


The National Children's Study

12 Month Follow-up Questionnaire



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
National Institutes of Health
Centers for Disease Control and Prevention
U.S. ENVIRONMENTAL PROTECTION AGENCY



THE NATIONAL
CHILDREN'S
STUDY

HEALTH GROWTH ENVIRONMENT

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 relationships and 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.

If you are married or have a partner, please read the instructions below.

If you are not married or do not have a partner, go to the instructions following Question 6.

The first set of items are about your relationship with your spouse or partner. Please indicate the extent to which you agree or disagree with each statement.

1. My spouse/partner listens to me when I need someone to talk to.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

2. I can state my feelings without him getting defensive.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

3. I often feel distant from my spouse/partner.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

4. My spouse/partner can really understand my hurts and joys.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

5. I feel neglected at times by my spouse/partner.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

6. I sometimes feel lonely when we're together.

- Strongly disagree
- Somewhat disagree
- Neither agree nor disagree
- Somewhat agree
- Strongly agree

The next questions will ask about the milk, formula, and food your child has eaten in the past 7 days. In answering include feedings by everyone who feeds the baby. Include snacks and night-time feedings. Use these guidelines in choosing how to respond:

- If the baby was fed this item once a day or more, write the number of feedings *per day* in the boxes and then mark the box before “Day.”
- If the baby was fed the item less than once a day, write the number of feedings *per week* in the boxes and then mark the box before “Week.”
- If the baby was not fed the item at all during the past 7 days, write “00” in the boxes.

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

Number of times per (select one below)

- Day
 Week

8. In the past 7 days, how often was your baby fed formula?

Number of times per (select one below)

- Day
 Week

9. In the past 7 days, how often was your baby fed cow’s milk?

Number of times per (select one below)

- Day
 Week

10. In the past 7 days, how often was your baby fed other milk (soy milk, rice milk, goat milk)?

Number of times per (select one below)

- Day
 Week

11. Please tell me which best describes what your baby has been fed. My baby...

- ...is not drinking breast milk now, but was fed breast milk in the past
 ...is drinking breast milk now
 ...was never fed breast milk

If you answered “My baby is drinking breast milk now” for Question 11, go to Question 14.

If you answered “My baby was never fed breast milk” for Question 11, go to Question 15.

Otherwise go to Question 12.

12. How old was your baby when you completely stopped breastfeeding and pumping or expressing breast milk? (If your baby was less than one month, enter age in weeks. If your baby was older than one month, enter age in months.)

Number of (select one below)

- Weeks
- Months

13. Have you ever fed your baby pumped or expressed breast milk?

- Yes
- No → *Go to Question 15*

14. 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 nighttime feedings.

- 1 time per week
- 2 to 4 times per week
- Nearly every day
- 1 time per day
- 2 to 3 times per day
- 4 to 6 times per day
- More than 6 times per day
- Not applicable/ I have not fed my baby breast milk in the past 7 days

15. How old was your baby when he/she was first fed formula on a daily basis?

- less than 1 month old
- 1 to 2 months old
- 3 to 4 months old
- 5 to 6 months old
- More than 6 months old
- Not applicable (never fed formula to baby)

If you answered “00” to Question 8 and “Not applicable (never fed formula to baby)” for Question 15, go to the instructions following Question 21.

If you answered any number “01” or more to Question 8, go to Question 17.

If you were unable to answer Question 8, go to Question 16.

16. Has your baby had formula in the last seven days?

- Yes
- No → *Go to Instructions following Question 21*
- Not applicable (never fed formula to baby) → *Go to Instructions following Question 21*

17. What kind of infant formula was your baby fed in the past 7 days? Select all of the formulas that you feed your baby. Include any formula the baby was fed in the past 7 days that is not included on the list under "Other."

