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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 | |  |
| Line | | |

*Your answers to the following questions will help us assess the possibility for you to participate in our study. As with all study documents, all information will be kept strictly confidential.*



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| --- | --- |
| 1. Where/how did you hear about us?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Do you have a preferred site for study visits? **(Choose only one)** :  * BC Children’s Hospital (28th Ave and Oak Street, Vancouver):  Yes * Surrey Study Site (72nd and King George Blvd – King’s Cross Plaza):  Yes | |
| 1. What is your toddler’s date of birth? (MM/DD/YY) | \_\_\_\_\_\_ /\_\_\_\_\_\_ /\_\_\_\_\_ |
| 1. Was your toddler born at term? (i.e. 37+ weeks) 2. Is your toddler a singleton (i.e not a twin, triplet)? | Yes  No  Yes  No |
| 1. What was your toddler’s weight at birth? | \_\_\_\_\_\_\_\_\_\_\_\_\_ kg lb |
| 1. Are you able to complete 5 study visits in the next 6 months? | Yes  No |
| 1. Are you able to get to the BC Children’s Hospital/ Surrey Office for 3 study visits? | 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. Do you feel comfortable being contacted via email/phone throughout the study? | Yes  No |
| 1. Does your toddler have any of the following:    1. Chronic, infectious, metabolic, genetic or other diseases, including any condition that affects what they eat and drink    2. Cognitive or developmental disorders    3. Known or suspected cows’ milk protein intolerance/allergy    4. Severe food allergies that impact diet | Yes  No  Yes  No  Yes  No  Yes  No |
| 1. Is your toddler fed a vegan, vegetarian, or vegetarian plus fish diet? | Yes  No |
| 1. Is your toddler consuming DHA, lutein and/or choline supplements? | Yes  No |
| 1. Are you currently breastfeeding your toddler?    1. If yes, how often? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Yes  No |
| 1. Are you interested in feeding your child with a toddler milk beverage (*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 |