THE NATIONAL
CHILDREN'S
STUDY

HEALTH GROWTH ENVIRONMENT

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.

This page intentionally left blank.

6M Infant Feeding SAQ

TABLE OF CONTENTS

This page intentionally left blank.

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	NUMERIC
		
		CHARACTER
			• DISPLAY AS MM/DD/YYYY
			• STORE AS YYYY-MM-DD
			• HARD EDITS:
			  MM MUST EQUAL 01 TO 12
			  DD MUST EQUAL 01 TO 31
			  YYYY 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 <u>ever</u> **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 <u>currently</u> **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 <u>ever</u> feed your baby **pumped or expressed breast milk**?

Label	Code	Go To
Yes	1	
No	2	

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

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 <u>currently</u> feeding your baby **pumped or expressed breast milk**?

Label	Code	Go To
Yes	1	SIF06100

Label	Code	Go To
No	**2**	

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

(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)?

(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?

(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?

(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)?

(MILK_OTHER) |___|___| Number per

(MILK_OTHER_UNIT) *(circle one)* day / week

Label	Code	Go To
Day	1	
Week	2	

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 <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.

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	

SIF11000/(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).

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	

SIF12000/(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?

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	

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

Label	Code	Go To
Less than 1 week	1	

Label	Code	Go To
7-13 days	**2**	
14-31 days	**3**	
More than 31 days	**4**	
Never fed formula	**-7**	**SIF22000**

SIF14000/(FORMULA_IRON). Was the formula fed to your baby within the <u>past 7 days</u> with iron or a low iron formula?

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

SIF15000/(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 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**	

PARTICIPANT INSTRUCTIONS
If your answer to Question **SIF15000** was "Ready-to-feed," and that was the <u>*only answer*</u> 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	

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

(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?

(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	1	

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

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	

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	

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*:

SIF21100/(CLEAN_HANDS_1). Rinse hands with water only?

Label	Code	Go To
Never	1	
Sometimes	2	

Label	Code	Go To
Most of the time	3	
Always	4	

SIF21200/(CLEAN_HANDS_2). Wipe hands only?

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

SIF21300/(CLEAN_HANDS_3). Wash hands with soap?

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

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	

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	

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

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	

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	

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	

SIF22400/(B_TYPE_4). Glass baby bottle.

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

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	

National Children's Study, Legacy Phase (6M Infant Feeding Questionnaire)

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

Label	Code	Go To
Yes	1	
No	2	

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

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?

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 <u>ever</u> fed your baby fruit juice that was not sold especially for babies?

Label	Code	Go To
Yes	1	
No	2	SIF29000

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

(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	

SIF29000. Now think about fruits, vegetables, and meats that may have been fed to your baby in the <u>past 7 days</u>. 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.)

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	

Label	Code	Go To
Sometimes	3	
Never	4	
Not Fed to My Baby	-7	

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	

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	

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	

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	

SIF35000/(ORGANIC). During the <u>past 7 days</u>, 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	

SIF36000/(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>?

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

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: _____

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	

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

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.

_____

_____

_____

_____

_____

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:⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯⎯