



# You are currently in the REDCap Training environment.

PHI and real study data should NOT be entered if you see this message.  
Real data and / or PHI should only be entered in the REDCap Production environment.  
Please contact michr-support@umich.edu with any questions.

Data Dictionary Codebook

## Reward Longitudinal Data Collection Instruments (PID: 9104)

02/27/2024 4:16pm

Instruments

#	Variable / Field Name	Field Label <i>Field Note</i>	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)																																				
Instrument: <b>Subject ID</b> (subject_id)																																							
1	[ subj_id ]	Subject ID	text																																				
2	[ subject_id_complete ]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete																														
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1	Unverified																																						
2	Complete																																						
Instrument: <b>Q H H I D Q</b> (q_h_h_i_d_q)  Enabled as survey																																							
3	[ famcom1a1 ]	Section Header: <i>1. Who lives in your household? PLEASE READ THESE INSTRUCTIONS BEFORE STARTING. List all persons living in your home, including the child participating in the study, and yourself. For each person living in your home, list their relationship to the study child.</i> Person 1 Enter name of Study Child:	text, Required, Identifier																																				
4	[ famcom1c1 ] Show the field ONLY if: [famcom1a1]<>"	[famcom1a1]'s Relationship to [child_first]: <i>(select "Study Child")</i>	dropdown, Required <table border="1"> <tr><td>0</td><td>Study child</td></tr> </table>	0	Study child																																		
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5	[ famcom1a2 ] Show the field ONLY if: [famcom1a1]<>"	Person 2 Enter your name:	text, Required, Identifier																																				
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11	[ famcom1a5 ] Show the field ONLY if: [famcom1a4]<>"	Person 5 Name:	text, Identifier
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12	[ famcom1c5 ] Show the field ONLY if: [famcom1a5]<>"	[famcom1a5]'s Relationship to [child_first]: <i>(select one)</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Biological Mother</td></tr> <tr><td>2</td><td>Biological Father</td></tr> <tr><td>7</td><td>Stepmother</td></tr> <tr><td>8</td><td>Stepfather</td></tr> <tr><td>14</td><td>Adoptive Mother</td></tr> <tr><td>15</td><td>Adoptive Father</td></tr> <tr><td>5</td><td>Grandmother</td></tr> <tr><td>6</td><td>Grandfather</td></tr> <tr><td>9</td><td>Aunt</td></tr> <tr><td>10</td><td>Uncle</td></tr> <tr><td>3</td><td>Sister (include half-sister, step-sister, adoptive-sister)</td></tr> <tr><td>4</td><td>Brother (include half-brother, step-brother, adoptive-brother)</td></tr> <tr><td>11</td><td>Cousin</td></tr> <tr><td>12</td><td>Boyfriend of Parent</td></tr> <tr><td>13</td><td>Girlfriend of Parent</td></tr> <tr><td>16</td><td>Foster Mother</td></tr> <tr><td>17</td><td>Legal Guardian</td></tr> <tr><td>19</td><td>Other</td></tr> </table>	1	Biological Mother	2	Biological Father	7	Stepmother	8	Stepfather	14	Adoptive Mother	15	Adoptive Father	5	Grandmother	6	Grandfather	9	Aunt	10	Uncle	3	Sister (include half-sister, step-sister, adoptive-sister)	4	Brother (include half-brother, step-brother, adoptive-brother)	11	Cousin	12	Boyfriend of Parent	13	Girlfriend of Parent	16	Foster Mother	17	Legal Guardian	19	Other
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13	[ famcom1a6 ] Show the field ONLY if: [famcom1a5]<>"	Person 6 Name:	text, Identifier
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15	[ famcom1a7 ] Show the field ONLY if: [famcom1a6]<>"	Person 7 Name:	text, Identifier
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16	[ famcom1c7 ] Show the field ONLY if: [famcom1a7]<>"	[famcom1a7]'s Relationship to [child_first]: <i>(select one)</i>	dropdown, Required <table border="1"> <tr><td>1</td><td>Biological Mother</td></tr> <tr><td>2</td><td>Biological Father</td></tr> <tr><td>7</td><td>Stepmother</td></tr> <tr><td>8</td><td>Stepfather</td></tr> <tr><td>14</td><td>Adoptive Mother</td></tr> <tr><td>15</td><td>Adoptive Father</td></tr> <tr><td>5</td><td>Grandmother</td></tr> <tr><td>6</td><td>Grandfather</td></tr> <tr><td>9</td><td>Aunt</td></tr> <tr><td>10</td><td>Uncle</td></tr> <tr><td>3</td><td>Sister (include half-sister, step-sister, adoptive-sister)</td></tr> <tr><td>4</td><td>Brother (include half-brother, step-brother, adoptive-brother)</td></tr> <tr><td>11</td><td>Cousin</td></tr> <tr><td>12</td><td>Boyfriend of Parent</td></tr> <tr><td>13</td><td>Girlfriend of Parent</td></tr> <tr><td>16</td><td>Foster Mother</td></tr> <tr><td>17</td><td>Legal Guardian</td></tr> </table>	1	Biological Mother	2	Biological Father	7	Stepmother	8	Stepfather	14	Adoptive Mother	15	Adoptive Father	5	Grandmother	6	Grandfather	9	Aunt	10	Uncle	3	Sister (include half-sister, step-sister, adoptive-sister)	4	Brother (include half-brother, step-brother, adoptive-brother)	11	Cousin	12	Boyfriend of Parent	13	Girlfriend of Parent	16	Foster Mother	17	Legal Guardian
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23	[famcom1b]	2. At this moment, do you consider yourself:	radio, Required <table border="1"> <tr><td>1</td><td>Single, never married</td></tr> <tr><td>4</td><td>In a committed relationship with a partner (includes engagement)</td></tr> <tr><td>2</td><td>Married</td></tr> <tr><td>5</td><td>Separated or divorced</td></tr> <tr><td>3</td><td>Widowed</td></tr> </table>	1	Single, never married	4	In a committed relationship with a partner (includes engagement)	2	Married	5	Separated or divorced	3	Widowed																										
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24	[famcom9]	3. Thinking about your income and the income of everyone else who lives with you, what was your total household income before taxes in the past 12 months?	dropdown, Required <table border="1"> <tr><td>1</td><td>Under \$10,000</td></tr> <tr><td>2</td><td>\$10,000 to \$19,999</td></tr> <tr><td>3</td><td>\$20,000 to \$29,999</td></tr> <tr><td>4</td><td>\$30,000 to \$39,999</td></tr> </table>	1	Under \$10,000	2	\$10,000 to \$19,999	3	\$20,000 to \$29,999	4	\$30,000 to \$39,999																												
1	Under \$10,000																																						
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3	\$20,000 to \$29,999																																						
4	\$30,000 to \$39,999																																						

5	\$40,000 to \$49,999
6	\$50,000 to \$59,999
7	\$60,000 to \$69,999
8	\$70,000 to \$79,999
9	\$80,000 to \$89,999
10	\$90,000 to \$99,999
11	\$100,000 to \$119,999
12	\$120,000 to \$129,999
13	\$130,000 to \$139,999
14	\$140,000 to \$149,999
15	\$150,000 to \$159,999
16	\$160,000 to \$169,999
17	\$170,000 to \$179,999
18	\$180,000 to \$189,999
19	\$190,000 to \$199,999
20	Greater than \$200,000
996	I would rather not answer
998	Don't Know

