Affix Participant Clinical Label Here



## **ENDIA**

environmental determinants of islet autoimmunity

# Infant Feeding Diary

Birth – 6 months

ENDIA: ENVIRONMENTAL DETERMINANTS OF ISLET AUTOIMMUNITY

# INFANT FEEDING DIARY

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### About the ENDIA study

Thank you to you and your baby for participating in the ENDIA study — Australia's largest study into understanding the causes of Type 1 Diabetes

he ENDIA study is looking into what contributes to the development of Type 1 Diabetes so we can find ways to prevent it. Type 1 Diabetes in children is twice as common as it was 20 years ago. This is because our environment has changed and at-risk children are more likely to develop Type 1 Diabetes.

If we can understand exactly what in the environment is harmful or protective, we can modify the environment to try and prevent Type 1 Diabetes. We already know that a child's genes can increase their risk of developing Type 1 Diabetes. However, we think that there are a number of things in the environment that make Type 1 Diabetes more likely to happen in children who have these genes that increase their risk for the disease.

We are interested in the foods that babies consume over the first 26 weeks (6 months) of life to see whether any specific foods or feeding patterns make it more or less likely that an at-risk child could develop Type 1 Diabetes.

By completing this food diary you are making a very important contribution to Type 1 Diabetes research in Australia.

# Instructions on completing the ENDIA Infant Feeding Diary

IMPORTANT: This Infant Feeding Diary is <u>not</u> intended to provide you or your family with nutritional advice for your baby. We simply want to capture dietary information about your child.

Any foods that are listed within this Infant Feeding Diary should be considered as examples only, not a guideline as to when a particular food should be introduced.

If you have any questions regarding your baby's diet please speak to your child health nurse, doctor or other professional.

Answer each question as best you can. Estimate if you are not sure – a guess is better than not answering a question that does apply to you! Otherwise, we will consider that your baby did not receive that item in question at all.

If your baby is regularly cared for by someone else, it is important that you ask this person/people to give you the information to answer the questions.

We recommend you complete the Infant Feeding Diary on the same day each week. For example, on the same day your baby was born. This will help you to remember to complete the Infant Feeding Diary. If you do forget for a week or two, please go back and answer the questions, doing your best to remember what foods and drinks your baby was given. The completion date at the top of each week refers to the date you completed the questions.

#### 

Do not place crosses in boxes that don't apply to your baby. Instead, leave the answer blank.

#### How to answer specific questions

#### Footnote A: Instructions for Question 1

#### For the following question:

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby, even hospital staff, and include snacks and night-time feeds.

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			

Please indicate the **average** number of times your baby was given the item each day, and the number of days you baby received the item over the last week. Complete both columns.

For example, if your baby had an average of 8 breast feeds per day every day this week, you would write "8" in the first column and "7" in the second column of the "Breast milk via breast

feeding" row. If you baby received expressed breast milk once on two different days this week, you would write "1" in the first column and "2" in the second column of the "Expressed breast milk in a bottle" row.

If your baby did not receive the item listed, tick the box in the third column.

#### **Footnote B: Instructions for Question 4**

#### For the following question:

4. The following question relates to occasions when your baby consumed drinks other than breast milk, formula or plain water. This includes cow's milk or milk from other non-dairy sources as well as fruit juices, vegetable juices, cordials, soft drinks, etc. Please state what the drink(s) were, the brand of the product (where applicable) and how much your baby consumed on occasions these drinks were provided. Drink additives should also be included

#### Examples of your answers may include:

```
Pura full fat mílk – 100 mL
Freshly squeezed orange juíce (homemade) – 50 mL
Golden Círcle Juníor Fruít Apple Juíce – 150 mL
Banana smoothíe (at café) – 200 mL
Mílo made wíth Pura full fat mílk – 2 teaspoons of Mílo ín 200 mL of mílk
```

In this question, please include any drink additives that you baby may have received this week. For example, Aptamil® Feed Thickener, Nestle Milo, Bickford's Strawberry Milk Mix, etc. Provide as much information about the drinks and/or drink additives as you can. By providing complete product names, including the brand, we can easily look up the nutritional information about this drink or drink additive. By indicating how much your baby drank, we can accurately measure the nutrients he/she has consumed.

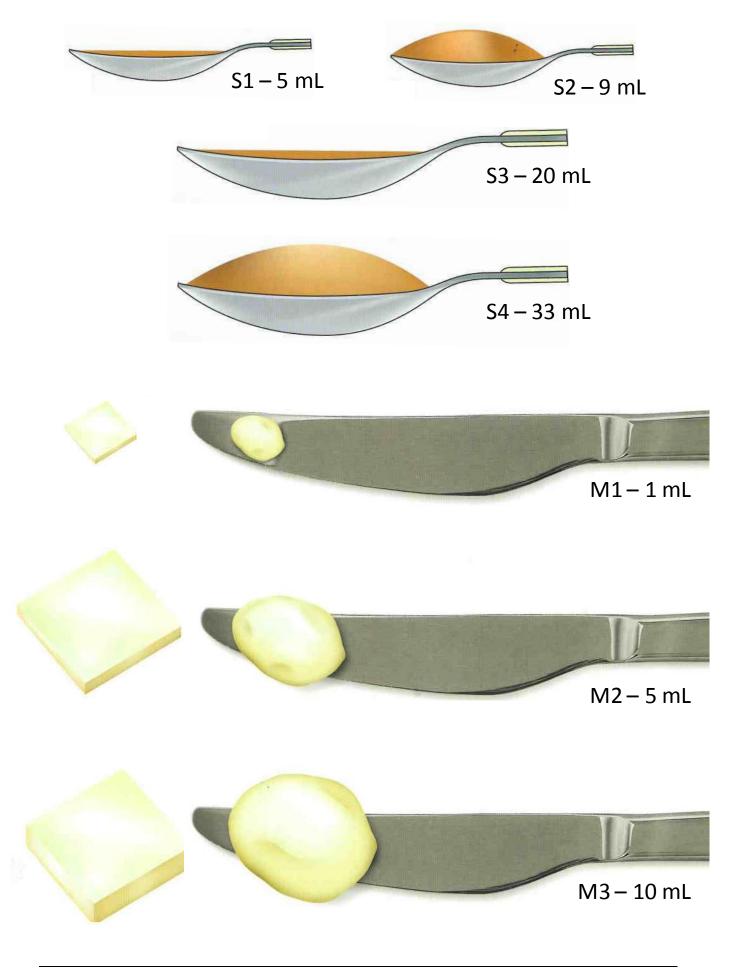
#### Footnote C: Instructions for Question 5

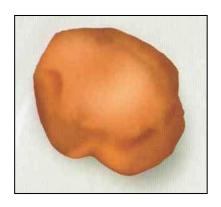
#### For the following part of Question 5:

5. The following questions relate to occasions when your baby consumed solid foods this week. Please indicate which of the follow foods your baby received and, on each occasion your baby was offered that food, the average amount he/she consumed with respect to a "spoon" or "mound" code as indicated in the Instructions.

If your baby received a mixture of foods listed in the provided table (for example, pureed vegetables and fruits mixed together), indicate that your baby consumed both "vegetables" and "fruit". Please remember to check the ingredients of commercial baby foods as many savoury flavours still contain fruit such as apple.

Please use the "spoon" and "mound" codes as shown on the next two pages. These diagrams show life-sized representations of serving sizes. If, for example, the "mound" your baby consumed was more than M4 but less than M5, please indicate "M4 + M3" in the space provided. For food mixtures, estimate the quantity that corresponded to each food in the mixture using the measurements. Please try to estimate all foods using these measurement codes, even for things such as food sachets and biscuits.

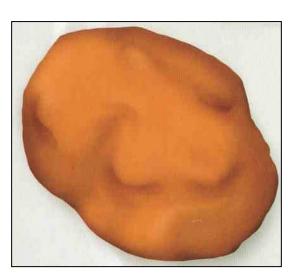




M4 – 1 tablespoon



M7 – ¾ cup



M5 – ¼ cup



M6 − ½ cup

#### Footnote D: Instructions for Question 5

#### For the following part of Question 5:

If your baby consumed any of the solid foods outlined above, please provide some additional information about what those foods were. This may include the name of the food, the brand of the product (where applicable) and whether the food was modified (for example: low-fat, added calcium, wholemeal etc.). Please also list any foods your baby consumed that do not fall in the above categories.

#### Examples of your answers may include:

vegetables/fruit: pureed pumpkin; Rafferty's Garden spinach/apple/broccoli/pea sachet

Dairy: Dairy Farmers full fat Vanilla yoghurt

Wheat: WonderWhite Hi Fibre white bread without crust

Ríce: Baby Mum Mum vegetable ríce rusk

Meat: Chicken

unlisted foods: Rabbit

#### Footnote E - Instructions for Question 7

7. The following questions relate to occasion when your baby was given supplements and medications. Please state the brand, what the volume of a "dose" was (e.g. 5 mL, 1 tablet, etc.), how many doses were given each day and on how many days it was given this week.

