Q20a If you have had allergies and/or hayfever, which of the following are you allergic to? Please tick **all** that apply.

- ☐ Pollen
- ☐ Dust
- ☐ Insect bites or stings
- ☐ Some food
- ☐ Animals/birds if yes, please continue to Q20b
- ☐ Other _____

Q20b If you have had all allergies and/or hayfever to animals/birds, which of the following are you allergic to? Please tick **all** that apply.

- ☐ Dog
- ☐ Cat
- ☐ Guniea Pig, Rabbit, Mouse, Rat, Hamster
- ☐ Budgie or other type of bird
- ☐ Other type of animal _____

Q21 Have you had any of the following in the past year? Please tick **all** that apply.

- ☐ Attacks of wheezing with whistling on the chest
- ☐ Sneezing attacks
- ☐ Attacks of breathlessness
- ☐ Cough often when you wake up in the morning
- ☐ A dry itchy rash
- ☐ Runny nose
- ☐ Cough often during the night
- ☐ None of these
- ☐ Urticaria (hives)
- ☐ Watery eyes

Q22 How many pieces/ portions of fruit of any sort do you eat on a typical day? ☐

Q23 How many portions of vegetables (excluding potatoes) do you eat on a typical day? ☐

QUESTIONS ABOUT YOUR HOME ENVIRONMENT

Q24 How many other children (under 16) live with you and your baby? ☐

Q25 How many other adults (older than 16) live with you in your household? ☐

Q26a Does anyone in your household smoke? ☐ Yes ☐ No (please continue to Q27)

Q26b If yes, does anyone smoke inside? ☐ Yes ☐ No

Q27 Are there any pets at home or at another house your baby visits regularly (Please tick **all** that apply)?

- ☐ No
- ☐ Yes, at home
- ☐ Yes, at another place

BABY BIOME STUDY

FOLLOW-UP QUESTIONNAIRE

The questionnaire asks about your baby and their environment, as well as some questions about you. It will probably take about 10 minutes to complete. Please complete it as fully as you can and return in the prepaid envelope provided.

Please write your baby's name: First name: Surname:

Please indicate if any of the following are **not** correct for your baby in the sticker above
Date of Birth
Gender

Date questionnaire completed: D D / M M / Y Y Y Y

QUESTIONS ABOUT YOUR BABY:

Q1 How is your baby's health in general?

Would you say it was:

- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Bad
- ☐ Very bad

Q2 Has your baby ever had any antibiotics* for an infection that were prescribed by a doctor or hospital?

- ☐ Yes
- ☐ No

**Including antibiotic eye drops, and antibiotic creams/ ointments*

If yes, please fill in the table below as fully as you can

Name of antibiotic	By mouth, cream/ ointment, injection	Approximate start date	Number of days	What was the reason?

Q3 Is your baby currently on any regular* medication prescribed by a doctor or hospital? ☐ Yes ☐ No

**regular = every day for two weeks or more*

If yes, please fill in the table below as fully as you can

Name of medication	Approximate start date	Number of days	What was the reason?

Q4 Are your baby's immunisations up to date? ☐ Yes ☐ No

Q5 Has your baby *ever* been given breast milk (via syringe, bottle or cup etc) or have you put your baby to the breast, even if this was only once? ☐ Yes ☐ No

Q6 How old* was your baby (in weeks) when they were *last* given breast milk?

Age in weeks: ☐

** If less than a week old, please write 1*

Q7 Has your baby *ever* been given infant formula, even if this was only once? ☐ Yes ☐ No

Q8 How old* was your baby (in weeks) when they *first* received infant formula?

Age in weeks: ☐

** If less than a week old, please write 1*

Q9 How would you describe your baby's feeding style at a typical daytime feed? Please tick **only** one:

My baby seems contented while feeding:

☐ Never ☐ Rarely ☐ Sometimes ☐ Often ☐ Always

Q10 Has your baby ever had any foods such as cereal, rusks, baby rice, fruit, vegetables or any other kind of solid food?

☐ Yes (please continue to Q11a) ☐ No (please continue to Q12)

Q11a How old was your baby when s/he first had any food apart from milk?

Age in weeks: ☐

Q11b What was the first solid food given to your baby? Please tick **only** one:

☐ Fruit ☐ Vegetable ☐ Baby rice/baby cereal
☐ Rusk ☐ Yogurt ☐ Other, please specify: _____

Q12 How much time in hours does your baby spend in sleep during the night (from 7pm to 7am)? ☐ hours

Q13 On average, how many times does your baby wake at night? ☐ times

Q14 How much do you feel that your baby cries in comparison with other babies of their age? Please tick **only** one:

☐ Cries more than other babies ☐ Is the same as other babies ☐ Cries less than other babies

Q15 Has your baby ever had times when s/he appears to be in agony, screams, draws their legs up to their body and can't be calmed? ☐ Yes ☐ No

QUESTIONS ABOUT YOU:

Q16 Did you have the whooping cough vaccine during this pregnancy? ☐ Yes ☐ No

Q17 Did you have the flu vaccine during this pregnancy? ☐ Yes ☐ No

Q18 How is your health in general? Would you say it was:

☐ Very good ☐ Good ☐ Fair ☐ Bad ☐ Very bad

Q19 Has a doctor or other health professional ever told you that you have any of the conditions listed? Please tick **all** that apply:

☐ Asthma ☐ Eczema ☐ Allergies ☐ Hayfever
☐ None of these (continue to Q21)