



United States
Department of
Agriculture

Food and
Nutrition
Service

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Memo: Responses to Nestlé Nutrition U.S. - 60 Day Federal Register Notice for WIC Infant and Toddler Feeding Practices Study-2 (WIC ITFPS-2)

Dear Kathleen Reidy, Dr Ph, RD:

FNS would like to thank Nestle Infant Nutrition/GERBER Products Company (Gerber) for its thoughtful comments on the WIC ITFPS-2. We appreciate having a partner that has taken such a careful and thorough look at the instruments and value your feedback. Your FITS 2002 and 2008 studies were very helpful as we designed the WIC ITFPS-2. We included a number of questions from the instruments used in FITS 2002 and 2008, and we appreciate your willingness to share with us some of the unpublished data from those studies.

As you know, developing a study as comprehensive as WIC ITFPS-2 requires multiple passes and input from a number of researchers. The draft you reviewed was one of the earlier drafts. Our research team had many of the same concerns; we believe that the updated version is a stronger instrument. Other items you raised deserved another look. In the document attached, we engage the discussion item by item, as listed in your letter. We look forward to the continued dialogue, and thank you again for your very careful review of the instruments for what we all agree will be an important study. It will help the WIC program and its partners better understand how caregivers make decisions about feeding their infants and toddlers, as well as the impact of those decisions on major public health concerns, such as obesity prevention and access to healthy foods. We believe that the results will enable policymakers to continue to strengthen important programs that serve our youngest Americans.

Sincerely,

Steven Carlson

Enclosed: Attachments A and B

Attachment A

(a) Necessity and practical utility of the data collection for WIC ITFPS-2

FNS agrees with Gerber that this is a very important study that will address critical public health concerns, including obesity and improving nutrition and eating habits.

(c) Ways to enhance the quality, utility and clarity of the information collected

In this section, we address each concern by item as listed in the original letter. As appropriate, we provide an example from the updated instrument, referenced by question number in Attachment B.

In many cases, we agree with Gerber's assessment and have modified the phrasing accordingly. In others, while we agree that additional information would be interesting, we were not able to include the additions because of the potential to increase respondent burden. We will try to speak with the same women 12 times over a two-year period. As with any longitudinal study, we run the risk of substantial participant attrition at each survey, which, in turn, affects our results and findings. To reduce this risk, we have tried diligently to keep each interview to 30 minutes. This limits what we can include, and we have tried to focus on key research questions and, importantly, the ability to compare our findings to those of previous studies. In some cases, this means we have repeated the question from a prior study verbatim in order to maintain comparability. We hope you will agree that the updated version of the questionnaire balances our goals of answering the key research questions with limiting the respondent burden.

Gerber's first bullet noted three concerns that:

- (1) the description of baby foods in a jar is too specific, and that the phrasing "in a jar" should be more inclusive,**
- (2) WIC-provided and non-WIC-provided foods should be addressed separately, and**
- (3) home-made food preparation be clearer.**

Response:

(1) We agree that noting only 'jarred baby foods' could unintentionally limit the responses. We went through several iterations and the instrument development team had extensive discussions about how to describe commercial packaging in simple, effective ways. In pretesting, we found that overly long descriptions or complex vocabulary tended to make respondents lose focus. The term "commercial baby food," used by FDA-IFPS-2, is too complex a language level for the WIC sample, which is anticipated to have lower education levels than the FDA IFPS-2 consumer panel sample. We also considered "store-bought baby food," but this term posed some difficulties because ingredients for homemade baby foods and finger foods are also store-bought. Although, "baby food from a jar" tested well during cognitive interviews, we recognize that this language may not sound sufficiently inclusive. As a result, we revised the language to the more inclusive "store-bought baby food in a jar or container." This affects wording in several questions, including KA3, KA7, CF37, CF38, CF39 (NOTE: CF39 also contains an edit about puree and mash intended to mirror needed changes to clarify these terms when translated into Spanish). We have included an example of two of the affected questions in Attachment B (KA3, KA4, CF37, CF38). In addition, the sequence of questions in the Automated Multiple Pass Method (AMPM) used to collect the 24-hour dietary

recall data will ensure that all pre-packaged baby foods are accurately collected. The AMPM is conducted with each interview please see Attachment B for series of questions that will be asked.