25	[laborhours]	4. How many hours per week do you typically work outside the home?	text (number, Min: 0, Max: 84), Required																
26	[classeshours]	5. How many hours per week do you typically attend school/training/classes outside the home?	text (number, Min: 0, Max: 84), Required																
27	[guardianedu]	6. How far did you go in school?	dropdown, Required <table border="1"> <tr><td>1</td><td>Did not complete High school</td></tr> <tr><td>2</td><td>Graduated from High school</td></tr> <tr><td>3</td><td>Completed GED</td></tr> <tr><td>4</td><td>Have Some college courses</td></tr> <tr><td>5</td><td>Completed a 2 year College Degree</td></tr> <tr><td>6</td><td>Completed a 4 Year College Degree</td></tr> <tr><td>7</td><td>Completed a post-graduate Degree</td></tr> </table>	1	Did not complete High school	2	Graduated from High school	3	Completed GED	4	Have Some college courses	5	Completed a 2 year College Degree	6	Completed a 4 Year College Degree	7	Completed a post-graduate Degree		
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6	Completed a 4 Year College Degree																		
7	Completed a post-graduate Degree																		
28	[guardianrace]	7. How would you best describe your race?	dropdown, Required <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>Black</td></tr> <tr><td>3</td><td>American Indian or Alaska Native</td></tr> <tr><td>4</td><td>Asian</td></tr> <tr><td>5</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>6</td><td>Biracial or Multiracial</td></tr> <tr><td>7</td><td>Other</td></tr> <tr><td>996</td><td>I would rather not answer</td></tr> </table>	1	White	2	Black	3	American Indian or Alaska Native	4	Asian	5	Native Hawaiian or Pacific Islander	6	Biracial or Multiracial	7	Other	996	I would rather not answer
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4	Asian																		
5	Native Hawaiian or Pacific Islander																		
6	Biracial or Multiracial																		
7	Other																		
996	I would rather not answer																		
29	[guardianeth]	8. How would you best describe your ethnicity? (select one):	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic or Latino(a)</td></tr> <tr><td>0</td><td>NOT Hispanic or Latino(a)</td></tr> <tr><td>996</td><td>I would rather not answer</td></tr> </table>	1	Hispanic or Latino(a)	0	NOT Hispanic or Latino(a)	996	I would rather not answer										
1	Hispanic or Latino(a)																		
0	NOT Hispanic or Latino(a)																		
996	I would rather not answer																		
30	[childrace]	9. How would you best describe your child's race? (select one)	dropdown, Required <table border="1"> <tr><td>1</td><td>White</td></tr> <tr><td>2</td><td>Black</td></tr> <tr><td>3</td><td>American Indian or Alaska Native</td></tr> <tr><td>4</td><td>Asian</td></tr> <tr><td>5</td><td>Native Hawaiian or Pacific Islander</td></tr> <tr><td>6</td><td>Biracial or Multiracial</td></tr> <tr><td>7</td><td>Other</td></tr> <tr><td>996</td><td>I would rather not answer</td></tr> </table>	1	White	2	Black	3	American Indian or Alaska Native	4	Asian	5	Native Hawaiian or Pacific Islander	6	Biracial or Multiracial	7	Other	996	I would rather not answer
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7	Other																		
996	I would rather not answer																		
31	[childeth]	10. How would you best describe your child's ethnicity? (select one):	radio, Required <table border="1"> <tr><td>1</td><td>Hispanic or Latino(a)</td></tr> <tr><td>0</td><td>NOT Hispanic or Latino(a)</td></tr> <tr><td>996</td><td>I would rather not answer</td></tr> </table>	1	Hispanic or Latino(a)	0	NOT Hispanic or Latino(a)	996	I would rather not answer										
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0	NOT Hispanic or Latino(a)																		
996	I would rather not answer																		
32	[delivery]	11. When giving birth to your child, was it a natural birth or a C-Section birth?	radio, Required <table border="1"> <tr><td>2</td><td>Natural Birth</td></tr> <tr><td>1</td><td>C-Section</td></tr> </table>	2	Natural Birth	1	C-Section												
2	Natural Birth																		
1	C-Section																		
33	[q_h_h_i_d_q_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete										
0	Incomplete																		
1	Unverified																		
2	Complete																		

Instrument: **Q S C C** (q\_s\_c\_c) Enabled as survey

34	[scc1]	1. How many hours a week is your baby in child care or cared for by a child care provider?	text (number, Min: 0, Max: 168), Required						
35	[scc2]	2. How many hours a week do you have a paying job?	text (number, Min: 0, Max: 168), Required						
36	[q_s_c_c_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: **Q B E B Q** (q\_b\_e\_b\_q) Enabled as survey

37	[label_crossec_bebq]	Introduction: These questions are about your baby's appetite over his/her first few months of life.  Show the field ONLY if: ([longitudinal_arm_1][packet1_relofresp]<"") or [crosssectional_arm_1][packet1_relofresp]<"") and [crosssectional_12m_arm_1][packet1_relofresp]=""	descriptive						
38	[bebq1]	Section Header: <i>How would you describe your baby's feeding style at a typical daytime feed?</i> 1. My baby seems contented while feeding.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> </table>	1	Never	2	Rarely	3	Sometimes
1	Never								
2	Rarely								
3	Sometimes								

4	Often
5	Always
9999999	

Field Annotation: @HIDECHOICE="9999999"

39	[bebq2]	2. My baby frequently wants more milk than I provide.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

40	[bebq3]	3. My baby loves milk.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

41	[bebq4]	4. My baby has a big appetite.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

42	[bebq5]	5. My baby finishes feeding quickly.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

43	[bebq6]	6. My baby becomes distressed while feeding.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

44	[bebq7]	7. My baby gets full easily.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

45	[bebq8]	8. If allowed to, my baby would take too much milk.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

46	[bebq9]	9. My baby takes more than 30 minutes to finish feeding.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															

Field Annotation: @HIDECHOICE="9999999"

47	[bebq10]	10. My baby gets full before taking all the milk I think he/she should have.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Always												

			9999999	Field Annotation: @HIDECHOICE="9999999"												
48	[bebq11]	11. My baby feeds slowly.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
49	[bebq12]	12. Even when my baby has just eaten well he/she is happy to feed again if offered.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
50	[bebq13]	13. My baby finds it difficult to manage a complete feed.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
51	[bebq14]	14. My baby is always demanding a feed.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
52	[bebq15]	15. My baby sucks more and more slowly during the course of a feed.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
53	[bebq16]	16. If given the chance, my baby would always be feeding.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
54	[bebq17]	17. My baby enjoys feeding time.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
55	[bebq18]	18. My baby can easily take a feed within 30 minutes of the last one.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Always</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999		Field Annotation: @HIDECHOICE="9999999"
1	Never															
2	Rarely															
3	Sometimes															
4	Often															
5	Always															
9999999																
56	[q_b_e_b_q_complete]	Section Header: <i>Farm Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete	Field Annotation: @HIDECHOICE="9999999"						
0	Incomplete															
1	Unverified															
2	Complete															

Instrument: QDEBQ (q\_d\_e\_b\_q)  Enabled as survey

57	[debg_instructions_label]	Instructions: For each item, decide if the item is true about you: Never, Rarely, Sometimes, Often or Very Often. Please respond to all items, making sure that that you enter your response after each question.	descriptive
----	---------------------------	---	-------------

58	[debg1]	1) Do you have an urge to eat when you are irritated?	radio (Matrix), Required
----	---------	---	--------------------------

- 1 Never
- 2 Rarely
- 3 Sometimes
- 4 Often
- 5 Very Often

59	[ debq2 ]	2) If food tastes good, do you eat more than usual?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
60	[ debq3 ]	3) Do you have an urge to eat when you have nothing to do?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
61	[ debq4 ]	4) If you have gained weight, do you eat less than you usually do?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
62	[ debq5 ]	5) Do you have an urge to eat when you are depressed or discouraged?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
63	[ debq6 ]	6) If food smells and looks good, do you eat more than usual?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
64	[ debq7 ]	7) How often do you refuse food or drink offered because you are concerned about your weight?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
65	[ debq8 ]	8) Do you have an urge to eat when you are feeling lonely?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
66	[ debq9 ]	9) If you see or smell something appetizing, do you have an urge to eat it?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
67	[ debq10 ]	10) Do you have an urge to eat when somebody lets you down?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
68	[ debq11 ]	11) Do you try to eat less at mealtimes than you would like to eat?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
69	[ debq12 ]	12) If something delicious to eat is available, do you eat it right away?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>
70	[ debq13 ]	13) Do you have an urge to eat when you are mad or angry?	radio (Matrix), Required <ul style="list-style-type: none"> <li>1 Never</li> <li>2 Rarely</li> <li>3 Sometimes</li> <li>4 Often</li> <li>5 Very Often</li> </ul>

