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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?

- a. Yes
- b. No

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

DBQ.041 How old was {SP} when {he/she/SP} was **first** fed formula?
G/Q/U

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS.

DBQ.050 How old was {SP} when {he/she/SP} **completely stopped** drinking formula?
G/Q/U

INTERVIEWER INSTRUCTION: INCLUDE BOTH INFANT AND TODDLER FORMULAS

DBQ.055 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 How old was {SP} when {he/she/SP} was first fed **milk**?
G/Q/U Do not include breastmilk or formula.

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

- a. whole or regular
- b. 2% fat or reduced-fat milk
- c. 1% fat or low-fat milk (includes 0.5% fat milk or "low-fat milk" not further specified)
- d. fat-free, skim or nonfat milk,
- e. plant-based milks such as soy, oat, almond
- f. or coconut milk, or
- g. 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**?

2. 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

3. What type of baby cereal was {SP} first fed? Was it . . .

1. rice
2. oat
3. multigrain
4. barley
5. another type

4. 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
5. 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
6. 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
7. Once {SP} started eating solid foods, about how often were new foods introduced to {SP}? Was it about 1 new food...
 - a. Per week or less often,
 - b. Every 4 or 5 days,
 - c. Every 3 days,
 - d. 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}.

8. **In the past 7 days**, what type of infant formula was {SP} usually fed? Was it...
 - a. Liquid Ready to feed (no water added)
 - b. Liquid concentrate (water added)
 - c. Powder from a can that makes more than one bottle (water added)
 - d. Powder from single serving packs (water added)
9. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **0 to 4 weeks** of age?
 - a. YES
 - b. NO
10. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **5 to 8 weeks** of age?
 - a. YES
 - b. NO
11. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **3 to 6 months** of age?
 - a. YES
 - b. NO
12. Was {SP} fed mostly liquid ready to feed infant formula (no water added) at **7 months or older**?

- a. YES
- b. NO

13. When preparing infant formula for {SP} what source of water was used? Was it...

- a. Bottled water
- b. Cold tap water
- c. Hot tap water
- d. Filtered tap water
- e. Well water
- f. Distilled water
- g. DO NOT USE WATER TO PREPARE FORMULA

14. Was the water used to mix the infant formula fed to {SP}...

- a. Boiled and cooled before adding infant formula, or
- b. Boiled and added to the infant formula then cooled
- c. DON'T USE BOILED WATER

15. During the past 7 days, how was the bottle, and all bottle parts, used for {SP} usually cleaned before being used again? Were they...

- a. Rinsed with cold/lukewarm water only,
- b. Washed with soap and water,
- c. Washed in a dishwasher does not include the heated drying cycle in the dishwasher, also called the sanitize cycle,
- d. 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
- e. Not cleaned between uses - used to feed without rinsing or washing
- f. DID NOT USE A BOTTLE IN THE PAST 7 DAYS FOR {SP} [NEW #17]

16. 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)

- a. YES
- b. NO

17. 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?

- a. YES
- b. NO

Target: 23 months or less

18. Has {SP} begun to eat the same foods that are served at meals to other family members?

- a. YES
- b. NO (go to next section)

19. At what age did {SP} begin eating the same foods that are served at meals to other family members?

20. What types of foods served at family meals does {SP} eat?

- a. Grains
- b. Fruits
- c. Vegetables
- d. Protein foods
- e. Dairy foods

Target: 6-59 months having started foods

21. 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}?

- a. YES
- b. NO

22. 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.

- a. YES
- b. NO

23. 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)

- a. Glass (such as baby food jar or glass storage container),
- b. Plastic food container,
- c. Plastic bags (such as sandwich bags or food storage bags),
- d. Aluminum can, or
- e. Other type of container
- f. DON'T KEEP LEFTOVERS

24. 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)

25. What type of care does {SP} receive most often? Is it...

- a. Childcare or daycare center
- b. Preschool
- c. Head Start or early Head Start program
- d. Family childcare home
- e. Neighbor
- f. Nanny or Au pair or babysitter, or
- g. Relative

26. In an average week, about how many hours does {SP} receive care from their most common care type?

27. How was {SP} delivered? Was {SP} delivered by...

- a. Cesarean delivery, or
- b. Vaginal delivery