The following are examples of medication/supplements that should be and need not be included when considering this question. NOTE: any medication not on the exclusion list (even if it is not specified on the "include" list) should also be recorded:

Exclude	Include
Paracetomol (e.g. Panadol, Dymadon)	Any doctor prescribed medications
• Ibuoprofen (e.g. Nurofen, Advil)	(excluding those listed left)
Teething gel (e.g. Bonjela)	<ul> <li>All antibiotics whether they were prescribed by a doctor or not</li> </ul>
Cough mixture	Fibre supplements
<ul> <li>Medicated nappy rash cream (e.g. Bepathen, Daktozin)</li> </ul>	<ul> <li>Vitamin supplements (e.g. Pentavite, Vita-Gummies)</li> </ul>
<ul> <li>Colic relievers (e.g. Infants' Friend, Infant Calm)</li> </ul>	vita Gainines)
Homeopathic remedies	

In the column labelled "Days", please include the number of days your child was given the supplement/medication <u>THIS WEEK</u>. For example, if your child took some medication on the last two days of this week, but will continue to be given the medication for the next three days of next week, write "2" in the "Days" column for this week and "3" in the column for next week.

# Your baby is 1 week old

Completion date:	/	/	

0. While you were in hospital or birthing centre did your baby consume any of the following:

		Yes	No	Unsure
0.1	Breast milk			
0.2	Formula			
0.3	Water			
0.4	Glucose containing solution <sup>6</sup>			

φ Includes oral glucose solutions for pain relief and/or sugar water

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby, even hospital staff. Include snacks and night-time feeds. A

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions rela	e to occasions when yo	our baby consumed breast milk.
----	------------------------------	------------------------	--------------------------------

My baby has never consumed breast milk (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 3)

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

<sup>&</sup>lt;sup>A</sup> Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	How long was expressed breast milk sto applies)?	
	Kept at room temperature	1 day or less in refrigerator
	2-3 days in refrigerator	3-4 days in refrigerator
	5-7 days in refrigerator	Frozen (for any length of time)
2.4	On the majority of occasions, how were warmed (tick only one)?	e bottles containing expressed breast milk
	Did not warm	☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave	Other
	_	
Γhe fol	lowing questions relate to occasions whe	
2.1		,
3.1	Average volume consumed with provid	ed formula:
	mL	
3.2	What were the brand(s) and product na	ame(s) of the formula(s) your haby been given
	For example, "Wyeth S-26 GOLD Newbo	orn" or "Karicare Aptamil® Delact"
	For example, "Wyeth S-26 GOLD Newbo	orn" or "Karicare Aptamil® Delact"
	1	orn" or "Karicare Aptamil® Delact"
	1	orn" or "Karicare Aptamil® Delact"
	1 2	orn" or "Karicare Aptamil® Delact"
3.3	1	orn" or "Karicare Aptamil® Delact"
3.3	123Unknown	orn" or "Karicare Aptamil® Delact"
3.3	1 2 3Unknown Was the formula prepared according to	orn" or "Karicare Aptamil® Delact"
3.3	1 2 3Unknown Was the formula prepared according to	orn" or "Karicare Aptamil® Delact"
3.3	1 2 3Unknown Was the formula prepared according to	orn" or "Karicare Aptamil® Delact"
3.3	1 2 3Unknown Was the formula prepared according to	orn" or "Karicare Aptamil® Delact"
3.3	1	orn" or "Karicare Aptamil® Delact"
	1	orn" or "Karicare Aptamil® Delact"  the manufacturer's instructions?  f how the formula was prepared)
	1	orn" or "Karicare Aptamil® Delact"  the manufacturer's instructions?  f how the formula was prepared)  be bottles containing formula warmed (tick only
	1	orn" or "Karicare Aptamil® Delact"  the manufacturer's instructions?  f how the formula was prepared)  be bottles containing formula warmed (tick only)  Prepared with hot water  Microwave

milk, fo well as the bra these d	owing question relates to occasions frmula or plain water. This includes fruit juices, vegetable juices, cordials and of the product (where applicably inks were provided. Drink additived drinks other than breast milk, formed	s cow's s, soft o e) and es shoo	milk odrinks, oderinks, od	or milk etc. Ple nuch yo o be in	from o ase sta our bak icluded	other nate what by cons . <sup>B</sup> <i>If yo</i>	on-dair at the d umed o our bab	ry sources as Irink(s) were, on occasions
Please i offered	owing questions relate to occasion ndicate which of the follow foods yo that food, the average amount he/indicated in the Instructions. <sup>c</sup>	ur baby	, receiv	ed and	, on ea	ch occa	asion yo	our baby was
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							

Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
inform name modifi	If your baby consumed any of the solid foods outlined above, please provide some additional information about what those foods were with respect to each category. This may include the name of the food, the brand of the product (where applicable) and whether the food was modified (for example: low-fat, added calcium, wholemeal etc.). Please also list any foods your baby consumed that do not fall in the above categories.							
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

What type of methods we used to cook your baby's solid foods (tick all that applies)?

5.16	What type of methods we use	•	(		
	Did not cook	Baking	Stea	ming	
	Grilling	Roasting	Boili	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fol	llowing questions relates to the (	use of dummies/pac	ifiers.		
6.1	Do you regularly offer your ba	nby a dummy/pacifie	er?		
	Yes	□No			
6.2	Did you use any sweeteners o	n the dummy/pacifi	er?		
	□No	Yes, h	oney		
	Yes, other				
medica	ollowing questions relate to cations. Felase state the brand, which are such that are states and day a	what the volume of	a "dose" was	(e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand,	what the volume of	a "dose" was ays it was giver Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica	ations. E Please state the brand, was any doses were given each day a	what the volume of	a "dose" was ays it was giver	(e.g. 5 mL, 1 tan this week.	ablet, e
medica how m	ations. E Please state the brand,	what the volume of	a "dose" was ays it was giver Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements	what the volume of and on how many da	a "dose" was ays it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:	what the volume of and on how many da	a "dose" was ays it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of and on how many da	Dose volume  _))))	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of and on how many da	Dose volume  _))))	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	what the volume of and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	what the volume of and on how many da	a "dose" was ays it was given  Dose volume  _)))	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:	what the volume of and on how many da	a "dose" was ays it was given  Dose volume  _)))	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many da	a "dose" was ays it was given  Dose volume  _)))	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many date.  E (please specify)	a "dose" was ays it was given  Dose volume  _)	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote	what the volume of and on how many date.  I:  E (please specify)	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	what the volume of and on how many date.  I:	a "dose" was ays it was given  Dose volume  _)	(e.g. 5 mL, 1 ta this week. Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

6 months  12 months  Influenza  Pneumococcal 13vPCV		-	child's health this week re profession (e.g. child			t requii
Description Timing  Birth 2 months 6 months 12 months 12 months 12 months 12 months 12 meancoccal 13vPCV Pneumococcal 23vPPV Hepatitis A  Description Timing  As per NIP guidelines (NIP) guideli						
Description Timing  Birth 2 months 6 months 12 months 12 months 12 months 12 months 12 meancoccal 13vPCV Pneumococcal 23vPPV Hepatitis A  Description Timing  As per NIP guidelines (NIP) guideli						
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Description Timing As per NIP Variation of guidelines (give det  Birth 2 months 6 months 12 months Influenza Pneumococcal 13vPCV Hepatitis A  Description Timing As per NIP Variation of NIP guidelines (give det guidelines (give guidelines (give guidelines (give guidelines (give guidelines (give guidelines (give guidelines (giv	Did yo	ur child receive	any vaccinations this	week, either scheduled	l or optional? If you	child v
Description Timing  As per NIP Variation of NIP guidelines (give det  Birth 2 months 6 months 12 months Influenza Pneumococcal 13vPCV Hepatitis A  As per NIP Variation of NIP guidelines (give det	not gi	ven the vaccin	nation as per the Nat	ional Immunisation P	rogram (NIP) guide	elines
Description Timing guidelines NIP guidelines (give det guidelines)  Birth  2 months  6 months  12 months  Influenza  Pneumococcal 13vPCV  Pneumococcal 23vPPV  Hepatitis A	examp	le, one particul	ar vaccine was not giver	n but others were) plea	se provide details.	
Birth 2 months 6 months 12 months Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A  Birth  2 months				As per NIP	Variation o	of
2 months  2 months  4 months  6 months  12 months  Influenza  Pneumococcal 13vPCV  Pneumococcal 23vPPV  Hepatitis A		Description	Timing	·	NIP guidelines (giv	e detai
2.1 Scheduled 4 months			Birth			
6 months  12 months  Influenza  Pneumococcal 13vPCV  Pneumococcal 23vPPV  Hepatitis A			2 months			
12 months  Influenza  Pneumococcal 13vPCV  Pneumococcal 23vPPV  Hepatitis A	9.1	Scheduled	4 months			
Influenza			6 months			
Pneumococcal 13vPCV			12 months	П		
Pneumococcal 23vPPV			Influenza			
Hepatitis A			Pneumococcal 13vPC	v		
Hepatitis A			Pneumococcal 23vPP	v		
	9.2	Optional				
Guien			•			
			other			
	9.2	C	Optional	Pneumococcal 13vPC  Pneumococcal 23vPP  Hepatitis A	Pneumococcal 13vPCV  Pneumococcal 23vPPV  Hepatitis A	Pneumococcal 13vPCV
	Did vo	u (the haby's m	other) take any antihio	atics just prior to your	ashy's hirth during t	ha lak
d you (the haby's mether) take any antihieties just prior to your haby's high during the la	-					
d you (the baby's mother) take any antibiotics just prior to your baby's birth, during the la	7.	e giving birtin.	rease provide details a	ibout the brana and ac	sage as acserbed in	Quest
since giving birth? Please provide details about the brand and dosage as described in Que						
since giving birth? Please provide details about the brand and dosage as described in Que				Yes	No	Uns
since giving birth? Please provide details about the brand and dosage as described in Que	10.1	In the week k	pefore giving birth	П		
since giving birth? Please provide details about the brand and dosage as described in Que  Yes No Un			J J	Type:		
since giving birth? Please provide details about the brand and dosage as described in Que  Yes No Un						
since giving birth? Please provide details about the brand and dosage as described in Que  Yes  No  Un  O.1 In the week before giving birth  Type:  Dose volume:				Dose volume:		
since giving birth? Please provide details about the brand and dosage as described in Que  Yes  No  Un  Type:				Dose volume: Doses per day:		

