

6M Infant Feeding SAQ

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 6M |
| Administration: | N/A |
| Instrument Target: | Child |
| Instrument Respondent: | Primary Caregiver |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Self-Administered |
| Mode (for this instrument\*): | In-Person, PAPI |
| OMB Approved Modes: | In-Person, PAPI;Phone, PAPI;Web-Based, CAI |
| Estimated Administration Time: | 7 minutes |
| Multiple Child/Sibling Consideration: | Per Child |
| Special Considerations: | N/A |
| Version: | 4.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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6M Infant Feeding SAQ

TABLE OF CONTENTS

[GENERAL PROGRAMMER INSTRUCTIONS: 1](#_Toc371606657)

[6-MONTH INFANT FEEDING SAQ SPECIFICATION 3](#_Toc371606658)

[FOR OFFICE USE ONLY: 17](#_Toc371606659)

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6M Infant Feeding SAQ

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

6-MONTH INFANT FEEDING SAQ SPECIFICATION

**SIF01000. Thank you for agreeing to participate in the National Children’s Study. This self-administered questionnaire will take about 7 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.**

**SIF02000/(BREAST\_FEED).** Did you ever **breast feed** your baby?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | PUMPED |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**SIF03000/(BREAST\_FEED\_NOW).** Are you currently **breast feeding** your baby?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified) |

**SIF04000/(PUMPED).** Did you ever feed your baby **pumped or expressed breast milk**?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

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| PARTICIPANT INSTRUCTIONS |
| If you answered “No” to both **SIF03000**and **SIF04000**, go to **SIF06000.** If you answered “Yes” to **SIF03000** and “No” to **SIF04000**, go to**SIF06100.** Otherwise, go to **SIF05000.** |

**SIF05000/(PUMPED\_NOW).** Are you currently feeding your baby **pumped or expressed breast milk**?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 | SIF06100 |
| No | 2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified) |

**SIF06000.** How old was your baby when you completely stopped feeding your baby breast milk?

|  |
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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)   |

**(BREAST\_STOP)** |\_\_\_|\_\_\_| Number of

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never fed breast milk | -7 |  |

**(BREAST\_STOP\_UNIT)** *(circle one)* weeks/ months

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Weeks | 1 |  |
| Months | 2 |  |

**SIF06100. Questions SIF07000 through SIF10000 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 circle the word “Day” that follows.**
* **If the baby was fed the item less than once a day, write the number of feedings per week in the boxes and then circle the word “Week” that follows.**
* **If the baby was not fed the item at all during the past 7 days, write “00” in the boxes.**

**SIF07000.** In the past 7 days, how often was your baby fed breast milk (include breast fed and expressed or pumped breast milk)?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(BREAST\_MILK)** |\_\_\_|\_\_\_| Number per

**(BREAST\_MILK\_UNIT)** *(circle one)* day / week

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Day | 1 |  |
| Week | 2 |  |

**SIF08000.** In the past 7 days, how often was your baby fed formula?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(FORMULA\_OFTEN)** |\_\_\_|\_\_\_| Number per

**(FORMULA\_OFTEN\_UNIT)** *(circle one)* day / week

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Day | 1 |  |
| Week | 2 |  |

**SIF09000.** In the past 7 days, how often was your baby fed cow’s milk?

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**(COW\_MILK)** |\_\_\_|\_\_\_| Number per

**(COW\_MILK\_UNIT)** *(circle one)* day / week

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Day | 1 |  |
| Week | 2 |  |

**SIF10000.** In the past 7 days, how often was your baby fed other milk (soy milk, rice milk, goat milk)?

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**(MILK\_OTHER)** |\_\_\_|\_\_\_| Number per

**(MILK\_OTHER\_UNIT)** *(circle one)*  day / week

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Day | 1 |  |
| Week | 2 |  |

|  |
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| PARTICIPANT INSTRUCTIONS |
| * If you answered “00” to **SIF07000** (if your baby was not fed breast milk in the past 7 days), go to **SIF13000.**

 * Otherwise, go to **SIF10100.**
 |

**SIF10100/(PUMPED\_3).** 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.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 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 |  |
| 4 or more times per day | 6 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF11000/(BREAST\_MILK\_STORED).** 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).

