## **Supplemental methods: Translated questionnaire**

## Follow up questionnaire of the MAMI study

Current date (dd/mm/yyyy):	
Current weight (kg) of the participant:	kg
Current length (cm) of the participant:	cn

1. Were there any problems in the growth and/or development of your child?	
□ There were no problems in the growth and/or development	
$\hfill\Box$ In case there were problems or particularities in the growth and/or development, please	
describe them in the section below:	
2. What kind of feeding did your child receive after birth:	
□ Breastfeeding	
□ Formula feeding	
□ A combination of breastfeeding and formula feeding	
3. For how long did your child receive breastfeeding/formula feeding:	
□ Breastfeeding from the age of months, until the age of	
months	
□ Formula feeding from the age of months, until the age of	
months	
4. At what age did you start supplementary solid feeding (like fruit and vegetable purees)	
□ Supplementary feeding was started at the age of months	
5. Did your child had to stay longer then suspected in the hospital?	
□ No	
□ Yes. If yes, please describe the reason for the hospital admission in the section below:	
6. Did your child visit the general practitioner (GP) since his/her birth?	
□ No	
□ Yes. If yes, please describe the number of GP visits and the reasons for the visits in the	
section below:	

7. Dia	your child visit a paediatrician since his/her birth?
	□ No
	$\hfill \Box$ Yes. If yes, please describe the number of visits and the reasons for the visits in the section
	below:
8. Has	your child been admitted to the hospital since his/her birth?
	□ No
	$\hfill \square$ Yes. If yes, please describe the number of hospital admissions and the reasons for the
	admissions in the section below:
9. Had	there ever been blood tests performed in your child?
	□ No
	$\hfill \square$ Yes. If yes, please describe the reasons for the blood tests in the section below:
10. Do	es child uses any antibiotics currently?
	□ No
	$\hfill \square$ Yes. If yes, please list the type of antibiotics, the indication for the antibiotics and when the
	antibiotics were started your child is using currently in the section below:
11. Ha	s your child used any antibiotics in the past?
	□ No
	$\hfill \square$ Yes. If yes, please list the type of antibiotic your child received (if you can recall which
	antibiotic), the indication for the antibiotic and the period of the antibiotic in the section below:
12. Do	es child uses any medication other than antibiotics currently?
	□ No
	$\hfill \square$ Yes. If yes, please list all the medications your child is using currently and when the
	medication was started in the section below:

13. Has your child used any other medication than antibiotics in the past?
□ No
$\hfill \Box$ Yes. If yes, please write down which medication your child used, the indication for the
medication and the period the medication was used in the section below:
14. Does your child has any allergies?
□ No
$\hfill\Box$ Yes. If yes, please down what he/she is allergic for in the section below:
15. Does your child have eczema or did your child had eczema in the past?
□ No
□ Yes
16. Does your child have asthma (or asthmatic complaints for which your child needed
medication) or did your child had this in the past?
□ No
□ Yes
17. Did your child receive all the vaccinations according the national vaccination schedule?
□ No
□ Yes
18. In case your child received any vaccinations, did your child had any side effects of the
vaccinations(high fever >39.5 °C, allergic reaction, fainting or seizure)
□ No
$\hfill\Box$ Yes. If yes, please write down what kind of side effects in the section below:
This is the end of the questionnaire.
Thank you very much for your time.