UNIVERSITY OF OXFORD

INTERBIO-21st
Infant Follow-up Study: 1-year visit
Infant 24hr Food Recall

INTERBIO-21st PTID Number	0 7 - _ _ _ _ _	**Hospital/Clinic Code**	_ _
Infant Hospital Record No.	_ _ _ _ _ _ _ _ _		
Infant Date of Birth	D D M M Y Y	**Visit Date**	D D M M Y Y

Please indicate the number of times that the liquid/food was given during each time period (on a typical day) by writing the number in the corresponding box. Cross 'None' for any liquid/food not given at all.

	On waking	Morning	Lunch	Afternoon	Dinner	Evening	Night	None
1. Breast milk								☐
2. Formula/soya milk								☐
3. Animal milk								☐
4. Fruit/vegetable juice								☐
5. Tea (without milk)								☐
6. Sweetened drinks								☐
7. Water								☐
8. Soup								☐
9. Dairy products								☐
10. Porridge/cereal								☐
11. Vitamin A-rich fruits/veg (e.g. carrot, spinach)								☐
12. Other fruits								☐
13. Other vegetables								☐
14. Grains (e.g. rice)								☐
15. Legumes (e.g. beans)								☐
16. Pasta/noodles								☐
17. Tubers (e.g. potatoes)								☐
18. Bread/biscuits/crackers								☐
19. Egg								☐
20. Red/organ meats (e.g. beef, lamb, pork, liver)								☐
21. Fish								☐
22. Poultry								☐
23. Sweets/sugar products/jelly								☐
24. Spreads/oils								☐

25. Have you given any of the following supplements to your child? (cross all that apply)

Iron ☐ Vitamin A ☐ Vitamin B ☐ Vitamin C ☐ Vitamin D ☐ Vitamin E ☐ Multi-vitamins/minerals ☐ None ☐

Name of Researcher			
Signature		Researcher Code	_ _