- Baby's Only Organic Dairy
- Baby's Only Organic Soy
- Baby's Only Organic Lactose Free
- Bright Beginnings milk-based
- Bright Beginnings Gentle milk-based
- Bright Beginnings Organic
- Bright Beginnings milk-based 2
- Bright Beginnings NeoCare
- Earth's Best Organic Infant Formula with DHA & ARA
- Earth's Best Organic Soy Infant Formula with DHA & ARA
- EleCare®
- Enfamil® Premium with Triple Health Guard
- Enfamil® Premium Next Step
- Enfamil® ProSobee®
- Enfamil® RestFull
- Enfamil AR®
- Enfamil® Gentlease®
- Enfamil® Gentlease® Next Step
- Enfamil® Enfacare
- Enfamil® Premature
- Enfamil® Premium Vanilla or Chocolate
- Enfamil® Soy Next Step
- Gerber® Good Start® Gentle Plus
- Gerber® Good Start® Gentle Plus 2
- Gerber® Good Start® Protect Plus
- Gerber® Good Start® Protect Plus 2
- Gerber® Good Start® Soy Plus
- Gerber® Good Start® Soy Plus 2
- Nutramigen® with Enflora LGG
- Nutramigen® AA
- Pregestimil®
- Similac® Advance® EarlyShield
- Similac Isomil® Advance®
- Similac Isomil® DF
- Similac® Organic
- Similac® Go & Grow
- Similac® Go & Grow EarlyShield
- Similac® Sensitive
- Similac® Sensitive R.S.
- Similac® Alimentum®
- Similac® Neosure®
- Store brand Milk based (like Member's Mark, Kirkland, Target up & up)
- Store brand Gentle or partially broken down whey protein formula (like Member's Mark or Target up & up)
- Store brand Soy based (like Target up & up)
- Store brand Next step (like Target up & up)
- Store brand Lacto sensitive (like Target up & up)
- Store brand Prebiotic (like Target up & up)
- Other _____

18. Was the formula ready-to-feed, liquid concentrate, powder from a can that makes a single serving, or powder from single serving packets? Select all of the formulas you feed your baby.

- Ready-to-feed
- Liquid concentrate
- Powder from a can that makes more than one bottle
- Powder from single serving packets

If your baby was ONLY fed ready-to-feed formula, go to Question 21.

Otherwise, go to Question 19.

19. 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? Select all of the types of water you have used for mixing your baby's formula. If you have used any other type of water, please list the water type on the line below.

- Tap water from the cold faucet
- Warm tap water from the hot faucet
- Bottled water
- Other type of water used _____

20. Was the water used to mix the formula boiled?

- Yes
- No

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

Ounces.

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

22. Plastic baby bottle with disposable bottle liner.

- Never
- Sometimes
- Most of the time
- Always

23. Plastic baby bottle without disposable liner.

- Never
- Sometimes
- Most of the time
- Always

24. Other plastic bottle (for example, a water bottle).

- Never
- Sometimes
- Most of the time
- Always

25. Glass baby bottle.

- Never
- Sometimes
- Most of the time
- Always

26. Plastic “no spill” cup.

- Never
- Sometimes
- Most of the time
- Always

27. Has your baby used a pacifier in the past 7 days?

- Yes
- No

28. Has your baby ever been fed cow’s milk that was not sold especially for babies? (This includes whole, low-fat, nonfat, or chocolate milk.)

- Yes
- No → *Go to Question 30*

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

Age in months.

30. How old was your baby when he/she was first fed cereal, including baby cereal, on a daily basis?

- less than 1 month old
- 1 to 2 months old
- 3 to 4 months old
- 5 to 6 months old
- More than 6 months old
- Not applicable (never fed cereal)

31. How old was your baby when he/she was first fed pureed baby food on a daily basis? Please include commercial (store bought) and homemade baby food.

- less than 1 month old
- 1 to 2 months old
- 3 to 4 months old
- 5 to 6 months old
- More than 6 months old
- Not applicable (never fed pureed baby food)

32. How old was your baby when he/she was first fed table food such as eggs, cheese, or potatoes on a daily basis?

- less than 1 month old
- 1 to 2 months old
- 3 to 4 months old
- 5 to 6 months old
- More than 6 months old
- Not applicable (never fed table food)

33. Which of the following supplements was your child given at least 3 days a week during the past 2 weeks? Select all of the supplements your child has taken during the past 2 weeks for at least 3 days a week. If your child has taken any other vitamins or supplements, please list them on the line beside “Other vitamins or supplements.”

- Fluoride
- Iron
- Vitamin D
- Other vitamins or supplements _____
- Not applicable (child not given supplements)

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

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

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