

Table S2. The description of the questions used in a printed survey questionnaire for the parents of 1-year-old children.

Basic information

Child's name
Sex
Birth date
Date
Public health clinic, Postal code
Birth weight and height
Child's weight and height now

Have you received information and instructions concerning introducing solid foods to child's diet?

From Public Health Center
From the Internet If yes, from which sites?
From another source What source?

Have you received information and instruction about allergies and rash of child?

From Public Health Center
From the Internet If yes, from which sites?
From another source What source?

How long was your child exclusively breastfed?

Partially breastfed?

Have the following foods been introduced to the diet of your child? If so, when (child's age as months)

Cow's milk (including formulas)	Hen's egg
Wheat	Oats
Barley	Rye
Nut	Fish

Did food cause symptoms?

Which food caused the symptoms? What kind of symptoms and how long they lasted?

Has some food been avoided in the diet of your child?

If yes, describe the reason?

Has your child any of the following conditions diagnosed by a physician

Atopic dermatitis	not diagnosed, no more, yes, periodically; yes, continuous
Allergic rhinitis (i.e. animals)	not diagnosed, yes
Allergy to cow's milk	not diagnosed; no more; yes
Allergy to wheat of other cereal	not diagnosed; no more; yes
Allergy to any other food	not diagnosed; no more; yes
Describe which foods	
Other allergy, which?	

Has your child been diagnosed with any other chronic diseases?

If yes, describe which and when have these been diagnosed?

Does your child use any medication regularly?

If yes, describe?

Has your child had following symptoms? Describe the characteristics and duration

Urticaria
Long-lasting rash
Other skin symptom
Mucosal symptoms in eyes, nose or mouth (itching, sting, redness, swelling, watering)
Long-lasting diarrhea
Other gastrointestinal symptoms
Tearfulness
Dyspnea

How many common colds or other respiratory infections has your child experienced?

How many otitis media with antibiotics has your child ailed?

Has your child had other illnesses treated with antibiotics?

Has your child been examined in a hospital?

If yes, why?

Has your child ever been tested for allergy? Which tests?

Has your child ever used following medications?

Antihistamine
Adrenaline autoinjector
Topical corticosteroids
Moisturizers or emollients

Have other family members been diagnosed with following diseases? (who: mother, father, siblings, none)

Asthma
Pollen or animal allergy
Food allergy
Atopic dermatitis