGORIES	GO TO
C26	<p>How many of those times did “BABY” see a doctor because of this skin infection?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	NEVER 1 1–3 TIMES 2 4–6 TIMES 3 7–9 TIMES 4 10+ TIMES 5 REFUSED..... 98 DON’T KNOW 99	
C27	<p>How many times has “BABY” been admitted to hospital because of a skin infection? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	NO. OF ADMISSIONS [] REFUSED..... 98 DON’T KNOW 99	
C28	<p>How many times has your baby had an injury or accident?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	NEVER 1 1–3 TIMES 2 4–6 TIMES 3 7–9 TIMES 4 10+ TIMES 5 REFUSED..... 98 DON’T KNOW 99	→C31 →C31 →C31
C29	<p>How many of those times did “BABY” see a doctor because of this injury or accident?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	NEVER 1 1–3 TIMES 2 4–6 TIMES 3 7–9 TIMES 4 10+ TIMES 5 REFUSED..... 98 DON’T KNOW 99	
C30	<p>How many times has “BABY” been admitted to hospital because of an injury or accident? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	NO. OF ADMISSIONS [] REFUSED..... 98 DON’T KNOW 99	

NO.	QUESTION	CODING CATEGORIES	GO TO
C31	<p>How many times has your baby accidentally eaten or drunk a harmful substance?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C34</p> <p>→C34</p> <p>→C34</p>
C32	<p>How many of those times did “BABY” see a doctor because they accidentally ate or drank a harmful substance?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	<p>NEVER 1</p> <p>1–3 TIMES 2</p> <p>4–6 TIMES 3</p> <p>7–9 TIMES 4</p> <p>10+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C33	<p>How many times has “BABY” been admitted to hospital because they accidentally ate or drank a harmful substance? By admitted I mean the baby stayed in hospital at least one night.</p> <p><i>[Range = 0–50]</i></p>	<p>NO. OF ADMISSIONS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C34	<p>Has your baby ever had eczema or dermatitis? Do not include cradle cap.</p> <p><i>Interviewer Note: Code ONE.</i></p> <ol style="list-style-type: none"> 1. Yes 2. No 	<p>YES..... 1</p> <p>NO 2</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→C38</p> <p>→C38</p> <p>→C38</p>
C35	<p>At what age did your baby first have eczema or dermatitis?</p> <p><i>Interviewer Note: If less than 1 week code as 1 week. Round up to the closest week.</i></p> <p><i>[Range: Months = 1–12]</i></p> <p><i>[Range: Weeks = 1–52]</i></p>	<p>MONTHS []</p> <p>WEEKS []</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C36	<p>How many times did “BABY” see a doctor because of eczema or dermatitis?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Never 2. 1–3 Times 3. 4–6 Times 4. 7–9 Times 5. 10+ Times 	NEVER 1 1–3 TIMES 2 4–6 TIMES 3 7–9 TIMES 4 10+ TIMES 5 REFUSED..... 98 DON’T KNOW 99	
C37	<p>How many times has “BABY” been admitted to hospital because of eczema or dermatitis?</p> <p><i>[Range = 0–50]</i></p>	NO. OF ADMISSIONS [] REFUSED..... 98 DON’T KNOW 99	
C38	<p>I’d like you to tell me which immunisations your baby has had. This includes partial or full immunisations.</p> <p><i>Interviewer Note: Code ALL.</i></p> <p><i>Only some babies have immunisations at birth, so the mother need not worry if baby did not have any immunisations at this time. Do not include Vitamin K injection at birth.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Birth 2. 6 Weeks 3. 3 Months 4. 5 Months 5. Hasn’t had any Immunisations or Vaccinations 	BIRTH..... 1 6 WEEKS 2 3 MONTHS..... 3 5 MONTHS..... 4 HASN’T HAD ANY 5 REFUSED..... 98 DON’T KNOW 99	

Medications

Now I have a few questions about medications your baby may have had.

Please indicate which of the following medications have been given to “BABY” since “HE/SHE” was born and how often. Pamol and Brufen are medicines given several times a day during an illness.

Interviewer Note: The number of times for C39 and C40 is important. So if given 3 times in one day and 2 times on another day then this is 5 times.

NO.	QUESTION	CODING CATEGORIES	GO TO
C39	<p>Pamol/Paracetamol/Panadol/Junior Parapaed/Paracare/Pamol Infant Drops</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. None 2. 1–10 Times 3. 11–20 Times 4. 21–30 Times 5. 31+ Times 	<p>NONE..... 1</p> <p>1–10 TIMES 2</p> <p>11–20 TIMES 3</p> <p>21–30 TIMES 4</p> <p>31+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C40	<p>Brufen/Ibuprofen/Nurofen/Fenpaed</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. None 2. 1–10 Times 3. 11–20 Times 4. 21–30 Times 5. 31+ Times 	<p>NONE..... 1</p> <p>1–10 TIMES 2</p> <p>11–20 TIMES 3</p> <p>21–30 TIMES 4</p> <p>31+ TIMES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

Antibiotics are normally prescribed as a course of several days.

