***Recruitment Strategy Substudy***

Event Name(s):

**6-Month Mother SAQ (EH, PB, HI)**

Instrument Name(s) and Versions:

**6-Month Mother SAQ (EH, PB, HI)– 1.0**

Recruitment Groups:

**Enhanced Household, Provider-Based, High Intensity**

**TABLE OF CONTENTS**

**IN** INTERVIEW INTRODUCTIOn 3

**CFQ** Child feeding questionnaire 4

NOTE: THE SAQS MAY BE COMPLETED IN EITHER A PAPI OR CASI MODE

**Interview Introduction**

**INTERVIEWER INSTRUCTION:** IF COMPLETED AS A PAPI, ENTER THE PARTICIPANT ID ON THE INSTRUMENT

**(TIME\_STAMP\_1)** PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP

**IN001** Thank you for agreeing to participate in the National Children’s Study. This self-administered questionnaire will take about 10 minutes to complete. There are questions about your child’s diet.

Your answers are important to us. There are no right or wrong answers. You can skip over any question. We will keep everything that you tell us confidential.

**Child Feeding Questionnaire**

**CFQ001** 1**.** First, we will ask about the milk, formula, and food your child has eaten.

**CFQ003** 2. Did you ever **breast feed** your baby**?**

Yes

No 🡺GO TO QUESTION 4

**CFQ005** 3. Are you currently **breast feeding** your baby?

Yes

No

**CFQ007** 4**.** Did you ever fed your baby **pumped or expressed breast milk**?

Yes

No 🡺GO TO QUESTION 6

**CFQ009** 5**.** Are you currently feeding your baby **pumped or expressed breast milk**?

Yes 🡺GO TO QUESTION 7

No

**CFQ011** 6**.** How old was your baby when you completely stopped feeding your baby **breast milk**?

Never fed breast milk **🡺**Go to Question 12

Age in weeks (if younger than 1 month):  🡺GO TO QUESTION 12

Age in months (if older than 1 month):  🡺GO TO QUESTION 12

**CFQ012** In the past 7 days, how often was your baby fed each item listed below?

Include feedings by everyone who feeds the baby and include snacks and night-time feedings. If your baby was fed the item once a day or more, write the number of feedings per day in the first column. If your baby was fed the item less than once a day, write the number of feedings per week in the second column. Fill in only one column for each item. If your baby was not fed the item at all during the past 7 days, write 0 in the second column.

|  |  |  |
| --- | --- | --- |
|  | Number of  Feedings per Day | Number of  Feedings per Week |
| Breast milk (include breast fed and expressed or pumped breast milk)?  **(BREAST\_DAY)/(BREAST\_WEEK)** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Formula?  **(FORMULA\_DAY)/(FORMULA\_WEEK)** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Cow’s milk?  **(COW\_MILK\_DAY)/(COW\_MILK\_WEEK)** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |
| Other milk (soy milk, rice milk, goat milk)?  **(MILK\_OTH\_DAY)/(MILK\_OTH\_WEEK)** | \_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_ |

**CFQ013** 7**.** In the past 7 days, about how often was your baby fed **pumped or expressed breast milk**? Include feedings by everyone who feeds the baby and include snacks and night-time feedings.

Never 🡺GO TO QUESTION 12

1 time per week

2 to 4 times per week

Nearly every day

1 to 3 times per day

More than 4 times per day

**CFQ015** 8**.** In the past 7 days, about how long was your **breast milk usually stored in the** **refrigerator** before it was fed to your baby? (Include cooler with cold source such as freezer packs).

1 day or less

2-3 days

4-5 days

More than 6 days

DID NOT STORE BREAST MILK IN REFRIGERATOR

**CFQ017** 9**.** In the past 7 days, about how long was your breast milk usually **kept at room temperature** and then fed to your baby?

Less than 2 hours

2-4 hours

5-8 hours

More than 8 hours

DID NOT KEEP BREAST MILK AT ROOM TEMPERATURE

**CFQ023** 12. How old was your baby when (he/she) was first fed **formula** on a daily basis?

Never fed formula 🡺 Go to Question 23

Less than one week

7 to 13 days

14 to 31 days

More than 31 days

**CFQ027** 14**.** Was the formula fed to your baby within the past 7 days **with iron** or a **low iron formula**?

With iron

Low iron

**CFQ031** 15**.** Was the formula fed to your baby within the past 7 days **ready-to-feed, liquid concentrate, powder from a can** that makes more than one bottle, or **powder from single serving packets**? (Mark all that apply.)

Ready-to-feed

Liquid concentrate

Powder from a can that makes more than one bottle

Powder from single serving packets

**CFQ032 If your baby was ONLY fed ready-to-feed formula 🡺GO TO QUESTION 19.**

**CFQ034** 16**.** When the formula was mixed, was it made **according to the directions** on the formula label?

Yes 🡺GO TO QUESTION 17

No

When the formula was mixed, how much formula and how much water were used?

|  |  |  |
| --- | --- | --- |
|  | Amount | Measurement Unit |
| Formula |  | Tablespoon  Teaspoon  Ounce  Cup  Packet  Formula Can |
| Water |  | Ounces  Cups  Formula Can |

**CFQ036** 17**.** During the past 7 days, what types of **water** have you and others who care for your baby used for mixing your baby’s formula? (Mark all that apply.)

