

Thank you very much for all your help  
Any questions please contact:-  
Cambridge Baby Growth Study,  
MRC Epidemiology Unit,  
Level 3,  
Institute of Metabolic Science Building,  
Addenbrooke's Hospital,  
Cambridge,  
CB2 0QQ.  
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UNIVERSITY OF  
CAMBRIDGE

MRC

Epidemiology Unit

# Baby Growth Study

6 month food diary

Id label

**Please write any notes, comments or questions here.**

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**Please could you answer a few questions about how old your baby was when you started giving her or him the following foods:**

		weeks	or	months	not applicable
1.	At what age did you introduce smooth pureed foods to your baby's diet e.g. baby rice?	<input type="text"/>		<input type="text"/>	<input type="text"/>
2.	At what age did you start giving your baby fruit or vegetables?	<input type="text"/>		<input type="text"/>	<input type="text"/>
3.	At what age did you start giving foods with a lumpier texture e.g. noodles?	<input type="text"/>		<input type="text"/>	<input type="text"/>
4.	At what age did your baby start eating finger foods e.g. toast?	<input type="text"/>		<input type="text"/>	<input type="text"/>
5.	If you breast fed:				
	a. How old was your baby when you introduced infant formula or other milk?	<input type="text"/>		<input type="text"/>	<input type="text"/>
	b. What age was your baby when you stopped breast feeding?	<input type="text"/>		<input type="text"/>	<input type="text"/>
	c. Still breast feeding.	<input type="checkbox"/>	✓		
6.	At what age did you introduce:				
	Whole (full fat) cows milk	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Semi skimmed milk	<input type="text"/>		<input type="text"/>	<input type="text"/>
	Skimmed milk	<input type="text"/>		<input type="text"/>	<input type="text"/>

### How to fill in the diary

Understanding how food and drink influence growth is an important part of the Baby Growth study. Thank you very much for helping us by filling in these food diaries.

Please could you record everything that your baby has by mouth for 3 days. Please start each day's record when you get up in the morning and fill in everything your baby eats and drinks for a 24-hour period until the same time the next day. The days do not need to be one after the other. If any day is likely to be very difficult or unusual choose another day. It is very important that you do not change what your baby normally eats and drinks just because you are keeping this record.

Try to fill in the food and drink given as you go through the day, as this is much easier and more accurate than trying to remember at the end of the day. We have included examples to show how we would like you to record the food and drink given.

When recording the food given please include the brand name (if known), portion size (using feeding jar size, cup or spoon size, weights from labels), any additions to the food (oils, butter, sugar/sweeteners, sauces, salt, pepper etc) and cooking methods (fried, grilled, micro-waved, roasted). It helps a great deal if you bring along the labels from any foods you give your baby when returning your completed food diary. We are enclosing a Ziploc bag for you to keep any food labels together. If someone else looks after your baby for some of the time it would be most helpful if they could fill in the food given in the parts of the day when your baby is with them.

**Please bring the completed diaries with you** when you come to Addenbrooke's or Ely Hospital for your six-month Cambridge Baby Growth Study check. There will be someone to talk to about the diaries at this visit. Please also bring the Ziploc bag with any food labels as this really helps us to analyse accurately what you have recorded in the diary.

**Many thanks**

**General questions about your baby's food. Please add as much detail as you would need.**

1.	<p>What type of milk does your baby have. If using more than 1 sort of milk please tick more than 1 box.</p> <p>a. Breast milk: <input type="checkbox"/></p> <p>b. Formula: infant <input type="checkbox"/> follow on <input type="checkbox"/> soya <input type="checkbox"/></p> <p>c. Other formula: <input type="checkbox"/></p> <p>If formula, which brand do you use? _____</p> <p>d. Cows milk: whole milk <input type="checkbox"/> semi-skimmed milk <input type="checkbox"/> skimmed milk <input type="checkbox"/></p> <p>e. Soya milk: <input type="checkbox"/> other milk <input type="checkbox"/></p> <p>Do you give your child any other milks as a drink? _____</p>
2.	<p>If using formula please describe how you make the feed. Are scoops usually?</p> <p>flat <input type="checkbox"/> rounded <input type="checkbox"/> ready to use formula <input type="checkbox"/></p>
3.	<p>For 1 scoop of milk powder how much water do you add? Fluid _____ or Millilitres _____</p> <p>ounces <input type="checkbox"/></p>
4.	<p>If you use formula milk powder to make up your baby's feeds do you put the water or the powder in the bottle first?</p> <p>water first <input type="checkbox"/> powder first <input type="checkbox"/></p>

**Food Day 3.**

1.	<p>As far as you know was all the food and drink taken by your baby during this 24 hours recorded? re-</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/></p>				
2.	<p>Was the food and drink for this 24 hours fairly typical for your baby?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>If no please describe how it differed from normal and if your baby was unwell during this 24 hours</p> <p>_____</p> <p>_____</p>				
3.	<p>Has anyone else looked after your baby today?</p> <p>yes <input type="checkbox"/> no <input type="checkbox"/></p> <p>Please record any parts of this 24-hour period when someone else looked after your baby</p> <p>Start time (e.g. 9.30am) Return time (e.g. 5.00pm)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px;"></td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </table>				



**Below are some examples of how we would like you to record what your baby has to drink.**

Please find the appropriate time slot and then record the time your baby has a drink.  
 Note the type of fruit juice or brand of squash etc.  
 Please also include any vitamins or medicines on this sheet.