NO.	QUESTION	CODING CATEGORIES	GO TO
C41	<p>How many courses of antibiotics prescribed by a doctor has baby had?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. None 2. 1–2 Courses 3. 3–4 Courses 4. 5–6 Courses 5. 7+ Courses 	<p>NONE..... 1</p> <p>1–2 COURSES 2</p> <p>3–4 COURSES 3</p> <p>5–6 COURSES 4</p> <p>7+ COURSES 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

Oral Health and Hygiene

I have a few questions about “BABY’S” teeth now.

NO.	QUESTION	CODING CATEGORIES	GO TO
C42	<p>How many teeth does your baby have now?</p> <p><i>[Range: 1–10]</i></p>	NO. OF TEETH [] HAS NO TEETH YET..... 88 REFUSED 98 DON'T KNOW 99	→ C44
C43	<p>How old was “HE/SHE” when the first one appeared?</p> <p><i>[Range: Months = 1–12]</i> <i>[Range: Weeks = 1–52]</i></p>	MONTHS [] WEEKS..... [] REFUSED 98 DON'T KNOW 99	
C44	<p>Have you begun cleaning “HIS/HER” teeth or gums?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>1. Yes 2. No</p>	YES 1 NO 2 REFUSED 98 DON'T KNOW 99	
C45	<p>How often does your baby have a bath/shower?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS: 1. More Than Once A Day 2. Once Every Day 3. Once Every Other Day 4. Once A Week 5. Hardly Ever</p>	MORE THAN ONCE A DAY 1 ONCE EVERY DAY 2 ONCE EVERY OTHER DAY 3 ONCE A WEEK 4 HARDLY EVER 5 REFUSED 98 DON'T KNOW 99	

Sunlight Exposure

C46–C47 **Thinking about the LAST FOUR (4) WEEKS, approximately how many hours has “BABY” spent outdoors on an average.....?**

Interviewer Note: Outdoors is doing anything outside the house. You must code the last four (4) weeks, even if they were abnormal.

NO.	QUESTION	CODING CATEGORIES	GO TO
C46	Week day <i>Interviewer Note: Code ONE.</i> 1. Hours (please specify) 2. Less than 1 hour 3. No exposure at all	HOURS [] LESS THAN 1 HOUR..... 88 NO EXPOSURE AT ALL..... 89 REFUSED 98 DON'T KNOW..... 99	
C47	Weekend day <i>Interviewer Note: Code ONE.</i> 1. Hours (please specify) 2. Less than 1 hour 3. No exposure at all	HOURS [] LESS THAN 1 HOUR..... 88 NO EXPOSURE AT ALL..... 89 REFUSED 98 DON'T KNOW..... 99	

BABY’S WEIGHT, FEEDING, DIET, AND NUTRITION

Now I would like to ask you some questions about your baby’s weight, feeding, diet, and nutrition.

NO.	QUESTION	CODING CATEGORIES	GO TO
C48	<p>Think about the last time your baby was weighed. How much did your baby weigh then?</p> <p><i>[Range: lbs = 02–45; ozs = 0–15]</i> <i>[Range: kgs = 1–10; gms = 1000–20,000]</i></p> <p><i>1 lb = 16 ozs</i> <i>1 kg = 1000 gms</i></p>	POUNDS..... [] LBS OUNCES..... [] OZS KILOS..... [] KGS GRAMS..... [] GMS REFUSED 98 DON’T KNOW 99	
C49	<p>How old was your baby at the time he/she was last weighed?</p>	WEEKS..... [] MONTHS [] REFUSED 98 DON’T KNOW 99	
C50	<p>Do you think “BABY” is...</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Very Underweight 2. Somewhat Underweight 3. Normal Weight 4. Somewhat Overweight 5. Very Overweight 	VERY UNDERWEIGHT 1 SOMEWHAT UNDERWEIGHT 2 NORMAL WEIGHT 3 SOMEWHAT OVERWEIGHT 4 VERY OVERWEIGHT..... 5 REFUSED 98 DON’T KNOW 99	