Tap water from the cold faucet

Warm tap water from the hot faucet

Bottled water

No water used 🡺 GO TO QUESTION 19

**CFQ038** 18**.** In the past 7 days, was the water used to mix the formula **ALWAYS boiled**?

Yes

No

**CFQ040** 19**.** In the past 7 days, on the average, how many **ounces of formula** did your baby drink at each feeding?

. Ounces

**CFQ044** 21**.** Now think about how you **cleaned your hands** when you were preparing formula. During the past 7 days, did you never, sometimes, most of the time, or always:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Most of the Time** | **Always** |
| a. Rinse hands with water only |  |  |  |  |
| b. Wipe hands only |  |  |  |  |
| c. Wash hands with soap |  |  |  |  |
| d. Use a hand sanitizer (such as gel or wipes) |  |  |  |  |
| e. Prepare formula without cleaning your hands |  |  |  |  |

**CFQ048** 23**.** In the past 7 days, about how often did your baby drink from each of the following types of **bottles and cups**?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Never** | **Sometimes** | **Most of the Time** | **Always** |
| a. Plastic baby bottle with disposable bottle liner |  |  |  |  |
| b. Plastic baby bottle without disposable liner |  |  |  |  |
| c. Other plastic bottle (for example, a water bottle) |  |  |  |  |
| d. Glass baby bottle |  |  |  |  |
| e. Plastic “no spill” cup |  |  |  |  |

**CFQ050** 24**.** Has your baby used a **pacifier** in the past 7 days?

Yes

No

**CFQ052** 25.Has your baby ever been fed **cow’s milk that was not sold especially for babies**? (This includes whole, lowfat, nonfat, or chocolate milk.)

Yes

No 🡺GO TO QUESTION 27

**CFQ054** 26. How old was your baby when he/she was **first fed** cow’s milk that was not sold especially for babies?

Age in days (if younger than two weeks):

Age in weeks (if older than two weeks):

**CFQ056** 27**.** Have you ever fed your baby **fruit juice that was not sold especially for babies**?

Yes

No 🡺GO TO QUESTION 30

**CFQ058** 28**.** How old was your baby when he/she was **first fed** fruit juice that was not sold especially for babies?

Age in days (if younger than two weeks):

Age in weeks (if older than two weeks):

**CFQ060** 29**.** About how often was the fruit juice **fortified with calcium**?

Always

Sometimes

Rarely

Never

Don’t know

**CFQ062** 30**.** Now think about fruits, vegetables, and meats that may have been fed to your baby in the past 7 days. How often was each of the foods your baby ate **commercial baby food**? (Commercial baby food is food sold for babies. Foods that are NOT commercial baby food are table foods your whole family eats, foods you made especially for your baby, fresh fruit, and fruit juices that are not sold especially for babies.)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Type of**  **Commercial Baby Food** | **Always** | **Usually** | **Sometimes** | **Never** | **Not Fed to My Baby** |
| a. Fruit and vegetable juice |  |  |  |  |  |
| b. Fruit |  |  |  |  |  |
| c. Vegetable |  |  |  |  |  |
| d. Meat, chicken and turkey |  |  |  |  |  |
| e. Combination dinner (for example, Spaghetti Dinner, Pasta and Vegetable Dinner, or a Turkey and Rice Dinner) |  |  |  |  |  |

**CFQ064** 31**.** During the past 7 days, were the baby foods your baby ate always, sometimes, rarely, or never **organic baby foods**?

Always

Sometimes

Rarely

Never

Don’t know

**CFQ066** 32**.** Which of the following **supplements** was your child given at least three days a weekduring the past 2 weeks? (Mark all that apply.)

Fluoride

Iron

Vitamin D

Other vitamins or supplements—specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

None 🡪 GO TO QUESTION 34

**CFQ068** 33**.** 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

**CFQ070** 34**.** Was your baby given any **herbal or botanical preparations** or any kind of **tea or home remedy** in the past 7 days? Do not count preparations put on the baby’s skin or anything the baby may have gotten from breast milk after you took an herbal or botanical preparation.

Yes

No 🡺GO TO LAST PAGE

**CFQ071** 35**.** Please write in the name of all of the kinds of **herbal or botanical preparations, teas** **or home remedies** your baby was given in the past 7 days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CFQ073 (TIME\_STAMP\_2) PROGRAMMER INSTRUCTION: INSERT DATE/TIME STAMP**

Thank you for participating in the National Children’s Study and for taking the time to complete this survey.

**INTERVIEWER INSTRUCTION:** IF SAQ IS COMPLETED AS A PAPI, SCs MUST PROVIDE INSTRUCTIONS AND A BUSINESS REPLY ENVELOPE FOR RESPONDENT TO RETURN