10.2	During labour	Type:  Dose volume:  Doses per day:	
40.0		Number of days:	
10.3	In the week since giving birth	Type: Dose volume: Doses per day: Number of days:	

# Your baby is 2 weeks old

Completion date:	/	/	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· · —————	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol			your baby consumed <b>formula</b> .
	∐ IVIY baby ala no	t consume formula this	s week (proceed to Question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
			·
	Unkno		
	_		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	☐ Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	one)?	of occasions, how were	bottles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	Other		

4. The following question relates to occasions when your baby consumed **drinks other than breast milk, formula or plain water**. This includes cow's milk or milk from other non-dairy sources as well as fruit juices, vegetable juices, cordials, soft drinks, etc. Please state what the drink(s) were,

the **brand of the product** (where applicable) and how much your baby consumed on occasions

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

5.

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			ar etc.,	. Plea	se also	iist aii	y toods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

What type of methods we used to cook your baby's solid foods (tick all that applies)?

	☐ Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The follo	owing questions relates to the	use of dummies/pac	ifiers.		
6.1	Do you regularly offer your ba				
0.1		<u></u>	1;		
	Yes	☐ No			
6.2	Did you use any sweeteners o	n the dummy/pacifi	er?		
	□No	Yes, ho	oney		
	Yes, other				
medicat	lowing questions relate to ditions. E Please state the brand, any doses were given each day a	what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medicat	tions. E Please state the brand,	what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	iblet, et
medicat how ma	t <b>ions</b> . E Please state the brand, any doses were given each day a	what the volume of	a "dose" was ( ays it was given	(e.g. 5 mL, 1 ta this week.	iblet, et
medicat	tions. E Please state the brand, any doses were given each day a Supplements	what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat how ma	Supplements  Multivitamin (brand:	what the volume of and on how many da	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of and on how many da	a "dose" was ( ys it was given  Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat how ma	Supplements  Multivitamin (brand:	what the volume of and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:	what the volume of and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:	what the volume of and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	iblet, et
nedicat	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	what the volume of and on how many da	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
medicat	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many da	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many date.  E (please specify)	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Other as outlined in Footnote	what the volume of and on how many date.  E (please specify)	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week.	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child hea		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation Pi	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months		ivir guideiilies (give detalls)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_\_

# Your baby is 3 weeks old

Completion date:		//	/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>\(\psi\)</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol			your baby consumed <b>formula</b> .
	∐ My baby dia no	t consume formula this	week (proceed to Question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
			· 
	Unkno		
	_		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	☐ Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	Did no	t warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	☐ Microwave
	Other		

4. The following question relates to occasions when your baby consumed **drinks other than breast milk, formula or plain water**. This includes cow's milk or milk from other non-dairy sources as well as fruit juices, vegetable juices, cordials, soft drinks, etc. Please state what the drink(s) were,

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

5.

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

What type of methods we used to cook your baby's solid foods (tick all that applies)?

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

you to	visit a ricaltifical	re profession (e.g. child healt	ii iiui se, uoctoi, i	iaturopatri, etc.)
not giv	ven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but o Timing	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but on the Timing  Birth 2 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give examp	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give example 9.1	ven the vaccin le, one particula Description Scheduled	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.
not give example	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of

# Your baby is 4 weeks old

Completion date:	/	/	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk		<del></del>	
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices		<del></del>	
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	<del></del>
		,	
		Doses per day:	<del></del>
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fo	llowing questions re	lato to occasions whon	your baby concumed <b>formula</b>
ne io			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		re consume jornala ems	week (proceed to Question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(c) and product par	me(s) of the formula(s) your baby been given.
3.2		The state of the s	rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of	how the formula was prepared)
	□ 140 (þi	ease provide details or	now the formata was prepared;
3.5	•	of occasions, how were	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

4. The following question relates to occasions when your baby consumed **drinks other than breast milk, formula or plain water**. This includes cow's milk or milk from other non-dairy sources as well as fruit juices, vegetable juices, cordials, soft drinks, etc. Please state what the drink(s) were, the **brand of the product** (where applicable) and how much your baby consumed on occasions

	drinks were provided. Drink additive ed drinks other than breast milk, forme							oy has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods you that food, the average amount he/s indicated in the Instructions. c	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

5.

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

What type of methods we used to cook your baby's solid foods (tick all that applies)?

5.16	What type of methods we us	sed to cook your baby	's solid toods (	tick all that ap	piles):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fol	llowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b	baby a dummy/pacifie	r?		
	√Yes	∏No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	oney		
	Yes, other				
medica	ollowing questions relate to ations. <sup>E</sup> Please state the brand any doses were given each day	l, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand	l, what the volume of	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how m	ations. <sup>E</sup> Please state the brand any doses were given each day	l, what the volume of	a "dose" was ( ys it was given	e.g. 5 mL, 1 ta this week.	
medica	ations. E Please state the brand any doses were given each day  Supplements	l, what the volume of y and on how many da	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how m	Supplements  Multivitamin (brand:_	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how m	Supplements  Multivitamin (brand:_	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:	l, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	nd:	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:	te E (please specify)	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Other as outlined in Footnot	te E (please specify)	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	te E (please specify)	a "dose" was ( ys it was given  Dose volume  )  )	e.g. 5 mL, 1 ta this week.	ablet, etc.)

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

you to	visit a ricaltifical	re profession (e.g. child healt	ii iiuise, uoctoi, i	iaturopatri, etc.)
not giv	ven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but o Timing	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines use provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not givexamp	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not giv	ven the vaccin le, one particula	Timing  Birth 2 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not givexamp	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not give examp	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not give examp	ven the vaccin le, one particula Description	Timing Birth 2 months 6 months 12 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.
not give examp	ven the vaccin lle, one particula Description Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not give examp	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 12 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of

# Your baby is 5 weeks old

Completion date:		//	/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as des	□Unsure
	_	Typo:	
	∐ Yes		
Wl	nen bottle containing th	e milk is placed into a conta	iner of hot water
ha fal	lowing questions re	late to occasions when	n your baby consumed <b>formula</b> .
iie ioi			s week (proceed to Question 4).
		it consume joinnala till	s week (proceed to Question 4).
3.1	Average volume	consumed with provide	ed formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. orn" or "Karicare Aptamil® Delact"
	-		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	∏Yes		
	<del></del>	oaco provido dotails of	how the formula was prepared)
	□ 140 (þi	ease provide details of	now the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	☐ Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	_		_
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							y has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods yo d that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	, receiv	ed and	l, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
informa	baby consumed any of the solid for ation about what those foods were of the food, the brand of the product of t	with re	espect where	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  )  ——— )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

		child's health this week, spe		
you to	visit a healthcai	re profession (e.g. child heal	th nurse, doctor, r	naturopath, etc.)
not giv	ven the vaccin	any vaccinations this week ation as per the National ar vaccine was not given but  Timing	Immunisation P others were) plea As per NIP	rogram (NIP) guidelines use provide details.  Variation of
	Description		guidelines	NIP guidelines (give deta
		Birth 2 months		
9.1	Scheduled	4 months 6 months		
		12 months		
		Influenza		
		Pneumococcal 13vPCV		
9.2			1 1	
3.2	Optional	Pneumococcal 23vPPV		
3.2	Optional	Pneumococcal 23vPPV Hepatitis A Other:		

# Your baby is 6 weeks old

Completion date:	/_	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk		<del></del>	
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices		<del></del>	
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

