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: …… cm

1. Were there any problems in the growth and/or development of your child?

□ There were no problems in the growth and/or development

□ 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. Did your child visit a paediatrician since his/her birth?

□ No

□ 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

□ 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

□ Yes. If yes, please describe the reasons for the blood tests in the section below:

10. Does child uses any antibiotics currently?

□ No

□ 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. Has your child used any antibiotics in the past?

□ No

□ 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. Does child uses any medication other than antibiotics currently?

□ No

□ 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

□ 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

□ 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

□ 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.