71	[ debq14 ]	14) Do you watch exactly what you eat?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
1	Never												
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4	Often												
5	Very Often												
72	[ debq15 ]	15) If you pass by a fast food place do you have the urge to buy something tasty?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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3	Sometimes												
4	Often												
5	Very Often												
73	[ debq16 ]	16) Do you have an urge to eat when you are expecting something unpleasant to happen?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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3	Sometimes												
4	Often												
5	Very Often												
74	[ debq17 ]	17) Do you deliberately eat foods that are reduced fat and low calorie?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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3	Sometimes												
4	Often												
5	Very Often												
75	[ debq18 ]	18) If you see others eating, do you also have the urge to eat?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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2	Rarely												
3	Sometimes												
4	Often												
5	Very Often												
76	[ debq19 ]	19) When you have eaten too much, do you eat less than usual the following days?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
1	Never												
2	Rarely												
3	Sometimes												
4	Often												
5	Very Often												
77	[ debq20 ]	20) Do you get the urge to eat when you are anxious, worried or tense?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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2	Rarely												
3	Sometimes												
4	Often												
5	Very Often												
78	[ debq21 ]	21) Can you resist eating delicious foods?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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4	Often												
5	Very Often												
79	[ debq22 ]	22) Do you deliberately eat less in order not to gain weight?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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4	Often												
5	Very Often												
80	[ debq23 ]	23) Do you have an urge to eat when things are going against you or when things have gone wrong?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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3	Sometimes												
4	Often												
5	Very Often												
81	[ debq24 ]	24) If you pass a convenience store or a coffee shop, do you have the desire to buy something?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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82	[ debq25 ]	25) Do you have the urge to eat when you are upset?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> <tr><td>5</td><td>Very Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Very Often
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83	[ debq26 ]	26) How often do you try not to eat between meals because you are watching your weight?	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Rarely</td></tr> <tr><td>3</td><td>Sometimes</td></tr> <tr><td>4</td><td>Often</td></tr> </table>	1	Never	2	Rarely	3	Sometimes	4	Often		
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			5 Very Often
84	[debg27]	27) Do you eat more than usual when you see others eating?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
85	[debg28]	28) Do you have an urge to eat when you are bored or restless?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
86	[debg29]	29) In the evening, how often do you try not to eat because you are watching your weight?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
87	[debg30]	30) Do you have an urge to eat when you are frightened?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
88	[debg31]	31) Do you think about your weight when you eat?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
89	[debg32]	32) Do you have an urge to eat when you are disappointed?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
90	[debg33]	33) When you are preparing a meal are you likely to eat something?	radio (Matrix), Required 1 Never 2 Rarely 3 Sometimes 4 Often 5 Very Often
91	[q_d_e_b_q_complete]	Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Q Y F A S V 2** (q\_y\_f\_a\_s\_v2)  Enabled as survey

92	[yfas2_2mo_label]	Introduction: This survey asks about your eating habits WHILE YOU WERE PREGNANT. People sometimes have difficulty controlling how much they eat of certain foods such as: - Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy - Starches like white bread, rolls, pasta, and rice - Salty snacks like chips, pretzels, and crackers - Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries - Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks Instructions: When the following questions ask about "CERTAIN FOODS" please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you had difficulty within WHILE YOU WERE PREGNANT with [general_arm_1][childfirst].	descriptive
93	[yfas2_6mo_label]	Introduction: This survey asks about your eating habits IN THE LAST 6 MONTHS (SINCE YOU GAVE BIRTH). People sometimes have difficulty controlling how much they eat of certain foods such as: - Sweets like ice cream, chocolate, doughnuts, cookies, cake, candy - Starches like white bread, rolls, pasta, and rice - Salty snacks like chips, pretzels, and crackers - Fatty foods like steak, bacon, hamburgers, cheeseburgers, pizza, and French fries - Sugary drinks like soda pop, lemonade, sports drinks, and energy drinks Instructions: When the following questions ask about "CERTAIN FOODS" please think of ANY foods or beverages similar to those listed in the food or beverage groups above or ANY OTHER foods you had difficulty within IN THE LAST 6 MONTHS (SINCE YOU GAVE BIRTH to [general_arm_1][childfirst]).	descriptive
94	[yfas2_1]	1. When I started to eat certain foods, I ate much more than planned.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
95	[yfas2_2]	2. I continued to eat certain foods even though I was no longer hungry.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week

			7 Every day
96	[yfas2_3]	3. I ate to the point where I felt physically ill.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
97	[yfas2_4]	4. I worried a lot about cutting down on certain types of food, but I ate them anyways.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
98	[yfas2_5]	5. I spent a lot of time feeling sluggish or tired from overeating.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
99	[yfas2_6]	6. I spent a lot of time eating certain foods throughout the day.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
100	[yfas2_7]	7. When certain foods were not available, I went out of my way to get them. For example, I went to the store to get certain foods even though I had other things to eat at home.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
101	[yfas2_8]	8. I ate certain foods so often or in such large amounts that I stopped doing other important things. These things may have been working or spending time with family or friends.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
102	[yfas2_9]	9. I had problems with my family or friends because of how much I overate.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
103	[yfas2_10]	10. I avoided work, school or social activities because I was afraid I would overeat there.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
104	[yfas2_11]	11. When I cut down on or stopped eating certain foods, I felt irritable, nervous or sad.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month

			<table border="1"> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day						
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105	[yfas2_12]	12. If I had physical symptoms because I hadn't eaten certain foods, I would eat those foods to feel better.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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106	[yfas2_13]	13. If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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107	[yfas2_14]	14. When I cut down on or stopped eating certain foods, I had physical symptoms. For example, I had headaches or fatigue.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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108	[yfas2_15]	15. When I cut down or stopped eating certain foods, I had strong cravings for them.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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109	[yfas2_16]	16. My eating behavior caused me a lot of distress.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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110	[yfas2_17]	17. I had significant problems in my life because of food and eating. These may have been problems with my daily routine, work, school, friends, family, or health.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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111	[yfas2_18]	18. I felt so bad about overeating that I didn't do other important things. These things may have been working or spending time with family or friends.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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112	[yfas2_19]	19. My overeating got in the way of me taking care of my family or doing household chores.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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113	[yfas2_20]	20. I avoided work, school or social functions because I could not eat certain foods there.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
114	[yfas2_21]	21. I avoided social situations because people wouldn't approve of how much I ate.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
115	[yfas2_22]	22. I kept eating in the same way even though my eating caused emotional problems.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
116	[yfas2_23]	23. I kept eating the same way even though my eating caused physical problems.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
117	[yfas2_24]	24. Eating the same amount of food did not give me as much enjoyment as it used to.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
118	[yfas2_25]	25. I really wanted to cut down on or stop eating certain kinds of foods, but I just couldn't.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
119	[yfas2_26]	26. I needed to eat more and more to get the feelings I wanted from eating. This included reducing negative emotions like sadness or increasing pleasure.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
120	[yfas2_27]	27. I didn't do well at work or school because I was eating too much.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week 5 2-3 times a week 6 4-6 times a week 7 Every day
121	[yfas2_28]	28. I kept eating certain foods even though I knew it was physically dangerous. For example, I kept eating sweets even though I had diabetes. Or I kept eating fatty foods despite having heart disease.	radio (Matrix), Required 0 Never 1 Less than monthly 2 Once a month 3 2-3 times a month 4 Once a week

5	2-3 times a week
6	4-6 times a week
7	Every day

122	[yfas2_29]	29. I had such strong urges to eat certain foods that I couldn't think of anything else.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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6	4-6 times a week																		
7	Every day																		

123	[yfas2_30]	30. I had such intense cravings for certain foods that I felt like I had to eat them right away.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
0	Never																		
1	Less than monthly																		
2	Once a month																		
3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

124	[yfas2_31]	31. I tried to cut down on or not eat certain kinds of food, but I wasn't successful.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
0	Never																		
1	Less than monthly																		
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3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

125	[yfas2_32]	32. I tried and failed to cut down on or stop eating certain foods.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
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1	Less than monthly																		
2	Once a month																		
3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

126	[yfas2_33]	33. I was so distracted by eating that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
0	Never																		
1	Less than monthly																		
2	Once a month																		
3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