2.5		y's mother) take any antibiotics this week? Please provide details abo otic and dosage as described in Question 7.
	□No	☐ Unsure
	Yes	Туре:
		Dose volume:
		Doses per day:
		Number of days:
' Wh	nen bottle containing the	e milk is placed into a container of hot water
The fol		late to occasions when your baby consumed formula.
	∐ My baby did no	t consume formula this week (proceed to Question 4).
3.1	Average volume o	consumed with provided formula:
		mL
3.2		rand(s) and product name(s) of the formula(s) your baby been given. yeth S-26 GOLD Newborn" or "Karicare Aptamil® Delact"
	•	•
	3	
	Unkno	wn
3.3	Was the formula	prepared according to the manufacturer's instructions?
	∏Yes	
	<u> </u>	assa provide details of how the formula was propored
	∟ № (ріє	ease provide details of how the formula was prepared)
		<del></del>
	0 . 11	Considerable and harden and the Considerable and th
a =	On the majority o	of occasions, how were bottles containing formula warmed (tick only
3.5	one)?	
3.5	, 	ot warm Prepared with hot water
3.5	Did no	ot warm ☐ Prepared with hot water  ater <sup>Ψ</sup> \bottle warmer ☐ Microwave
3.5	☐ Did no☐ Hot wa	

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			<u></u>	. I ICG			y 10003 you.
5.15								

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap	pco, .
	☐ Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	∏ВВQ		
	☐ Microwaving	Other			
The fol	llowing questions relates to the	e use of dummies/pac	ifiers.		
6.1	Do you regularly offer your b				
0.1					
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacifi	er?		
	No	Yes, ho	oney		
	Yes, other				
medica	ollowing questions relate to ations. Felate state the brand, any doses were given each day	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
<b>nedica</b> now m	a <b>tions</b> . <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was ( ays it was given	(e.g. 5 mL, 1 ta this week.	ablet, e
medica	ations. E Please state the brand, any doses were given each day  Supplements	, what the volume of and on how many da	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
<b>nedica</b> now m	Supplements  Multivitamin (brand:	, what the volume of	a "dose" was ( ys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of vand on how many da	a "dose" was ( ys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
<b>nedica</b> now m	Supplements  Multivitamin (brand:	, what the volume of vand on how many da	a "dose" was ( ys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of vand on how many da	a "dose" was ( ys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of and on how many da	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	nd:	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	e E (please specify)	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Name:  Name:  Other as outlined in Footnote	what the volume of and on how many date and on how many date and:  e E (please specify)	Dose volume    Dose volume   D	(e.g. 5 mL, 1 ta this week. Doses per	
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	e E (please specify)	a "dose" was ( lys it was given  Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child hea		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation Pi	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months		ivir guideiilies (give detalls)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_\_

# Your baby is 7 weeks old

Completion date:	/	/	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as describ	Unsure
	_	Tunos	_
	Yes		<del></del>
		Dose volume: Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a container	of hot water
ha fal	llowing guestions re	late to occasions when you	ur baby consumed <b>formula</b> .
iie io			ek (proceed to Question 4).
	IVIY baby ala ne	t consume joinnala tins we	ek (proceed to Question 4).
3.1	Average volume	consumed with provided fo	ormula:
		mL	
າ <b>າ</b>	\\/ha+aua.+ha.h	uo m d/o) a m d m uo d cot m a ma o/	
3.2			s) of the formula(s) your baby been given. or "Karicare Aptamil® Delact"
	, ,		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to the	manufacturer's instructions?
	∏Yes	h. ch a. ca acce 6 cc a. c	
	∐ № (рі	ease provide details of hov	v the formula was prepared)
3.5	On the majority one)?	f occasions, how were bot	tles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	<u></u>		
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			ar etc.,	. Plea	se also	iist aii	y toods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your bab	y's solid foods (	tick all that ap	ones):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	☐ Stewing	Frying	BBQ		
	Microwaving	Other			
The fo	llowing questions relates to the	e use of dummies/pac	cifiers.		
6.1	Do you regularly offer your b				
0.1			zi :		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacif	ier?		
	□No	☐ Yes, h	oney		
	Yes, other				
medica	ollowing questions relate to ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand,	, what the volume of	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, et
medica how m	ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was ( ays it was given	e.g. 5 mL, 1 ta this week.	iblet, et
medica	ations. E Please state the brand, any doses were given each day  Supplements	, what the volume of and on how many d	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of vand on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of vand on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many defined:	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Name:  Name:  Other as outlined in Footnote	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, spreed to the child he		and/or illnesses that require aturopath, etc.)
not give	en the vaccin		al Immunisation P	or optional? If you child wa rogram (NIP) guidelines (fo se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
		Birth 2 months		Title Saldelines (Bive details)
9.1	Scheduled	4 months 6 months 12 months		
		Influenza Pneumococcal 13vPCV		
9.2	Optional	Pneumococcal 23vPPV Hepatitis A Other:		

Other:\_\_\_\_

# Your baby is 8 weeks old

Completion date:	/	/	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average values consumed when provided expressed breast mills
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del>_</del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  () () () () () () () () ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

Did vo	ur child receive	any vaccinations this week	either scheduled	l or optional? If you child
not gi	ven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o	Immunisation P	rogram (NIP) guidelines
not gi	ven the vaccin	ation as per the National	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not gi	ven the vaccin le, one particula	ration as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not girexamp	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.

# Your baby is 9 weeks old

Completion date:	/	/	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>₩</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

<sup>&</sup>lt;sup>A</sup> Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol			your baby consumed <b>formula</b> .
	∐ My baby dia no	t consume formula this	week (proceed to Question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
			· 
	Unkno		
	_		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	☐ Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	Did no	t warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	☐ Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  () () () () () () () () ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

Did voi	ur child receive	e any vaccinations this week.	either scheduled	d or optional? If you chil
not giv	ven the vaccir	e any vaccinations this week, nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guideline se provide details.
not giv	ven the vaccir	nation as per the National	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guideline se provide details.
not giv	ven the vaccir le, one particul	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul	nation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul Description	Timing  Birth 2 months	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul Description	Timing  Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of
not giv	ven the vaccir le, one particul Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	Program (NIP) guideline use provide details.  Variation of

# Your baby is 10 weeks old

Completion date:	/		/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	$igsquare$ Did not warm $igsquare$ Hot water $^{\psi}$ \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as describ	Unsure
	_	Tunos	_
	Yes		<del></del>
		Dose volume: Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a container	of hot water
ha fal	llowing guestions re	late to essasions when you	ur baby consumed <b>formula</b> .
iie io			ek (proceed to Question 4).
	IVIY baby ala ne	t consume joinnala tins we	ek (proceed to Question 4).
3.1	Average volume	consumed with provided fo	ormula:
		mL	
າ <b>າ</b>	\\/ha+aua.+ha.h	uo m d/o) a m d m uo d cot m a ma o/	
3.2			s) of the formula(s) your baby been given. or "Karicare Aptamil® Delact"
	, ,		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to the	manufacturer's instructions?
	∏Yes	h. ch a. ca acce 6 cc a. c	
	∐ № (рі	ease provide details of hov	v the formula was prepared)
3.5	On the majority one)?	f occasions, how were bot	tles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	<u></u>		
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							oy has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods you that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	l, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			al etc.)	i." Plea	se also	list an	y foods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap	piies)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	□No	Yes, ho	ney		
	□ Vas ather				
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	occasion when you , what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of vand on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of vand on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  () () () () () () () () ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

Did vo	ur child receive	any vaccinations this week.	either scheduled	d or optional? If you child
not gi	ven the vaccin le, one particula	any vaccinations this week, ation as per the National ar vaccine was not given but o	Immunisation P	rogram (NIP) guidelines
not gi	ven the vaccin	ation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not gi	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula	Timing  Birth 2 months	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi examp	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of
not gi	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	Program (NIP) guidelines use provide details.  Variation of

# Your baby is 11 weeks old

Completion date:	/_	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The fo	llowing questions relate to occasions when your baby consumed <b>breast milk</b> .
		My baby did not consume breast milk this week (proceed to Question 3).
	2 1	Average feed duration when being breast feed:

	Average reed adration when being breas		
	minutes		
2.2	Average volume consumed when provide	ed expressed breast milk:	
	mL		
	Never provided expressed bro	east milk (proceed to Question 2.5)	
2.3	How long was expressed breast milk storapplies)?	red before it was fed to your baby (tick all that	
	Kept at room temperature	1 day or less in refrigerator	
	2-3 days in refrigerator	3-4 days in refrigerator	
	5-7 days in refrigerator	Frozen (for any length of time)	
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?		
	☐ Did not warm	☐ Hot water <sup>v</sup> \bottle warmer	
	☐ Microwave	Other	

