

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

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

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

- | | | |
|---|-----|----|
| • Not convinced that it will benefit my child | Yes | No |
| • Too hard to give it | Yes | No |
| • Forgot | Yes | No |
| • Other reason(s) | Yes | No |

8. Did your child experience any of the following while administering the study drug **(circle all that apply)**?

- | | | |
|--------------------------|-----|----|
| • Coughing | Yes | No |
| • Spitting up | Yes | No |
| • Choking, gagging | Yes | No |
| • Unhappy with the taste | Yes | No |

9. Did your child experience any of the following during the past 4 months **(circle all that apply)**?

- | | | |
|--------------------------|-----|----|
| • Staining of the teeth | Yes | No |
| • Constipation | Yes | No |
| • Loose stool | Yes | No |
| • Passage of black stool | Yes | No |

10. Is your child **currently** breastfeeding **(please circle)**?

- Yes
- No — at what age did you stop breastfeeding? _____ months
- Not applicable, did not breastfeed

11. Please specify your child's diet for the past 3 days. **Please check all that apply.**

- Breast milk
- Infant formula
- Red meat (beef, veal, pork, lamb, etc.)
- Poultry (chicken, turkey, duck, etc.)
- Fish (salmon, halibut, haddock, cod, tuna, etc.)
- Shellfish (lobster, crab, shrimp, etc.)
- Eggs
- Milk Skim 1% 2% Homo
- Fruits
- Vegetables
- Cheese
- Yogurt
- Margarine
- Honey
- Whole grain products (bread, bagel, bun, cereal, pasta, rice, roti, tortillas, etc.)
- Fast Food
- Infant cereal
- Vegetarian: does not eat red meat, poultry, fish or shellfish
- Vegan: does not eat red meat, poultry, fish, shellfish, eggs, dairy or honey

12. Circle how many cups of each drink your child has currently in a typical day. (1 cup = 8 ounces= 250 ml)

Cow's milk	0	½	1	2	3	4	5+		
Infant formula	0	½	1	2	3	4	5+		
Infant cereal	0	¼	½	¾	1	2	3	4	5+
Soy milk	0	½	1	2	3	4	5+		
Other milk (rice, goat etc)	0	½	1	2	3	4	5+		
100% Juice (apple, orange etc)	0	½	1	2	3	4	5+		
Sweetened drinks (Kool aid, Sunny D, etc.)	0	½	1	2	3	4	5+		
Tea	0	½	1	2	3	4	5+		
Soda or Pop	0	½	1	2	3	4	5+		

13. Did your child's diet include the following foods during the last 4 months? **Please check all that apply?**

- Whole grain products (example – iron enriched breakfast cereals, enriched pasta and rice, beans such as chick peas, kidney beans, lentils and canned baked beans)

_____ times per _____ (day, week, month)

- Tofu _____ times per _____ (day, week, month)

- Citrus fruits (example - oranges, grapefruit, lemon juice, tomatoes, cantaloupe, kiwi fruit)

_____ times per _____ (day, week, month)

- Citrus vegetables (example – spinach, cabbage, broccoli, Brussels sprouts, bell pepper, cauliflower)

_____ times per _____ (day, week, month)

14. Has your child been ill within the **past 4 months?**

- No

- Yes, (complete all that apply below)

- Colds or flus, how many times? _____
- Asthma attack, how many times? _____
- Pneumonia, how many times? _____
- Ear infection, how many times? _____

For office use only

Height _____ cm

Weight _____ kg

BMI _____ kg/m²

Waist circumference _____ cm