

Table: Crosswalk of common items¹ found in Feeding My Baby and Me: Infant Feeding Practices Study III and other national level surveys

Topic	Question	NHANES ²	NIS ²	NSCH ²	NSFG ²	PRAMS ²	WIC ITFPS-2 ²
<i>Federal Program Participation and Food Security</i>							
WIC benefits	WIC is a nutrition and health program for Women, Infants, and Children. WIC benefits include food, checks or vouchers for food, health care referrals, and nutrition education. Did you ever get WIC benefits for yourself or your baby?	ü	ü				ü
Participation in other federal or non-federal programs	Did you, or your family, ever receive any of the following: Supplemental nutrition assistance benefits, sometimes called SNAP or Food Stamps?	ü		ü			
	Did you, or your family, ever receive any of the following: Free or reduced price meals from the National School Lunch or School Breakfast Program, or the Summer Foods Program?			ü			
Food security 6 item module	The food that (I/we) bought just didn't last, and (I/we) didn't have money to get more. Was that often, sometimes, or never true for (you/your household) in the last month?	ü					ü
	(I/we) couldn't afford to eat balanced meals	ü					ü
	In the last month, did (you/you or other adults in your household) ever cut the size of your meals or skip meals because there wasn't enough money for food?	ü					ü

	How often did this happen?	ü					ü
	In the last month, did you ever eat less than you felt you should because there wasn't enough money for food?	ü					ü
	In the last month, were you ever hungry but didn't eat because there wasn't enough money for food?	ü					ü
Food security - strategies used	In the past month, how often did you ever add anything, such as water, to breast milk or formula to make it last longer? For formula, this means adding more water to formula than the instructions suggest.	ü					
Hospital Experience, Practices, and Early Feeding							
Type of delivery	How was your baby delivered?						ü
Feeding schedule	While you were in the hospital, did you feed your baby... whenever he or she seemed hungry, on a schedule or routine, or sometimes on a schedule AND sometimes when he or she seemed hungry						ü
Feeding at time of discharge	When you left the hospital or birth center, what type of milk was your baby receiving?						ü
Free formula	Did you receive free samples of infant formula: At hospital discharge (e.g., in a gift bag)						ü
Breastfeeding Details							
Ever breastfed or fed expressed milk	Did you ever feed this baby breast milk, either from your breast or a bottle?	ü	ü	ü			ü
Mode of feeding	Babies might drink breast milk from the	ü					

	<p>breast, a bottle or a cup. Which of the following best describes how your baby was drinking breast milk in the past week.</p> <p>Mostly at the breast but some breast milk from a bottle or cup About half at the breast and half from a bottle or cup Some at the breast but most from a bottle or cup</p>						
Breastfeeding problems	<p>In the past month, did any of the following things happen? My baby had trouble sucking or latching on</p> <p>I didn't have enough milk I had breast problems (e.g., sore nipples, overfull, infection, clogged milk duct, etc.) I had another problem</p>						ü
Actions to continue breastfeeding	<p>In the past month, did you do any of the following actions to help you continue breastfeeding? Took prescription medications to help boost milk supply Pumped, or hand expressed, more frequently</p>						ü
Previous experience breastfeeding	<p>Have you ever breastfed any children? If yes, thinking about all of the children you breastfed, how many months total did you breastfeed (your best guess)?</p>						ü
Breastfeeding							ü

intention: General	How old do you think your baby will be when you completely stop breastfeeding or feeding him or her pumped/expressed breastmilk?						
Age stopped feeding breastfeeding	How old was [CHILD'S NAME] when [CHILD'S NAME] completely stopped breastfeeding or being fed breast milk?	ü	ü	ü	ü		ü
Reasons stopped feeding directly at the breast	<p>What were the two most important reasons for your decision to stop feeding your baby directly at your breast?</p> <p>My baby had trouble sucking or latching on I wanted or needed someone else to feed my baby Breast milk alone did not satisfy my baby I was sick or had to take medicine I could not breastfeed while working or going to school Other reason</p>					ü	ü
Reasons did not ever breastfeed	<p>[For babies who did not breastfeed] What were the two most important reasons for your decision not to breastfeed your baby?</p> <p>I was sick or had to take medicine I could not breastfeed while working or going to school</p>					ü	
Pumping Details							
Frequency of pumping	Are you currently pumping breast milk on a regular schedule?						ü
	In the past week, how many times did you pump breast milk?						ü