- IF BIOLOGICAL MOTHER →GO TO C51
- IF NOT BIOLOGICAL MOTHER →GO TO C58

C51–C57 FOR BIOLOGICAL MOTHERS ONLY

NO.	QUESTION	CODING CATEGORIES	GO TO
C51	<p>Did you ever breastfeed this baby? Breastfeeding includes feeding expressed milk.</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <p>1. Yes, I am breastfeeding (includes supplementing with formula and solids) 2. Yes, I breastfed but have stopped now 3. No, I have never breastfed</p>	<p>STILL BREASTFEEDING..... 1 BREASTFED BUT STOPPED 2 NEVER BREASTFED 3 REFUSED..... 98 DON'T KNOW 99</p>	<p>→ C55 → C60 → C60 → C60</p>
C52	<p>How many times a day (24 hour period) on average do you currently breastfeed?</p> <p><i>[Range: 1–20]</i></p>	<p>TIMES PER DAY..... [] LESS THAN ONCE PER DAY 87 REFUSED..... 98 DON'T KNOW 99</p>	
C53	<p>How long on average does it take for each breast feed? Please give time in minutes.</p> <p><i>Interviewer Note: For times over an hour not given in minutes, code hours and minutes separately.</i></p> <p><i>This includes the total time to breastfeed, regardless of duration for each breast.</i></p> <p><i>[Range: Minutes = 1–120]</i> <i>[Range: Hours = 1–2]</i></p>	<p>MINUTES [] HOURS..... [] REFUSED..... 98 DON'T KNOW 99</p>	
C54	<p>How long did you exclusively breastfeed? By exclusive I mean feeding baby only breast milk (including expressed breast milk) and not any water, milk formula, other liquids, or solid food).</p> <p><i>Interviewer Note: Medicines, vitamins, and minerals are allowed.</i></p> <p><i>[Range: Months = 1–12 months]</i> <i>[Range: Weeks = 1–52 weeks]</i> <i>[Range: Days = 1–365]</i></p>	<p>MONTHS..... [] WEEKS [] DAYS [] STILL EXCLUSIVELY BREASTFEEDING 88 REFUSED..... 98 DON'T KNOW 99</p>	<p>→ C60 → C60 → C60 → C71 → C60 → C60</p>

C55–C57 FOR BIOLOGICAL MOTHERS WHO HAVE STOPPED BREASTFEEDING

NO.	QUESTION	CODING CATEGORIES	GO TO
C55	<p>How long did you exclusively breastfeed? By exclusive I mean feeding baby only breast milk (including expressed breast milk) and not any water, milk formula, other liquids, or solid food).</p> <p><i>Interviewer Note: Medicines, vitamins, and minerals are allowed.</i></p> <p><i>[Range: Months = 1–12 months]</i> <i>[Range: Weeks = 1–52 weeks]</i> <i>[Range: Days = 1–365]</i></p>	MONTHS..... [] WEEKS [] DAYS [] REFUSED 98 DON'T KNOW 99	
C56	<p>How old was your baby when you stopped breast feeding?</p> <p><i>Interviewer Note: This refers to any breastfeeding, whether exclusive or not.</i></p> <p><i>[Range: Months = 1–12 months]</i> <i>[Range: Weeks = 1–52 weeks]</i> <i>[Range: Days = 1–365]</i></p>	MONTHS..... [] WEEKS [] DAYS [] REFUSED 98 DON'T KNOW 99	
C57	<p>Why did you stop breastfeeding?</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Had breast fed long enough 2. Baby had trouble latching on 3. Didn't have enough milk 4. Breast milk alone did not seem to satisfy baby 5. Painful breasts 6. Baby not gaining enough weight 7. Baby lost interest/self-weaned 8. I wanted/needed someone else to feed the baby 9. Went back to work and expressing breast milk not convenient/possible 10. New pregnancy 11. Baby was old enough that the difference between breast milk and formula was minimal 12. Other (please specify) 	FED LONG ENOUGH..... 1 TROUBLE LATCHING ON 2 NOT ENOUGH MILK 3 BABY NOT SATISFIED 4 PAINFUL BREASTS..... 5 BABY NOT GAINING WEIGHT 6 BABY LOST INTEREST 7 SOMEONE ELSE FEEDING BABY..... 8 EXPRESSING NOT POSSIBLE..... 9 NEW PREGNANCY..... 10 DIFFERENCE BETWEEN BREAST MILK AND FORMULA MINIMAL..... 11 OTHER: _____ .. 97 _____ REFUSED 98 DON'T KNOW 99	→ C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60 → C60