127	[yfas2_34]	34. I was so distracted by thinking about food that I could have been hurt (e.g., when driving a car, crossing the street, operating machinery).	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
0	Never																		
1	Less than monthly																		
2	Once a month																		
3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

128	[yfas2_35]	35. My friends or family were worried about how much I overate.	radio (Matrix), Required <table border="1"> <tr><td>0</td><td>Never</td></tr> <tr><td>1</td><td>Less than monthly</td></tr> <tr><td>2</td><td>Once a month</td></tr> <tr><td>3</td><td>2-3 times a month</td></tr> <tr><td>4</td><td>Once a week</td></tr> <tr><td>5</td><td>2-3 times a week</td></tr> <tr><td>6</td><td>4-6 times a week</td></tr> <tr><td>7</td><td>Every day</td></tr> </table>	0	Never	1	Less than monthly	2	Once a month	3	2-3 times a month	4	Once a week	5	2-3 times a week	6	4-6 times a week	7	Every day
0	Never																		
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3	2-3 times a month																		
4	Once a week																		
5	2-3 times a week																		
6	4-6 times a week																		
7	Every day																		

129	[q_y_f_a_s_v2_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete
0	Incomplete								
1	Unverified								
2	Complete								

Instrument: Q FCS (q\_f\_c\_s) Enabled as survey

130	[fcs1]	Section Header: Instructions: Please answer which statements are True and which ones are False. For some statements you may feel that they are true some of the time but not always. Determine whether the statement is true or false the majority of the time, and answer accordingly. For example, "We eat take-out food at home." Nearly all families do this some of the time. You should answer True if this happens more than half the time, or False if it happens less than half of the time. 1. There is very little commotion in our home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table> Field Annotation: @HIDECHOICE='9999999'	1	True	2	False	9999999	
1	True								
2	False								
9999999									

131	[fcs2]	2. We can usually find things when we need them.	radio (Matrix), Required
-----	--------	--	--------------------------

1	True
2	False
9999999	

Field Annotation: @HIDECHOICE='9999999'

132	[fcs3]	3. We almost always seem to be rushed.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

133	[fcs4]	4. We are usually able to "stay on top of things".	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

134	[fcs5]	5. No matter how hard we try, we always seem to be running late.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

135	[fcs6]	6. It's a real "zoo" in our home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

136	[fcs7]	7. At home we can talk to each other without being interrupted.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

137	[fcs8]	8. There is often a fuss going on at our home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

138	[fcs9]	9. No matter what our family plans, it usually doesn't seem to work out.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

139	[fcs10]	10. You can't hear yourself think in our home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

140	[fcs11]	11. I often get drawn into other people's arguments at home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

141	[fcs12]	12. Our home is a good place to relax.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

142	[fcs13]	13. The telephone (or texting) takes up a lot of our time at home	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

143	[fcs14]	14. The atmosphere in our home is calm.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

144	[fcs15]	15. First thing in the day, we have a regular routine at home.	radio (Matrix), Required <table border="1"> <tr><td>1</td><td>True</td></tr> <tr><td>2</td><td>False</td></tr> <tr><td>9999999</td><td></td></tr> </table>	1	True	2	False	9999999	
1	True								
2	False								
9999999									

Field Annotation: @HIDECHOICE='9999999'

145	[q_f_c_s_complete]	Section Header: Form Status Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> </table>	0	Incomplete	1	Unverified
0	Incomplete						
1	Unverified						

146	[suse_cig_c1]	Section Header: CIGARETTE QUESTIONS 1. Have you ever smoked cigarettes in your lifetime?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
147	[suse_cig_c2] Show the field ONLY if: [suse_cig_c1]=1	2. In the year before you got pregnant with [general_arm_1][childfirst], did you smoke cigarettes?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
148	[ftnd_cig_c3] Show the field ONLY if: [suse_cig_c2]=1	Section Header: Instructions: Now we want you to think about the year before you got pregnant with [general_arm_1][childfirst]. Please select one response for each question. 3. In the year before you got pregnant with [general_arm_1][childfirst], how soon after waking did you smoke your first cigarette?	dropdown, Required 1 Within 5 minutes 2 5-30 minutes 3 31-60 minutes 4 > 60 minutes 9999999 Don't know / I would rather not answer
149	[ftnd_cig_c4] Show the field ONLY if: [suse_cig_c2]=1	4. In the year before you got pregnant with [general_arm_1][childfirst], did you find it difficult to refrain from smoking in places where it was forbidden?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
150	[ftnd_cig_c5] Show the field ONLY if: [suse_cig_c2]=1	5. In the year before you got pregnant with [general_arm_1][childfirst], which cigarette would you have hated to give up?	radio, Required 1 The first in the morning 2 Any other 9999999 Don't Know / I would rather not answer
151	[ftnd_cig_c6] Show the field ONLY if: [suse_cig_c2]=1	6. In the year before you got pregnant with [general_arm_1][childfirst], how many cigarettes a day did you smoke?	dropdown, Required 1 10 or less 2 11-20 3 21-30 4 31 or more 9999999 Don't Know / I would rather not answer
152	[ftnd_cig_c7] Show the field ONLY if: [suse_cig_c2]=1	7. In the year before you got pregnant with [general_arm_1][childfirst], did you smoke more frequently in the morning than other times of the day?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
153	[ftnd_cig_c8] Show the field ONLY if: [suse_cig_c2]=1	8. In the year before you got pregnant with [general_arm_1][childfirst], did you smoke even if you were sick in bed most of the day?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
154	[ftnd_cig_c9] Show the field ONLY if: [suse_cig_c2]=1	9. In the year before you got pregnant with [general_arm_1][childfirst], did you smoke fewer cigarettes because you were trying to get pregnant?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
155	[ftnd_cig_c2_heaviest] Show the field ONLY if: [suse_cig_c1]=1	Section Header: Instructions: Now we want you to think about the year that you were smoking cigarettes the most. Please select one response for each question. 10. In the year that you smoked cigarettes the most in your life, how soon after waking did you smoke your first cigarette?	dropdown, Required 1 Within 5 minutes 2 5-30 minutes 3 31-60 minutes 4 > 60 minutes 9999999 Don't know / I would rather not answer
156	[ftnd_cig_c3_heaviest] Show the field ONLY if: [suse_cig_c1]=1	11. In the year that you smoked cigarettes the most in your life, did you find it difficult to refrain from smoking in places where it was forbidden?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
157	[ftnd_cig_c4_heaviest] Show the field ONLY if: [suse_cig_c1]=1	12. In the year that you smoked cigarettes the most in your life, which cigarette would you have hated to give up?	radio, Required 1 The first in the morning 2 Any other 9999999 Don't Know / I would rather not answer
158	[ftnd_cig_c5_heaviest] Show the field ONLY if: [suse_cig_c1]=1	13. In the year that you smoked cigarettes the most in your life, how many cigarettes a day did you smoke?	dropdown, Required 1 10 or less 2 11-20 3 21-30 4 31 or more 9999999 Don't Know / I would rather not answer
159	[ftnd_cig_c6_heaviest] Show the field ONLY if: [suse_cig_c1]=1	14. In the year that you smoked cigarettes the most in your life, did you smoke more frequently in the morning than other times of the day?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
160	[ftnd_cig_c7_heaviest] Show the field ONLY if: [suse_cig_c1]=1	15. In the year that you smoked cigarettes the most in your life, did you smoke even if you were sick in bed most of the day?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
161	[ftnd_cig_c8_heaviest] Show the field ONLY if: [suse_cig_c1]=1	16. How old were you when you were smoking cigarettes the most?	text (number, Min: 10, Max: 60), Required
162	[suse_alc_a1]	Section Header: ALCOHOL QUESTIONS 1. Have you ever had an alcoholic drink in your life? By an alcoholic drink we mean beverages such as a 12 ounce beer or hard seltzer, a 5 ounce glass of wine, or a drink containing 1 shot of liquor.	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer

