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|  | |  |  |  | | --- | --- | --- | |  | **Nutrition Research Program**  BC Children's Hospital Research Institute | | |  | Tel 604.875.2345 ext. 4896  [www.bcchr.ca/nutrition](http://www.bcchr.ca/nutrition)  nutrition.research@ubc.ca | 950 West 28th Avenue  Vancouver, BC  V5Z 4H4 | | *UBC* |
| Line | | |

*Your answers to the following questions will help assess the possibility to participate in our research study. This information will only be used to assess eligibility in our study, not shared and as with all study documents will be kept strictly confidential.*

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| --- | --- |
| 1. Where/how did you hear about this study ?      1. Do you have a preferred site for study visits? **(Choose only one)** :  * BC Children’s Hospital (28th Ave and Oak Street, Vancouver):  Yes  No * Surrey Study Site (72nd and King George Blvd – King’s Cross Plaza):  Yes  No | |
| 1. As of today’s date is your child less than 18 months-of-age? | Yes  No |
| 1. Was your child born at term? (I.e. 37+ weeks) 2. Is your child a singleton birth (I.e not a twin, triplet)? | Yes  No  Yes  No |
| 1. At birth was your child’s weight more than 2500 g (~ 5.25 lbs)? | Yes  No |
| 1. If your child were to be enrolled in the study at 18 months-of-age are you able to complete 5 study visits spaced over 6 months? | Yes  No |
| 1. Are you able to attend 3 of the study visits the BC Children’s Hospital or Surrey Office? | Yes  No |
| 1. Are you able to complete 2 study visits at your home, with you and your child, plus 2 research assistants? | Yes  No |
| 1. Throughout the study, are you comfortable to be contacted by the Research Assistants via email/phone? | Yes  No |
| 1. Does your child have a:    1. Chronic, infectious, metabolic, genetic or other disease, including any condition that affects what they eat and/or drink    2. Cognitive or developmental disorder    3. Known or suspected cows’ milk protein intolerance/allergy    4. Severe food allergies that impact dietary intake pattern | Yes  No  Yes  No  Yes  No  Yes  No |
| 1. Are you currently feeding your child a vegan, vegetarian, or vegetarian plus fish type diet? | Yes  No |
| 1. Are you providing DHA, lutein and/or choline supplements to your child? 2. If you are providing these supplements, are you willing to temporarily discontinue providing for the 6 months of the research study? | Yes  No  Yes  No |
| 1. Are you currently breastfeeding your toddler? | Yes  No |
| 1. Are you interested to feed your child with a milk based beverage (a *milk alternative beverage designed especially for children aged 12 to 36 months*)? 2. Are you willing to provide 500 mL/d whole cow’s milkto your toddler? | Yes  No  Yes  No |