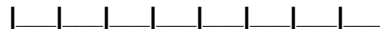


Source: Harvard FFQ; Project Viva Child FFQ
Visits: 18 mo.
Mode: Self-administered (Mail in)
Estimated Time: 30 minutes

BAR CODE LABEL
OR SUBJECT ID HERE



National Children's Study Child Food Questionnaire



18 Months

PROTECTION OF PRIVACY STATEMENT INSERTED HERE

NOTIFICATION TO RESPONDENT OF ESTIMATED BURDEN

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to,**

a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

Please complete this questionnaire within 2 weeks and mail it in the large pre-stamped envelope to:

LABEL FOR CLINICAL CENTER RETURN ADDRESS

GENERAL INSTRUCTIONS



This questionnaire is about your 18 month-old child _____. When we refer to "your child," please respond with this 18-month old child in mind.

This questionnaire asks you about the foods your child has eaten in the **past month**.

Answer each question as best you can. Estimate if you are not sure. A guess is better than leaving a blank.

Use only a black ball-point pen. Do not use a pencil or felt-tip pen. Do not fold, staple, or tear the pages.

Put an X in the box next to your answer.

If you make any changes, cross out the incorrect answer and put an X in the box next to the correct answer. Also draw a circle around the correct answer.

BEFORE YOU BEGIN, PLEASE FILL IN TODAY'S DATE:

____/____/____
Month Day Year

A. Please check the box that best represents how often your child ate each of the foods listed, on average, in the past month.



	Never	Less than 1 time per week	1 time per week	2-4 times per week	Nearly every day or every day	2 or more times per day
1. Orange	☐	☐	☐	☐	☐	☐
2. Grapefruit	☐	☐	☐	☐	☐	☐
3. Banana	☐	☐	☐	☐	☐	☐
4. Apple	☐	☐	☐	☐	☐	☐
5. Applesauce	☐	☐	☐	☐	☐	☐
6. Grapes	☐	☐	☐	☐	☐	☐
7. Peach or plum	☐	☐	☐	☐	☐	☐
8. Strawberries or other berries	☐	☐	☐	☐	☐	☐
9. Cantaloupe	☐	☐	☐	☐	☐	☐
10. Watermelon	☐	☐	☐	☐	☐	☐
11. Pears	☐	☐	☐	☐	☐	☐
12. Raisins or prunes	☐	☐	☐	☐	☐	☐



B. Please check the box that best represents how often your child ate each of the foods listed, on average, in the past month.



Vegetables

		Never	Less than 1 time per week	1 time per week	2–4 times per week	Nearly every day or every day	2 or more times per day
1.	Corn	☐	☐	☐	☐	☐	☐
2.	Peas	☐	☐	☐	☐	☐	☐
3.	Tomatoes	☐	☐	☐	☐	☐	☐
4.	Peppers (all kinds)	☐	☐	☐	☐	☐	☐
5.	Carrots	☐	☐	☐	☐	☐	☐
6.	Broccoli	☐	☐	☐	☐	☐	☐
7.	Green beans	☐	☐	☐	☐	☐	☐
8.	Spinach	☐	☐	☐	☐	☐	☐
9.	Squash (orange or winter)	☐	☐	☐	☐	☐	☐
10.	French fries, fried potatoes	☐	☐	☐	☐	☐	☐
11.	Potatoes (baked, boiled or mashed)	☐	☐	☐	☐	☐	☐
12.	Onion	☐	☐	☐	☐	☐	☐
13.	Sweet potatoes or yams	☐	☐	☐	☐	☐	☐
14.	Cabbage, coleslaw, or cauliflower	☐	☐	☐	☐	☐	☐
15.	Cucumbers	☐	☐	☐	☐	☐	☐
16.	Lettuce salad	☐	☐	☐	☐	☐	☐
17.	Mixed vegetables	☐	☐	☐	☐	☐	☐
18.	Baked beans or chili beans	☐	☐	☐	☐	☐	☐
19.	Other dried beans, dried peas or lima beans	☐	☐	☐	☐	☐	☐

C. Please check the box that best represents how often your child ate each of the foods listed, on average, **in the past month**.



