

**OPTINUTRI PRACTICE SURVEY**  
**«Nutritional advices and parental observance»**

E-survey “doctor” with conditional blocks

**Reference:** |\_|\_|\_|\_|\_|

**Date of medical consultation:** |\_|\_|/|\_|\_|/|\_|\_|

**Birth information:**

Birth weight: |\_| kg |\_|\_|\_|

Length at birth: |\_|\_| cm

Sex: male  female

Birth term: I\_|\_| weeks of amenorrhea

**Information during medical consultation:**

Age: |\_|\_|/|\_|\_|

Month/week

Weight: |\_|\_| kg |\_|\_|\_|

Length: |\_|\_| cm

**Parents allergic history:**

Father: Yes  No  do not know

If so→: Cow’s milk protein allergy  other food allergies  others

Mother: Yes  No  do not know

If so → Cow’s milk protein allergy  other food allergies  others

**Current infant feeding:**

- Exclusive breastfeeding
- Mixed breastfeeding
- Infant formula only
- Cow’s milk
- Solid food

**Functional gastrointestinal disorders (FGID)**

Does the infant have intestinal functional disorders?

Yes  No

If so:

Evaluation of constipation:

Is the infant constipated? Yes  No

If so:

Number of stools per week: |\_|\_|

Are the last stools hard? Yes  No

Pain during bowel movement: Yes  No

Regular use of external maneuver: Yes  No

What advice and/or treatments did you give?

- Advice:

- Massage
- Change of mineral water
- Use of a water rich in magnesium

- Infant formula prescription (multiple choice):

- Acidified infant formula
- Infant formula with fibers
- Infant formula with prebiotics
- Infant formula with probiotics
- Lactose-enriched infant formula
- Others

(specify): .....

- Prescription of medication (multiple choice):

- Osmotic laxative
- Lubricant laxative
- Enema
- Suppository
- 

Others

(specify): .....

Evaluation of diarrhea:

Does the infant have diarrhea? Yes  No

If so

Does he have liquid stools? : Yes  No

If so:

- Number of liquid stools during the last 24 hours: |\_|\_|

- How many days have the stools been liquid? |\_|\_|

- Is the infant dehydrated? Yes  No

What treatments/infant formulas did you prescript?

Prescription of medication:

Oral Rehydration Solution (ORS)

Others

(specify): .....

Infant formula prescription:

Usual infant formula (Drop-down list, with preselection of the last infant formula mentioned in the table of infant formula):

Extensively hydrolyzed infant formula

Anti-diarrhea infant formula

Evaluation of regurgitations:

Does the infant have regurgitations? Yes  No

If so

During the last 24 hours:

How many bottles did the infant consume?: 1\_\_1\_\_1

How many bottles have been followed by regurgitations?: 1\_\_1\_\_1

Evaluation of the importance of regurgitation on a scale of 0 (very low volume) to 10 (very large volume): 1\_\_1\_\_1/10

Evaluation of the frequency of regurgitations on a scale of 0 (absence of regurgitations) to 10 (frequent regurgitations): Frequency: 1\_\_1\_\_1/10

What advice and/or treatments did you give?

Advice:

Position of the infant during the meal

Infant position during postprandial period

To burp the baby

Splitting or decreasing volume of meals

Inclination of the bed

Prohibition of passive smoking

Infant formula prescription:

Usual infant formula (Drop-down list, with preselection of the last infant formula mentioned in the table of infant formula): .....

Thickened infant formula

Anti-regurgitation infant formula "AR" with carob

Anti-regurgitation infant formula "AR" with starch

External thickener: carob

External thickener: starch

External thickeners: carob + starch

External thickener: gellopectose

Prescription of medication:

Drug (drop-down list)

Evaluation of colics:

Does the infant fussing and crying periods impossible to settle down? Yes  No

If so:

Duration of crying  $\geq$  3 hours per day, 3 days per week, during at least one week? Yes  / No

What is the most common occurrence of crying (one answer only)?

Night (between 00AM and 8AM)  Day (between 8AM and 4PM)  Evening (between 4Pm and 11PM)

What advice and/or treatments did you give? :

Advice:

- In case of breastfeeding, the mother must avoid eating dried vegetables and cabbage
- Methodes of appeasement (massage, balancing...)
- Remove causes of aerophagia

Infant formula prescription:

Usual infant formula (Drop-down list, with preselection of the last infant formula mentioned in the table of infant formula): .....

- Lactose-free infant formula
- Infant formula with L.reuteri
- Acidified infant formula
- Hypoallergenic infant formula (partially hydrolyzed)
- Extensively hydrolyzed infant formula

Prescription:

- Drug (drop-down list)
- An herbal infusion

<b>MEDICAL ADVICE</b>
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**Breastfeeding:**

During this medical consultation, did you give any advice/recommendations on breastfeeding for this infant?

Yes  No

→If so: you gave advice on (multiple choices):

- Benefits of breastfeeding on infant health?
- Feeding frequency?
- Duration of each feeding?
- Impact of mother's diet on breast milk?
- Impact of mother's lifestyle (cigarettes, alcohol, drugs...) on breast milk?
- Potential difficulties encountered?

.....  
Did you give advice to succeed intended weaning?