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes baby fed	How much did your baby drink?
6am to 9am	6.00	Breast feed  Healthy Start Vitamin drops	—	—	—	—	12 minutes	5 drops
9am to 12 noon	9.30	Aptamil first milk.	—	1 scoop milk powder to 1 ounce water	—			7 fl oz
12 noon to 2pm	12.35	Aptamil first milk.	—	1 scoop milk powder to 1 ounce water	—			7 fl oz

9am to 12 noon								
12 noon to 2pm								
2pm to 5pm								

Day 3

## Food Day 3

**Date**
**Day of the Week**

When recording your baby's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

**Please write how much your baby ate, excluding any leftover food, in the 'Amount eaten' column.**

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am				Food	

2pm to 5pm	12.30	Cooled boiled water						
5pm to 8pm	6.15	Aptamil first milk.	—	As above	—			8 fl oz
	7.15	Breast feed					15 minutes	
8pm to 10pm								
10pm to 6am	10.30	Breast feed					15 minutes	

## Drinks Day 1

**Please record milk feeds, other drinks and water here.**

Please find the appropriate time slot and then record the time your baby has a drink.

Note the type of fruit juice or brand of squash etc.

**Please also include any vitamins or medicines on this sheet.**

*What sort of water does your baby usually drink?*

Tap water

Filtered water

Bottled water

If bottled water which type and brand? \_\_\_\_\_

To help us to decide on the correct amount of fluids for drinks, please fill your baby's cup with water to the usual level, then empty the water into a measuring jug and record here.

Fluid  
ounces  
(fl.oz)

or Millilitres  
(ml)

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes baby fed	How much did your baby drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								

2pm to 5pm								
5pm to 8pm								
8pm to 10pm								
10pm to 6am								

### Drinks Day 3

Please record milk feeds, other drinks and water here.

Please find the appropriate time slot and then record the time your baby has a drink.  
Note the type of fruit juice or squash etc.

**Please also include any vitamins or medicines on this sheet.**

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes baby fed	How much did your baby drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								
2pm to 5pm								
5pm to 8pm								
8pm to 10pm								
10pm to 6am								

**Below is an example of how we would like you to record what your baby eats.**

**Date**

20th March 2008

**Day of the Week**

Thursday

Each day is divided into time intervals from before breakfast to the evening meal and throughout the night. Please find the appropriate time interval and write in what your baby had to eat.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am	7.10	Kitchen No TV High chair	mother and sister	4tsp Cow and Gate pure baby rice with 4tsp Aptamil first milk.	Ate 6tsp

### Food Day 2.

1.	As far as you know was all the food and drink taken by your baby during this 24 hours recorded? yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>	re-
2.	Was the food and drink for this 24 hours fairly typical for your baby? yes <input type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your baby was unwell during this 24 hours _____ _____	
3.	Has anyone else looked after your baby today? yes <input type="checkbox"/> no <input type="checkbox"/>	
	Please record any parts of this 24-hour period when someone else looked after your baby Start time (e.g. 9.30am)      Return time (e.g. 5.00pm)	

Food Day 2 continued.					
Time slot	When	Where	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Food	
10pm to 6am					
9am to 12 noon	10.00	Nursery	Nursery nurse	Farley's Original rusk mixed with formula milk <hr/>	Ate 5 teaspoons.
12 noon to 2pm	12.20	Nursery	Nursery nurse	Pureed boiled carrots and sweet potato, prepared at nursery.  Mashed banana	Ate 4 teaspoons.  Ate 2 teaspoons
2pm to 5pm					

### First food example continued

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm	6.00pm	Kitchen No TV High chair	Mother and sister	Petits Filous Fromage Frais Apricot flavour 60g pot	Ate half
8pm to 10pm					
10pm to 6am					

What sort of plates does your baby usually use: plastic  china  other

What sort of cutlery does your baby usually use: plastic  metal

9am to 12 noon					
12 noon to 2pm				<h1>Day 2</h1>	
2pm to 5pm					

## Food Day 2

**Date**

**Day of the Week**

When recording your baby's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

**Please write how much your baby ate, excluding any leftover food, in the 'Amount eaten' column.**

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where	With whom	Food description and preparation.	Amount eaten
6am to 9am				Food	