163	[ suse_alc_a2 ] Show the field ONLY if: [suse_alc_a1]=1		2. In the year before you got pregnant with [general_arm_1][childfirst], did you drink alcohol?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
164	[ niaaa_alc_a3 ] Show the field ONLY if: [suse_alc_a2]=1		3. In the year before you got pregnant with [general_arm_1][childfirst], how often did you usually have any kind of drink containing alcohol.	dropdown, Required 0 Less than once a month 1 Once a month 2 2 to 3 times a month 4 Once a week 5 Twice a week 6 3 to 4 times a week 7 5 to 6 times a week 8 Everyday 9999999 Don't Know / I would rather not answer
165	[ niaaa_alc_a4 ] Show the field ONLY if: [suse_alc_a2]=1		4. In the year before you got pregnant with [general_arm_1][childfirst], how many alcoholic drinks did you have on a typical day when you drank alcohol?	dropdown, Required 1 1 drink 2 2 drinks 3 3 to 4 drinks 4 5 to 6 drinks 5 7 to 8 drinks 6 9 to 11 drinks 7 12 to 15 drinks 8 16 to 18 drinks 9 19 to 24 drinks 10 25 or more drinks 9999999 Don't Know / I would rather not answer
166	[ niaaa_alc_a5 ] Show the field ONLY if: [suse_alc_a2]=1		5. In the year before you got pregnant with [general_arm_1][childfirst], what is the largest number of drinks containing alcohol that you drank within a 24-hour period?	dropdown, Required 1 1 drink 2 2 drinks 3 3 drinks 4 4 drinks 5 5 to 7 drinks 6 8 to 11 drinks 7 12 to 17 drinks 8 18 to 23 drinks 9 24 to 35 drinks 10 36 drinks or more 9999999 Don't Know / I would rather not answer
167	[ niaaa_alc_a6 ] Show the field ONLY if: [suse_alc_a2]=1		6. In the year before you got pregnant with [general_arm_1][childfirst], how often did you have 4 or more drinks containing any kind of alcohol within a two-hour period? That would be the equivalent of at least 4 12-ounce cans or bottles of beer, 4 five ounce glasses of wine, 4 drinks each containing one shot of liquor or spirits.	dropdown, Required 0 Less than one day a month 1 One day a month 2 2 to 3 days a month 3 One day a week 4 Two days a week 5 3 to 4 days a week 6 5 to 6 days a week 7 Everyday 9999999 Don't Know / I would rather not answer
168	[ niaaa_alc_a7 ] Show the field ONLY if: [suse_alc_a2]=1		7. In the year before you got pregnant with [general_arm_1][childfirst], did you reduce your alcohol consumption because you were trying to get pregnant?	radio, Required 1 Yes 0 No 9999999 Don't Know / I would rather not answer
169	[ q_s_u_complete ]		Section Header: <i>Form Status</i> Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Q I D Q** (q\_i\_d\_q)  Enabled as survey

170	[ bfed ]		Section Header: <i>BREAST FEEDING QUESTIONS</i> Did you ever breastfeed this baby (or feed this baby your pumped milk)?	radio, Required 1 Yes 0 No  Custom alignment: LV
171	[ stoppedbmlk ] Show the field ONLY if: [bfed]='1'		Have you completely stopped breastfeeding and pumping milk for your baby?	radio, Required 1 Yes 0 No  Custom alignment: LV
172	[ bmlk_labelpast7days ] Show the field ONLY if: [bfed]='1' and [stoppedbmlk]<=>"		Instructions for the following question: Include feedings by everyone who feeds the baby and include night-time feedings Enter how many times per day, OR how many times per week, your baby was fed breast milk If your baby was not fed breast milk at all during the past 7 days, answer "No" If your baby was fed breast milk at all during the past 7 days, answer "Yes" Boxes will appear for you to report number of times per day OR per week If your baby was fed breast milk ONCE A DAY OR MORE, enter the number of feedings PER DAY If your baby was fed breast milk LESS THAN ONCE A DAY, enter the number of feedings PER WEEK In the past 7 days, has your baby been fed breast milk? {bmlk}	descriptive
173	[ bmlk_labelfeedsday ] Show the field ONLY if: [bmlk]='1'		Feedings PER DAY: {bmlkpdy}ORFeedings PER WEEK: {bmlkpwk}	descriptive
174	[ stoppedage_label1 ] Show the field ONLY if: [bfed]='1' and [bmlk]<=>" and [stoppedbmlk]='1'		How old was your baby when you completely stopped breastfeeding and pumping milk?Please answer by providing a number either in weeks, or months.Weeks: {stoppedagewks}ORMonths: {stoppedagemos}	descriptive
175	[ stoppedagewks ]		Weeks:	dropdown, Required

Show the field ONLY if:  
 [bfed]='1' and [stoppedbmlk]='1' and [stoppedagemos]=''

0	0 weeks
1	1 weeks
2	2 weeks
3	3 weeks
4	4 weeks
5	5 weeks
6	6 weeks
7	7 weeks
8	8 weeks
9	9 weeks
10	10 weeks
11	11 weeks
12	12 weeks
13	13 weeks
14	14 weeks
15	15 weeks
16	16 weeks
17	17 weeks
18	18 weeks
19	19 weeks
20	20 weeks
21	21 weeks
22	22 weeks
23	23 weeks
24	24 weeks
25	25 weeks

Custom alignment: LV

176

[ stoppedagemos ]  
 Show the field ONLY if:  
 [bfed]='1' and [stoppedbmlk]='1' and [stoppedagemos]=''

Months:

dropdown, Required

0	0 months
1	1 months
2	2 months
3	3 months
4	4 months
5	5 months
6	6 months
7	7 months
8	8 months
9	9 months
10	10 months
11	11 months
12	12 months
13	13 months
14	14 months
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21	21 months
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23	23 months
24	24 months
25	25 months
26	26 months
27	27 months
28	28 months
29	29 months
30	30 months
31	31 months
32	32 months
33	33 months
34	34 months
35	35 months
36	36 months

Custom alignment: LV

177

[ idtable ]

**Section Header:** FOODS FED IN THE PAST 7 DAYS Instructions for the following section: Include feedings by everyone who feeds the baby and include snacks and night-time feedings Enter how many times per day, OR how many times per week, your baby was fed each of these foods If your baby was not fed a food item at all during the past 7 days, answer "No" If your baby was fed a food item at all during the past 7 days, answer "Yes" Boxes will appear for you to report number of times per day OR per week If your baby was fed a food item ONCE A DAY OR MORE, enter the number of feedings PER DAY. --The box to report per week will then disappear If your baby was fed the food LESS THAN ONCE A DAY, enter the number of feedings PER WEEK. --The box to report per Day will then disappear In the past 7 days, how often was your baby fed each of the following foods?

Fed in the past 7 days? Feedings PER DAY Feedings PER WEEK Formula {formula} {formulapdy} {formulapwk} Cow's milk {cmilk} {cmilkpdy} {cmilkpwk} Other milk (soy, rice, goat or other) {omilk} {omilkpdy} {omilkpwk} Other dairy foods: yogurt, cheese, ice cream, pudding, etc. {dairy} {dairyppy} {dairyppwk} Other soy food: tofu, frozen soy desserts, etc. {soy} {soypdy} {soypwk} 100% fruit or 100% vegetable juice {juice} {juicepdy} {juicepwk} Sweet drinks (juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc) {sweetc} {sweetcpdy} {sweetcpwk} Baby cereal {bcereal} {bcerealpdy} {bcerealpwk} Other cereals/starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc {ocereal} {ocerealpdy} {ocerealpwk} Fruit {fruit} {fruitpdy} {fruitpwk} Vegetables {vegetables} {vegetablespdy} {vegetablespwk} French Fries {ffries} {ffriespdy} {ffriespwk} Meat, chicken, combination meals {meat} {meatpdy} {meatpwk} Fish or shellfish {seafood} {seafoodpdy} {seafoodpwk} Peanut butter, other

