**Pediatric Baseline Environmental Questionnaire**

**Early Childhood:**

1) Were you born in a hospital?

 Yes No Not sure

2) Were you born via C-section?

 Yes No Not sure

3) Were you born in the United States?

 Yes No Not sure

 If no, where were you born? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If no, when did you come to the United States?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4) Were you breastfed as an infant?

 Yes No Not sure

If yes, at how many months were you weaned and regular food introduced? (Estimate) \_\_\_\_\_

5) Were you treated with antibiotics before the age of one?

 Yes No Not sure

6) Were you hospitalized before the age of 5?

 Yes No Not sure

7) Did you have pets growing up?

 Yes No Not sure

8) Did you grow up in a farm?

 Yes No Not sure

9) Did you attend daycare as a child?

 Yes No Not sure

10) Were you exposed to cigarette smoke as a child?

 Yes No Not sure

11) Were you born prematurely (more than 3 weeks early)?

 Yes No Not sure

**Medications/Habits:**

1) In the past 2 months, have you used any acid reducing medications including (but not limited to):

Omeprazole (e.g. Prilosec, Zegerid), Protonix (e.g. Pantoprazole),

Esomeprazole (e.g. Nexium, Vivomo), Lansoprazole (e.g. Prevacid),

Dexlansoprazole (e.g. Dexilant), Ranitidine (e.g. Zantac),

Famotidine (e.g. Pepcid), Nizatidine (e.g. Axid),

Cimetidine (e.g. Tagamet) ?

 Yes No Not sure

If yes, how frequently do you take them?

 More than once a day Once a day 1-5 times a week

 1-3 times a month Almost never

2) In the past 2 months, have you used any medications modifying bile production chronically (> 1 week), including (but not limited to):

Cholesytramine (e.g. Questran, Prevalite, Lochelst)

Colestipol (e.g, colestid)

Colesevelam (e.g. Welchol)

Chenodeoxycholic acids (e.g. CDCA)

Ursodeoxycholic acid (e.g. UDCA, Ursodiol, Actigall)?

 Yes No Not sure

3) Do you use non-steroidal anti-inflammatory medications (i.e. Advil, Excedrin, Aleve, Motrin)?

 Yes No Not sure

 If yes, how frequently do you take them?

 More than once a day Once a day 1-5 times a week

 1-3 times a month Almost never

4) If you are female, do you use hormonal contraception?

 Yes No

 If yes, how long have you been taking hormonal contraception? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, have you had any recent changes in your contraceptive regimen

 Yes No

**Diet and Lifestyle**

1) In the past 6 months, have you used antibiotics?

 Yes No

 If yes, what antibiotics did you use? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If yes, what were the antibiotics used for? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2) In the past 3 months, have you consumed any probiotics (other than yogurt) at least once per week?

 Yes No

3) In the past 3 months, how often have you consumed yogurt or other foods containing active bacterial cultures (kefir, sauerkraut, etc.)?

 Never Rarely 1-5 times a week Daily More than once per day

4) What are your dietary preferences with respect to meat?

 Standard diet Standard diet with poultry and/or fish (no red meat)

 Vegetarian (no meat) Vegan (no meat, dairy, or animal products)

**Sleep Habits**



**Mental Health**





**Oral Health**

1) When was the last time you saw a dentist (generalist, prosthodontist, periodontist, etc., choose the most recent option):

 Month 6 months Year Two years More than 2 years

2) Have you had a professional dental cleaning (dentist, hygenist, etc.) within the last:

 Month 6 months Year Two years More than 2 years

3) How often do you use the following oral hygiene products:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Never | Rarely | 1-5/week | Daily | More than 1/day |
| Manual toothbrush | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Electric toothbrush | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Alcohol-based mouthwash | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Non-alcoholic mouthwash | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Floss | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Water-based pick/jet | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Tongue cleaner | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |
| Tooth-whiteners | ⬜ | ⬜ | ⬜ | ⬜ | ⬜ |