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

<sup>&</sup>lt;sup>A</sup> Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol			your baby consumed <b>formula</b> .
	∐ My baby dia no	t consume formula this	week (proceed to Question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
			· 
	Unkno		
	_		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	☐ Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	Did no	t warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	☐ Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			ar etc.,	. Ticu	3C 4130	iist air	y loods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	ed to cook your baby'	s solid foods (	tick all that ap	piles):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	□BBQ		
	☐ Microwaving	Other	_		
	lowing questions relates to the				
6.1	Do you regularly offer your b	aby a dummy/pacifie	٠,		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	□No	Yes, ho	ney		
	Yes, other				
medica	ollowing questions relate to ations. E Please state the brand, any doses were given each day	what the volume of a	a "dose" was (	(e.g. 5 mL, 1 ta	
medica	<b>itions</b> . E Please state the brand,	what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	ations. <sup>E</sup> Please state the brand, any doses were given each day	what the volume of a	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	ablet, et
medica	ntions. E Please state the brand, any doses were given each day  Supplements	what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:	what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	what the volume of a and on how many da	Dose volume  )  ——— )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	d:	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	d:	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnote	what the volume of a and on how many da d:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	d:e E (please specify)	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnote	what the volume of a and on how many date.  d:  E [ (please specify)]	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, spre profession (e.g. child he		and/or illnesses that require aturopath, etc.)
not give	en the vaccin		al Immunisation P	or optional? If you child wa rogram (NIP) guidelines (fo se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
		Birth 2 months		Title Saldelines (Bive details)
9.1	Scheduled	4 months 6 months 12 months		
		Influenza Pneumococcal 13vPCV		
9.2	Optional	Pneumococcal 23vPPV Hepatitis A Other:		

Other:\_\_\_\_

# Your baby is 12 weeks old

Completion date:	/	/
compiction date		J

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average values consumed when provided expressed breast mills
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							y has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods yo d that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	, receiv	ed and	l, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calci onsumed that do not fall in the above			<u></u>	. I ICG			y 10003 you.
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

you to	visit a ricaltifical	re profession (e.g. child healt	ii iiui se, uoctoi, i	iaturopatri, etc.)
not giv	ven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but o Timing	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but on the Timing  Birth 2 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give examp	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of
not give example 9.1	ven the vaccin le, one particula Description Scheduled	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.
not give example	ven the vaccin le, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines se provide details.  Variation of

# Your baby is 13 weeks old

Completion date:	/	/
compiction date		J

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average values consumed when provided expressed breast mills
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							y has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods yo d that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	, receiv	ed and	l, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your bab	y's solid foods (	tick all that ap	ones):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	☐ Stewing	Frying	BBQ		
	Microwaving	Other			
The fo	llowing questions relates to the	e use of dummies/pac	cifiers.		
6.1	Do you regularly offer your b				
0.1		<u> </u>	zi :		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacif	ier?		
	□No	☐ Yes, h	oney		
	Yes, other				
medica	ollowing questions relate to ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand,	, what the volume of	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, et
medica how m	ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was ( ays it was given	e.g. 5 mL, 1 ta this week.	iblet, et
medica	ations. E Please state the brand, any doses were given each day  Supplements	, what the volume of and on how many d	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of v and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of v and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many defined:	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Name:  Name:  Other as outlined in Footnote	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	

 $<sup>^{\</sup>rm E}$  Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

Did vo	ur child receive	any vaccinations this week	aithar schadulac	l or optional? If you chile
not gi	ven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o	Immunisation P	rogram (NIP) guidelines
not gi	ven the vaccin	nation as per the National	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not gi	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	ven the vaccin le, one particula Description	Timing Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
9.1	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not gi examp	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of

# Your baby is 14 weeks old

Completion date:/	_/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk		<del></del>	
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices		<del></del>	
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>₩</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							y has neve
Please offered	ollowing questions relate to occasion indicate which of the follow foods yo d that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	, receiv	ed and	l, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calcionsumed that do not fall in the above			al etc.)	. <sup>™</sup> Plea	se also 	list an	y foods your
5.15								

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. Fe Please state the brand, any doses were given each day Supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not giv	ven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not giv	ven the vaccin	ation as per the National	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ration as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	Timing  Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
example 9.1	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of

# Your baby is 15 weeks old

Completion date: _	/	/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average values consumed when provided expressed breast mills
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as describ	Unsure
	_	Tunos	_
	Yes		<del></del>
		Dose volume: Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a container	of hot water
ha fal	llowing guestions re	late to occasions when you	ur baby consumed <b>formula</b> .
iie io			ek (proceed to Question 4).
	IVIY baby ala ne	t consume joinnala tins we	ek (proceed to Question 4).
3.1	Average volume	consumed with provided fo	ormula:
		mL	
າ <b>າ</b>	\\/ha+aua.+ha.h	uo m d/o) a m d m ma d cot ma ma a/	
3.2			s) of the formula(s) your baby been given. or "Karicare Aptamil® Delact"
	, ,		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to the	manufacturer's instructions?
	∏Yes	h. ch a. ca acce 6 cc a. c	
	∐ № (рі	ease provide details of hov	v the formula was prepared)
3.5	On the majority one)?	f occasions, how were bot	tles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	<u></u>		
	Other		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calcionsumed that do not fall in the above			al etc.)	. <sup>™</sup> Plea	se also 	list an	y foods your
5.15								

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  ) ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not giv	ven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not giv	ven the vaccin	ation as per the National	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula Description	ration as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines see provide details.  Variation of
not giv	ven the vaccin le, one particula	Timing  Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
example 9.1	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not giv	ven the vaccin le, one particula Description	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of

# Your baby is 16 weeks old

Completion date:	/_	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as describ	Unsure
	_	Tunos	_
	Yes		<del></del>
		Dose volume: Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a container	of hot water
ha fal	llowing guestions re	late to occasions when you	ur baby consumed <b>formula</b> .
iie io			ek (proceed to Question 4).
	IVIY baby ala ne	t consume joinnala tins we	ek (proceed to Question 4).
3.1	Average volume	consumed with provided fo	ormula:
		mL	
າ <b>າ</b>	\\/ha+aua.+ha.h	uo m d/o) a m d m ma d cot ma ma a/	
3.2			s) of the formula(s) your baby been given. or "Karicare Aptamil® Delact"
	, ,		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to the	manufacturer's instructions?
	∏Yes	h. ch a. ca acce 6 cc a. c	
	∐ № (рі	ease provide details of hov	v the formula was prepared)
3.5	On the majority one)?	f occasions, how were bot	tles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	<u></u>		
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calcionsumed that do not fall in the above			al etc.)	. <sup>™</sup> Plea	se also 	list an	y foods your
5.15								

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piies):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fol	llowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b		r?		
	√Yes	√ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
	Yes, other				
medica	ollowing questions relate to ations. E Please state the brand any doses were given each day	, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand	, what the volume of	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	
how m	ations. <sup>E</sup> Please state the brand any doses were given each day	, what the volume of	a "dose" was ( ys it was given	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica	ations. E Please state the brand any doses were given each day  Supplements	, what the volume of , and on how many da	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Ations. E Please state the brand any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	ations. E Please state the brand any doses were given each day  Supplements	, what the volume of y and on how many da nd:	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of y and on how many da	Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of y and on how many da	Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of y and on how many da	Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of y and on how many da nd:	Dose volume  ) ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Other as outlined in Footnot	, what the volume of y and on how many da	Dose volume  )  )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	y and on how many da	Dose volume  )  )	e.g. 5 mL, 1 ta this week.	ablet, etc.)

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child hea		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation Pi	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months		ivir guideiilies (give detalls)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_\_

# Your baby is 17 weeks old

Completion date:	/	/
------------------	---	---

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calcionsumed that do not fall in the above			al etc.)	. <sup>D</sup> Plea	se also	list an	y foods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ()  ()  ()  ()  ()  ()  ()  ()  ()	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  ) ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not gi	iven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	ration as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	iven the vaccinole, one particular	Timing Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
9.1	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of

# Your baby is 18 weeks old

Completion date:	/_	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

\_

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		Doses per day:	
		Number of days:	
Wł	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol	= :		your baby consumed <b>formula</b> .  sweek (proceed to Question 4).
3.1		consumed with provide	
J.1	_	mL	a formula.
		IIIL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
	1		
	2		
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
			<del></del>
3.5	On the majority o	of occasions, how were	bottles containing formula warmed (tick only
	☐ Did no	ot warm	Prepared with hot water
	∏Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	_	· 	_

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
informa	baby consumed any of the solid for ation about what those foods were of the food, the brand of the product of t	with re	espect where	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ()  ()  ()  ()  ()  ()  ()  ()  ()	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  ) ) )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not gi	ven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but	Immunisation P others were) plea	rogram (NIP) guidelines ( se provide details.
not gi	ven the vaccin	ation as per the National	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines ( se provide details.  Variation of
not gi	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but	Immunisation P others were) plea	rogram (NIP) guidelines ( se provide details.