C58–C59 FOR NON-BIOLOGICAL MOTHERS ONLY

NO.	QUESTION	CODING CATEGORIES	GO TO
C58	<p>Was “BABY” breastfed?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>1. Yes 2. No</p>	<p>YES..... 1</p> <p>NO 2</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	<p>→ C60</p> <p>→ C60</p> <p>→ C60</p>
C59	<p>How old was “BABY” when breastfeeding ended?</p> <p><i>[Range: Months = 1–12 months]</i></p> <p><i>[Range: Weeks = 1–52 weeks]</i></p> <p><i>[Range: Days = 1–365]</i></p>	<p>MONTHS..... []</p> <p>WEEKS []</p> <p>DAYS []</p> <p>STILL BEING BREASTFED..... 88</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

C60–C70 FOR MOTHERS WHO ARE **NOT** STILL EXCLUSIVELY BREASTFEEDING

NO.	QUESTION	CODING CATEGORIES	GO TO
C60	<p>Has your baby ever had infant milk formula or milk other than breast milk?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>1. Yes 2. No</p>	<p>YES 1</p> <p>NO 2</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	<p>→ C73</p> <p>→ C73</p> <p>→ C73</p>
C61	<p>How old was your baby when “HE/SHE” was first fed this infant milk formula or other milk?</p> <p><i>[Range: Months = 1–12 months]</i></p> <p><i>[Range: Weeks = 1–52 weeks]</i></p> <p><i>[Range: Days = 0–365]</i></p>	<p>MONTHS []</p> <p>WEEKS..... []</p> <p>DAYS []</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	
C62	<p>Please indicate which of these different milk formulas or milks have been given to “BABY”.</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <p>1. Pasteurised/bottled cow’s milk 2. Cow’s milk infant formula 3. Follow-on formula 4. Soy formula 5. Goat’s milk formula 6. Hypoallergenic formula 7. Other milk (please specify)</p>	<p>COW’S MILK..... 1</p> <p>COW’S MILK INFANT FORMULA 2</p> <p>FOLLOW-ON FORMULA 3</p> <p>SOY FORMULA 4</p> <p>GOAT’S MILK FORMULA 5</p> <p>HYPOALLERGENIC FORMULA 6</p> <p>OTHER MILK: _____ ...97</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	<p>→ C73</p> <p>→ C73</p>

C63–C69 **Which of these formulas is “BABY” currently having?**

Interviewer Note: Code ALL. For each, tick (✓) the milk type and ask:

If currently baby is having none of the milk formulas, tick (✓) ‘None of These’ at the bottom of the table.

If Refused or answered ‘Don’t Know’ to all these questions tick (✓) ‘Refused’ or ‘Don’t Know’ at bottom of table.

NO.	ITEM	CODING CATEGORIES		GO TO
		A. How many times per day (24 hour period) does “BABY” have this milk formula or milk now? <i>Interviewer Note: If less than once per day enter 0. [Range: 0–20]</i>	B. And approximately how many mls of this milk formula or milk does “BABY” have per feed? <i>Interviewer Note: 1 standard cup is approximately 250mls. [Range: 1–350]</i>	
		✓		
C63	Pasteurised/ bottled cow’s milk		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99
C64	Cow’s milk infant formula		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99
C65	Follow-on formula		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99
C66	Soy formula		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99
C67	Goat’s milk formula		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99
C68	Hypo- allergenic formula		TIMES PER DAY..... [] REFUSED.....98 DON’T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON’T KNOW 99

NO.	ITEM	CODING CATEGORIES		GO TO	
		✓	A. How many times per day (24 hour period) does “BABY” have this milk formula or milk now? <i>Interviewer Note:</i> If less than once per day enter 0. [Range: 0–20]	B. And approximately how many mls of this milk formula or milk does “BABY” have per feed? <i>Interviewer Note:</i> 1 standard cup is approximately 250mls. [Range: 1–350]	
C69	Other milk (please specify) <hr/> <hr/>		TIMES PER DAY..... [] REFUSED.....98 DON'T KNOW99	MLS PER FEED..... [] REFUSED..... 98 DON'T KNOW 99	
	NONE OF THESE			NONE OF THESE 87	→ C73
	REFUSED			REFUSED 98	→ C73
	DON'T KNOW			DON'T KNOW 99	→ C73

NO.	QUESTION	CODING CATEGORIES	GO TO
C70	Does “BABY” finish all “HIS/HER” bottle/cup of milk formula or milk? <i>Interviewer Note: Code ONE.</i> RESPONSE OPTIONS: 1. Finishes all or almost all bottles/cups 2. Finishes at least half of all bottles/cups 3. Finishes less than half of all bottles/cups	ALL OR ALMOST ALL 1 AT LEAST HALF OF ALL..... 2 LESS THAN HALF OF ALL 3 REFUSED 98 DON'T KNOW..... 99	

Feeding Position

The next question is about the position used when baby is fed.