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 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 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified)  |

**SIF12000/(BREAST\_MILK\_TEMP).** In the past 7 days, about how long was your breast milk usually **kept at room temperature** and then fed to your baby?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| 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 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified)  |

**SIF13000/(FORMULA).** How old was your baby when he or she was first fed **formula** on a daily basis?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Less than 1 week | 1 |  |
| 7-13 days | 2 |  |
| 14-31 days | 3 |  |
| More than 31 days | 4 |  |
| Never fed formula | -7 | SIF22000 |

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| SOURCE |
| Infant Feeding Practices Study II Neonatal Questionnaire (modified)  |

**SIF14000/(FORMULA\_IRON).** Was the formula fed to your baby within the past 7 days with iron or a low iron formula?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| With iron | 1 |  |
| Low iron | 2 |  |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF15000/(FORMULA\_TYPE).** 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**?

|  |
| --- |
| PARTICIPANT INSTRUCTIONS |
| *Select all the answers that apply.* |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Ready-to-feed | 1 |  |
| Liquid Concentrate | 2 |  |
| Powder from a can that makes more than one bottle | 3 |  |
| Powder from single serving packets | 4 |  |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

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| PARTICIPANT INSTRUCTIONS |
| If your answer to Question **SIF15000** was “Ready-to-feed,” and that was the *only answer* that applied, go to Question **SIF20000**. Otherwise, go on to Question **SIF16000**. |

**SIF16000/(FORMULA\_LABEL).** When the formula was mixed, was it made according to the directions on the formula label?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 | WATER\_1 |
| No | 2 |  |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified) |

**SIF17000.** When the formula was mixed, how much formula was used?

|  |
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| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(FORMULA\_AMT)** |\_\_\_|\_\_\_| Number of

**(FORMULA\_UNIT)** *(select one unit below)*

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tablespoon(s) | 1 |  |
| Teaspoon(s) | 2 |  |
| Ounce(s) | 3 |  |
| Cup(s) | 4 |  |
| Packet(s) | 5 |  |
| Formula can(s) | 6 |  |
| Don't know | -2 |  |

**SIF18000.** When the formula was mixed, how much water was used?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(WATER\_AMT)** |\_\_\_|\_\_\_| Number of

**(WATER\_UNIT)** *(select one unit below)*

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tablespoon(s) | 1 |  |
| Teaspoon(s) | 2 |  |
| Ounce(s) | 3 |  |
| Don't know | -2 |  |

**SIF19000/(WATER\_1).** 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?

|  |
| --- |
| PARTICIPANT INSTRUCTIONS |
| *Select all the answers that apply.* |

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Tap water from the cold faucet | 1 |  |
| Warm tap water from the hot faucet | 2 |  |
| Bottled water | 3 |  |
| No water used | 4 |  |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified)  |

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| PROGRAMMER INSTRUCTIONS |
| If your answer to **SIF19000**was "No water used", go to **SIF20000**. Otherwise, go to **SIF19100**.  |

**SIF19100/(WATER\_2).** In the past 7 days, was the water used to mix the formula ALWAYS boiled?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 2 Questionnaire (modified)  |

**SIF20000/(OUNCES).** In the past 7 days, on the average, how many **ounces of formula** did your baby drink at each feeding?

|\_\_\_|\_\_\_| Ounces

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Don't know | -2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF21000.** 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*:

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified) |

**SIF21100/(CLEAN\_HANDS\_1).** Rinse hands with water only?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified) |

**SIF21200/(CLEAN\_HANDS\_2).** Wipe hands only?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified) |

**SIF21300/(CLEAN\_HANDS\_3).** Wash hands with soap?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified)  |

**SIF21400/(CLEAN\_HANDS\_4).** Use a hand sanitizer (such as gel or wipes)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified) |

**SIF21500/(CLEAN\_HANDS\_5).** Prepare formula without cleaning your hands?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
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| SOURCE |
| Infant Feeding Practices Study II Month 9 Questionnaire (modified) |

**SIF22000. In the past 7 days, about how often did your baby drink from each of the following types of bottles and cups?**

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF22100/(B\_TYPE\_1).** Plastic baby bottle with disposable bottle liner.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF22200/(B\_TYPE\_2).** Plastic baby bottle without disposable bottle liner.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF22300/(B\_TYPE\_3).** Other plastic bottle (for example, a water bottle).

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF22400/(B\_TYPE\_4).** Glass baby bottle.

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF22500/(B\_TYPE\_5).** Plastic “no spill” cup

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Never | 1 |  |
| Sometimes | 2 |  |
| Most of the time | 3 |  |
| Always | 4 |  |

|  |
| --- |
| SOURCE |
| ​National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF23000/(PACIFIER).** Has your baby used a pacifier in the past 7 days?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II 9 Month Questionnaire |

**SIF24000/(COWS\_MILK\_1).** Has your baby ever been fed **cow’s milk that was not sold especially for babies**? (This includes whole, lowfat, nonfat, or chocolate milk.)

