UNIVERSITY OF OXFORD

INTERBIO-21st
Infant Follow-up Study: 2-year visit
Food Intake Questionnaire

FIQ

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

Section 1: Infant food recall (IFR)

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								

Section 2: General questions

25. (a) Is your child still receiving breast milk? yes / no

If no, child's age when (s)he stopped receiving breast milk: M M mths W weeks

If the child has never received breast milk, cross here: ☐

(b) Is your child still receiving formula? yes / no

If no, child's age when (s)he stopped receiving formula: M M mths W weeks

If the child has never received formula, cross here: ☐

26. What other type(s) of milk is your child receiving? (cross all that apply)

Skimmed ☐ Semi-skimmed ☐ Whole ☐ Soya milk ☐ Other ☐ None ☐

27. Who mainly feeds your child at home? (cross one box only)

Mother ☐ Father ☐ Her/himself ☐ Nanny ☐ Other ☐

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Section 2: General questions (continued)

28. Is your child following any special diet? (cross all that apply)

Vegetarian ☐ Gluten-free ☐ Low-lactose ☐ Low-phenylalanine ☐ None ☐ Other (please specify) ☐

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

Iron ☐ Vit A ☐ Vit B ☐ Vit C ☐ Vit D ☐ Vit E ☐ Multi-vitamins/minerals ☐ Fatty acids ☐ None ☐

Section 3: Food frequency questionnaire (FFQ)

Please indicate with a 'X' in the table how often your child had each item in the past 28 days. (cross one box per row)

	Never	1-3 times a month	1-3 times a week	>3 times a week	1-3 times a day	>3 times a day
30. Breast milk	☐	☐	☐	☐	☐	☐
31. Formula/soya milk	☐	☐	☐	☐	☐	☐
32. Animal milk	☐	☐	☐	☐	☐	☐
33. Fruit/vegetable juice	☐	☐	☐	☐	☐	☐
34. Soft drinks	☐	☐	☐	☐	☐	☐
35. Water	☐	☐	☐	☐	☐	☐
36. Soup	☐	☐	☐	☐	☐	☐
37. Dairy products	☐	☐	☐	☐	☐	☐
38. Cooked cereals (e.g. porridge)	☐	☐	☐	☐	☐	☐
39. Cold cereals	☐	☐	☐	☐	☐	☐
40. Vitamin A-rich fruits/veg (e.g. carrot, spinach)	☐	☐	☐	☐	☐	☐
41. Other fruits	☐	☐	☐	☐	☐	☐
42. Other vegetables	☐	☐	☐	☐	☐	☐
43. Grains (e.g. rice)	☐	☐	☐	☐	☐	☐
44. Legumes (e.g. beans, pulses)	☐	☐	☐	☐	☐	☐
45. Pasta/noodles	☐	☐	☐	☐	☐	☐
46. Tubers (e.g. potatoes)	☐	☐	☐	☐	☐	☐
47. Bread/crackers	☐	☐	☐	☐	☐	☐
48. Biscuits/sweet snacks	☐	☐	☐	☐	☐	☐
49. Crisps/savoury snacks	☐	☐	☐	☐	☐	☐
50. Sweets/jelly	☐	☐	☐	☐	☐	☐
51. Egg	☐	☐	☐	☐	☐	☐
52. Red/organ meats (e.g. beef, lamb, pork, liver)	☐	☐	☐	☐	☐	☐
53. Fish	☐	☐	☐	☐	☐	☐
54. Poultry	☐	☐	☐	☐	☐	☐
55. Take-away food (e.g. pizza)	☐	☐	☐	☐	☐	☐
56. Spreads/oils	☐	☐	☐	☐	☐	☐

Name of Researcher

Signature | Researcher Code