When your baby has a bottle/cup how often is 'HE/SHE'...

RESPONSE OPTIONS:						
1. Never						
2. Sometimes						
3. Always						
<i>Interviewer Note: Code ONE.</i>						
NO.	WAY OF FEEDING	Never	Sometimes	Always	Refused	Don't Know
C71	Being held and fed a bottle/cup by a carer?	1	2	3	98	99
C72	Lying down and feeding 'HIM/HER' self? The bottle/cup is either propped up or held by baby.	1	2	3	98	99

SEE C54:

- IF C54 = STILL EXCLUSIVELY BREASTFEEDING (C54 = 88), →GO TO C100

Now I am going to ask you about some of the foods your baby may have tried. Please point to the ones on the Showcard that your baby has tried.

NO.	ITEM	CODING CATEGORIES	
		A. Please indicate age in months when your baby first tried these foods. <i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i>	B. How often does "baby" have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
C73	Baby rice	MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM		CODING CATEGORIES	
			A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<p><i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i></p>	
C74	Baby breakfast cereal		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C75	Other cereal		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C76	Bread or toast		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C77	Rusks		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM		CODING CATEGORIES	
			A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<p><i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i></p>	
C78	Biscuits		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C79	Vegetables (raw or cooked)		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C80	Fruit (includes fresh and canned)		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C81	Meat, chicken, meat dishes		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM		CODING CATEGORIES	
			A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<p><i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i></p>	
C82	Fish, fish dishes (includes fresh and canned)		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C83	Eggs		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C84	Milk puddings, rice pudding, yoghurt, custards		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C85	Nuts or peanut butter		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM		CODING CATEGORIES	
			A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<p><i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i></p>	
C86	Shellfish		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C87	Soy foods, tofu, soy desserts		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C88	Sweets		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C89	Chocolate		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM		CODING CATEGORIES	
			A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<p><i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i></p>	
C90	Hot chips		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C91	Potato chips (crisps)		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C92	Fruit juices (includes watered down juice)		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C93	Herbal drinks		MONTHS..... [] REFUSED.....98 DON'T KNOW99	TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99

NO.	ITEM	CODING CATEGORIES	
		A. Please indicate age in months when your baby first tried these foods.	B. How often does “baby” have this food currently? Please indicate if this is times per day, times per week, OR less than weekly.
		✓	<i>Interviewer Note: If less than 1 month, enter 0. For ages over 1 month, round down to the nearest month.</i>
C94	Tea		MONTHS..... [] REFUSED.....98 DON'T KNOW99 TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C95	Coffee		MONTHS..... [] REFUSED.....98 DON'T KNOW99 TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
C96	Soft drinks		MONTHS..... [] REFUSED.....98 DON'T KNOW99 TIMES PER DAY [] OR TIMES PER WEEK..... [] OR LESS THAN WEEKLY..... 88 NO LONGER FED..... 89 REFUSED..... 98 DON'T KNOW 99
NONE OF THESE			NONE OF THESE 87
REFUSED			REFUSED..... 98
DON'T KNOW			DON'T KNOW 99

NO.	QUESTION	CODING CATEGORIES	GO TO
C97	<p>Is baby's food mostly homemade, or from jars, tins, and packets?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Mostly homemade 2. Mostly prepared baby food jars, tins, or packets 3. About half and half 	<p>MOSTLY HOMEMADE 1</p> <p>MOSTLY JARS, TINS, PACKETS..... 2</p> <p>ABOUT HALF AND HALF 3</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	
C98	<p>Do you add salt to your baby's food or milk?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Sometimes 	<p>YES 1</p> <p>NO 2</p> <p>SOMETIMES 3</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	
C99	<p>Do you add sugar to your baby's food or milk?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Yes 2. No 3. Sometimes 	<p>YES 1</p> <p>NO 2</p> <p>SOMETIMES 3</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	
C100	<p>Which of the following are sources of information for you about your baby's diet? Please look at the Showcard and point to the sources.</p> <p><i>Interviewer Note: Code ALL.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. Family or Friends 2. Plunket Helpline 3. Plunket 4. Public Health 5. Māori Health Provider 6. Pacific Health Provider 7. GP 8. Midwife 9. Pharmacist 10. Magazines 11. Internet 12. Books 13. Other (please specify) 14. None Of These 	<p>FAMILY OR FRIENDS 1</p> <p>PLUNKET HELPLINE 2</p> <p>PLUNKET 3</p> <p>PUBLIC HEALTH 4</p> <p>MĀORI HEALTH PROVIDER 5</p> <p>PACIFIC HEALTH PROVIDER 6</p> <p>GP 7</p> <p>MIDWIFE 8</p> <p>PHARMACIST 9</p> <p>MAGAZINES 10</p> <p>INTERNET 11</p> <p>BOOKS 12</p> <p>OTHER: _____ ..97</p> <p>_____</p> <p>NONE OF THESE 14</p> <p>REFUSED 98</p> <p>DON'T KNOW 99</p>	

