THE NATIONAL
CHILDREN'S
STUDY
HEALTH GROWTH ENVIRONMENT

6-Month Infant Feeding SAQ

Event: 6-Month

Participant: Child

Domain: Questionnaire

Type of Document: Self-Administered Questionnaire

Recruitment Groups: EH, PB, HI, PBS

Allowable Mode: PAPI

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6-Month Infant Feeding SAQ

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

INTERVIEW INTRODUCTION

INTERVIEWER INSTRUCTION:
- IF COMPLETED AS A PAPI, ENTER THE CHILD'S 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. First, we will ask about the milk, formula, and food your child has eaten.

CFQ003/(BREAST_FEED). Did you <u>ever</u> **breast feed** your baby?

     Yes.. 1
     No.. 2 **(PUMPED)**

CFQ005/(BREAST_FEED_NOW). Are you <u>currently</u> **breast feeding** your baby?

     Yes.. 1
     No.. 2

CFQ007/(PUMPED). Did you <u>ever</u> feed your baby **pumped or expressed breast milk?**

     Yes.. 1
     No.. 2

PROGRAMMER INSTRUCTIONS:
- IF **BREAST_FEED_NOW** = 2 AND **PUMPED** = 2, GO TO **(BREAST_STOP)/(BREAST_STOP_UNIT).**
- IF **BREAST_FEED_NOW** = 1 AND **PUMPED** = 2, GO TO **CFQ012.**
- OTHERWISE, GO TO **PUMPED_NOW**.

CFQ009/(PUMPED_NOW). Are you <u>currently</u> feeding your baby **pumped or expressed breast milk?**

     Yes.. 1 (**CFQ012**)
     No.. 2 **(CFQ012)**

CFQ011/(BREAST_STOP) /(BREAST_STOP_UNIT). How old was your baby when you <u>completely stopped</u> feeding your baby breast milk?

     |___|___|
     Number

     Weeks………………………………….……………………………………… 1
     Months……………………………………………….……………………… 2
     Never fed breast milk ....………………… -7
     ....

CFQ012. The next questions will ask about the milk, formula, and food your child has eaten. In the past 7 days, how often was your baby fed each item listed below?

PARTICIPANT INSTRUCTIONS:
- 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 spaces above "Number" and then circle "1" for "Day" below.
- If your baby was fed the item less than once a day, write the number of feedings per week in the spaces above "Number" and then circle "2" for "Week" below.

- If your baby was not fed the item at all during the past 7 days, write "00" in the spaces above "Number".

CFQ012A/(BREAST_MILK/BREAST_UNIT) In the past 7 days, how often was your baby fed breast milk (include breast fed and expressed or pumped breast milk)?

|___|___|
Number

REFUSED..-1
DON'T KNOW..-2

Day...1
Week...2

CFQ012B/(FORMULA_OFTEN/FORMULA_OFTEN_UNIT) In the past 7 days, how often was your baby fed formula?

|___|___|
Number

REFUSED..-1
DON'T KNOW..-2

Day...1
Week...2

CFQ012C/(COW_MILK/COW_MILK_UNIT) In the past 7 days, how often was your baby fed cow's milk?

|___|___|
Number

REFUSED..-1
DON'T KNOW..-2

Day...1
Week...2

CFQ012D/(MILK_OTHER/MILK_OTHER_UNIT) In the past 7 days, how often was your baby fed other milk (soy milk, rice milk, goat milk)?

|___|___|
Number

REFUSED..-1
DON'T KNOW..-2

Day...1
Week...2

PROGRAMMER INSTRUCTIONS:
- IF **BREAST_MILK** = 0, **PUMPED** = 2 OR **PUMPED_NOW** = 2, GO TO **FORMULA**.
- OTHERWISE, GO TO **PUMPED_2**.

