

## Weekly Infant and Maternal Health Questionnaire

EXAMPLE: END OF WEEK 1: Day 7

Please answer the following questions regarding you and your infant's health at the end of each week. Please circle your answers, and answer any follow-up questions as appropriate. We will not share your answers with anyone. If you prefer not to answer a question, you may circle "refuse". Please refer to the example questionnaire in paper form included in your study notebook as a guide with example answers written in red.

DATE: 7/30/2014

Study Personnel Section: Actual Day of Life: _____ Initials: _____
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### Questions about your baby

1. In the **past week**, has your baby shown signs of **COLIC**?  YES NO UNSURE REFUSE  
*[A colicky baby is defined as one that cries for more than 3 hours per day, for at least 3 days per week]*
  - a. If "YES" to question 1, when did the colic appear? 7/23/2014 OR UNSURE  
REFUSE  
*month/day/year*
  - b. If "YES" to question 1, did your baby receive treatment for colic?  YES NO REFUSE
  - c. If "YES" to question 1b, how was your baby treated for colic? Fed baby gripe water and simethicone
  - d. If "YES" to question 1, does your baby still have colic?  YES NO UNSURE  
REFUSE
  - e. If "NO" to question 1d, when did the colic go away? 7/29/2014 OR UNSURE  
REFUSE  
*month/day/year*
  
2. In the **past week**, has your baby been diagnosed with **ECZEMA** by a healthcare provider?  
*[Eczema shows up as patches of red skin. The skin is almost always itchy, dry, and rough and most often occurs on a baby's cheeks and at the joints of their arms and legs].*
 YES NO REFUSE
  - a. If "YES" to question 2, when was the eczema diagnosed? 7/25/2014 OR UNSURE  
REFUSE  
*month/day/year*
  - b. Where was the eczema found on your baby's body? Left and right elbows, behind left knee
  - c. Did your baby receive treatment for eczema?  YES NO REFUSE
  - d. If "YES" to question 2c, how was your baby treated for eczema? Eucerin Baby Eczema Relief Moisturizer
  - e. As of today, what is the current status of your baby's eczema (please circle one)?  
Severe Moderate Mild  Gone
  - f. If the eczema has gone, when did it go away? 7/25/2014 OR UNSURE REFUSE  
*month/day/year*
  
3. In the **past week**, has your baby been diagnosed with **JAUNDICE** by a healthcare provider?  YES NO REFUSE
  - a. If "YES" to question 3, when was the jaundice diagnosed? 7/25/2014 OR UNSURE  
REFUSE  
*month/day/year*
  - b. If "YES" to question 3, did your baby receive treatment for jaundice?  YES NO REFUSE

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- c. If "YES" to question 3b, how was your baby treated for jaundice? Phototherapy
- d. If "YES" to question 3, does your baby still have jaundice?  YES  NO  UNSURE  
 REFUSE
- e. If "NO" to question 3d, when did the jaundice go away? 7/23/2014 OR  UNSURE  
 REFUSE  
month/day/year

4. In the **past week**, did your baby have any **SICK-child DOCTOR VISITS**?  YES  NO  REFUSE  
*[A sick-child doctor visit is an appointment the parent makes when the baby is not feeling well].*

- a. If "YES", when did your baby have the sick-doctor visit? 7/24/2014  
month/day/year
- b. If "YES", what was the reason for the sick-child doctor visit (please explain)? To monitor his jaundice with a blood test for bilirubin levels and ask the doctor about the eczema on his back, elbows and knee.

5. In the **past week**, has your baby shown signs of any **ILLNESSES**?  YES  NO  REFUSE  
a. If "YES", please describe the illness (examples: cold, flu, ear infection, etc.). Cold with fever

- b. Did your baby consume any medications to treat the illness(s)?  YES  NO  REFUSE
- c. If "YES" to question 5b, please list the medications your baby consumed in the **past week**: Baby Motrin

6. In the **past week**, did your baby have a **WELL-child DOCTOR VISIT**?  YES  NO  REFUSE  
*[A well-child doctor visit is a routine appointment that gives the doctor a chance to look at your baby's overall health].*

- a. If "YES" to question 6, when did your baby have the well-child doctor visit? 7/24/2014  
month/day/year
- b. Were any measurements taken during this visit?  YES  NO  REFUSE
- c. If "YES" to questions 6b, please list the measurements taken (or write "none" for any measurements that were not taken).