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | JUICE |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF25000.** How old was your baby when he/she was **first fed** cow’s milk that was not sold especially for babies?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(COWS\_MILK\_2)** |\_\_\_|\_\_\_| Number of

**(COWS\_MILK\_2\_UNIT)** *(circle one)* Days/ Weeks

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Days | 1 |  |
| Weeks | 2 |  |

**SIF26000/(JUICE).** Have you ever fed your baby fruit juice that was not sold especially for babies?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | SIF29000 |

|  |
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| SOURCE |
| Infant Feeding Practices Study II Month 12 Questionnaire (modified) |

**SIF27000.** How old was your baby when he/she was **first fed** fruit juice that was not sold especially for babies?

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**(JUICE\_AGE)** |\_\_\_|\_\_\_| Number of

**(JUICE\_AGE\_UNIT)** *(circle one)* Days/ Weeks

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Days | 1 |  |
| Weeks | 2 |  |

**SIF28000/(JUICE\_CALCIUM).** About how often was the fruit juice fortified with calcium?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Sometimes | 2 |  |
| Rarely | 3 |  |
| Never | 4 |  |
| Don’t Know | -2 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 12 Questionnaire (modified) |

**SIF29000.** 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.)

|  |
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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**SIF30000/(C\_FOOD1).** In the past 7 days, how often did you feed your baby commercially available fruit and vegetable juice?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| Not Fed to My Baby | -7 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF31000/(C\_FOOD2).** In the past 7 days, how often did you feed your baby commercially available fruit?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| Not Fed to My Baby | -7 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF32000/(C\_FOOD3).** In the past 7 days, how often did you feed your baby commercially available vegetables?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| Not Fed to My Baby | -7 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF33000/(C\_FOOD4).** In the past 7 days, how often did you feed your baby commercially available meat, chicken and turkey?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| Not Fed to My Baby | -7 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**SIF34000/(C\_FOOD5).** In the past 7 days, how often did you feed your baby commercially available combination dinner (for example, Spaghetti Dinner, Pasta and Vegetable Dinner, or a Turkey and Rice Dinner)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Usually | 2 |  |
| Sometimes | 3 |  |
| Never | 4 |  |
| Not Fed to My Baby | -7 |  |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF35000/(ORGANIC).** During the past 7 days, were the baby foods your baby ate always, sometimes, rarely, or never organic baby foods?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Always | 1 |  |
| Sometimes | 2 |  |
| Rarely | 3 |  |
| Never | 4 |  |
| Don’t Know | -2 |  |

|  |
| --- |
| SOURCE |
| National Children’s Study, Legacy Phase (6M Infant Feeding Questionnaire) |

**SIF36000/(SUPPLEMENT).** Which of the following supplements was your child given at least three days a week during the past 2 weeks?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Fluoride | 1 |  |
| Iron | 2 |  |
| Vitamin D | 3 |  |
| Other vitamins or supplements | -5 |  |
| None | 5 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

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| PARTICIPANT INSTRUCTIONS |
| If you selected "Other vitamins or supplements" or any combination of "Fluoride," "Iron," "Vitamin D," and "Other Vitamin Supplements," go to **SIF37000**. If you did not select "Other vitamins or supplements" or "None," go to **SIF38000**. If you selected "None," go to **SIF39000.** |

**SIF37000/(SUPPLEMENT\_OTH).** SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF38000/(SUPP\_FORM).** Were the supplements you gave your baby in the form of drops or pills? *(Mark crushed pills mixed with liquid as “pills”.)*

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Drops | 1 |  |
| Pills | 2 |  |

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**SIF39000/(HERBAL).** 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

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | SIF41000 |

|  |
| --- |
| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified) |

**SIF40000/(HERBAL\_OTH).** Please write in the name of all the kinds of herbal or botanical preparations, teas or home remedies your baby was given in the past 7 days.

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| SOURCE |
| Infant Feeding Practices Study II Month 6 Questionnaire (modified)  |

**SIF41000. Thank you for participating in the National Children’s Study and for taking the time to complete this survey.**

FOR OFFICE USE ONLY:

**FOU01000/(P\_ID).** Participant ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOU02000/(R\_P\_ID).** Respondent ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_