CFQ013/(PUMPED_2). In the <u>past 7 days</u>, 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................................................ -7   (FORMULA)
1 time per week.................................  2
2 to 4 times per week.......................  3
Nearly every day..............................  4
1 to 3 times per day.........................  5
More than 4 times per day...............  6
```

CFQ015/(BREAST_MILK_STORED). In the <u>past 7 days</u>, 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............................................................. 1
2-3 days.................................................................... 2
4-5 days.................................................................... 3
More than 6 days....................................................... 4
Did not store breast milk in refrigerator ......................-7
```

CFQ017/(BREAST_MILK_TEMP). In the <u>past 7 days</u>, about how long was your breast milk usually **kept at room temperature** and then fed to your baby?

```
Less than 2 hours...................................................... 1
2-4 hours ................................................................. 2
5-8 hours ................................................................. 3
More than 8 hours...................................................... 4
Did not keep breast milk at room temperature...........................-7
```

CFQ023/(FORMULA). How old was your baby when {he/she} was first fed **formula** on a <u>daily basis</u>?

```
Less than one week .........................  1
7 to 13 days ....................................  2
14 to 31 days ..................................  3
More than 31 days ...........................  4
Never fed formula ............................ -7   (CFQ048)
```

CFQ027/(FORMULA_IRON). Was the formula fed to your baby within the <u>past 7 days</u> **with iron** or a **low iron formula?**

```
With iron...........................................  1
Low iron...........................................  2
```

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

PARTICIPANT INSTRUCTION:
- Select all that apply.

```
Ready-to-feed ........................................................... 1
Liquid concentrate .................................................... 2
Powder from a can that makes more than one bottle ................ 3
Powder from single serving packets ......................... 4
```

PROGRAMMER INSTRUCTIONS:
- If **FORMULA_TYPE** = 1 , GO TO **OUNCES.**
- IF **FORMULA_TYPE** = ANY COMBINATION OF 2 THROUGH 4, GO TO **FORMULA_LABEL**.
- IF **FORMULA_TYPE** = ANY COMBINATION OF 2 THROUGH 4 AND 1, GO TO **FORMULA_LABEL**.

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

```
Yes..................................................... 1   (WATER_1)
No .................................................... 2
```

CFQ035/(FORMULA_AMT)/(FORMULA_UNIT)(WATER_AMT)/(WATER_UNIT). When the formula was mixed, how much formula and how much water were used?

|___|___|
Number

```
Tablespoon.............................................................. 1
Teaspoon................................................................. 2
Ounce...................................................................... 3
Cup  ....................................................................... 4
Packet…………………………………………………………… 5
Formula Can………………………………………………….. 6
```

|___|___|
Number

```
Tablespoon.............................................................. 1
Teaspoon................................................................. 2
Ounce...................................................................... 3
```

CFQ036/(WATER_1). During the <u>past 7 days</u>, what types of **water** have you and others who care for your baby used for mixing your baby's formula?

PARTICIPANT INSTRUCTION:
- Select all that apply.

Tap water from the cold faucet... 1
Warm tap water from the hot faucet.. 2
Bottled water... 3
No water used.. 4 **(OUNCES)**

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

Yes.. 1
No... 2

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

|__|__| Ounces

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

PROGRAMMER INSTRUCTION:
- DISPLAY ABOVE INTRODUCTORY STATEMENT FOR **CLEAN_HANDS_1**, **CLEAN_HANDS_2**, **CLEAN_HANDS_3**, **CLEAN_HANDS_4**, & **CLEAN_HANDS_5**.

CFQ044A/(CLEAN_HANDS_1). Rinse hands with water only.

Never.. 1
Sometimes... 2
Most of the Time... 3
Always... 4

CFQ044B/(CLEAN_HANDS_2). Wipe hands only.

Never.. 1
Sometimes... 2
Most of the Time... 3
Always... 4

CFQ044C/(CLEAN_HANDS_3). Wash hands with soap.

Never.. 1
Sometimes... 2
Most of the Time... 3
Always... 4

CFQ044D/(CLEAN_HANDS_4). Use a hand sanitizer (such as gel or wipes).

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

CFQ044E/(CLEAN_HANDS_5). Prepare formula without cleaning your hands.

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

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

PROGRAMMER INSTRUCTION:
- DISPLAY ABOVE INTRODUCTORY STATEMENT FOR **B_TYPE_1, B_TYPE_2, B_TYPE_3, B_TYPE_4,** & **B_TYPE_5.**

CFQ048A/(B_TYPE_1). Plastic baby bottle with disposable bottle liner.

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

CFQ048B/(B_TYPE_2). Plastic baby bottle without disposable liner.

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

CFQ048C/(B_TYPE_3). Other plastic bottle (for example, a water bottle).

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

CFQ048D/(B_TYPE_4). Glass baby bottle.

    Never.. 1
    Sometimes.. 2
    Most of the Time.. 3
    Always.. 4

CFQ048E/(B_TYPE_5.) Plastic "no spill" cup.