# Your baby is 19 weeks old

Completion date:	/_	

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

-

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	case provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
informa	baby consumed any of the solid for ation about what those foods were of the food, the brand of the product of t	with re	espect where	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name ( modifie	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was
informa name o modifica baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. Th	nis may ther th	vinclude the he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	ed to cook your baby'	s solid foods (	tick all that ap	piles):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	□BBQ		
	☐ Microwaving	Other	_		
	lowing questions relates to the				
6.1	Do you regularly offer your b	aby a dummy/pacifie	٠,		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	□No	Yes, ho	ney		
	Yes, other				
medica	ollowing questions relate to ations. E Please state the brand, any doses were given each day	what the volume of a	a "dose" was (	(e.g. 5 mL, 1 ta	
medica	<b>itions</b> . E Please state the brand,	what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	ations. <sup>E</sup> Please state the brand, any doses were given each day	what the volume of a	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	ablet, et
medica	Ations. E Please state the brand, any doses were given each day  Supplements	what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:	what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
<b>nedica</b> now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	what the volume of a and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	what the volume of a and on how many da	Dose volume  )  ——— )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	d:	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	d:	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnote	what the volume of a and on how many da d:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	d:e E (please specify)	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnote	what the volume of a and on how many date.  d:  E [ (please specify)]	Dose volume  )	(e.g. 5 mL, 1 ta this week. Doses per	

<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child he		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation P	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP	Variation of
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months	guidelines	NIP guidelines (give details)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_\_

# Your baby is 20 weeks old

Completion date:/	_/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

\_

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	 ∏Yes	Type:	_
	□ 163	· ·	
		Number of days:	
W	hen bottle containing th	e milk is placed into a conta	iner of hot water
he fol			n your baby consumed <b>formula</b> . s week (proceed to Question 4).
			· · · · · · · · · · · · · · · · · · ·
3.1	Average volume	consumed with provide	ed formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. orn" or "Karicare Aptamil® Delact"
	1		
	2.		
	Unkno		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	☐ Did no	t warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	_		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ()  ()  ()  ()  ()  ()  ()  ()  ()	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  ) ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

1				
not gi	iven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
not gi	iven the vaccin	ation as per the National	Immunisation P	rogram (NIP) guidelines
not gi	iven the vaccin ble, one particula	ation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi	iven the vaccin ble, one particula	ation as per the National ar vaccine was not given but of Timing  Birth 2 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi	iven the vaccin ble, one particula	ation as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	iven the vaccin ble, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	iven the vaccin ble, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	iven the vaccin ble, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	iven the vaccin ble, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	Description  Scheduled	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of
not gi examp	iven the vaccin ble, one particula Description	ation as per the National ar vaccine was not given but of Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines use provide details.  Variation of

# Your baby is 21 weeks old

Completion date:/	_/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>\(\forall\)</sup> \bottle warmer
	☐ Microwave         ☐ Other

\_

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	∏No	otic and dosage as describ	Unsure
	_	Tunos	_
	Yes		<del></del>
		Dose volume: Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a container	of hot water
ha fal	llowing guestions re	late to occasions when you	ur baby consumed <b>formula</b> .
iie io			ek (proceed to Question 4).
	IVIY baby ala ne	t consume joinnala tins we	ek (proceed to Question 4).
3.1	Average volume	consumed with provided fo	ormula:
		mL	
າ <b>າ</b>	\\/ha+aua.+ha.h	uo m d/o) a m d m ma d cot ma ma a/	
3.2			s) of the formula(s) your baby been given. or "Karicare Aptamil® Delact"
	, ,		·
	3		
	Unkno	own	
3.3	Was the formula	prepared according to the	manufacturer's instructions?
	∏Yes	h. ch a. ca acce 6 cc a. c	
	∐ № (рі	ease provide details of hov	v the formula was prepared)
3.5	On the majority one)?	f occasions, how were bot	tles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>⊮</sup> \bottle warmer	Microwave
	<u></u>		
	Other		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we u	sed to cook your baby	's solid toods (	tick all that ap	piics).
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fo	llowing questions relates to the	e use of dummies/naci	fiors		
		·			
6.1	Do you regularly offer your	<u> </u>	r?		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	□No	☐ Yes, ho	ney		
medica	Yes, other ollowing questions relate to ations. EPlease state the brand any doses were given each da	occasion when you	r baby was { a "dose" was (	given <b>suppler</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to ations. E Please state the brand	occasion when you	r baby was g a "dose" was ( ys it was given Dose	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	ollowing questions relate to ations. EPlease state the brand any doses were given each da	occasion when you	r baby was { a "dose" was ( ys it was given	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> .	ablet, e
medica	ollowing questions relate to ations. E Please state the brand any doses were given each date and a supplements	occasion when you I, what the volume of a y and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	ollowing questions relate to ations. E Please state the brand any doses were given each date and a supplements Multivitamin (brand:	occasion when you I, what the volume of a y and on how many da	r baby was { a "dose" was ( ys it was given  Dose volume	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	ollowing questions relate to ations. E Please state the brand any doses were given each date and a supplements  Multivitamin (brand: Omega-3/fish oil (brand)	occasion when you I, what the volume of a y and on how many da	r baby was a a "dose" was (ys it was given  Dose volume	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	ollowing questions relate to ations. E Please state the brand any doses were given each date and a supplements Multivitamin (brand:	occasion when you d, what the volume of a y and on how many da	r baby was a a "dose" was (ys it was given  Dose volume	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	ollowing questions relate to ations. E Please state the brand any doses were given each date of the brands.  Supplements  Multivitamin (brand:	occasion when you d, what the volume of a y and on how many da	r baby was a a "dose" was (ys it was given  Dose volume	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you d, what the volume of a y and on how many da	r baby was a "dose" was (ys it was given Dose volume  ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	Supplements  Omega-3/fish oil (brand:  Other:	occasion when you d, what the volume of a y and on how many da	r baby was a "dose" was (ys it was given Dose volume  ) ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand)  Other:  Antibiotics  Name:	occasion when your	r baby was a "dose" was (ys it was given Dose volume  ) ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when your	r baby was a "dose" was (ys it was given Dose volume  ) ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e
7.1	Supplements  Multivitamin (brand:  Godinary Common (brand:  Multivitamin (brand:  Monega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:  Name:	occasion when your l, what the volume of a y and on how many da  nd:  te E (please specify)	r baby was a "dose" was (ys it was given Dose volume  ) ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	
7.1	Supplements  Multivitamin (brand:  Gother:  Antibiotics  Name:  Name:  Other as outlined in Footnote	occasion when your d, what the volume of a y and on how many da nd: te E (please specify)	r baby was a da "dose" was (ys it was given Dose volume  ) ) )	given <b>suppler</b> (e.g. 5 mL, 1 ta <b>this week</b> . Doses per	ablet, e

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

		child's health this week, sp re profession (e.g. child hea		and/or illnesses that required aturopath, etc.)
not giv	en the vaccin		al Immunisation Pi	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months		Will guidelines (give details)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV		

Hepatitis A
Other:\_\_\_\_

# Your baby is 22 weeks old

Completion date:	/	/
completion date		J

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

\_

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		Doses per day:	
		Number of days:	
Wł	hen bottle containing th	e milk is placed into a contai	ner of hot water
he fol	= :		your baby consumed <b>formula</b> .  sweek (proceed to Question 4).
3.1		consumed with provide	
J.1	_	mL	a formula.
		IIIL	
3.2			me(s) of the formula(s) your baby been given. rn" or "Karicare Aptamil® Delact"
	1		
	2		
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
			<del></del>
3.5	On the majority o	of occasions, how were	bottles containing formula warmed (tick only
	☐ Did no	ot warm	Prepared with hot water
	∏Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	_	· 	_

	drinks were provided. Drink additive ed drinks other than breast milk, forme							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions.	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piies):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fol	llowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b		r?		
	√Yes	√ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
	Yes, other				
medica	ollowing questions relate to ations. E Please state the brand any doses were given each day	, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand	, what the volume of	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	
how m	ations. <sup>E</sup> Please state the brand any doses were given each day	, what the volume of	a "dose" was ( ys it was given	e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica	ations. E Please state the brand any doses were given each day  Supplements	, what the volume of , and on how many da	a "dose" was ( ys it was given Dose	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Ations. E Please state the brand any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	ations. E Please state the brand any doses were given each day  Supplements	, what the volume of y and on how many da nd:	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of y and on how many da	Dose volume	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of y and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of y and on how many da	Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of y and on how many da	Dose volume  ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of y and on how many da nd:	Dose volume  ) ) )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Other as outlined in Footnot	, what the volume of y and on how many da	Dose volume  )  )	e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	y and on how many da	Dose volume  )  )	e.g. 5 mL, 1 ta this week.	ablet, etc.)