(2) We agree with Gerber that the types of foods should be addressed separately for WIC provided and non-WIC-provided foods. We have added a series of questions (“CF33 series” and CF37), which ask the respondent separately about each type of food. This distinction is also addressed in CF38, where respondents can answer that they purchased only some food items with WIC vouchers. The AMPM recall will also ask questions about the types of foods.

(3) We agree with Gerber and included CF39, which addresses the concern about homemade food preparation. It asks separately about a number of ways a caregiver might prepare homemade foods.

KA3-4: Past Infant Feeding Practices

Gerber raised six concerns regarding Past Infant Feeding Practices.

Response:

(1) Introduction of infant cereal.

We appreciate Gerber’s comment and modified question KA3 to address introduction to infant cereal in a bottle and at what age (see Attachment B). However, we did not separate out the introduction of infant cereal and puree baby foods in KA3 due to the respondent burden since this is asked at baseline, which is the longest interview.

(2) Addressing the introduction of infant cereal through a bottle.

We concur with Gerber’s observation that many babies are introduced to infant cereal initially when it is added to a bottle of formula or breastmilk. We added the phrase “please be sure to include infant cereal you might have added to your child’s bottle” to the affected questions KA3 and KA7 (Attachment B). Also, the introduction of infant cereal to the target child’s bottle is addressed in question CF36 a and b (Attachment B). It asks the mother specifically whether she added cereal or sweeteners to the baby’s formula or breast milk in the bottle, and if so, why.

(3) Ensuring store-bought baby foods are not limited to jarred baby foods.

As noted above, the instrument was modified to reflect an expanded definition of store-bought baby foods.

(4) Separating variety of baby foods and WIC-foods versus non-WIC foods.

Questions KA3 and KA4 target past infant feeding practice (i.e. not for the target child, but for older siblings), and are specifically trying to determine the age at introduction of *baby foods* and *table foods*. However, the study is mainly concerned about the timing of the introduction of solids (Research Question 49b asks: “When did she first give baby foods and table foods to siblings on WIC?”). In this instance, we are concerned about respondent burden, and are afraid that adding additional response choices would lengthen the survey without adding to the research objectives. We agree with Gerber that the types of foods should be addressed separately. We have added a series of questions (“CF33 series”) and CF37 to the target child, which ask the respondent

separately about each type of food. The categories ask separately about WIC-approved and non-WIC-approved foods. The AMPM recall will also ask questions about the types of foods.

(5) Type infant cereal

We agree that getting this information on the type of cereal would be interesting. However, the study is mainly concerned about the timing of the introduction of solids [Research Question 49b asks: When did she first give baby foods and table foods to siblings on WIC?]. In this instance, we are concerned about respondent burden, and are afraid that adding additional response choices would lengthen the survey without adding to the research objectives.

(6) Breastfeeding and Formula Feeding Exclusivity

We agree with Gerber that getting information on how mothers combine breastfeeding and formula feeding is important. Question CF1 (Attachment B) asks whether a mother exclusively breastfeeds, formula feeds, or does a combination.

K4: The distinction between KA3 and KA4

Response: As with the response to #4 above, KA3 and KA4 are addressing the timing of introduction of *baby foods* and *table foods*. In cognitive pretesting, when we asked respondents to define table foods they described them as regular foods that other people in the family eat.

KA7-8: Questions are redundant or confusing

Response: We agree that this is confusing in paper form. This survey will be conducted through a CATI system. When programming into the CATI system, the questions will be sequenced based on the number of other children the respondent has. The same respondent will *not* be asked both KA3 and KA7. Instead, if the respondent has no older children, she will not be asked the KA series; if *only one* older child, she will be asked KA3 and not KA7; if she has *more than one* older child, she will be asked KA7. As noted above, the instrument was modified to reflect and expanded KA7 to include putting cereal in the bottle (Attachment B).

Gerber noted that WC12 and WC13 would not get to whether or not WIC vouchers were sufficient to cover a participant's needs. We organized Gerber's concerns from this bullet as followed:

- (1) Recommended adjusting to determine if WIC moms are using all their WIC vouchers (mom uses her own money to buy additional food), and**
- (2) If the vouchers are not fulfilling all their requirements**
- (3) Allow analysis of baby food products separately**

Response:

- (1) WC12 and WC13 are intended to capture mom's usage of the WIC vouchers, but are not intended to be comprehensive. Instead, the results will go into a table summarizing WIC mom's general usage of a number of WIC services. In this case, the table will show whether, in a given month over two surveys (prenatal and at 3 months) moms had used their full voucher amount. It will also have an option for "haven't shopped yet." The scope of this study does not conduct an analysis of the amount of benefits used or what was used to buy additional formula and baby foods with moms' own money. Although as mentioned

above, the series of questions CF33 and question CF37 will ask the respondent separately about each type of food.