NO.	QUESTION	CODING CATEGORIES	GO TO
C101	<p>In how many meals each day (24 hour period) does baby eat solids now? Snacks are included.</p> <p><i>[Range: 0–10]</i></p>	NO. EACH DAY [] LESS THAN ONCE PER DAY.....88 REFUSED98 DON'T KNOW.....99	

YOUR BABY'S BEHAVIOUR

This next set of questions asks you to describe the behaviour of your baby over the LAST 7 DAYS.

NO.	QUESTION	Not Typical At All					Very Typical	REFUSED	DON'T KNOW
		1	2	3	4	5			
C102	<p>In terms of your baby's behaviour, how typical has the last week been for your baby using a scale of 1 to 5, where 1 is not typical at all, and 5 is very typical?</p> <p><i>Interviewer Note: Code ONE.</i></p>	1	2	3	4	5	98	99	

Baby's Reaction to Challenges

The next set of questions asks about baby's response to some day to day challenges. As I read each description, please indicate how often the baby did this during the LAST SEVEN (7) DAYS by pointing to one of the numbers on the Showcard. These numbers indicate how often you observed the behaviour described during the last week.

We would not expect your baby to be able to do or experience all of these things. If you did not see your baby in the situation described during the last week, choose "Does Not Apply".

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C103	When tired, how often did your baby show distress?	1	2	3	4	5	6	7	8	98	99
C104	When introduced to an unfamiliar adult, how often did the baby cling to a parent?	1	2	3	4	5	6	7	8	98	99
C105	When it was time for bed or a nap and your baby did not want to go, how often did "HE/SHE" whimper, cry, or sob?	1	2	3	4	5	6	7	8	98	99
C106	After sleeping, how often did the baby cry if someone didn't come within a few minutes?	1	2	3	4	5	6	7	8	98	99
C107	How often did the baby seem angry (crying and fussing) when you left her/him in the cot?	1	2	3	4	5	6	7	8	98	99

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C108	How often during the last week did the baby startle at a sudden change in body position (e.g. when moved suddenly)?	1	2	3	4	5	6	7	8	98	99
C109	At the end of an exciting day, how often did your baby become tearful?	1	2	3	4	5	6	7	8	98	99
C110	How often during the last week did the baby protest being placed in a confining place (infant seat, play pen, car seat etc.)?	1	2	3	4	5	6	7	8	98	99
C111	When introduced to an unfamiliar adult, how often did the baby refuse to go to the unfamiliar person?	1	2	3	4	5	6	7	8	98	99
C112	When you were busy with another activity, and your baby was not able to get your attention, how often did "HE/SHE" cry?	1	2	3	4	5	6	7	8	98	99
C113	When the baby wanted something, how often did "HE/SHE" become upset when "HE/SHE" could not get what "HE/SHE" wanted?	1	2	3	4	5	6	7	8	98	99
C114	When in the presence of several unfamiliar adults, how often did the baby cling to a parent?	1	2	3	4	5	6	7	8	98	99

What Baby Can Do

Now I'm going to ask some questions about your baby's language and physical development. The questions cover a wide range of behaviours from things most babies can do to things very few babies can do, so don't worry if your baby is yet to do some of these things.

For each question please indicate which option best describes what your baby can do now.

RESPONSE OPTIONS:						
1. Not Yet						
2. Sometimes						
3. Often						
<i>Interviewer Note: Code ONE.</i>						
NO	QUESTION	Not Yet	Sometimes	Often	Refused	Don't Know
C115	Does "BABY" lift "HIS/HER" head when "HE/SHE" is upright and hold it steady?	1	2	3	98	99
C116	Does "BABY" roll over on to "HIS/HER" side when lying on "HIS/HER" stomach?	1	2	3	98	99
C117	Shake or bang a rattle or other toy when given it?	1	2	3	98	99
C118	Reach for objects such as a toy or bottle with one hand?	1	2	3	98	99
C119	Smile or laugh while looking at you?	1	2	3	98	99
C120	Do you know when your baby is happy and when your baby is upset?	1	2	3	98	99
C121	Does "BABY" sit without any support for 30 seconds or more?	1	2	3	98	99
C122	Does "BABY" crawl on "HIS/HER" hands and knees for about 5 metres without falling?	1	2	3	98	99
C123	Let you know that "HE/SHE" needs help or wants an object out of reach?	1	2	3	98	99
C124	Do things just to get you to laugh?	1	2	3	98	99
C125	Try to get you to notice interesting objects, just to get you to look at the objects, not to get you do anything with them?	1	2	3	98	99
C126	Use sounds or words to get attention or help?	1	2	3	98	99
C127	String sounds together, such as uh oh, mama, gaga, bye bye, bada?	1	2	3	98	99
C128	When your baby plays with toys, does "HE/SHE" look at you to see if you are watching?	1	2	3	98	99
C129	When you look at and point to a toy across the room, does your baby look at it?	1	2	3	98	99
C130	When you are not paying attention to your baby, does "HE/SHE" try to get your attention?	1	2	3	98	99

