



SECTION A: BABY'S FEEDING AND HEALTH

If your baby is regularly cared for by someone else, it is very important that you ask your child care provider to give you information for the feeding questions.

If you have older children, please think only about your youngest baby when you answer the questions.

Section A-1: Feeding

- 1. In the past 7 days, how often was your baby fed each food listed below? Include feedings by everyone who feeds the baby and include snacks and night-time feedings.

If your baby was fed the food once a day or more, write the number of feedings per day in the first column. If your baby was fed the food less than once a day, write the number of feedings per week in the second column. **Fill in only one column for each item.** If your baby was not fed the food at all during the past 7 days, write in 0 in the second column.

Table with 2 columns: FEEDINGS PER DAY, FEEDINGS PER WEEK. Rows include: Breast milk, Formula, Cow's milk, Other milk, Other dairy foods, Other soy foods, 100% fruit or 100% vegetable juice, Sweet drinks, Baby cereal, Other cereals and starches, Fruit, Vegetables, French fries, Meat, chicken, combination dinners, Fish or shellfish, Peanut butter, other peanut foods, or nuts, Eggs, Sweet foods, Other (Please specify).

- 2. What type of baby cereal was your baby fed in the past 7 days? (PLEASE "X" ALL THAT APPLY)
Baby was not fed baby cereal... Dry cereal that you added a liquid to... Cereal in a jar already mixed...
3. Which of the following was your baby given in vitamin or mineral drops or pills at least 3 days a week during the past 2 weeks?
Fluoride... Vitamin D... None of these... Iron... Other vitamins...
4. Has your baby used a pacifier in the past 7 days? Yes... No...
5. During the past 2 weeks, how often was your baby put to bed with a bottle of formula, breast milk, juice, juice drink, or any other kind of milk?
At most bedtimes, including naps... At most night bedtimes, but not naps... At most naps, but not night bedtimes... Only occasionally at bedtimes, including naps... Never...
6. How often have you added each of the following items to your baby's bottle of formula or pumped (or expressed) breast milk in the past 2 weeks?
If you have not given your baby a bottle in the past 2 weeks, "X" here and go to Question 7.
NEVER ONLY RARELY EVERY FEW DAYS ABOUT ONCE A DAY AT MOST FEEDINGS EVERY FEEDING
Vitamins or minerals... Baby cereal... Sweetener... Medicine... Other (Specify)...
7. In the past 2 weeks, have you chewed up food and then given it to your baby, so the food was already chewed up before you fed it to your baby?
Yes... No...

IF YOUR BABY WAS FED FORMULA IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 14 ON PAGE 2.

- 8. How often does your baby drink all of his or her bottle of formula?
Never... Rarely... Sometimes... Most of the time... Always...
9. In the past 7 days, about how many ounces of formula did your baby drink at each feeding?
1 to 2... 3 to 4... 5 to 6... 7 to 8... More than 8...
10. How often is your baby encouraged to finish a bottle if he or she stops drinking before the formula is all gone?
Never... Rarely... Sometimes... Most of the time... Always...