- (2) Because WIC is a supplemental food program, we expect that WIC foods do not address all of a participant's needs. Also, CF38 address where respondents can answer that they purchased only some food items with WIC vouchers. The AMPM recall also will allow the study to examine how WIC foods fit into the overall diet, including the other foods a participant consumes beyond those provided through WIC.
- (3) The AMPM recall will provide a comprehensive view of participants' diets and allow for individual analysis of foods.

WC16F

Response: Question WC16F on satisfaction with breastfeeding support has been removed from the final questionnaires.

MH13: Mother's perception of her weight

Response: We are collecting mothers' height and weight in order to calculate BMI. While we agree that a mother's perception of her weight could influence her feeding practices, those analyses are not currently in the research design. We would not be able to add those analyses at this stage without a significant change to the scope of work, but we agree that this would be an important consideration in a future study.

24-Hour dietary recall

Response: The AMPM will collect detailed information about food preparation.

SD 7, 8 and 9 questions

Response: The timing of questions was not clear in the paper-based instrument due to the use of the CATI system. These questions will be asked at the first interview *after the baby is born*. If the mother was recruited prenatally, they will be asked at 1 month.

SD12: Caregiver

Response: We agree that it is important that we ask these questions of the person making the primary shopping and food decisions. SD12 is one of several questions that, together, give us confidence that we will interview the correct respondent.

HF18

Response: We agree that a mother may only receive one item; however, results from the cognitive pretesting indicated that mothers interpreted this question to be inclusive of diaper bags with multiple items inside, or single-item (usually formula) gifts as a "gift pack". This coincides with findings from several studies, like the Pregnancy Risk Assessment Monitoring System (PRAMS) and FDA IFPS-II study sponsored by CDC, that asked the similar question which find that formula

samples are included in respondents interpretation of “gift pack.”^{1,2} We anticipate this question to be clearly understood, and will still pick up single-item gifts, with the current language.

CF1: Cow’s milk

Response: When the instrument is coded into the computer-based survey, this question will be sequenced with a series of other questions that first ascertain whether or not the child has had anything other than breastmilk or formula. Once the response to that question is “yes,” the sequencing of subsequent questions addresses the types of milk and the fat content of the milk (i.e., skim, 1%, 2% or whole). This will also be captured in the AMPM recall.

CF4

Response: We agree that getting this information would be interesting, but are concerned doing so would lengthen the survey. As mentioned above, we have tried to keep each survey less than 30 minutes to minimize the risk of attrition.

CF18, CF27 and CF31

Response: These are questions used in previous studies. We have kept the same language as what was used in those surveys for comparability.

CF 21: Return to work

Response: We will collect information on the impact of returning to work on breast- and formula feeding through a combination of two questions, CF21 and CF4 (attachment B). This will show whether the respondent felt that breastfeeding was inconvenient or felt that returning to work was a barrier.

Gerber raised three concerns with CF33 regarding the introduction of supplemental foods.

- (1) **CF33 f) distinction between sweetened and unsweetened teas**
- (2) **CF33 specific grain-based finger foods designed for a baby**
- (3) **CF33 w) first fed beans**

Response:

- (1) We appreciate the second look Gerber has given us for CF33, which asks a series of questions about the types of foods and drinks offered, and the timing of those offerings. CF33e asks about sweetened beverages, and specifies “sweet tea.” CF33i specifies other drinks, “including teas and broths.” This series of questions asks about sweetened beverages before it asks about tea; therefore, sweetened teas would be captured in CF33e. The mother is asked about sweetened beverages (including sweet tea) in CF33e, which is before the question on other drinks and liquids. Therefore, CF33i is not specifically asking about sweetened teas. The important element for the data is that the mother includes sweet tea under sweetened beverages, so that we have an age for first introduction of sweetened beverages. If the mother duplicates her response under teas and broths that would not be inaccurate, and the wording of the questions as “other drinks or liquids” will likely minimize this issue. Most mothers who indicated teas during pretesting were talking about medicinal

¹ Kenneth D. Rosenberg, Carissa A. Eastham, Laurin J. Kasehagen, and Alfredo P. Sandoval. Marketing Infant Formula Through Hospitals: the Impact of Commercial Hospital Discharge Packs on Breastfeeding. American Journal of Public Health: February 2008, Vol. 98, No. 2, pp. 290-295.