descriptive

		peanut foods, or nuts {nuts} {nutspwk} Eggs {eggs} {eggspwk} Sweet foods: candy, cookies, cake, etc {sweetf} {sweetfpdy} {sweetfpwk}	
178	[bmlk] Show the field ONLY if: [bfed]='1'	Breast milk	radio, Required 1 Yes 2 No
179	[bmlkpdy] Show the field ONLY if: [bmlk]='1' and [bmlkpwk]=''	- Feedings per day	text (number, Min: 1), Required
180	[bmlkpwk] Show the field ONLY if: [bmlk]='1' and [bmlkpdy]=''	- Feedings per week	text (number, Min: 1), Required
181	[formula] Show the field ONLY if: [formula]='1' and [formulapwk]=''	Formula	radio, Required 1 Yes 2 No Custom alignment: RH
182	[formulapdy] Show the field ONLY if: [formula]='1' and [formulapwk]=''	- Feedings per day	text (number, Min: 1), Required
183	[formulapwk] Show the field ONLY if: [formula]='1' and [formulapdy]=''	- Feedings per week	text (number, Min: 1), Required
184	[cmilk] Show the field ONLY if: [cmilk]='1' and [cmilkpwk]=''	Cow's milk	radio, Required 1 Yes 2 No Custom alignment: RH
185	[cmilkpdy] Show the field ONLY if: [cmilk]='1' and [cmilkpwk]=''	- Feedings per day	text (number, Min: 1), Required
186	[cmilkpwk] Show the field ONLY if: [cmilk]='1' and [cmilkpdy]=''	- Feedings per week	text (number, Min: 1), Required
187	[omilk] Show the field ONLY if: [omilk]='1' and [omilkpwk]=''	Other milk (soy, rice, goat, or other)	radio, Required 1 Yes 2 No Custom alignment: RH
188	[omilkpdy] Show the field ONLY if: [omilk]='1' and [omilkpwk]=''	- Feedings per day	text (number, Min: 1), Required
189	[omilkpwk] Show the field ONLY if: [omilk]='1' and [omilkpdy]=''	- Feedings per week	text (number, Min: 1), Required
190	[dairy] Show the field ONLY if: [dairy]='1' and [dairypwk]=''	Other dairy foods: yogurt, cheese, ice cream, pudding, etc	radio, Required 1 Yes 2 No Custom alignment: RH
191	[dairypdy] Show the field ONLY if: [dairy]='1' and [dairypwk]=''	- Feedings per day	text (number, Min: 1), Required
192	[dairypwk] Show the field ONLY if: [dairy]='1' and [dairypdy]=''	- Feedings per week	text (number, Min: 1), Required
193	[soy] Show the field ONLY if: [soy]='1' and [soypwk]=''	Other soy foods: tofu, frozen soy desserts, etc	radio, Required 1 Yes 2 No Custom alignment: RH
194	[soypdy] Show the field ONLY if: [soy]='1' and [soypwk]=''	- Feedings per day	text (number, Min: 1), Required
195	[soypwk] Show the field ONLY if: [soy]='1' and [soypdy]=''	- Feedings per week	text (number, Min: 1), Required
196	[juice] Show the field ONLY if: [juice]='1' and [juicepwk]=''	100% fruit or 100% vegetable juice	radio, Required 1 Yes 2 No Custom alignment: RH
197	[juicepdy] Show the field ONLY if: [juice]='1' and [juicepwk]=''	- Feedings per day	text (number, Min: 1), Required
198	[juicepwk] Show the field ONLY if: [juice]='1' and [juicepdy]=''	- Feedings per week	text (number, Min: 1), Required
199	[sweetd] Show the field ONLY if: [sweetd]='1' and [sweetdpwk]=''	Sweet drinks (juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc)	radio, Required 1 Yes 2 No Custom alignment: RH
200	[sweetdpdy] Show the field ONLY if: [sweetd]='1' and [sweetdpwk]=''	- Feedings per day	text (number, Min: 1), Required
201	[sweetdpwk] Show the field ONLY if: [sweetd]='1' and [sweetdpdy]=''	- Feedings per week	text (number, Min: 1), Required

	[sweetd]='1' and [sweetdpdy]=''	Baby cereal	radio, Required 1 Yes 2 No Custom alignment: RH
202	[bcereal]		
203	[bcerealpdy] Show the field ONLY if: [bcereal]='1' and [bcerealpwk]=''	- Feedings per day	text (number, Min: 1), Required
204	[bcerealpwk] Show the field ONLY if: [bcereal]='1' and [bcerealpdy]=''	- Feedings per week	text (number, Min: 1), Required
205	[ocereal]	Other cereals/starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc	radio, Required 1 Yes 2 No Custom alignment: RH
206	[ocerealpdy] Show the field ONLY if: [ocereal]='1' and [ocerealpwk]=''	- Feedings per day	text (number, Min: 1), Required
207	[ocerealpwk] Show the field ONLY if: [ocereal]='1' and [ocerealpdy]=''	- Feedings per week	text (number, Min: 1), Required
208	[fruit]	Fruit	radio, Required 1 Yes 2 No Custom alignment: RH
209	[fruitpdy] Show the field ONLY if: [fruit]='1' and [fruitpwk]=''	- Feedings per day	text (number, Min: 1), Required
210	[fruitpwk] Show the field ONLY if: [fruit]='1' and [fruitpdy]=''	- Feedings per week	text (number, Min: 1), Required
211	[vegetables]	Vegetables	radio, Required 1 Yes 2 No Custom alignment: RH
212	[vegetablespdy] Show the field ONLY if: [vegetables]='1' and [vegetablespwk]=''	- Feedings per day	text (number, Min: 1), Required
213	[vegetablespwk] Show the field ONLY if: [vegetables]='1' and [vegetablespdy]=''	- Feedings per week	text (number, Min: 1), Required
214	[ffries]	French fries	radio, Required 1 Yes 2 No Custom alignment: RH
215	[ffriespdy] Show the field ONLY if: [ffries]='1' and [ffriespwk]=''	- Feedings per day	text (number, Min: 1), Required
216	[ffriespwk] Show the field ONLY if: [ffries]='1' and [ffriespdy]=''	- Feedings per week	text (number, Min: 1), Required
217	[meat]	Meat, chicken, combination meals	radio, Required 1 Yes 2 No Custom alignment: RH
218	[meatpdy] Show the field ONLY if: [meat]='1' and [meatpwk]=''	- Feedings per day	text (number, Min: 1), Required
219	[meatpwk] Show the field ONLY if: [meat]='1' and [meatpdy]=''	- Feedings per week	text (number, Min: 1), Required
220	[seafood]	Fish or shellfish	radio, Required 1 Yes 2 No Custom alignment: RH
221	[seafoodpdy] Show the field ONLY if: [seafood]='1' and [seafoodpwk]=''	- Feedings per day	text (number, Min: 1), Required
222	[seafoodpwk] Show the field ONLY if: [seafood]='1' and [seafoodpdy]=''	- Feedings per week	text (number, Min: 1), Required
223	[nuts]	Peanut butter, other peanut foods, or nuts	radio, Required 1 Yes 2 No Custom alignment: RH
224	[nutspdy] Show the field ONLY if: [nuts]='1' and [nutspwk]=''	- Feedings per day	text (number, Min: 1), Required
225	[nutspwk] Show the field ONLY if:	- Feedings per week	text (number, Min: 1), Required

