OptEC Trial: Optimizing early child development in the primary care practice setting: Pragmatic randomized trial of iron treatment for young children with non-anemic iron deficiency

Follow-up Data Collection Form – Data linking sheet (To be stored separately from study data)

ID String #	Date		
Age (months)	Child's Sex: Male []	Female []	
Home Telephone #	Work/cell Tel #		
Name of caregiver interviewed			
Relationship to child			

OptEC Trial: Optimizing early child development in the primary care practice setting: Pragmatic randomized trial of iron treatment for young children with non-anemic iron deficiency (NAID)

Follow-up Data Collection Form

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. How ma						_			ne)?	
	0	1	2	3	4	5	6	7		
	arting this				en any iron	supple	ements re	egularly othe	r than the ones	s provide
• N	o									
	on: Ferins	ol			ml pe				ek, month, yea	
	on: Other Iultivitamir	n with iron	,		ml po				eek, month, yea eek, month, yea	
• IVI	iuitivitairiii	i with hor	<u> </u>		IIII P	CI		(uay, we	ek, monin, ye	ai <i>)</i>
. Since stapply)?		study, ha	as your o	child take	en any othe	er vitan	nins or su	ipplements r	egularly (fill in	all that
• N	0									
	itamin D:				ml pe				eek, month, ye	
 \/i 	itamin D:	Liauid			ml pe			(day w	eek, month, ye	ar)
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• M • O	lultivitamir ther— Ple	n (without ase expla	ain			er				
M O	lultivitamir ther— Ple	n (without ase expla	ain		ml pe	er			reek, month, ye	
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MOO How hare Easy O Did your No In In a typic	Iultivitamir other—Ple rd or easy r child like es o ndifferent cal week,	has it be taking th how man	en to give e study of days of 3	ve the produce the produce of the pr	ml pe	dy drug	study dru 7	(day, w	Hard 5	ear)
MOO How hare Easy O Did your No In In a typic O If your co Ta	Iultivitamir ther—Ple rd or easy r child like es o ndifferent cal week, 1	has it be taking th how man 2 yed the st ong	en to give e study of days of 3	ve the produce the produce of the pr	ml pe	dy drug	study dru 7	(day, w	Hard 5 rcle)?	ear)

•	Not convinced that it will benefit my child		Yes	No
•	Too hard to give it			No
•	 Forgot 			No
•	Other reason(s)		Yes	No
8. Did	your child experience any of the following while admir	nistering the study of	drug (circle a	all that apply)?
	• Coughing	Yes	No	
	Spitting up	Yes	No	
	Choking, gagging	Yes	No	
	Unhappy with the taste	Yes	No	
9. Did	your child experience any of the following during the p	past 4 months (circ	le all that a	pply)?
	Staining of the teeth	Yes	S	No
	Constipation	Yes	3	No
	• Loose stool	Yes	5	No
	Passage of black stool	Yes	3	No
•	Yes No — at what age did you stop breastfeeding? Not applicable, did not breastfeed	m	onths	
11. Plea	ase specify your child's diet for the past 3 days. Pleas	se check all that a	pply.	
	Breast milk Infant formula Red meat (beef, veal, pork, lamb, etc.) Poultry (chicken, turkey, duck, etc.) Fish (salmon, halibut, haddock, cod, tuna, etc.) Shellfish (lobster, crab, shrimp, etc.) Eggs Milk Skim 1% 2% Homo Fruits Vegetables Cheese Yogurt Margarine Honey Whole grain products (bread, bagel, bun, cereal, past Fast Food Infant cereal Vegetarian: does not eat red meat, poultry, fish or she Vegan: does not eat red meat, poultry, fish, shellfish,	ellfish	·	
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12. Circle how many cups of each drink your child has <u>currently in a typical day.</u> (1 cup = 8 ounces= 250 ml)

Cow's milk			0	1/2	1	2	3	4	5+
Infant formula			0	1/2	1	2	3	4	5+
Infant cereal	0	1/4	1/2	3/4	1	2	3	4	5+
Soy milk			0	1/2	1	2	3	4	5+
Other milk (rice, goat etc)			0	1/2	1	2	3	4	5+
100% Juice (apple, orange	etc)		0	1/2	1	2	3	4	5+
Sweetened drinks (Kool aid	l, Sunny [O, etc.)	0	1/2	1	2	3	4	5+
Tea			0	1/2	1	2	3	4	5+
Soda or Pop			0	1/2	1	2	3	4	5+

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13. ו	Did your c	hild's diet include the fol	lowing foods during	g the last 4 mor	nths? Please ch	eck all that a	pply?
		le grain products (examp as chick peas, kidney b				ta and rice, be	eans
			times pe	er	(day, week, n	nonth)	
	□ Tofu		times pe	؛r	(day, week, m	onth)	
	□ Citru	s fruits (example - orang	ges, grapefruit, lemo	on juice, tomate	oes, cantaloupe,	kiwi fruit)	
			times pe	er	(day, week, m	onth)	
	□ Citru	s vegetables (example -	- spinach, cabbage	, broccoli, Brus	ssels sprouts, be	il pepper, caul	iflower)
			times per	r	_ (day, week, mo	onth)	
14. ⊦	las your c	hild been ill within the p a	ast 4 months?				
	□ No						
	□ Yes,	(complete all that apply	below)				
	•	Colds or flus, how man	ny times?				
	•	Asthma attack, how ma	any times?				
	•	Pneumonia, how many	/ times?				
	•	Ear infection, how mar	ny times?				

For office use only				
Height		_ cm		
Weight		_ kg		
BMI		_ kg/m ²		
Waist circumfe	erence	cm		