Attachment 1b

Form Approved

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**NHANES QUESTIONS Set 2: Child Feeding Practices**

**Existing NHANES Questions to be included to provide context- will not be tested**

The following existing NHANES questions will be included in the testing set to provide context.

**Target: 11 months or less**

DBQ.010 Now I'm going to ask you some general questions about {SP's} eating habits

Was {SP} ever breastfed or fed breastmilk?

1. Yes
2. No

|  |  |
| --- | --- |
| DBQ.030 G/Q/U | How old was {SP} when {he/she/SPSP} **completely stopped** breastfeeding or being fed breastmilk? |

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|  |  |
| --- | --- |
| DBQ.041 G/Q/U | How old was {SP} when {he/she/SP} was **first** fed formula?  INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS. |

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|  |  |
| --- | --- |
| DBQ.050 G/Q/U | How old was {SP} when {he/she/SP} **completely stopped** drinking formula?  INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS |

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|  |  |
| --- | --- |
| DBQ.055 G/Q/U | This next question is about the first thing that {SP} was given other than breast milk or formula. Please include juice, cow’s milk, sugar water, baby food, or anything else that {SP} might have been given, even water.  How old was {SP} when {he/she/SP} was first fed anything other than breast milk or formula?    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| DBQ.061 G/Q/U | How old was {SP} when {he/she/SP} was first fed **milk**?  Do not include breastmilk or formula. |
|  |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

DBQ.073 What type of milk was {SP} **first** fed? Was it . .

whole or regular

2% fat or reduced-fat milk

1% fat or low-fat milk (includes 0.5% fat milk or “low-fat milk” not further specified)

fat-free, skim or nonfat milk,

plant-based milks such as soy, oat, almond

or coconut milk, or

another type?

**\*Begin questions to be tested\***

**Target: Infants aged 6 – 11 months, having started solid foods**

1. How old was {SP} when {he/she} was first fed **baby cereal**?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. When {SP} first started eating baby cereal, was the baby cereal first introduced to {SP/him/her} with a spoon or by adding it to a bottle of breastmilk or infant formula?
   1. Fed with a spoon
   2. Added to bottle of breastmilk
   3. Added to bottle of formula
2. What type of baby cereal was {SP} first fed? Was it . . .
   1. rice
   2. oat
   3. multigrain
   4. barley
   5. another type
3. For the next set of questions, please think about when {SP} began eating foods from each of the food groups and whether the foods were pureed or foods that {SP} could pick up to eat.

When {SP} first started eating **fruit**, were the first fruits given to {SP/him/her} pureed or fruits that {SP} could pick up?

* 1. Pureed
  2. Picked up
  3. Not eating fruit yet

1. When {SP} first started eating vegetables, were the first vegetables given to {SP/him/her} pureed or vegetables that {SP} could pick up?
   1. Pureed
   2. Picked up
   3. Not eating fruit yet
2. When {SP} first started eating protein foods such as meats, were the first protein foods given to {SP/him/her} protein foods that were pureed or that {SP} could pick up?
   1. Pureed
   2. Picked up
   3. Not eating fruit yet
3. Once {SP} started eating solid foods, about how often were new foods introduced to {SP}? Was it about 1 new food…
4. Per week or less often,
5. Every 4 or 5 days,
6. Every 3 days,
7. Every 2 days or more often

**Target: 23 months or less and still drinking formula**

Next, I am going to ask you about the type of infant formula fed to {SP}.

1. **In the past 7 days**, what type of infant formula was {SP} usually fed? Was it…
2. Liquid Ready to feed (no water added)
3. Liquid concentrate (water added)
4. Powder from a can that makes more than one bottle (water added)
5. Powder from single serving packs (water added)
6. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **0 to 4 weeks** of age?
7. YES
8. NO
9. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **5 to 8 weeks** of age?
10. YES
11. NO
12. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **3 to 6 months** of age?
13. YES
14. NO
15. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **7 months or older**?
16. YES
17. NO
18. When preparing infant formula for {SP} what source of water was used? Was it…
19. Bottled water
20. Cold tap water
21. Hot tap water
22. Filtered tap water
23. Well water
24. Distilled water
25. DO NOT USE WATER TO PREPARE FORMULA
26. Was the water used to mix the infant formula fed to {SP}…
27. Boiled and cooled before adding infant formula, or
28. Boiled and added to the infant formula then cooled
29. DON’T USE BOILED WATER
30. During the past 7 days, how was the bottle, and all bottle parts, used for {SP} usually cleaned before being used again? Were they…
31. Rinsed with cold/lukewarm water only,
32. Washed with soap and water,
33. Washed in a dishwasher does not include the heated drying cycle in the dishwasher, also called the sanitize cycle,
34. Boiled or sterilized such as using a steam-bag in the microwave or the heated drying cycle in the dishwasher, also called the sanitize cycle, or
35. Not cleaned between uses - used to feed without rinsing or washing
36. DID NOT USE A BOTTLE IN THE PAST 7 DAYS FOR {SP} [NEW #17]
37. Are the bottles and bottle nipples used for feeding {SP} air-dried? (For example, air-dried on a clean dishtowel, clean paper towel, drying rack)
38. YES
39. NO
40. After {SP} was brought home from the hospital or birth center, did a doctor or nurse tell you or your family member how to prepare infant formula?
41. YES
42. NO

**Target: 23 months or less**

1. Has {SP} begun to eat the same foods that are served at meals to other family members?
2. YES
3. NO (go to next section)
4. At what age did {SP} begin eating the same foods that are served at meals to other family members?

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1. What types of foods served at family meals does {SP} eat?
2. Grains
3. Fruits
4. Vegetables
5. Protein foods
6. Dairy foods

**Target: 6-59 months having started foods**

1. These next questions are about the tap water in the home where foods and beverages are prepared for {SP}.

Are you concerned about using the tap water in your home to prepare foods and beverages for {SP}?

1. YES
2. NO
3. Do you use something other than plain tap water to prepare the foods and beverages for {SP}? For example, filtered or boiled tap water, bottled water, or something else.
4. YES
5. NO
6. Next, I’ll ask about the food storage containers used to store leftover foods fed to {SP}.

When there are leftover foods fed to {SP}, whether homemade, commercially prepared, or purchased foods, what type of food storage container was used to store the leftover food? (all that apply)

1. Glass (such as baby food jar or glass storage container),
2. Plastic food container,
3. Plastic bags (such as sandwich bags or food storage bags),
4. Aluminum can, or
5. Other type of container
6. DON’T KEEP LEFTOVERS
7. Does {SP} receive regular care during most weeks from someone other than their parent or guardian? This care could be from a childcare center or daycare center, preschool, Head Start or early Head Start program, family childcare home, neighbor, nanny, au pair, babysitter, or relative.
   1. YES
   2. NO (go to 27)
8. What type of care does {SP} receive most often? Is it…
9. Childcare or daycare center
10. Preschool
11. Head Start or early Head Start program
12. Family childcare home
13. Neighbor
14. Nanny or Au pair or babysitter, or
15. Relative
16. In an average week, about how many hours does {SP} receive care from their most common care type?

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1. How was {SP} delivered? Was {SP} delivered by…
2. Cesarean delivery, or
3. Vaginal delivery