² Ann M. DiGirolamo, PhD, MPH, Laurence M. Grummer-Strawn, PhD, Sara B. Fein, PhD. Effect of Maternity-Care Practices on Breastfeeding. Pediatrics Vol. 122 No. Supplement 2 October 1, 2008 pp. S43 -S49.

teas rather than regular teas; our assessment was that there would not be a problem with overlap.

- (2) The AMPM will capture details about the types of cereals and grain products the infant/toddler consumed the data before the interview. This will capture the Ready-to-Eat (RTE) products that the child will learn to use as finger foods.
- (3) The primary question on beans specifies the type of beans; the follow up question refers to the primary question.

CF36 b)

Response: We agree that this is a common reason; however, the research team was concerned that this could *influence* a mother to *begin* this practice. Therefore, the research team agreed that the existing response options were sufficient.

CF37

Response: As mentioned above, this has been revised to address description of baby foods (Attachment B).

KA25

Response: We agree that ensuring respondents understand we are referring to the WIC package is important. The latest version of the instrument has this as a two-part question. KA24 specifies the WIC package, and is followed by KA25, which asks about its importance in the breastfeeding decision. When programming into the CATI system, the questions will be sequenced based on a participant's WIC participation and food package.

KA35 and KA36: Sources of counseling and information

Response: These two items are designed to address specific research questions for WIC ITFPS-2. KA35 is designed to address research question #53 [53: Did the mother receive counseling on infant feeding and care and by whom? 53a: Where did the mother receive her counseling on infant feeding and care (e.g., clinical dietitian from hospital, nurse practitioner, or WIC nutritionist at clinic)?]. This research question focuses on counseling/education provided directly by health professionals in contrast to other sources, such as friends and family, that are not necessarily trained in the health field. If the mother received counseling or education from a doctor or nurse through a hotline, it would be represented here.

KA36 is designed to capture a wider range of potential sources of advice, including friends and family. It addresses research question #56 [56: Where does the mother/caregiver get nutrition information (e.g., WIC, websites, social media, family, friends, social networks, healthcare providers, etc.)?]. If a mother turns to any of the resources sponsored by Nestle Gerber's Start Healthy Stay Healthy Initiative for nutrition information we expect we will capture it within the parameters of the existing question.

CF50: Infant bottle feeding practices

Response: Infant satiety cue are collected via KA26 (Attachment B).

CF43

Response: This question is asked at 13, 15, 18, and 24 months because WIC does not offer these foods prior to one year. The only foods offered prior to 13 months are formula, infant cereal and baby foods (WIC no longer gives baby juices prior to 13 months).

CF49 and 51: Satiety questions at an earlier age

Response: Satiety cues are explored at 3 months with a 5-item set of questions (KA26). Also, during the first year we ask about control and inappropriate bottle feeding practices (CF50, at 3 and 9 months). During the second year we ask questions about beliefs about feeding toddlers including control beliefs (KA11-KA17 at 15 and 24 months), understanding of the child's satiety cues (KA27 at 13 and 24 months), introduction of new foods (CF49 at 15, 18, 24 months), and toddler feeding rules (CF51 at 15 and 24 months).

The emphasis on the second year for questions on introduction of new foods and feeding rules/beliefs is a reflection of the greater variety of foods introduced and consumed during the second year. Taken together, the set of questions mention above (CF50, KA11-17, KA26-27, CF49, and CF51) this addresses the issues of satiety, control, inappropriate feeding practices, and feeding beliefs and rules for the scope of the study.