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child he		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation P	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP	Variation of
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months	guidelines	NIP guidelines (give details)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_

# Your baby is 23 weeks old

Completion date:	/	/	/

1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	☐ Microwave         ☐ Other

\_

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	2.5		's mother) take any ant otic and dosage as descri	ibiotics this week? Please provide details about ibed in Question 7.
		□No		Unsure
		∏Yes	Type:	
		_	Dose volume:	
			Doses per day:	
			Number of days:	<del></del>
	L Ψ Who	en bottle containing the	milk is placed into a containe	er of hot water
3.	The follo		· · · · · · · · · · · · · · · · · · ·	our baby consumed <b>formula</b> .
		<u> </u>	t consume Jormula this v	veek (proceed to Question 4).
	3.1	Average volume of	onsumed with provided	formula:
			mL	
	3.2			e(s) of the formula(s) your baby been given. " or "Karicare Aptamil® Delact"
		1		
		2		
		3		
		Unkno	wn	
	3.3	Was the formula	prepared according to th	e manufacturer's instructions?
		Yes		
		☐ No (ple	ease provide details of h	ow the formula was prepared)
	3.5	On the majority o one)?	f occasions, how were b	ottles containing formula warmed (tick only
		☐ Did no	t warm	Prepared with hot water
		☐ Hot wa	ıter <sup>Ψ</sup> \bottle warmer	Microwave
		Other_		
				_
	Ψ Who	en bottle containing the	milk is placed into a containe	er of hot water

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
informa <b>name</b> (	baby consumed any of the solid for ation about what those foods were of the food, the brand of the production.	with re	espect where	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie	ation about what those foods were	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your bab	y's solid foods (	tick all that ap	ones):
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	☐ Stewing	Frying	BBQ		
	Microwaving	Other			
The fo	llowing questions relates to the	e use of dummies/pac	cifiers.		
6.1	Do you regularly offer your b				
0.1		<u> </u>	zi :		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacif	ier?		
	□No	☐ Yes, h	oney		
	Yes, other				
medica	ollowing questions relate to ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was (	e.g. 5 mL, 1 ta	
medica	ations. E Please state the brand,	, what the volume of	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, et
medica how m	ations. <sup>E</sup> Please state the brand, any doses were given each day	, what the volume of	a "dose" was ( ays it was given	e.g. 5 mL, 1 ta this week.	iblet, et
medica	ations. E Please state the brand, any doses were given each day  Supplements	, what the volume of and on how many d	a "dose" was ( ays it was given Dose	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	, what the volume of vand on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of vand on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of and on how many d	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
nedication medication	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	what the volume of and on how many defined:	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, e
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Name:  Name:  Other as outlined in Footnote	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	iblet, et
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnote  Name:	e E (please specify)	Dose volume	e.g. 5 mL, 1 ta this week.	

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not gi	ven the vaccin	any vaccinations this week, ation as per the National ar vaccine was not given but	Immunisation P others were) plea	rogram (NIP) guidelines ( se provide details.
not gi	ven the vaccin	ation as per the National	Immunisation Pothers were) plea  As per NIP	rogram (NIP) guidelines ( se provide details.  Variation of
not gi	ven the vaccin le, one particula	ation as per the National ar vaccine was not given but	Immunisation P others were) plea	rogram (NIP) guidelines ( se provide details.

## Your baby is 24 weeks old

Completion date:	/	/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>\(\frac{\psi}{\psi}\)</sup> bottle warmer

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	∏Yes	Type:	
		· ·	
		Doses per day:	
		Number of days:	
W	hen bottle containing th	e milk is placed into a contain	ner of hot water
ho fol	llowing questions re	late to occasions when	your baby concumed <b>formula</b>
ne ioi			your baby consumed <b>formula</b> .  week (proceed to Question 4).
		e consume jorniala tilis	week (proceed to question 4).
3.1	Average volume	consumed with provide	d formula:
		mL	
3.2	What were the h	rand(s) and product par	ne(s) of the formula(s) your baby been given.
3.2			rn" or "Karicare Aptamil® Delact"
	•		, 
	Unkno	own	
3.3	Was the formula	prepared according to t	the manufacturer's instructions?
	∏Yes		
	<del></del>	ease provide details of l	how the formula was prepared)
	□ 140 (þi	ease provide details or i	now the formula was prepared,
			<del></del>
3.5	•	of occasions, how were I	bottles containing formula warmed (tick only
	one)?		
	<u>—</u>	ot warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	Other		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	of the food, the brand of the prod	duct (v	where	applica	ble) ar	nd whe	ther th	
modifie	of the food, the brand of the proceed (for example: low-fat, added calcionsumed that do not fall in the above	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
modifie	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was
<b>modifie</b> baby co	ed (for example: low-fat, added calci	<b>duct</b> (v um, wl	where a	applica	ble) ar	nd whe	ther th	he food was

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	s solid foods (	tick all that ap	piles)?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The foll	lowing questions relates to the	e use of dummies/paci	fiers.		
6.1	Do you regularly offer your b	paby a dummy/pacifie	r?		
	Yes	□No			
6.2	Did you use any sweeteners	on the dummy/pacifie	er?		
	☐ No	Yes, ho	ney		
	Yes, other				
medica	llowing questions relate to tions. E Please state the brand	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica		, what the volume of	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	<b>tions. <sup>E</sup> Please state the brand</b> any doses were given each day	, what the volume of	a "dose" was ( ys it was given	(e.g. 5 mL, 1 ta this week.	
medica	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a	a "dose" was ( ys it was given Dose	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:	, what the volume of a	a "dose" was ( ys it was given  Dose  volume	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	tions. E Please state the brand any doses were given each day  Supplements	, what the volume of a and on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  ) )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of a rand on how many da	Dose volume  )  ()  ()  ()  ()  ()  ()  ()  ()  ()	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	, what the volume of a	Dose volume  )  ——— )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:	, what the volume of a rand on how many da	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
medica how ma	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	, what the volume of a	a "dose" was ( ys it was given  Dose volume  )  )	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Name:  Other as outlined in Footnot  Name:	, what the volume of a y and on how many da hod:	Dose volume  )  ——— )  ——— ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)
7.1	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:  Name:  Other as outlined in Footnot	what the volume of a rand on how many da rand:  md:  e E (please specify)	Dose volume  )  )  ——— )  ———	(e.g. 5 mL, 1 ta this week.	ablet, etc.)

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

	-	child's health this week, sp re profession (e.g. child he		and/or illnesses that required aturopath, etc.)
not give	en the vaccin		al Immunisation P	or optional? If you child was rogram (NIP) guidelines (for se provide details.
	Description	Timing	As per NIP	Variation of
9.1	Scheduled	Birth 2 months 4 months 6 months 12 months	guidelines	NIP guidelines (give details)
9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A		

Other:\_\_\_\_

## Your baby is 25 weeks old

Completion date:/	_/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	$\square$ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	☐ Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>Ψ</sup> \bottle warmer
	Microwave Other

\_

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	 ∏Yes	Type:	_
	□ 163	· ·	
		Number of days:	
W	hen bottle containing th	e milk is placed into a conta	iner of hot water
he fol			n your baby consumed <b>formula</b> . s week (proceed to Question 4).
			· · · · · · · · · · · · · · · · · · ·
3.1	Average volume	consumed with provide	ed formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. orn" or "Karicare Aptamil® Delact"
	1		
	2.		
	Unkno		
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	Yes		
	☐ No (pl	ease provide details of	how the formula was prepared)
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	☐ Did no	t warm	Prepared with hot water
	☐ Hot w	ater <sup>Ψ</sup> \bottle warmer	Microwave
	_		

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

B Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question C Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
informa <b>name</b> (	baby consumed any of the solid for ation about what those foods were of the food, the brand of the production.	with re	espect where	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie	ation about what those foods were	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with reduct (volume, wi	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was
informa name o modifie baby co	ation about what those foods were of the food, the brand of the proc ed (for example: low-fat, added calci	with re duct (v um, wl	espect where a holeme	to eacl applica	h categ ble) ar	ory. That whe	nis may ether th	include the he food was

 $<sup>^{\</sup>rm D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we us	sed to cook your baby	's solid foods (	tick all that ap <sub>l</sub>	plies) ?
	Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	☐ Microwaving	Other			
Γhe fol	lowing questions relates to the	e use of dummies/pac	fiers.		
6.1	Do you regularly offer your b				
0.1		<u></u>	1:		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	□No	Yes, ho	ney		
medica	Yes, other Illowing questions relate to ations. EPlease state the brand, any doses were given each day	, what the volume of	r baby was <sub>{</sub> a "dose" was (	given <b>supplen</b> (e.g. 5 mL, 1 ta	
medica	ollowing questions relate to	occasion when you , what the volume of	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	ollowing questions relate to attions. Please state the brand, any doses were given each day	occasion when you , what the volume of	r baby was { a "dose" was ( ys it was given	given <b>supplen</b> (e.g. 5 mL, 1 ta ı <b>this week</b> .	ablet, et
medica	ollowing questions relate to attentions. Please state the brand, any doses were given each day Supplements	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Fe Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:_	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
<b>nedica</b> now m	Illowing questions relate to stions. Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you , what the volume of , and on how many da and:	r baby was g a "dose" was ( ys it was given Dose volume	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Illowing questions relate to ations. E Please state the brand, any doses were given each day  Supplements  Multivitamin (brand:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Domega-3/fish oil (brand:  Other:  Antibiotics  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
now m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand)  Iron (brand:  Other:  Antibiotics  Name:  Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ) )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand: Domega-3/fish oil (brand: Other: Mame: Name: Name:	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  ()	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	ablet, et
7.1	Supplements  Multivitamin (brand:  Other:  Name:  Other as outlined in Footnote	occasion when you, what the volume of and on how many da	r baby was ga "dose" was (ys it was given  Dose volume  )	given <b>supplen</b> (e.g. 5 mL, 1 ta I <b>this week</b> . Doses per	

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

not gi	iven the vaccin	any vaccinations this week, nation as per the National ar vaccine was not given but o Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	nation as per the National ar vaccine was not given but o	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	nation as per the National ar vaccine was not given but on the Timing	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccin ble, one particula	ration as per the National ar vaccine was not given but of the Timing  Birth	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi examp	iven the vaccinole, one particular	Timing Birth 2 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months 6 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing Birth 2 months 4 months 6 months 12 months	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.
9.1	Description  Scheduled	Timing  Birth 2 months 4 months 6 months 12 months Influenza	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of
not gi	iven the vaccinole, one particular	Timing  Birth 2 months 4 months 6 months 12 months Influenza Pneumococcal 13vPCV	Immunisation Pothers were) plea	rogram (NIP) guidelines se provide details.  Variation of

## Your baby is 26 weeks old

Completion date:	/	/
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1. In the past 7 days, how often was your baby feed each item listed below on average? Consider everyone that has feed the baby. Include snacks and night-time feeds.<sup>A</sup>

		Number feeds per day	Number of days given	Not given
1.1	Breast milk via breast feeding			
1.2	Expressed breast milk			
1.3	Formula			
1.4	Water			
1.5	Sugar water			
1.6	Cow's milk*			
1.7	Other milk**			
1.8	Fruit juices			
1.9	Other drinks <sup>‡</sup>			

2.	The following questions relate to occasions when your baby consumed <b>breast milk</b> .
	☐ My baby did not consume breast milk this week (proceed to Question 3).