    Never.. 1
    Sometimes... 2
    Most of the Time.. 3
    Always... 4

CFQ050/(PACIFIER). Has your baby used a **pacifier** in the <u>past 7 days</u>?

        Yes... 1
        No.. 2

CFQ052/(COWS_MILK_1). Has your baby <u>ever</u> been fed **cow's milk that was not sold especially for babies?** (This includes whole, lowfat, nonfat, or chocolate milk.)

        Yes... 1
        No.. 2 **(JUICE)**

CFQ054/(COWS_MILK_2/COWS_MILK_2_UNIT). How old was your baby when he/she was **first fed** cow's milk that was not sold especially for babies?

    |___|___|
    Number

    Days..1
    Weeks……………………………………………………………………………..2

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

        Yes... 1
        No.. 2 **(CFQ062)**

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

    |___|___|
    Number

    Days..1
    Weeks...2

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

        Always.. 1
        Sometimes.. 2
        Rarely... 3
        Never.. 4
        Don't know.. -2

CFQ062. 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.)

PROGRAMMER INSTRUCTION:
- DISPLAY ABOVE INTRODUCTORY STATEMENT FOR **C_FOOD1, C_FOOD2**, **C_FOOD3, C_FOOD4,** & **C_FOOD5**

CFQ062A/(C_FOOD1). Fruit and vegetable juice.

        Always.. 1
        Usually... 2
        Sometimes....................................... 3
        Never.. 4
        Not Fed to My Baby.......................... 5

CFQ062B/(C_FOOD2). Fruit.

        Always.. 1
        Usually... 2
        Sometimes....................................... 3
        Never.. 4
        Not Fed to My Baby.......................... 5

CFQ062C/(C_FOOD3). Vegetable.

        Always.. 1
        Usually... 2
        Sometimes....................................... 3
        Never.. 4
        Not Fed to My Baby.......................... 5

CFQ062D/(C_FOOD4). Meat, chicken and turkey.

        Always.. 1
        Usually... 2
        Sometimes....................................... 3
        Never.. 4
        Not Fed to My Baby.......................... 5

CFQ062E/(C_FOOD5). Combination dinner (for example, Spaghetti Dinner, Pasta and Vegetable Dinner, or a Turkey and Rice Dinner).

        Always.. 1
        Usually... 2
        Sometimes....................................... 3
        Never.. 4
        Not Fed to My Baby.......................... 5

CFQ064/(ORGANIC). During the <u>past 7 days</u>, were the baby foods your baby ate always, sometimes, rarely, or never **organic baby foods?**

Always... 1
Sometimes...................................... 2
Rarely... 3
Never.. 4
Don't know...................................... -2

CFQ066/(SUPPLEMENT). Which of the following **supplements** was your child given <u>at least three days a week</u> during the <u>past 2 weeks</u>?

PARTICIPANT INSTRUCTION:
- Select all that apply.

Fluoride... 1
Iron.. 2
Vitamin D.. 3
Other vitamins or supplements.……… -5
None... 5

PROGRAMMER INSTRUCTIONS:
- IF **SUPPLEMENT** =ANY COMBINATION OF 1 THROUGH 3, GO TO **SUPP_FORM**.
- IF **SUPPLEMENT** = -5 OR ANY OTHER COMBINATION OF 1 THROUGH 3 AND -5, GO TO **SUPPLEMENT_OTH**.
- IF **SUPPLEMENT** = 5, GO TO **HERBAL**.
- OTHERWISE, GO TO **SUPP_FORM**.

CFQ067/(SUPPLEMENT_OTH)

Specify: _____

DON'T KNOW... -2

PROGRAMMER INSTRUCTION:
- LIMIT FREE TEXT TO 255 CHARACTERS.

CFQ068/(SUPP_FORM). Were the supplements you gave your baby in the form of **drops** or **pills**?

PARTICIPANT INSTRUCTION:
- Mark crushed pills mixed with liquid as "pills".

Drops.. 1
Pills.. 2

CFQ070/(HERBAL). Was your baby given any **herbal or botanical preparations** or any kind of tea or home remedy in the <u>past 7 days</u>? 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 1
No .... 2 **(TIME_STAMP_2)**

CFQ071/(HERBAL_OTH). 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 <u>past 7 days</u>.

_____
_____
_____

PROGRAMMER INSTRUCTION:
- LIMIT FREE TEXT TO 255 CHARACTERS.

(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 PARTICIPANT TO RETURN.