Source of baby food (homemade or purchased; if purchased, was it all with WIC vouchers or some purchased without WIC vouchers)

7, 9, 11, 13

CF37. For each food category I read to you, please tell me about how much of the food fed to your baby over the past 7 days was store-bought baby food in a jar or container. Baby foods in a jar or container are those sold especially for babies. Foods that are not baby foods in a jar or container include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. [Source: FDA IFPS-2, modified]

a. Fruit and vegetable juice

All store-bought baby food	01
Mostly store-bought baby food	02
Some store-bought baby food	03
No store-bought baby food.....	04
Not fed this food in past 7 days.....	05

b. Fruit

All store-bought baby food	01
Mostly store-bought baby food	02
Some store-bought baby food	03
No store-bought baby food.....	04
Not fed this food in past 7 days.....	05

c. Vegetables

All store-bought baby food	01
Mostly store-bought baby food	02
Some store-bought baby food	03
No store-bought baby food.....	04
Not fed this food in past 7 days.....	05

d. Meat, such as beef and chicken

All store-bought baby food	01
Mostly store-bought baby food	02
Some store-bought baby food	03
No store-bought baby food.....	04
Not fed this food in past 7 days.....	05

d. Combination dinners

All store-bought baby food	01
Mostly store-bought baby food	02
Some store-bought baby food	03
No store-bought baby food.....	04
Not fed this food in past 7 days.....	05

AMPM Recall Question Prompts that address pre-packaged foods.

- What kind of food was it? (Was it carrots, peaches, turkey rice dinner, vanilla custard pudding, or something else?)
- What was the brand name? Was it Gerber, Beech-Nut, Heinz or something else?
- Was it First, Second, Third, Graduates, or something else?
- Was it Baby's First, Stage 1, Stage 2, Stage 3, Table Time, or something else?
- Was it Beginner, Strained, Junior Foods, or something else?
- Was it strained, Junior Foods, or something else?
- Was anything added to the {JBF005 ANSWER}?
- What was it?
- How much of this {JBF105 ANSWER} was added?
- How much of this baby food did {YOU/SP NAME} actually eat?

CF38. [If all, mostly or some *store-bought* baby food indicated above, then ask:] Was all of the store-bought baby food in jars or containers bought with WIC checks, only some with WIC checks, or none with WIC checks? [Source: New Development]

All with WIC checks.....	01
Some with WIC checks.....	02
None with WIC checks	03
Don't know	98
Refused	99

Methods and frequency of methods used to prepare child foods
7, 9, 11, 13

CF39. [If mostly, *some*, or *no* store-bought baby food fed in past 7 days from above, ask:] I'm going to read you some ways people prepare homemade food for babies. For each one, please tell me if you do this to make food for {CHILD}. [Source: New Development]

- a. Puree, such as in a blender or food processor**
 - Yes01
 - No.....02

- b. Mash, such as with a fork or spoon**
 - Yes01
 - No.....02

- c. Chop or dice**
 - Yes01
 - No.....02

- d. Chew foods yourself before giving to (him/her)**
 - Yes01
 - No.....02

- e. Is there any other way you make food for {CHILD}**

Yes (specify _____)01
No.....02

Past infant feeding practices
Baseline

KA3. (If 1 other child) How old was your other child the first time you fed him/her infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to your child's bottle. [Source: New Development]

Age [weeks/months/years]
Not applicable97

KA7. (If more than 1 other child): Thinking of all your other children, what was the earliest age that you fed infant cereal, store-bought baby food in a jar or container, or homemade pureed baby food to any of your other children? When thinking about the first time you fed any of these things, please be sure to include infant cereal you might have added to a child's bottle. [Source: New Development]

Age [weeks/months/years]
Not applicable97

Time to introduction of supplemental foods
1, 3, 5, 7, 9, 11, 13, 15, 18, 24

Next I'm going to ask you some questions about when you first started feeding {CHILD} different types of foods. Ask each food until answer is affirmative, then stop asking that food in subsequent interviews

CF33. For each of the following, please tell me if {CHILD} has been given this food or drink, and if so, how old {CHILD} was when he/she first had that food. [Sources: FITS 2008; IFPS-1; WHO Toolkit 1996]

a. Has [HE/SHE] been given plain bottled or tap water?
Yes01
No02

b. (If yes) How old was {CHILD} when [HE/SHE] was first fed plain bottled or tap water?
Age..... [weeks/months]
Don't know98
Refused99