2.1	Average feed duration when being breast feed:
	minutes
2.2	Average volume consumed when provided expressed breast milk:
	mL
	Never provided expressed breast milk (proceed to Question 2.5)
2.3	How long was expressed breast milk stored before it was fed to your baby (tick all that applies)?
	☐ Kept at room temperature ☐ 1 day or less in refrigerator
	2-3 days in refrigerator 3-4 days in refrigerator
	5-7 days in refrigerator Frozen (for any length of time)
2.4	On the majority of occasions, how were bottles containing expressed breast milk warmed (tick only one)?
	☐ Did not warm ☐ Hot water <sup>\(\psi\)</sup> \bottle warmer
	☐ Microwave         ☐ Other

<sup>\*</sup> Includes plain, low-fat, evaporated and flavoured varieties of cow's milk. Include milk added to other foods such as cereal.

<sup>\*\*</sup> Such as soy, rice, almond or goat milk. Include milk added to other foods such as cereal.

<sup>‡</sup> Includes vegetable juice, soft drinks, cordial, sports drinks, yoghurt drinks, tea, coffee, etc.

A Refer to "Footnote A: Instructions for Question 1" on Page 2 for further clarification about answer this question

	□No		Unsure
	 ∏Yes	Type:	_
	□ 163		
		Number of days:	
W	hen bottle containing th	e milk is placed into a conta	iner of hot water
he fol	llowing questions re	late to occasions when	your baby consumed <b>formula</b> .
			s week (proceed to Question 4).
2.4	A		of Company
3.1	_	consumed with provide	ed formula:
		mL	
3.2			me(s) of the formula(s) your baby been given. orn" or "Karicare Aptamil® Delact"
	1		
	Unkno	OWII	
3.3	Was the formula	prepared according to	the manufacturer's instructions?
	☐ Yes		
	□ No (pl	ease provide details of	how the formula was prepared)
		•	, ,
3.5	On the majority one)?	of occasions, how were	bottles containing formula warmed (tick only
	Did no	ot warm	Prepared with hot water
	— □ Hot w	ater <sup>Ψ</sup> \bottle warmer	 □ Microwave
	_	(300000 11000000	

	drinks were provided. Drink additive ad drinks other than breast milk, formu							by has neve
Please offered	llowing questions relate to occasion indicate which of the follow foods yod that food, the average amount he/s indicated in the Instructions. <sup>c</sup>	ur bab	y receiv	ed and	, on ea	ch occa	asion yo	our baby wa
		Not at all	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.1	Vegetables including potato and baked beans							
5.2	Fruit							
5.3	Egg							
5.4	Dairy products including butter, cheeses, cream, yoghurt, custard and ice cream							
5.5	Wheat containing products including breads, biscuits, rusks, cakes, breakfast cereals, pastries, pasta, couscous and dim sims							
5.6	Rice and/or rice containing products including rice cereals (e.g. Farax), rice cakes, rice noodles and rice flour							
5.7	Soy containing products including tofu, miso, soy sauce, soy flour and soy-based dairy substitutes							
5.8	Corn and/or corn containing products including popcorn, polenta, corn flakes, corn tortillas and corn flour (including products thickened with e.g. gravy)							

<sup>&</sup>lt;sup>B</sup> Refer to "Footnote B: Instructions for Question 4" on Page 3 for further clarification about answer this question <sup>C</sup> Refer to "Footnote C: Instructions for Question 5" on Page 3 for further clarification about answer this question

		Notatall	1-3 times per week	4-6 times per week	1-2 times per day	3-4 times per day	5 or more times per day	Average amount eaten per occasion
5.9	Oats or oat containing products including porridge, oatmeal, muesli, ANZAC biscuits, bran and oat flour							
5.10	Barley or rye containing products including barley water, many minestrone-style soups and rye bread							
5.11	Nuts including peanut butter							
5.12	Foods containing pork, lamb, chicken, turkey, or other poultry							
5.13	Foods containing beef and veal							
5.14	Foods containing fish or shellfish							
	ed (for example: low-fat, added calcionsumed that do not fall in the above			al etc.)	ی Plea	se also	list an	y foods your
5.15								

 $<sup>^{</sup>m D}$  Refer to "Footnote D: Instructions for Question 5" on Page 5 for further clarification about answer this question

5.16	What type of methods we u	sed to cook your baby	's solid foods (	tick all that ap	plies) ?
	☐ Did not cook	Baking	Stear	ming	
	Grilling	Roasting	Boilir	ng	
	Stewing	Frying	BBQ		
	Microwaving	Other			
The fol	lowing questions relates to the	e use of dummies/pac	ifiers.		
6.1	Do you regularly offer your l	nahy a dummy/nacifie	r?		
0.1		<u> </u>	1;		
	Yes	☐ No			
6.2	Did you use any sweeteners	on the dummy/pacific	er?		
	No	Yes, ho	oney		
	Yes, other				
medica	ollowing questions relate to ations. EPlease state the brand any doses were given each day	, what the volume of	a "dose" was (	(e.g. 5 mL, 1 ta	
medica	ations. <sup>E</sup> Please state the brand	, what the volume of	a "dose" was ( ays it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	ations. <sup>E</sup> Please state the brand any doses were given each day	, what the volume of	a "dose" was ( ays it was given	(e.g. 5 mL, 1 ta this week.	ablet, e
medica	Ations. E Please state the brand any doses were given each day	, what the volume of y and on how many da	a "dose" was ( ays it was given Dose	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:_	, what the volume of y and on how many da	a "dose" was ( ays it was given  Dose  volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand	, what the volume of y and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:_	, what the volume of y and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
medica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of y and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics	nd:	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:	, what the volume of y and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:	, what the volume of y and on how many da	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Other:  Antibiotics  Name:  Name:	nd:	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Antibiotics  Name:  Name:	te E (please specify)	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	ablet, e
nedica how m	Supplements  Multivitamin (brand:  Omega-3/fish oil (brand:  Iron (brand:  Other:  Name:  Name:  Other as outlined in Footnot	te E (please specify)	Dose volume	(e.g. 5 mL, 1 ta this week. Doses per	

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<sup>&</sup>lt;sup>E</sup> Refer to "Footnote E: Instructions for Question 7" on Page 6 for further clarification about answer this question

8.			hild's health this week, spre profession (e.g. child he		and/or illnesses that required aturopath, etc.)
9.	not give	en the vaccin		nal Immunisation Pr	or optional? If you child was ogram (NIP) guidelines (for se provide details.
		Description	Timing	As per NIP guidelines	Variation of NIP guidelines (give details)
	9.1	Scheduled	Birth 2 months 4 months 6 months 12 months		0
	9.2	Optional	Influenza Pneumococcal 13vPCV Pneumococcal 23vPPV Hepatitis A Other:		

## Contacting the ENDIA Study Staff

If you have any questions about how to complete the ENDIA Infant Feeding Diary, please contact your Research Nurse (Research Assistant):

Name: Meredith Krieg
Position: Research Nurse
Telephone: (08) 8161 7349

Email: Meredith.Krieg@health.sa.gov.au

If you want any further information concerning this project or if you have any medical problems which may be related to your involvement in the project, please speak to your research nurse. If you do not wish to speak with your research nurse you can also contact the following people:

Name: Megan Penno

Position: Local study coordinator

Telephone: (08) 8161 8747

Email: <u>Megan.Penno@adelaide.edu.au</u>

Name: Professor Jenny Couper

Position: Principal Investigator (Medical Contact)

Telephone: (08) 8161 6242

Email: <u>Jennifer.Couper@adelaide.edu.au</u>

If you have any complaints about any aspect of the project, the way it is being conducted or any questions about being a research participant in general, then you may contact:

Name: Ms Brenda Penny
Position: HREC Office contact

HREC: Women's and Children's Health Network HREC

Telephone: (08) 8161 6521

Email: <u>Brenda.Penny@health.sa.gov.au</u>

Name: Dr Tamara Zutlevics

Position: Executive Officer of HREC approving this research HREC: Women's and Children's Health Network HREC

Telephone: (08) 8161 6149

Email: <u>Tamara.Zutlevics@health.sa.gov.au</u>