Meat, fish, and other main dishes

	Never	Less than 1 time per week	1 time per week	2–4 times per week	Nearly every day or every day	2 or more times per day
1. Pizza	☐	☐	☐	☐	☐	☐
2. Macaroni and cheese	☐	☐	☐	☐	☐	☐
3. Peanut butter	☐	☐	☐	☐	☐	☐
4. Hamburger, meatballs, or meatloaf	☐	☐	☐	☐	☐	☐
5. Beef—steak or roast	☐	☐	☐	☐	☐	☐
6. Pork—chops, roast, or ribs	☐	☐	☐	☐	☐	☐
7. Ham—baked or steak	☐	☐	☐	☐	☐	☐
8. Cold cuts (bologna, salami, ham)	☐	☐	☐	☐	☐	☐
9. Sausage	☐	☐	☐	☐	☐	☐
10. Bacon	☐	☐	☐	☐	☐	☐
11. Hot dogs	☐	☐	☐	☐	☐	☐
12. Fried chicken, chicken nuggets	☐	☐	☐	☐	☐	☐
13. Other chicken or turkey	☐	☐	☐	☐	☐	☐
14. Canned tuna	☐	☐	☐	☐	☐	☐
15. Fried fish, fish sticks	☐	☐	☐	☐	☐	☐
16. Other fish	☐	☐	☐	☐	☐	☐
17. Tofu or soy beans	☐	☐	☐	☐	☐	☐
18. Vegetable soup	☐	☐	☐	☐	☐	☐
19. Other soup	☐	☐	☐	☐	☐	☐

D. Please check the box that best represents how often your child ate each of the foods listed, on average, **in the past month.**



Starches & grains

	Never	Less than 1 time per week	1 time per week	2-4 times per week	Nearly every day or every day	2 or more times per day	5 or more times per day
1. Pasta	☐	☐	☐	☐	☐	☐	☐
2. White rice	☐	☐	☐	☐	☐	☐	☐
3. Brown Rice	☐	☐	☐	☐	☐	☐	☐
4. White bread (slice, roll, or pita)	☐	☐	☐	☐	☐	☐	☐
5. Dark bread (slice, roll, or pita)	☐	☐	☐	☐	☐	☐	☐
6. Cornbread or tortilla	☐	☐	☐	☐	☐	☐	☐
7. Oatmeal	☐	☐	☐	☐	☐	☐	☐
8. Cereal (cold)	☐	☐	☐	☐	☐	☐	☐
9. Donut, fried dough	☐	☐	☐	☐	☐	☐	☐
10. Sweet roll or muffin	☐	☐	☐	☐	☐	☐	☐
11. Pancake, waffle, or French toast	☐	☐	☐	☐	☐	☐	☐
12. English muffin or bagel	☐	☐	☐	☐	☐	☐	☐
13. Biscuit	☐	☐	☐	☐	☐	☐	☐

- E.** Please check the box that best represents how often your child drank each of the beverages listed, on average, **in the past month.**



Drinks

	Never	Less than 1 time per week	1 time per week	2–4 times per week	Nearly every day or every day	2 or more times per day	5 or more times per day
1. Milk, including chocolate milk	☐	☐	☐	☐	☐	☐	☐
2. Hot chocolate	☐	☐	☐	☐	☐	☐	☐
3. Apple juice	☐	☐	☐	☐	☐	☐	☐
4. Grape juice	☐	☐	☐	☐	☐	☐	☐
5. Orange juice	☐	☐	☐	☐	☐	☐	☐
6. Pineapple juice	☐	☐	☐	☐	☐	☐	☐
7. Other 100% juice	☐	☐	☐	☐	☐	☐	☐
8. Fruit drinks (Hi-C, Kool-Aid, lemonade)	☐	☐	☐	☐	☐	☐	☐
9. Soda (not sugar-free)	☐	☐	☐	☐	☐	☐	☐
10. Soda (sugar-free)	☐	☐	☐	☐	☐	☐	☐
11. Water	☐	☐	☐	☐	☐	☐	☐

12. What kind of milk does your child usually drink?

Breast milk, breast fed.....	☐	1% milk.....	☐
Breast milk, expressed.....	☐	Skim milk.....	☐
Formula made from cow's milk.....	☐	Soy milk.....	☐
Formula made from soy milk.....	☐	Other.....	☐
Whole milk.....	☐	My child does not drink milk.....	☐
2% milk.....	☐		

13. What kind of water does your child usually drink?

Tap water, not filtered.....	☐
Tap water, filtered.....	☐
Bottled water.....	☐



F. Please check the box that best represents how often your child ate each of the foods listed, on average, in the past month.



	Never	Less than 1 time per week	1 time per week	2-4 times per week	Nearly every day or every day	2 or more times per day
1. Cheese, plain or in sandwiches	☐	☐	☐	☐	☐	☐
2. Cream cheese	☐	☐	☐	☐	☐	☐
3. Cottage cheese	☐	☐	☐	☐	☐	☐
4. Yogurt	☐	☐	☐	☐	☐	☐
5. Ice cream	☐	☐	☐	☐	☐	☐
6. Pudding	☐	☐	☐	☐	☐	☐
7. Whole eggs	☐	☐	☐	☐	☐	☐

G. Please check the box that best represents how often your child ate each of the foods listed, on average, in the past month.



