

CRF – Infant Feeding Assessment		
No.	Question	Response
001	Enter today's date:	_ _ / _ _ / _ _ _ _ D D / M M / Y Y Y Y
002	What type of visit is this?	0 = Pregnancy Outcome Visit (V201) 1 = Postnatal Visit 1 (V202) 2 = Postnatal Visit 2 (V203) 97 = Interim Visit
003	What has the infant been fed since birth or last visit (whichever was most recent)?	Select all that apply 0 = Breastmilk 1 = Formula 2 = Solid foods 3 = Water 4 = Juice 5 = Other
004	Please specify what the infant has been fed:	Respond only if [003 = 5]
005	Has the infant completely weaned from breast milk? <i>(Defined as at least one week without breast milk and no intention of restarting)</i>	0 = No 1 = Yes
006	CRF Notes:	