

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

1 year 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.**



### 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								

**We hope that by answering these questions you won't have to keep repeating these details on the daily food questionnaire.**

1.	What type of margarine or butter do you usually use for your baby? <i>(If not used at all please go to question 2).</i> Please give the full name and brand from the packet of the type used most often. _____														
2.	What type of bread does your baby eat most often? white <input type="checkbox"/> brown <input type="checkbox"/> whole meal <input type="checkbox"/> granary <input type="checkbox"/> high fibre white <input type="checkbox"/> other <input type="checkbox"/> Please give the brand name or details if homemade _____ <i>We will assume that you used the same bread and butter or margarine throughout the day.</i> <i>Please indicate on the food diary pages if a different bread, butter or margarine is used.</i>														
3.	What type of oil do you usually use? olive <input type="checkbox"/> sunflower <input type="checkbox"/> rape seed <input type="checkbox"/> sunflower <input type="checkbox"/> other <input type="checkbox"/> If other please note type of oil _____														
4.	Do you avoid giving your baby any of the following foods? yes <input type="checkbox"/> no <input type="checkbox"/> Please tick all that apply <table border="1" style="width:100%; border-collapse: collapse;"> <tbody> <tr> <td>a, poultry</td> <td>b, fish</td> <td>c, beef</td> <td>d, other red meat</td> <td>e. eggs</td> </tr> <tr> <td>f, cheese</td> <td>g, milk</td> <td>h, butter</td> <td>l, nuts</td> <td>j, wheat/gluten</td> </tr> </tbody> </table>					a, poultry	b, fish	c, beef	d, other red meat	e. eggs	f, cheese	g, milk	h, butter	l, nuts	j, wheat/gluten
a, poultry	b, fish	c, beef	d, other red meat	e. eggs											
f, cheese	g, milk	h, butter	l, nuts	j, wheat/gluten											
5.	Is your baby on any kind of special diet? yes <input type="checkbox"/> no <input type="checkbox"/> If yes please describe _____														

**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	7.30	Kitchen No TV High chair	Mum sister	2tbs porridge oats made with 3tbs formula milk mixed with 1 tbs homemade apple puree (no added sugar).	Ate 4 tbs

### Food Day 3.

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)
	8.45am	5.00pm

Food Day 3 continued.					
Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm					
8pm to 10pm				Food	
10pm to 6am					
9am to 12 noon	10 .30	Nursery No TV At table	Nursery nurse	Cow and Gate Baby balance bear biscuit x1	Ate all
12 noon to 2pm	12.00	Nursery No TV At table	Nursery nurse	Shepherd's pie with peas and carrots  Apple pie and custard  (All food prepared and cooked at the nursery)	Ate most of a typical nursery portion  Ate all
2pm to 5pm	3.00	Nursery No TV At table	Nursery nurse	Banana	Ate 1/4 medium banana

### First food example continued

Time slot	When	Where TV on? At table?	With whom	Food description and preparation.	Amount eaten
5pm to 8pm	6.15	Kitchen No TV High chair	Mum	Hipp Organic baby food 7 months, vegetables with noodles and chicken  Petits Filous raspberry fromage frais 60g	Ate 1/2 jar  Ate all
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				Day 3	
2pm to 5pm					



### 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	

### 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="text-align: center;">           yes <input checked="" type="checkbox"/>      no <input type="checkbox"/>      not sure <input type="checkbox"/> </div>				
2.	Was the food and drink for this 24 hours fairly typical for your baby? <div style="text-align: center;">           yes <input checked="" type="checkbox"/>      no <input type="checkbox"/> </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="text-align: center;">           yes <input checked="" type="checkbox"/>      no <input type="checkbox"/> </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> <table border="1" style="width: 100%; margin-top: 10px;"> <tbody> <tr> <td style="width: 50%; text-align: center;">8.45am</td> <td style="width: 50%; text-align: center;">5.00pm</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>	8.45am	5.00pm		
8.45am	5.00pm				

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

**Date**

23rd March 2008

**Day of the Week**

Sunday

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	7.45	Kitchen No TV, High chair	Dad	Cheerios 50g with 75mls of whole milk  Toast 1/2 slice with strawberry jam crusts cut off	Ate all  Ate 3/4

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

What sort of bottle or cup did your baby use? Plastic trainer cup with lid  Plastic bottle   
 Please put a ✓ by any that you use . Carton with straw  China cup or mug   
 Plastic cup without a lid  Glass   
 other

## 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	10.45	Grand-parent's house, living room, No TV	Mum, Dad, sister and Grand-parents	Organix orange rice cakes Square of milk chocolate				Ate 2 1/8th of a 50g bar
12 noon to 2pm	1.30	Grand-parent's dining room, No TV, High Chair	See above	2tbs chicken breast and 1 small roast potato roasted in sunflower oil, 2 carrot sticks 1/2cm wide and 2cm long, 6 peas both boiled. 2tbs gravy made with meat juices and chicken Bisto gravy granules. All liquidised Tesco Finest vanilla ice cream				Ate 5 tbs  Ate 2tbs
2pm to 5pm	3.30	Grand parent's Living room, TV on	See above	6 blueberries and 4 seedless grapes				Ate all



### Food Day 2 continued.

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

### Second food example

1.	<p>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></p> <p style="text-align: center;">yes <input checked="" 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 style="text-align: center;">yes <input checked="" 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><u>Fairly typical but a few more sweet things than usual today as visiting grandparents.</u></p> <hr/> <hr/>				
3.	<p>Has anyone else looked after your baby today?</p> <p style="text-align: center;">yes <input checked="" 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 style="text-align: center;">Start time (e.g. 9.30am)                      Return time (e.g. 5.00pm)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tbody> <tr> <td style="width: 50%; text-align: center;">7.00am</td> <td style="width: 50%; text-align: center;">8.30am</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> </tr> </tbody> </table>	7.00am	8.30am		
7.00am	8.30am				

## 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 2	
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 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					

### 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				Food	
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

2pm to 5pm								
5pm to 8pm				Day 1				
8pm to 10pm								
10pm to 6am								

What sort of bottle or cup did your baby use? Plastic trainer cup with lid  Plastic bottle   
 Please put a ✓ by any that you use . Carton with straw  China cup or mug   
 Plastic cup without a lid  Glass   
 other  \_\_\_\_\_





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

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 per whole cup or bottle?	Breast milk-minutes baby fed	How much did your baby drink?
6am to 9am	6.40	Breast feed Healthy Start Vitamin Drops	— —	— —	— —	— —	10 minutes	5 drops
9am to 12 noon	10.45	Cow and Gate Premium		1 scoop to 1oz water				6fl oz
12 noon to 2pm	12.15	Unsweetened 100% orange juice	yes		100 mls juice 100 mls water			75mls
2pm to 5pm	3.15	Cow and Gate premium		As above				7floz
5pm to 8pm	6.30 7.30	Robinson's Fruit squash apple and blackcurrant Breast feed	Yes —	 —	10mls in 200 mls water		15 minutes	100mls
8pm to 10pm	7.30	Breast feed						
10pm to 6am								

What sort of bottle or cup did your baby use?

Please put a ✓ by any that you use .

Plastic trainer cup with lid

Carton with straw

Plastic cup without a lid

Other

Plastic bottle

China cup or mug

Glass

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