c. Has [HE/SHE] been given soda or soft drinks?
Yes01

- No02
- d. **(If yes) How old was {CHILD} when [HE/SHE] was first fed soda or soft drinks?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- e. **Has [HE/SHE] been given other sweetened beverages (such as Kool Aid, Hi-C, Fruit Punch, sweetened juice, sweetened or flavored water, Gatorade, or sweet tea)?**
 Yes01
 No02
- f. **(If yes) How old was {CHILD} when [HE/SHE] was first fed other sweetened beverages?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- g. **Has [HE/SHE] been given 100% fruit juice such as apple juice, orange juice, or other types of 100% juice. Do not include fruit-flavored drinks with added sugar or fruit juice you made at home and added sugar to?**
 Yes01
 No02
- h. **(If yes) How old was {CHILD} when [HE/SHE] was first fed 100% fruit juice?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- i. **Has [HE/SHE] been given other drinks and liquids, including teas and broths?**
 Yes01
 No02
- j. **(If yes) How old was {CHILD} when [HE/SHE] was first fed Other drinks and liquids, including teas and broths?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- k. **Has [HE/SHE] been given Cow's milk, including whole milk, 2%, 1%, or skim? Please include milk you add to other foods such as cereal.**
 Yes01
 No02
- l. **(If yes) How old was {CHILD} when [HE/SHE] was first fed cow's milk?**
 Age..... [weeks/months]
 Don't know98
 Refused99

- m. Has [HE/SHE] been given dairy products other than cow's milk including cheese, yogurt, or goat's milk? Please include any dairy products other than cow's milk that you add to other foods.**
 Yes01
 No02
- n. (If yes) How old was {CHILD} when [HE/SHE] was first fed dairy products other than cow's milk?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- o. Has [HE/SHE] been given baby cereal**
 Yes01
 No02
- p. (If yes) How old was {CHILD} when [HE/SHE] was first fed baby cereal?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- q. Has [HE/SHE] been given other cereal besides baby cereal?**
 Yes01
 No02
- r. (If yes) How old was {CHILD} when [HE/SHE] was first fed other cereal besides baby cereal?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- s. Has [HE/SHE] been given eggs?**
 Yes01
 No02
- t. (If yes) How old was {CHILD} when [HE/SHE] was first fed eggs?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- u. Has [HE/SHE] been given fruit, including baby food or regular fruit?**
 Yes01
 No02
- v. (If yes) How old was {CHILD} when [HE/SHE] was first fed fruit?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- w. Has [HE/SHE] been given vegetables, including baby food or regular vegetables?**

- Yes01
 No02
- x. **(If yes) How old was {CHILD} when [HE/SHE] was first fed vegetables?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- y. **Has [HE/SHE] been given beans, such as black beans, pinto beans, or chick peas?**
 Yes01
 No02
- z. **(If yes) How old was {CHILD} when [HE/SHE] was first fed beans?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- aa. **Has [HE/SHE] been given peanut butter**
 Yes01
 No02
- bb. **(If yes) How old was {CHILD} when [HE/SHE] was first fed peanut butter?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- cc. **Has [HE/SHE] been given meats,, chicken, or fish, including baby food and baby food combination dinners containing these foods?**
 Yes01
 No02
- dd. **(If yes) How old was {CHILD} when [HE/SHE] was first fed meat, chicken, or fish?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- ee. **Has [HE/SHE] been given salty snacks, such as chips, pretzels, crackers, or other snack foods including baby snacks?**
 Yes01
 No02
- ff. **(If yes) How old was {CHILD} when [HE/SHE] was first fed salty snacks?**
 Age..... [weeks/months]
 Don't know98
 Refused99
- gg. **Has [HE/SHE] been given sweets, such as cake, cookies, candy, or jam**
 Yes01
 No02

- hh. (If yes) **How old was {CHILD} when [HE/SHE] was first fed sweets?**
 Age..... [weeks/months]
 Don't know98
 Refused99

Cereal added to a bottle Response: Following are the infant cereal related questions.

Were foods other than breastmilk or formula fed by bottle? If so, why?

1, 3, 5, 7

CF36. Now I'm going to ask you some questions about things you might have added to your baby's bottle of infant formula or pumped breastmilk.: [Source: FDA IFPS-2, modified; New Development for reasons]

a In the past two weeks, how often have you added baby cereal to your baby's bottle?

- Every feeding.....01
- At most feedings02
- About once a day03
- Every few days04
- Rarely.....05
- Never.....06

b. (If anything other than never) Why did you add baby cereal to your baby's bottle?

- To make him/her full01
- To make him/her drink more milk.....02
- To give him/her a special treat.....03
- As a remedy04
- A doctor or other health professional told me to05
- A friend or relative told me to06
- Other07

c. In the past two weeks, how often have you added sweetener to your baby's bottle?

- Every feeding.....01
- At most feedings02
- About once a day03
- Every few days04
- Rarely.....05
- Never.....06

d. (If anything other than never) Why did you add sweetener to your baby's bottle?

- To make him/her full01
- To make him/her drink more milk.....02
- To give him/her a special treat.....03
- As a remedy04
- A doctor or other health professional told me to05
- A friend or relative told me to06
- Other07

- e. **Have you added anything else?(Specify OTHER_____)** **In the past two weeks, how often have you added [OTHER] to your baby’s bottle?**
- Every feeding.....01
 At most feedings.....02
 About once a day.....03
 Every few days.....04
 Rarely.....05
 Never.....06
- f. *(If anything other than never)* **Why did you add [OTHER] to your baby’s bottle?**
- To make him/her full.....01
 To make him/her drink more milk.....02
 To give him/her a special treat.....03
 As a remedy.....04
 A doctor or other health professional told me to.....05
 A friend or relative told me to.....06
 Other.....07

Cereal type

Response: The AMPM captures information about the *type of cereal and the packaging.*

AMPM

Was it dry or jarred?

What kind was it? (Was it barley, rice, oatmeal with bananas, rice with apples, or something else?)

What liquid or food was mixed with the dry cereal? (Was it formula, baby food applesauce, baby food grape juice, or something else?)

What was the brand name of the formula? (Was it Enfamil LIPIL, Similac Advance, LactoFree LIPIL, or something else?)

Was the {DBC015 ANSWER} with iron, low iron, or something else?

How much liquid {DBC 015 ANSWER} was mixed with the cereal?

How much water was mixed with the cereal?

Was the milk 1%, 2%, whole, skim or something else?

How much {DBC015 ANSWER} was mixed with the cereal?

How much {DBC015 ANSWER} was mixed with the cereal?

What was the weight of the jar?

What was the size of the bottle?

How much dry cereal was mixed in?

How much of this prepared {DBC010 ANSWER} did {YOU/SP NAME} actually eat?

Formula definition

Response: Question CF1 is determining whether a child is still breastfeeding or formula feeding. If the child is consuming cow’s milk it will be captured in the “neither” response shown below.

CF1. Are you currently feeding {CHILD} breastmilk either from your breast or from a bottle, formula, (1-5 months: or both) (7-13 months: both, or neither)?

Only breastmilk.....01

Only formula.....02

Both breastmilk and formula	03
Neither breastmilk nor formula	04

CF4. I'm going to read you some statements about things that might make it hard to breastfeed or keep you from breastfeeding. For each one, please tell me if this has happened to you in the past month: [FDA IFPS-2, modified]

- a. I had to return to work or school and I could not or did not want to pump or breastfeed there. Did this happen to you in the past month?

CF50 Infant satiety cue are collected via KA26

Caregiver understanding of infant nonverbal satiety cues and crying; toddler satiety cues.
3, 13, 24

3 month questions:

KA26. I'm going to read you some statements about when babies are hungry or full. Please tell me how much you agree or disagree with these statements. [Source: First Steps Survey, modified]

- a. **If a baby is crying, then he or she has to be hungry. Would you say that you:**
 - Strongly agree01
 - Agree.....02
 - Neither agree nor disagree03
 - Disagree04
 - Strongly disagree05

- b. **If a baby sucks his or her hand, then he or she has to be hungry. Would you say that you:**
 - Strongly agree01
 - Agree.....02
 - Neither agree nor disagree03
 - Disagree04
 - Strongly disagree05

- c. **If a baby turns his/her head away from the nipple or bottle, then he or she has to be full. Would you say that you:**
 - Strongly agree01
 - Agree.....02
 - Neither agree nor disagree03
 - Disagree04
 - Strongly disagree05

- d. **If a baby is given a bottle, the caregiver should always make sure he or she finishes it. Would you say that you:**
 - Strongly agree01
 - Agree.....02
 - Neither agree nor disagree03
 - Disagree04
 - Strongly disagree05

- e. **A baby knows when he or she is full. Would you say that you:**

Strongly agree	01
Agree.....	02
Neither agree nor disagree	03
Disagree	04
Strongly disagree	05