	Never	Less than 1 time per week	1 time per week	2-4 times per week	Nearly every day or every day	2 or more times per day	5 or more times per day
1. Butter (not margarine)	☐	☐	☐	☐	☐	☐	☐
2. Margarine (tub)	☐	☐	☐	☐	☐	☐	☐
3. Margarine (stick)	☐	☐	☐	☐	☐	☐	☐
4. Mayonnaise	☐	☐	☐	☐	☐	☐	☐
5. Salad dressing	☐	☐	☐	☐	☐	☐	☐

H. Please check the box that best represents how often your child ate each of the foods listed, on average, in the past month.



Snacks and sweets

	Never	Less than 1 time per week	1 time per week	2–4 times per week	Nearly every day or every day	2 or more times per day	5 or more times per day
1. Chips (potato, corn or others)	☐	☐	☐	☐	☐	☐	☐
2. Nuts	☐	☐	☐	☐	☐	☐	☐
3. Crackers	☐	☐	☐	☐	☐	☐	☐
4. Jell-O	☐	☐	☐	☐	☐	☐	☐
5. Cookies or brownies	☐	☐	☐	☐	☐	☐	☐
6. Cake or cupcakes	☐	☐	☐	☐	☐	☐	☐
7. Pie	☐	☐	☐	☐	☐	☐	☐
8. Chocolate candy	☐	☐	☐	☐	☐	☐	☐
9. Other candy	☐	☐	☐	☐	☐	☐	☐

I. Are there any other foods not mentioned above that your child eats at least once per week? Please write in the name of the food and check the box that best represents how often your child ate each food, on average, in the past month.



Other foods your child eats once per week

	1 time per week	2–4 times per week	Nearly every day or every day	2 or more times per day	5 or more times per day
1. _____	☐	☐	☐	☐	☐
2. _____	☐	☐	☐	☐	☐
3. _____	☐	☐	☐	☐	☐
4. _____	☐	☐	☐	☐	☐
5. _____	☐	☐	☐	☐	☐
6. _____	☐	☐	☐	☐	☐
7. _____	☐	☐	☐	☐	☐

J. In the **past month**, how often does your child eat fast foods away from home or as take out (French fries, egg rolls, fried chicken, shrimp, clams, etc.)?

- Less than once per week..... ☐
- 1 time per week..... ☐
- 2 to 4 times per week..... ☐
- Nearly every day or every day..... ☐

K. In the **past month**, did you always, usually, sometimes, or seldom:



	Always	Usually	Sometimes	Seldom
1. Wash your hands before preparing food for your family?	☐	☐	☐	☐
2. Wash the cutting board or counter before preparing food on it for your family?	☐	☐	☐	☐
3. Wash or rinse fresh fruits and vegetables 20 seconds and drain 2 minutes before preparing them for your family?	☐	☐	☐	☐

L. In the **past month**, did your child eat any of the following foods that **contain raw eggs**?



	Yes	No	Don't know
1. Raw, homemade cookie or cake batter?	☐	☐	☐
2. Homemade frosting with raw egg?	☐	☐	☐
3. Caesar salad with raw egg?	☐	☐	☐
4. Chocolate mousse with raw egg?	☐	☐	☐
5. Homemade eggnog?	☐	☐	☐
6. Homemade ice cream with raw egg?	☐	☐	☐
7. Shakes with raw egg?	☐	☐	☐

M. Where does your child eat, including breakfast, lunch, dinner, and snacks?

For **each** of these places, tell me if she eats in these places usually, sometimes, or never.



	Usually	Sometimes	Never
1. Kitchen table or counter	☐	☐	☐
2. High chair	☐	☐	☐
3. Dining room table	☐	☐	☐
4. Living room on a table or coffee table	☐	☐	☐
5. On the carpet or floor anywhere in the house	☐	☐	☐
6. Bedroom on a table or dresser	☐	☐	☐
7. Garage	☐	☐	☐
8. On a table or bench outside the house	☐	☐	☐
9. Anywhere else he or she chooses	☐	☐	☐

N. Which of the following supplements was your child given **at least 3 days a week** during the past month? [MARK ALL THAT APPLY.]

Fluoride.....	☐
Iron.....	☐
Vitamin D.....	☐
Multi-vitamins.....	☐
Other vitamins or supplements: Specify _____	☐
None.....	☐

**O.** Were the supplements you gave your baby in the form of drops or pills?

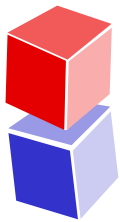
[NOTE: MARK CRUSHED PILLS MIXED WITH LIQUID AS PILLS.]

Drops.....	☐
Pills.....	☐



**Thank you very much for completing this
questionnaire!
All of your answers are very important.**

Please help us by looking at each page again to make sure that you:



Did not skip any pages and

Crossed out the wrong answer and circled the right answer if you made any changes.

*Thank you for continuing to be part of
the National Children's Study.*