Reasons for pumping	What were the most important reasons (up to two) why you have pumped or hand-expressed milk in the past week? To maintain or increase my milk supply To get milk for someone else to feed to my baby when I needed to be away from my baby						ü
Pumped milk storage practices	How long was pumped milk <u>usually</u> stored in the <u>refrigerator</u> before it was fed to your baby? (Include cooler with cold source such as freezer packs.)						ü
	How long was pumped milk <u>usually</u> stored in a <u>freezer</u> before it was fed to your baby? (Include closed freezer compartments or standing, standalone freezers, and deep freezers.)						ü
Infant Formula							
Ever fed infant formula	Did you ever feed your baby infant formula?	ü					ü
Age first fed formula	How old was [FILL CHILD'S NAME] when (he/she) was first fed formula?	ü	ü	ü			ü
Age when completely stopped infant formula	How old was he/she when he/she completely stopped being fed infant formula?	ü					
Reason for feeding formula	What were the two most important reasons for feeding your baby formula in addition to breastfeeding? [Answered among women who breastfeed and formula feed]						ü

	I did not have enough breast milk I was sick or had to take medicine Other reason						
Solid Food							
Age first fed anything other than breastmilk or formula	How old was [FILL CHILD'S NAME] when (he/she) was first fed anything other than breast milk or formula? Please include juice, cow's milk, sugar water, baby food, or anything else that [FILL CHILD'S NAME] might have been given, even water.	ü	ü	ü	ü	ü	
First food introduction - Allergenic foods	How old was your baby when he or she was first fed ... Answer for each food listed. Please include any amount of food given - even if it was just a small amount fed from a spoon, a bottle or your hands. FOODS: Cow's milk, or other dairy products made with cow's milk Eggs Peanuts, peanut butter, or peanut butter puffs such as 'bamba snacks' Soy milk or other soy food (including infant formula with soy)	ü					ü
Maternal dietary intake (ASA 24 hour dietary recall)	All reported food consumption in previous 24 hours	ü					
Bottle Practices							

Feeding from bottle	Has {CHILD} stopped drinking anything from a bottle?						ü
	(If YES, ask)How old was {CHILD} when he/she stopped using a bottle?						ü
Adding something to baby's bottle	How often have you added baby cereal to your baby's bottle of formula or pumped (or expressed) breast milk in the past week?	ü					ü
Feeding Opinions							
Responsive Feeding	(Name of child) lets me know when s/he is full						ü
Pressuring Style	I try to get (child) to finish his/her breastmilk or formula						ü
	When an infant cries, it usually means s/he needs to be fed						ü
	I try to get (child) to finish his/her food						ü
Restrictive Style	It is important for parents to have rules for how much a toddler eats						ü
	A toddler should never eat fast food						ü
Opinion on feeding	How strongly do you agree or disagree with the following statements? If a baby is breastfed, he or she will be less likely to be sick, such as having an ear infection, respiratory illness, diarrhea, etc. If a child was breastfed, he or she will be less likely to become obese						ü
Vitamins and Minerals							
Maternal vitamin intake	During the past month, how many times a week did you take a vitamin that	ü					ü

	<p>contained: Folic acid Iodine Iron Vitamin D</p>						
Vitamin/mineral drops provided	<p>Which of the following was your baby given in vitamin or mineral drops at least 3 days a week during the past week? If your baby was given drops or pills that contained more than one of the items listed, please mark each of the separate items.</p> <p>Iron Vitamin D Other vitamins</p>	ü					
<i>Eating Out and Family Meals</i>							
Eating from a restaurant	<p>In the past week, how many times did your baby eat food from a restaurant (includes delivery or carry-out)? Include food eaten in any type of restaurant, such as a fast food, cafeteria, or table service restaurant.</p>	ü					
Family meals eaten together	<p>In the past week, how many times did all or most of your family sit down for a meal together?</p>	ü		ü			ü
<i>Child Care and Returning to Work</i>							
Use child care	<p>Was your baby cared for by someone other than you, or your partner, on a regular schedule during the past month? That is, did someone else usually keep your baby at least once a week for three or more hours</p>						ü