### First food example

1.	As far as you know was all the food and drink taken by your baby during this 24 hours recorded? <div style="display: flex; justify-content: space-around; align-items: center;"> <span>yes <input checked="" type="checkbox"/></span> <span>no <input type="checkbox"/></span> <span>not sure <input type="checkbox"/></span> </div>	re-
2.	Was the food and drink for this 24 hours fairly typical for your baby? <div style="display: flex; justify-content: space-around; align-items: center;"> <span>yes <input checked="" type="checkbox"/></span> <span>no <input type="checkbox"/></span> </div> <p>If no please describe how it differed from normal and if your baby was unwell during this 24 hours</p> <hr/> <hr/>	
3.	Has anyone else looked after your baby today? <div style="display: flex; justify-content: space-around; align-items: center;"> <span>yes <input checked="" type="checkbox"/></span> <span>no <input type="checkbox"/></span> </div> <p>Please record any parts of this 24-hour period when someone else looked after your baby</p> <div style="display: flex; justify-content: space-around;"> <span>Start time (e.g. 9.30am)</span> <span>Return time (e.g. 5.00pm)</span> </div>	
	8.45am	5.00pm

**Below is a second example of how we would like you to record what your baby eats.**

**Date**

22nd March 2008

**Day of the Week**

Saturday

Each day is divided into time intervals from before breakfast to the evening meal and throughout the night. Please find the appropriate time interval and write in what your baby had to eat.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am	7.30	Kitchen No TV High chair	Father and sister	Heinz Breakfast Sunrise Banana 2tbs mixed with 2 tbs SMA Gold Baby Milk	Ate half

2pm to 5pm								
5pm to 8pm								
8pm to 10pm								
10pm to 6am								

Day 2

## Drinks Day 2

**Please record milk feeds, other drinks and water here.**

Please find the appropriate time slot and then record the time your baby has a drink.  
Note the type of fruit juice or brand of squash etc.  
**Please also include any vitamins or medicines on this sheet.**

Time slot	When	Full description and brand of drink.	Did you dilute with water? yes/ no	How much milk powder did you use per whole cup or bottle?	How much concentrate did you use per whole cup or bottle	Did you add sugar? Number of tea-spoons	Breast milk-minutes baby fed	How much did your baby drink?
6am to 9am								
9am to 12 noon								
12 noon to 2pm								

9am to 12 noon								
12 noon to 2pm	12.00	Dining room High chair	Mother father sister grand-parents	Hipp Organic Sweet Squash and Chicken 4 month 125g  Pureed apple (homemade no added sugar)				Ate 7 tsp  Ate 3 tsp
2pm to 5pm								

### Second food example continued

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm	6.30pm	Kitchen No TV High chair	Father	Organix Fruit Puree Stage 1 from 4 months Pear and Raspberry 100g	Ate 1/3 pot
8pm to 10pm					
10pm to 6am					

### Food Day 1.

1.	As far as you know was all the food and drink taken by your baby during this 24 hours recorded? <span style="float: right;">re-</span>		
	yes <input type="checkbox"/> no <input type="checkbox"/> not sure <input type="checkbox"/>		
2.	Was the food and drink for this 24 hours fairly typical for your baby? yes <input type="checkbox"/> no <input type="checkbox"/> If no please describe how it differed from normal and if your baby was unwell during this 24 hours _____ _____		
3.	Has anyone else looked after your baby today? yes <input type="checkbox"/> no <input type="checkbox"/>		
	Please record any parts of this 24-hour period when someone else looked after your baby Start time (e.g. 9.30am)      Return time (e.g. 5.00pm)		
	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		
	<table border="1" style="width: 100%; height: 40px;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table>		

### Food Day 1 continued.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Day 1	
10pm to 6am					

What sort of plates does your baby usually use: plastic  china  other

What sort of cutlery does your baby usually use: plastic  metal

### Second food example

1.	As far as you know was all the food and drink taken by your baby during this 24 hours recorded?	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>	not sure <input type="checkbox"/>	re-
2.	Was the food and drink for this 24 hours fairly typical for your baby?	yes <input checked="" type="checkbox"/>	no <input type="checkbox"/>		
	If no please describe how it differed from normal and if your baby was unwell during this 24 hours				
	_____				
	_____				
3.	Has anyone else looked after your baby today?	yes <input type="checkbox"/>	no <input checked="" type="checkbox"/>		
	Please record any parts of this 24-hour period when someone else looked after your baby				
	Start time (e.g. 9.30am)	Return time (e.g. 5.00pm)			

## Food Day 1

**Date**
**Day of the Week**

When recording your baby's food please give as much detail as possible about the ingredients used, the cooking method, and any added sauces. Also include the brand name and flavour of other foods.

Please keep any food labels in the Ziploc bag. For take away food, or eating out, please note the name of the café / restaurant.

**Please write how much your baby ate, excluding any leftover food, in the 'Amount eaten' column.**

Don't forget to include any sweets, biscuits, crisps, fruit and spreads like marmite.

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
6am to 9am				Food	
9am to 12 noon					
12 noon to 2pm				Day 1	
2pm to 5pm					