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**PREVIDEC Survey**

*\* It takes approximately 5 minutes to complete the survey*

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| Applicant Information |
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| --- | --- | --- | --- |
| Name(*Optional*): |  |  |  |
|  | Last |  First |  |
| I practice in: |  |  |  |
|  | City | State |  Country |

|  |  |
| --- | --- |
| E-mail (*Optional)*: |  |

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| **I received this questionnaire as:**  a) e-copy b) paper copy  |
| ***Questions about yourself:*** |
| **Gender**: a. Male       b. Female |
| **Age group**:  a. <40 years    b. 40-50 years c. 50-60  years  d. > 60 years**Do you practice in:** a. Urban            b. Rural**What is your Specialty?** a. General physician b. Pediatrics c. Pediatric Gastroenterologist  d. Family physician e Other (please specify) ……………….**Do you practice in a** (Multiple answers allowed)**:** a. Government b. Private facility c. University/Medical school **Do you practice in a** (Multiple answers allowed); a. Clinic b. Hospital c. Other (please specify): ……………. ***Patient population:*****What is the average number of outpatients that you see in one week?** a. Less than 25 b. 25-50 c. 50-75 d. more than 100**What percentage of your patients is exclusively breastfed until at least 4 months of age?**a. 0 -25% b. 26% -50% c. 51% -75% d. 76% -100%  |
|  |
| **Practice habits:**1. **At what age do you recommend introduction of baby foods?**

a. < 4 months b. 4-6 months c. >6 months 1. **Which baby foods do you recommend for starting:**

 a. Commercial infant Cereals b. commercial baby food c. homemade foods: which? \_\_\_\_\_\_\_\_\_\_ 1. **In choosing complementary food ; what is (are) your priority (priorities)** : *you may choose more than 1 answer:*

 a. Prevention of allergy b. prevention of celiac disease c. prevention of iron deficiency  d. Parents preference e. economic consideration f. other: specify\_\_\_\_\_\_**Iron status:**1. **Do you routinely check hemoglobin and/or hematocrit in infants between the ages of 9-12 months?**
	1. Always b. most of the times c. rarely d. Never
2. **From your experience, what’s the prevalence of iron deficiency anemia (Hemoglobin <11 g/dL) among infants between the ages of 9 - 18 months?**

a. > 70% b. 40-70% C. <10% d. I do not know |
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**Prevention of Iron deficiency:**

1. **Do you routinely recommend some form of iron supplementation/ fortification for infants after 6 months of age?**
	1. Yes b. No
2. **What do you recommend for prevention of iron deficiency in infants older than 6 months?**

 a. Iron drops b. Iron fortified cereal c. Iron fortified infant formula

 d. High- Iron containing food e. I do not recommend Iron supplementation

1. **What do you think is the most accepted and better tolerated form of iron supplementation / fortification in infants over 6 months of age?**

a. Iron drops b. Formula supplemented with iron

c. Infant cereal fortified with iron d. others……………….

1. **If you are attending a baby (> 6 months) already on iron drops (for the prevention of IDA), you will…….**

a. Continue the iron drops b. Stop iron drops and start Iron fortified infant cereals

c. Add iron fortified infant cereals to iron drops d. Just add vitaminC. to the iron drops

**10. Do you believe the following statements are True (T), or False (F)?**

**Please mark X under the appropriate answer:**

|  |  |  |
| --- | --- | --- |
|  | **True** | **False** |
| 1. Untreated iron deficiency during infancy may have long term negative effects on the cognitive functions.
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| 1. For babies at risk to develop Iron Deficiency Anemia (Preterm or Exclusive breastfeeding) you can start proper iron supplementation at age of 4 months without further investigations.
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| 1. Routine iron drops supplementation is the preferred way to prevent iron deficiency.
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| 1. A natural and effective way to meet iron needs in the infant is by un-supplemented home prepared baby foods, particularly meats.
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| 1. Commercially available infant cereal enriched with iron is a natural and effective way to meet iron needs in the infant.
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| 1. Although ferrous sulphate is more bioavailable than others, its characteristics makes it inappropriate for food supplementation.
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| 1. Phytate content of infant cereals, even if supplemented with iron, makes the iron mostly non-absorbable.
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| 1. Iron enriched infant cereals with iron result in staining of the baby teeth, constipation and dark stools.
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| 1. Commercially available infant cereal enriched with iron has the advantage of better absorption due to the addition of vitamin C.
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| 1. Routine iron fortification/supplementation before 12 months of age is not recommended because it is associated with increased risk of infection.
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| 1. For partially breastfed infants, iron supplements are recommended through iron fortified foods beginning at 4 months of age.
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