



Recruitment Strategy Substudy

Event Name(s):

6-Month Infant Feeding SAQ (EH, PB, HI)

Instrument Name(s) and Versions:

6-Month Infant Feeding SAQ (EH, PB, HI) – 1.0

Recruitment Groups:

Enhanced Household, Provider-Based, High Intensity

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6-Month Infant Feeding SAQ (EH, PB, HI)

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6-Month Infant Feeding SAQ (EH, PB, HI)

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 (BREAST_FEED) 2. Did you ever **breast feed** your baby?

- Yes
 No →GO TO QUESTION 4

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

- Yes
 No

CFQ007 (PUMPED) 4. Did you ever feed your baby **pumped or expressed breast milk**?

- Yes
 No →GO TO QUESTION 6

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

- Yes →GO TO QUESTION 7
- No

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

ENTER AGE

- Never fed breast milk →GO TO QUESTION 11

(BREAST_STOP_UNIT)

- Age in weeks (if younger than 1 month): →GO TO QUESTION 11
- Age in months (if older than 1 month): →GO TO QUESTION 11

CFQ012 7. 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 (PUMPED_2) 8. 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 11
- 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 (BREAST_MILK_STORED) 9. 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 (BREAST_MILK_TEMP) 10. 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 (FORMULA) 11. How old was your baby when (he/she) was first fed **formula** on a daily basis?

- Never fed formula → GO TO QUESTION 19
- Less than one week
- 7 to 13 days
- 14 to 31 days
- More than 31 days

CFQ027 (FORMULA_IRON) 12. Was the formula fed to your baby within the past 7 days with iron or a low iron formula?

- With iron
- Low iron

CFQ031 (FORMULA_TYPE) 13. 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 17

CFQ034 (FORMULA_LABEL) 14. When the formula was mixed, was it made **according to the directions** on the formula label?

Yes →GO TO QUESTION 15

No



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

(FORMULA_AMT) (FORMULA_UNIT)

(WATER_AMT) (WATER_UNIT)

	<u>Amount</u>	<u>Measurement Unit</u>
Formula	□ □	<input type="checkbox"/> Tablespoon <input type="checkbox"/> Teaspoon <input type="checkbox"/> Ounce <input type="checkbox"/> Cup <input type="checkbox"/> Packet <input type="checkbox"/> Formula Can
Water	□ □	<input type="checkbox"/> Ounces <input type="checkbox"/> Cups <input type="checkbox"/> Formula Can

CFQ036 (WATER_1) 15. 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 17

CFQ038 (WATER_2) 16. In the past 7 days, was the water used to mix the formula **ALWAYS** boiled?

Yes

No

CFQ040 (OUNCES) 17. In the past 7 days, on the average, how many **ounces of formula** did your baby drink at each feeding?

□□.□ Ounces

CFQ044 18. 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:

(CLEAN_HANDS_1)

(CLEAN_HANDS_2)

(CLEAN_HANDS_3)

(CLEAN_HANDS_4)

(CLEAN_HANDS_5)

	Never	Sometimes	Most of the Time	Always
a. Rinse hands with water only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wipe hands only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Wash hands with soap	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Use a hand sanitizer (such as gel or wipes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Prepare formula without cleaning your hands	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFQ048 19. In the past 7 days, about how often did your baby drink from each of the following types of **bottles and cups**?

(B_TYPE_1)

(B_TYPE_2)

(B_TYPE_3)

(B_TYPE_4)

(B_TYPE_5)

	Never	Sometimes	Most of the Time	Always

a. Plastic baby bottle with disposable bottle liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Plastic baby bottle without disposable liner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Other plastic bottle (for example, a water bottle)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Glass baby bottle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Plastic "no spill" cup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFQ050 (PACIFIER) 20. Has your baby used a **pacifier** in the past 7 days?

- Yes
 No

CFQ052 (COWS_MILK_1) 21. 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 23

CFQ054 (COWS_MILK_2) 22. How old was your baby when he/she was **first fed** cow's milk that was not sold especially for babies?

ENTER AGE

(COWS_MILK2_UNIT)

- Age in days (if younger than two weeks):
- Age in weeks (if older than two weeks):

CFQ056 (JUICE) 23. Have you ever fed your baby **fruit juice that was not sold especially for babies**?

- Yes
 No →GO TO QUESTION 26

CFQ058 (JUICE_AGE) 24. How old was your baby when he/she was **first fed** fruit juice that was not sold especially for babies?

ENTER AGE

(JUICE_AGE_UNIT)

Age in days (if younger than two weeks):

Age in weeks (if older than two weeks):

CFQ060 (JUICE_CALCIIUM) 25. About how often was the fruit juice **fortified with calcium**?

- Always
- Sometimes
- Rarely
- Never
- Don't know

CFQ062 26. 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.)

(C_FOOD1)

(C_FOOD2)

(C_FOOD3)

(C_FOOD4)

(C_FOOD5)

Type of Commercial Baby Food	Always	Usually	Sometimes	Never	Not Fed to My Baby
a. Fruit and vegetable juice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Fruit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Vegetable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Meat, chicken and turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Combination dinner (for example, Spaghetti Dinner, Pasta and Vegetable Dinner, or a Turkey and Rice Dinner)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CFQ064 (ORGANIC) 27. 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 (SUPPLEMENT) 28. Which of the following **supplements** was your child given at least three days a week during the past 2 weeks? (Mark all that apply.)

- Fluoride
- Iron
- Vitamin D

- Other vitamins or supplements—specify: _____
(SUPPLEMENT_OTHER)

- None → GO TO QUESTION 30

CFQ068 (SUPP_FORM) 29. 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 (HERBAL) 30. 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 (**HERBAL_OTH**)
- No (**TIME_STAMP_2**)

CFQ071 (HERBAL_OTH) 31. 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