226	[nuts]=1' and [nutspdy]=""	Eggs	radio, Required 1 Yes 2 No Custom alignment: RH
227	[eggspdy] Show the field ONLY if: [eggs]=1' and [eggspwk]=""	- Feedings per day	text (number, Min: 1), Required
228	[eggspwk] Show the field ONLY if: [eggs]=1' and [eggspdy]=""	- Feedings per week	text (number, Min: 1), Required
229	[sweetf]	Sweet foods: candy, cookies, cake, etc	radio, Required 1 Yes 2 No Custom alignment: RH
230	[sweetfpdy] Show the field ONLY if: [sweet]=1' and [sweetfpwk]=""	- Feedings per day	text (number, Min: 1), Required
231	[sweetfpwk] Show the field ONLY if: [sweet]=1' and [sweetfpdy]=""	- Feedings per week	text (number, Min: 1), Required
232	[newfoods]	About how often did you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the past 2 weeks?	dropdown, Required 0 No new foods in the past 2 weeks 1 About 1 new food per week or less 2 About 1 new food every 4 or 5 days 3 About 1 new food every 3 days 4 About 1 new food every 2 days 5 About 1 new food ever day 6 More than 1 new food every day Field Annotation: @HIDDEN
233	[timesfed]	In the past 7 days, how many times was your baby usually fed in a 24-hour period? Please include breast feedings, bottles, meals, snacks, and night-time feedings.	dropdown, Required 1 1 or 2 times 3 3 times 4 4 times 5 5 times 6 6 times 7 7 times 8 8 or more 9999999 Don't Know / I would rather not answer
234	[foodprob]	Has your baby ever had problems caused by food, such as an allergic reactions, sensitivity, or intolerance?	radio, Required 0 No 1 Yes
235	[foodprob_desc] Show the field ONLY if: [foodprob]=1'	If YES, describe:	text, Required Field Annotation: @HIDDEN
236	[antibiotic]	Has your infant been given antibiotics since last visit [or EVER if this is the first data collection session] ? This could include antibiotics you or a nurse gave your baby by mouth OR antibiotics through an IV or a shot at the doctor's office or hospital.	radio, Required 0 No 1 Yes Field Annotation: @HIDDEN
237	[antibiotic_desc] Show the field ONLY if: [antibiotic]=1'	If YES, describe which antibiotic(s) was/were given:	text, Required Field Annotation: @HIDDEN
238	[pacifier]	Has your baby used a pacifier in the past 7 days?	radio, Required 0 No 1 Yes Field Annotation: @HIDDEN
239	[bottle]	Have you given your baby a bottle in the past 2 weeks?	radio, Required 0 No 1 Yes Field Annotation: @HIDDEN
240	[vitaminadd_label] Show the field ONLY if: [bottle]=1'	If YES, 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 ?	descriptive Field Annotation: @HIDDEN
241	[vitaminadd]	Vitamins or Minerals:	radio, Required 0 0=Never 1 1=Only Rarely 2 2=Every Few Days 3 3=About Once a Day 4 4=At Most Feedings 5 5=Every Feeding 9999999 DK/Refuse Field Annotation: @HIDDEN
242	[bcerealadd]	Baby cereal:	radio, Required 0 0=Never 1 1=Only Rarely 2 2=Every Few Days 3 3=About Once a Day

4	4=At Most Feedings
5	5=Every Feeding
9999999	DK/Refuse

Field Annotation: @HIDDEN

243 [sweeteneradd]

Sweetener:

radio, Required	
0	0=Never
1	1=Only Rarely
2	2=Every Few Days
3	3=About Once a Day
4	4=At Most Feedings
5	5=Every Feeding
9999999	DK/Refuse

Field Annotation: @HIDDEN

244 [medadd]

Medicine:

radio, Required	
0	0=Never
1	1=Only Rarely
2	2=Every Few Days
3	3=About Once a Day
4	4=At Most Feedings
5	5=Every Feeding
9999999	DK/Refuse

Field Annotation: @HIDDEN

245 [oadd]

Other:

radio, Required	
0	0=Never
1	1=Only Rarely
2	2=Every Few Days
3	3=About Once a Day
4	4=At Most Feedings
5	5=Every Feeding
9999999	DK/Refuse

Field Annotation: @HIDDEN

246 [oadddesc]

Show the field ONLY if:  
[bottle]='1' and [oadd]<>'0'

-If Other, please describe:

text, Required  
Field Annotation: @HIDDEN

247 [formuladrink]

Show the field ONLY if:  
[formula]='1'

Section Header: *FORMULA-SPECIFIC QUESTIONS* Previously you answered that your baby had been fed formula. The following questions are about when your baby is fed formula.  
How often does your baby drink all of his or her bottle of formula?

dropdown, Required	
0	Never
1	Rarely
2	Sometimes
3	Most of the time
4	Always
9999999	Don't Know / I would rather not answer

248 [formulaoz]

Show the field ONLY if:  
[formula]='1'

In the past 7 days, about how many ounces of formula did your baby drink at each feeding?

dropdown, Required	
0	Less than 1oz
1	1 to 2 ounces
3	3 to 4 ounces
5	5 to 6 ounces
7	7 to 8 ounces
8	More than 8 ounces

249 [formulafin]

Show the field ONLY if:  
[formula]='1' and [general\_arm\_1][study(1)]='1'

How often is your baby encouraged to finish a bottle if he or she stops drinking before the formula is all gone?

dropdown, Required	
0	Never
1	Rarely
2	Sometimes
3	Most of the time
4	Always
9999999	DK/Refuse

Field Annotation: @HIDDEN

250 [formula\_label]

Show the field ONLY if:  
[formula]='1' and [general\_arm\_1][study(1)]='1'

FORMULAS FED TO BABY IN THE PAST Above you indicated that baby was fed formula during the past 7 days. In the following section please list all of the formula(s) you have fed your baby in the past. (a) Select a Formula brand name from the dropdown menu. (b) Indicate Yes/No whether your baby ever had problems caused by each formula, so you had to stop the formula and change to another one. (c) Indicate which of the listed formulas was fed to your baby in the past 7 days. List up to 10 formulas. After filling-in the information for Formula #1, please move-on to fill-in the information for Formula #2 if applicable, and so on, until you list all Formulas tried. If you did not use another formula leave that next item blank.  
*Select brand name*

descriptive  
Field Annotation: @HIDDEN

251 [formula1]

Show the field ONLY if:  
[formula]='1' and [general\_arm\_1][study(1)]='1'

(1) FORMULA FED TO BABY IN PAST  
*Select brand name*

dropdown, Required	
1	EleCare
2	Enfamil
3	Enfamil AR LIPIL
4	Efamil Gentlease LIPIL
5	Efamil LactoFree LIPIL
6	Efamil LIPIL
7	Efamil Next Step LIPIL
8	Efamil Next Step ProSobee LIPIL
9	Efamil ProSobee
10	Efamil ProSobee LIPIL
11	Efamil Nutramigen LIPIL
12	Efamil Pregestimil
13	Horizon Organic

14	Isomil
15	Isomil Advance
16	Isomil 2
17	Isomil 2 Advance
18	Isomil DF
19	Neocate
20	Nestle Good Start Essentials
21	Nestle Good Start 2 Essentials
22	Nestle Good Start Essentials Soy
23	Nestle Good Start 2 Essentials Soy
24	Nestle Good Start Essentials Soy DHA and ARA
25	Nestle Good Start Supreme
26	Nestle Good Start Supreme DHA and ARA
27	Nestle Good Start Supreme 2 DHA and ARA
28	Nestle NAN DHA and ARA
29	Similac
30	Similac Advance
31	Similac 2
32	Similac 2 Advance
33	Similac Alimentum Advance
34	Similac Lactose Free Advance
35	Similac Neosure Advance
36	Store brand milk based without DHA and ARA
37	Store brand milk based with DHA and ARA
38	Store brand soy based without DHA and ARA
39	Store brand soy based with DHA and ARA
40	OTHER

Field Annotation: @HIDDEN

252 [ formula1prob ]  
Show the field ONLY if:  
[formula]='1' and [general\_arm\_1][study(1)]= '1'

Had to stop and change to another:

radio, Required

1	Yes
2	No

Field Annotation: @HIDDEN

253 [ formula1wk ]  
Show the field ONLY if:  
[formula]='1' and [general\_arm\_1][study(1)]= '1'

Formula fed to baby in past 7 days:

radio, Required

1	Yes
2	No

Field Annotation: @HIDDEN

254 [ formula2 ]  
Show the field ONLY if:  
[formula1]<>"

(2) FORMULA FED TO BABY IN PAST  
*Select brand name*

dropdown

1	EleCare
2	Enfamil
3	Enfamil AR LIPIL
4	Efamil Gentlease LIPIL
5	Efamil LactoFree LIPIL
6	Efamil LIPIL
7	Efamil Next Step LIPIL
8	Efamil Next Step ProSobee LIPIL
9	Efamil ProSobee
10	Efamil ProSobee LIPIL
11	Efamil Nutramigen LIPIL
12	Efamil Pregestimil
13	Horizon Organic
14	Isomil
15	Isomil Advance
16	Isomil 2
17	Isomil 2 Advance
18	Isomil DF
19	Neocate
20	Nestle Good Start Essentials
21	Nestle Good Start 2 Essentials
22	Nestle Good Start Essentials Soy
23	Nestle Good Start 2 Essentials Soy
24	Nestle Good Start Essentials Soy DHA and ARA
25	Nestle Good Start Supreme
26	Nestle Good Start Supreme DHA and ARA
27	Nestle Good Start Supreme 2 DHA and ARA
28	Nestle NAN DHA and ARA
29	Similac
30	Similac Advance
31	Similac 2
32	Similac 2 Advance
33	Similac Alimentum Advance
34	Similac Lactose Free Advance
35	Similac Neosure Advance
36	Store brand milk based without DHA and ARA
37	Store brand milk based with DHA and ARA
38	Store brand soy based without DHA and ARA
39	Store brand soy based with DHA and ARA
40	OTHER