Infant length: 21.25 inches      Infant weight: 9 pounds, 4 ounces  
Pounds & ounces

Infant head circumference: 14.1  
inches

- d. Please describe any medical problems reviewed by your baby's doctor during this visit (if no medical problems were reviewed, please write "none"): None

7. In the **past week**, did your baby have any baths at home between **hospital discharge and Day 7 of life**?  YES  NO  REFUSE

- a. If "YES", how many baths did your baby have at home between **hospital discharge and Day 7 of life**?  
# of baths: 3
- b. If your baby had at least one bath in question 7, for how many baths was soap used?  
*[This includes any type of soap, including body gel and shampoo]:* # of soapy baths: 1
- c. Please list the brand(s) of soap used. California Baby Calming Shampoo and Body Wash

### Questions about you



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8. In the **past week**, have **you** experienced any inflammation in your breasts? **YES** **NO** **UNSURE** **REFUSE**  
*[Inflammation of your breast includes mastitis, blocked duct, bacterial infection, dermatitis, milk bleb, vasospasm, ductal infection or yeast]*

If “YES”, please fill out the ***Inflammation Survey*** found in your ***Study Notebook***.

9. Have **you** consumed any of the following in the **past week** (please circle all that apply)?

- Antibiotics      Probiotic supplements      Yogurt containing bifidobacteria      None

10. If you circled **ANTIBIOTICS** and/or **PROBIOTIC SUPPLEMENTS**, please describe the name of the product(s), start and end dates, and the reason for taking them.

Product name	Start Date	End Date	Reason for taking
<i>Ex: dicloxacillin</i>	<i>July 24, 2014</i>	<i>Still taking</i>	<i>To treat mastitis</i>
<i>Ex: VSL #3</i>	<i>January 1, 2014</i>	<i>Still taking</i>	<i>To improve gut health</i>

11. In the **past week**, did you experience any **ILLNESSES**? YES **NO** **REFUSE**

a. If “YES”, please describe the illnesses (*examples: cold, flu, etc.*): mastitis and a cold

12. How many servings of scaly fish did you eat this **past week** (one 3 ounce serving of fish is the size of a deck of cards)?  
**# of servings:** 2

13. How many servings of shellfish did you eat this **past week** (one 3 ounce serving of fish is the size of a deck of cards)?  
**# of servings:** 0

14. Have you taken any fish oil in the **past week**? YES **NO** **REFUSE**

a. If yes, please list the brand and product name of fish oil, dose consumed per day, and number of days this week you consumed it.

<u>Fish Oil Brand</u>	<u>Product Name</u>	<u>Amount/d</u>	How many days per week do you take the daily dose?

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<i>Ex: Nordic Naturals</i>	<i>DHA Extra</i>	<i>2 capsules</i>	<i>7</i>

15. Have you taken any other vitamins or supplements in the **past week**?  
a. If yes, please mark all that apply:

**YES**      **NO**      **REFUSE**

- Beta Carotene
- X** B complexes (stress tabs)
- X** Calcium
- Co-enzyme Q10
- Flaxseeds, flaxseed meal, flaxseed oil or chia seeds
- Folic acid
- Ginseng
- Ginko biloba
- X** Iron
- Multivitamin **with iron**
- Multivitamin **without iron**
- Niacin
- Prenatal vitamin **with iron**
- X** Prenatal vitamin **without iron**
- Selenium
- St. John's Wort
- Vitamin A/Retinol
- Vitamin B1
- Vitamin B6
- Vitamin B12
- Vitamin C
- X** Vitamin D
- Vitamin E
- Vitamin K
- X** Zinc
- Other (please list): \_\_\_\_\_

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