RESPONSE OPTIONS:						
1. Not Yet						
2. Sometimes						
3. Often						
<i>Interviewer Note: Code ONE.</i>						
NO	QUESTION	Not Yet	Sometimes	Often	Refused	Don't Know
C131	When you call your baby's name, does "HE/SHE" respond by looking or turning toward you?	1	2	3	98	99
C132	Does "BABY" extend "HIS/HER" arm to show you something "HE/SHE" is holding?	1	2	3	98	99
C133	Does "BABY" reach out and give you a toy or some object that "HE/SHE" is holding?	1	2	3	98	99
C134	Point (with arm and index finger extended) at some interesting object or event?	1	2	3	98	99
C135	Wave bye-bye on "HIS/HER" own when someone leaves?	1	2	3	98	99
C136	Extend "HIS/HER" arm upward to signal a wish to be picked up?	1	2	3	98	99
C137	Shake head "No"?	1	2	3	98	99
C138	Nod head "Yes"?	1	2	3	98	99
C139	Gesture "Sshh" by placing finger to lips?	1	2	3	98	99
C140	Use objects such as furniture to pull "HIS/HER" self up to stand?	1	2	3	98	99
C141	Request something by extending "HIS/HER" arm and opening and closing "HIS/HER" hand?	1	2	3	98	99
C142	Blow kisses from a distance?	1	2	3	98	99
C143	Smack lips in a "Yum Yum" gesture to indicate when something tastes good?	1	2	3	98	99
C144	Shrug to indicate "All gone" or "Where did it go?"	1	2	3	98	99
C145	Stand up from a sitting position without help?	1	2	3	98	99
C146	Walk across the room with help (using furniture or with the hand held)?	1	2	3	98	99
C147	Walk across the room without help?	1	2	3	98	99

NO.	QUESTION	CODING CATEGORIES	GO TO
C148	<p>About how many of the following consonant sounds does your baby use: ma, na, ba, da, ga, wa, la, ya, sa, sha?</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. None 2. 1–2 3. 3–4 4. 5–8 5. Over 8 	<p>NONE..... 1</p> <p>1–2 2</p> <p>3–4 3</p> <p>5–8 4</p> <p>OVER 8 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	
C149	<p>About how many different words or phrases does your baby understand without gestures? For example, if you say “Where’s your tummy”, “Give me the ball”, or “Come here”, without showing or pointing, your baby will respond appropriately.</p> <p><i>Interviewer Note: Code ONE.</i></p> <p>RESPONSE OPTIONS:</p> <ol style="list-style-type: none"> 1. None 2. 1–2 3. 3–4 4. 5–8 5. Over 8 	<p>NONE..... 1</p> <p>1–2 2</p> <p>3–4 3</p> <p>5–8 4</p> <p>OVER 8 5</p> <p>REFUSED..... 98</p> <p>DON'T KNOW 99</p>	

Your Baby's Activity Level

The next set of questions asks about how active and vocal your baby is in different situations. As I read each description, please indicate how often the baby did this during the **LAST SEVEN (7) DAYS** by pointing to one of the numbers on the Showcard. These numbers indicate how often you observed the behaviour described during the last week.

We would not expect your baby to be able to do or experience all of these things. If you did not see your baby in the situation described during the last week, choose "Does Not Apply".