	at a time? (Include arrangements in which the exact day or time may change if the child care usually occurred at least once a week.)						
Who provided formula or food for baby	Under your regular child care arrangements in the past month, who usually provided the baby's food...						ü
Work status	Are you currently working for pay?						ü
Return to school	Are you currently attending school?						ü
Occupation and industry	What do you do for your MAIN job? That is, what is your title and your typical job duties?					ü	
	For your MAIN job, what type of a company do you work for? That is, what does the company make or do?					ü	
Breastfeeding accommodations at work (place, time, storage, support services)	When you are at your worksite (not your home), does your employer currently do any of the following things to help you while you breastfeed? (Please select all that apply) Allow reasonable breaks for pumping Provide a private space that isn't a bathroom where you can pump milk Provide flexible work arrangements (e.g., hours, location)						ü
Maternal Health							
Prenatal care	How many weeks pregnant were you when you went for your first prenatal visit?					ü	ü
Smoking	On average, how many cigarettes do you smoke a day now?					ü	

Birth control	What kind of birth control are you or your spouse/partner using now?					ü	
Pre-pregnancy weight	What was your weight just <u>before</u> you became pregnant? _____ Pounds	ü				ü	
Weight gain during pregnancy	How much weight did you gain during this pregnancy? _____ Pounds					ü	
Mother's current weight	What is your weight now? _____ POUNDS						ü
Mother's current height	How tall are you? _____ feet _____ inches					ü	
Post-partum depression screener	Over the past two weeks have you ever felt down, depressed or hopeless?					ü	
	Over the past two weeks have you felt little interest or pleasure in doing things?					ü	
Post-partum depression scale	I have been able to laugh and see the funny side of things						ü
	I have looked forward with enjoyment to things						ü
	I have blamed myself unnecessarily when things went wrong						ü
	I have been anxious or worried for no good reason						ü
	I have felt scared or panicky for no good reason						ü
	Things have been getting to me						ü
	I have been so unhappy that I have had difficulty sleeping						ü

	I have felt sad or miserable						ü
	I have felt so unhappy that I have been crying						ü
	The thought of harming myself has occurred to me						ü
Diagnosis of health conditions	Has a doctor, nurse, or other health care worker ever told you that you had any of the following conditions during this pregnancy:						
	Gestational diabetes High blood pressure or hypertension	ü				ü	ü
	Before this pregnancy, has a doctor, nurse, or other health care worker ever told you that you had any of the following conditions?						
	Type 2 diabetes or high blood sugar High blood pressure or hypertension					ü	
Baby's Health							
Child's family history	As best you know, which of the following health conditions do your baby's immediate relatives have? (Select all that apply) (Immediate relative includes, you, the baby's mother; the baby's father; or the Baby's Brothers or Sisters)						
	Type 2 diabetes or high blood sugar High blood pressure or hypertension					ü	
Jaundice	In the past month, has your baby been hospitalized for:					ü	

	Newborn jaundice						
Perceptions of child's weight	Currently, would you describe your child as overweight, normal weight or thin?	ü					ü
Medical home for child	Where does your child USUALLY go when he or she needs routine preventive care, such as a physical examination or well-child check-up?			ü			
Oral health	On average, how much toothpaste do you use when brushing your child's teeth?	ü					
Hours slept	On a typical day, how much time does your child spend sleeping over a 24 hour period?			ü			
Screen-time while eating	When your child eat meals or snacks, how often is an electronic media device (e.g., TV, tablets, smart phone, etc.) on while he/she is eating?						ü

¹Common items do not include basic demographic questions. Question wording on each item may contain some word modifications or slight changes.

²Abbreviations: National Health and Nutrition Examination Survey (NHANES), National Immunization Survey (NIS), National Survey of Children's Health (NSCH), National Survey of Family Growth (NSFG), Pregnancy Risk Assessment Monitoring System (PRAMS), WIC Infant and Toddler Feeding Practices Study-2 (WIC ITFPS-2)