

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1. In the past 7 days, how many times was your baby usually fed in a 24-hour period? Please include breast feedings, bottles, meals, snacks, and night-time feedings.

- [] 1 to 2
- [] 3
- [] 4
- [] 5
- [] 6
- [] 7
- [] 8 or more

2. During the <u>past 2 weeks</u>, how often was your baby put to bed with a bottle of formula, breast milk, juice drink, or any other kind of milk?

[] At most bedtimes, including naps

- [] At most night bedtimes, but not naps
- [] At most naps, but not night bedtimes
- [] Only occasionally at bedtimes, including naps
- [] Never

3. How often have you added each of the following items to your babys bottle or to pumped (or expressed) breast milk in the past 2 weeks? If you have not given your baby a bottle in the past 2 weeks, "X" here [] and go to the next question.

a. Vitamins or minerals

[] Never

- [] Only Rarely
- [] Every Few Days
- [] About Once a Day
- [] At Most Feedings
- [] Every Feeding
- b. Baby Cereal
 - [] Never
 - [] Only Rarely
 - [] Every Few Days
 - [] About Once a Day
 - [] At Most Feedings
 - [] Every Feeding

c. Sweetener

- [] Never
- [] Only Rarely
- [] Every Few Days
- [] About Once a Day
- [] At Most Feedings
- [] Every Feeding

d. Medicine

- [] Never
- [] Only Rarely
- [] Every Few Days
- [] About Once a Day
- [] At Most Feedings

[] Every Feeding

e. Other (Specify)

[] Never

[] Only Rarely

[] Every Few Days

[] About Once a Day

[] At Most Feedings

[] Every Feeding

IF YOUR BABY WAS BREASTFED OR FED BREAST MILK IN THE PAST 7 DAYS, PLEASE CONTINUE.

4. About how long did an average breastfeeding session last?

- [] Less than 10 minutes
- [] 10 to 19 minutes
- [] 20 to 29 minutes
- [] 30 to 39 minutes
- [] 40 to 49 minutes
- [] 50 or more minutes

5. How many times in the <u>past 7 days</u> was your baby fed pumped breast milk to drink? (*Write in 0 if your baby was not fed pumped milk to drink*.)

_ TIMES

Protocol source: <u>https://www.phenxtoolkit.org/protocols/view/80101</u>