Yes  No

**Infant formula**

Specify each infant formula given to this infant/child since birth including the current one (drop-down menu for each line with number choice – number one is the first given formula) and for which medical indication (drop-down list). Add as many lines as needed:

None

→otherwise:

Infant formula	Medical indication
Drop-down list by stage: manufacturer choice, brand choice and then formula choice	Drop-down medical indication list (principal and secondary)

→if at least one infant formula given:

Did you give any advice other than in the case of a functional gastrointestinal disorder?

Yes  No

→If so:

Did you give advice on (multiple choice):

- Feeding frequency?
- How much milk per day?
- How much milk per bottle?

To calculate the amount of milk to advise:

Did you use the Appert's formula in relation to the weight

Yes  No

Did you follow the indicated instructions on infant formula packaging?

Yes  No

Did you give any advice on the type of infant formula to use ?

Yes  No

→if so:

- Formula designed for breastfeeding relay
- Standard formula
- Hypoallergenic formula (HA)
- Follow on formula
- Young child formula

In case of functional gastrointestinal disorders (FGID), have you advised:

- Thickened formula
- Anti-regurgitation formula
- Anti-colic formula
- Anti-diarrhea formula
- Formula designed for constipation
- Minor and combined gastrointestinal disorders

Extensively hydrolyzed formula

### **Solid foods**

At this medical consultation, did you give any advice regarding the introduction of solid foods for this infant?

Yes  No

→If so:

If so, did you give advice on:

- The appropriate age for introduction of solid foods?

Yes  No

→If so:

- Before 4 months?
- Between 4 and 5 months?
- Between 5 and 6 months?
- Between 4 and 6 months?
- After 6 months?

- Introduction of gluten?

Yes  No

→If so:

Did you recommend an appropriate age for introduction of gluten?

Yes  No

→If so:

- Before 4 months
- Between 4 and 6 months
- Between 4 and 7 months
- After 6 months

Did you explain how to do it?

Yes  No

→If so:

- By adding infant cereals in infant formula
- By adding infant cereals in purees
- By using biscuits, bread
- By using mixed pasta

Others (specify): .....

Did you specify how much of these foods to introduce at the beginning?

Yes  No

- Did you specify which food to introduce first?

Yes  No

→If so (multiple choice):

- Mashed cooked vegetable
- Mashed cooked fruits
- Infant cereals
- Starchy foods (pasta, rice, potatoes)
- Meat
- Fish
- Others (specify): .....

Did you recommend any order of introduction of the different food categories?

Yes  No

→If so:

- Vegetables first
- Fruits first
- Vegetables or fruits first?
- Starchy foods first (pasta, rice, potatoes)
- Infant cereals first?
- Meat first?
- Others (specify): .....

Did you specify if it is better to introduce first the solid foods in the bottle or with a spoon?

Yes  No

→If so:

- in bottle?
- with spoon?
- No matter

Did you give advice on the texture to give to the baby?

Yes  No

→If so: (multiple choice):

- Mixed
- Smooth
- Mashed
- Grainy
- Small soft pieces
- Small hard pieces
- Others (specify)

Did you recommend quantities of each type of food categories to consume?

Yes  No

- If so: (multiple choice):
- For vegetables?
  - For fruits?
  - For starchy foods?
  - For infant cereals?
  - For meat or fish?

Did you recommend food quantities in grams to the parents?  
Yes  No

Did you recommend spoonful or household measures to the parents?  
Yes  No

Have you recommended to parents a change in quantities with age?  
Yes  No

If the infant is not at risk of allergy, have you recommended introducing solid foods one by one?  
Yes  No

- If so, how often?
- One or more per day
  - One every 2 days
  - One every 3 days
  - One per week
  - Others (specify): .....

Did you recommend delaying the introduction of certain foods?  
Yes  No

If so, which ones:

.....

If the infant is at risk of allergy, have you recommended introducing solid foods  
Yes  No

- if so, how often?
- One or more per day
  - One every 2 days
  - One every 3 days
  - One per week
  - Other

Did you recommend delaying the introduction of certain foods?  
Yes  No

→if so, which ones

.....

Did you give list of foods to proscribe?  
Yes  No

Did you give any advice on using homemade foods or specific baby foods?

Yes  No

→If so:

- Preferably Homemade
- Preferably specific baby foods
- Both without distinction

Did you give any advice on preparing homemade purees?

Yes  No

If so, on:

- Adding salt
- Adding sugar
- Adding fats
- The quality of fruits and vegetables
- The strict washing of fruits and vegetables
- Cooking methods

Did you recommend:

- To vary the vegetables and fruits?
- Sharing meals with family?

If the baby refuses certain foods, did you give advices?

Yes  No

If so:

- Do not force
- Do not give in to the child
- Propose something else equivalent
- Propose something else
- Re-propose later
- Re-propose later several times until he appreciates it

<b>TIME DEVOTING ON ADVICE</b>
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How much time was spent on food advices/recommendations/prescriptions during the medical consultation?

- No advice
- Between 0 and 3min
- Between 3 and 5min
- Between 5 and 10min
- Between 10 and 15min
- More than 15min

Do you consider this time sufficient?

Yes  No

If not: What would be the ideal time to devote on medical consultation to this subject? I\_\_I\_\_I minutes

<b>NEED FOR INFORMATION</b>
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What are the topics about infant nutrition that you would like to know more about? :  
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Which types of media help you more specifically in your daily practice? (Multiple choices)

- Website?  
→if checked, which one? .....
- Smartphone application?  
→ if checked, which one? .....
- Newsletter
- Paper newsletter