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C150	When being dressed or undressed during the last week, how often did the baby squirm and/or try to roll away?	1	2	3	4	5	6	7	8	98	99
C151	When tossed around playfully how often did the baby laugh?	1	2	3	4	5	6	7	8	98	99
C152	How often during the week did your baby move quickly toward new objects?	1	2	3	4	5	6	7	8	98	99
C153	When in the bath water, how often did the baby laugh?	1	2	3	4	5	6	7	8	98	99
C154	When placed on "HIS/HER" back, how often did the baby squirm and/or turn their body?	1	2	3	4	5	6	7	8	98	99
C155	During a game such as peek-a-boo, how often did the baby laugh?	1	2	3	4	5	6	7	8	98	99
C156	How often did your baby look up from playing when the telephone rang?	1	2	3	4	5	6	7	8	98	99

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C157	When visiting a new place, how often did your baby get excited about exploring new surroundings?	1	2	3	4	5	6	7	8	98	99
C158	How often during the last week did the baby smile or laugh when given a toy?	1	2	3	4	5	6	7	8	98	99
C159	When hair was washed, how often did the baby make a noise (vocalisation) excluding crying?	1	2	3	4	5	6	7	8	98	99
C160	How often did your baby notice the sound of loud noise, for example, sound of a train, plane, or truck passing?	1	2	3	4	5	6	7	8	98	99
C161	How often did your baby make talking sounds when riding in a car?	1	2	3	4	5	6	7	8	98	99
C162	When placed in an infant seat or car seat, how often did the baby squirm and turn their body?	1	2	3	4	5	6	7	8	98	99

YOUR EXPECTATIONS ABOUT BABY’S DEVELOPMENT

People have difference expectations for their baby’s development and these expectations may differ from family to family. We are interested in your expectations for your baby’s motor, social, and language development. Motor development is about movement of the body, for example, walking, crawling, jumping, and so on. Social development is about interactions with other people.

RESPONSE OPTIONS:

1. Does Not Meet My Expectations At All
2. Meets My Expectations Somewhat
3. Meets My Expectations
4. Exceeds My Expectations

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Meet My Expectations At All	Meets My Expectations Somewhat	Meets My Expectations	Exceeds My Expectations	Refused	Don't Know
C163	How well is your baby meeting your expectations for “HIS/HER” motor development?	1	2	3	4	98	99
C164	How well is your baby meeting your expectations for “HIS/HER” social development?	1	2	3	4	98	99
C165	How well is your baby meeting your expectations for “HIS/HER” language development?	1	2	3	4	98	99

THINGS THAT YOUR BABY ENJOYS DOING

The next set of questions ask about some activities that may grab your baby's attention or relax them.

As I read each description, please indicate how often the baby did this during the LAST SEVEN (7) DAYS by pointing to one of the numbers on the Showcard. These numbers indicate how often you observed the behaviour described during the last week.

We would not expect your baby to be able to do or experience all of these things. If you did not see your baby in the situation described during the last week, choose "Does Not Apply".

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C166	How often during the last week did the baby enjoy being read to?	1	2	3	4	5	6	7	8	98	99
C167	How often during the last week did the baby play with one toy or object for 5–10 minutes?	1	2	3	4	5	6	7	8	98	99
C168	In the last week, while being fed, how often did the baby seem eager to get away as soon as the feeding was over?	1	2	3	4	5	6	7	8	98	99
C169	When singing or talking to your baby, how often did "HE/SHE" soothe immediately?	1	2	3	4	5	6	7	8	98	99
C170	How often during the last week did the baby enjoy hearing the sound of words, as in nursery rhymes?	1	2	3	4	5	6	7	8	98	99

RESPONSE OPTIONS:

1. Does Not Apply
2. Never
3. Very Rarely
4. Less Than Half The Time
5. About Half The Time
6. More Than Half The Time
7. Almost Always
8. Always

Interviewer Note: Code ONE.

NO.	QUESTION	Does Not Apply	Never	Very Rarely	Less Than Half The Time	About Half The Time	More Than Half The Time	Almost Always	Always	Refused	Don't Know
C171	How often during the last week did the baby look at pictures in books and/or magazines for 5 minutes or longer at a time?	1	2	3	4	5	6	7	8	98	99
C172	When being held, in the last week, did your baby seem to enjoy "HIM/HER" self?	1	2	3	4	5	6	7	8	98	99
C173	When showing the baby something to look at, how often did "HE/SHE" soothe immediately?	1	2	3	4	5	6	7	8	98	99
C174	How often during the last week did the baby enjoy gentle rhythmic activities, such as rocking or swaying?	1	2	3	4	5	6	7	8	98	99
C175	How often during the last week did the baby stare at a mobile, cot bumper or picture for 5 minutes or longer?	1	2	3	4	5	6	7	8	98	99
C176	When rocked or hugged, in the last week, did your baby seem to enjoy "HIM/HER" self?	1	2	3	4	5	6	7	8	98	99
C177	When patting or gently rubbing some part of the baby's body, how often did "HE/SHE" soothe immediately?	1	2	3	4	5	6	7	8	98	99

FINISHING THE CHILD PROXY QUESTIONS

If there are multiple babies, complete one for each baby. Once all questionnaires have been completed for all babies:

CONTINUE WITH MOTHER QUESTIONS...