255	[ formula2prob ]	Had to stop and change to another:	Field Annotation: @HIDDEN radio, Required 1 Yes 2 No Field Annotation: @HIDDEN
256	[ formula2wk ]	Formula fed to baby in past 7 days:	radio, Required 1 Yes 2 No Field Annotation: @HIDDEN
257	[ formula3 ] Show the field ONLY if: [ formula2 ] <=> "	(3) FORMULA FED TO BABY IN PAST <i>Select brand name</i>	dropdown 1 EleCare 2 Enfamil 3 Enfamil AR LIPIL 4 Efamil Gentlease LIPIL 5 Efamil LactoFree LIPIL 6 Efamil LIPIL 7 Efamil Next Step LIPIL 8 Efamil Next Step ProSobee LIPIL 9 Efamil ProSobee 10 Efamil ProSobee LIPIL 11 Efamil Nutramigen LIPIL 12 Efamil Pregestimil 13 Horizon Organic 14 Isomil 15 Isomil Advance 16 Isomil 2 17 Isomil 2 Advance 18 Isomil DF 19 Neocate 20 Nestle Good Start Essentials 21 Nestle Good Start 2 Essentials 22 Nestle Good Start Essentials Soy 23 Nestle Good Start 2 Essentials Soy 24 Nestle Good Start Essentials Soy DHA and ARA 25 Nestle Good Start Supreme 26 Nestle Good Start Supreme DHA and ARA 27 Nestle Good Start Supreme 2 DHA and ARA 28 Nestle NAN DHA and ARA 29 Similac 30 Similac Advance 31 Similac 2 32 Similac 2 Advance 33 Similac Alimentum Advance 34 Similac Lactose Free Advance 35 Similac Neosure Advance 36 Store brand milk based without DHA and ARA 37 Store brand milk based with DHA and ARA 38 Store brand soy based without DHA and ARA 39 Store brand soy based with DHA and ARA 40 OTHER
258	[ formula3prob ]	Had to stop and change to another:	radio, Required 1 Yes 2 No Field Annotation: @HIDDEN
259	[ formula3wk ]	Formula fed to baby in past 7 days:	radio, Required 1 Yes 2 No Field Annotation: @HIDDEN
260	[ bmlk_stopped ] Show the field ONLY if: [ reward_6momod_qonline(1) ] = '1' or [ reward_12momod_qonline(1) ] = '1' or [ reward_24momod_qonline(1) ] = '1'	Since your last data collection session, have you COMPLETELY stopped breastfeeding AND / OR pumping milk for your baby? If baby was NEVER fed breastmilk please select YES, then enter "0" weeks and "0 months" below.	radio, Required 1 Yes 2 No Custom alignment: LV Field Annotation: @HIDDEN
261	[ bmlk_stopped_label ] Show the field ONLY if: [ bmlk_stopped ] = '1'	If Yes, How old was your baby when you completely stopped breastfeeding and pumping milk?	descriptive Field Annotation: @HIDDEN
262	[ bmlk_stopped_weeks ] Show the field ONLY if: [ bmlk_stopped ] = '1'	Weeks:	text, Required Field Annotation: @HIDDEN
263	[ bmlk_stopped_month ] Show the field ONLY if: [ bmlk_stopped ] = '1'	Months:	text, Required Field Annotation: @HIDDEN
264	[ bmlk_label1 ] Show the field ONLY if: [ bfed ] = '1'	Section Header: BREASTMILK-SPECIFIC QUESTIONS Previously you answered that your baby has been fed breastmilk. The following questions are about when you have fed your baby breastmilk. This includes breastmilk fed from the breast and breastmilk fed from a bottle.  IN THE PAST WHEN YOUR BABY HAS BEEN FED BREAST MILK, has your baby been fed breastmilk from breast-only, bottle-only, or both breast and bottle? Answer either "Yes" or "No" for each item below.	descriptive

265	[bmlk_breast] Show the field ONLY if: [bfed]='1'	Breast-fed:	radio (Matrix), Required 1 Yes 2 No
266	[bmlk_bottle] Show the field ONLY if: [bfed]='1'	Bottle-fed:	radio (Matrix), Required 1 Yes 2 No
267	[bfeed_label_1] Show the field ONLY if: [bfed]='1' and [stoppedbmlk]='0'	In an average 24 hour period, what is the LONGEST time for you, the mother, between breastfeeding's or pumping milk? Please count the time from the start of one breastfeeding or pumping session to the start of the next. Please think of "time between feedings" during both night and day to find the LONGEST time. Report the number of hours AND minutes	descriptive
268	[bfeed_label_1i] Show the field ONLY if: [bfed]='1' and [stoppedbmlk]='1'	In an average 24 hour period, when your baby was still nursing, what was the LONGEST time for you, the mother, between breastfeeding's or pumping milk? Please count the time from the start of one breastfeeding or pumping session to the start of the next. Please think of "time between feedings" during both night and day to find the LONGEST time. Report the number of hours AND minutes	descriptive
269	[bfeed_answerbox] Show the field ONLY if: [bfed]='1' and ([stoppedbmlk]='0' or [stoppedbmlk]='1')	Hours: {bfeedhrs}ANDMinutes: {bfeedmin}	descriptive
270	[bfeedhrs] Show the field ONLY if: [bfed]='1' and ([stoppedbmlk]='0' or [stoppedbmlk]='1')	Hours: <i>(select a number)</i>	dropdown, Required 0 0 hours 1 1 hours 2 2 hours 3 3 hours 4 4 hours 5 5 hours 6 6 hours 7 7 hours 8 8 hours 9 9 hours 10 10 hours 11 11 hours 12 12 hours 13 13 hours 14 14 hours 15 15 hours 16 16 hours 17 17 hours 18 18 hours 19 19 hours 20 20 hours 21 21 hours 22 22 hours 23 23 hours 24 24 hours 25 25 hours 26 26 hours 27 27 hours 28 28 hours 29 29 hours 30 30 hours 31 31 hours 34 34 hours 36 36 hours 37 37 hours 38 38 hours 39 39 hours 40 40 hours 41 41 hours 42 42 hours 43 43 hours 44 44 hours 45 45 hours 46 46 hours 47 47 hours 48 48 hours 49 49 hours 50 50 hours 51 51 hours 52 52 hours 53 53 hours 54 54 hours 55 55 hours 56 56 hours 57 57 hours 58 58 hours 59 59 hours 60 60 hours 61 61 hours 62 62 hours 63 63 hours

64	64 hours
65	65 hours
66	66 hours
67	67 hours
68	68 hours
69	69 hours
70	70 hours
71	71 hours
72	72 hours
73	73 hours
74	74 hours
75	75 hours
76	76 hours
77	77 hours
78	78 hours
79	79 hours
80	80 hours
81	81 hours
82	82 hours
83	83 hours
84	84 hours

271

[bfeedmin]

Show the field ONLY if:  
 [bfeed]='1' and ((stoppedbmlk]='0' or [stoppedbmlk]='1')

Minutes:  
 (select a number)

dropdown, Required

0	0 minutes
1	1 minutes
2	2 minutes
3	3 minutes
4	4 minutes
5	5 minutes
6	6 minutes
7	7 minutes
8	8 minutes
9	9 minutes
10	10 minutes
11	11 minutes
12	12 minutes
13	13 minutes
14	14 minutes
15	15 minutes
16	16 minutes
17	17 minutes
18	18 minutes
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41	41 minutes
42	42 minutes
43	43 minutes
44	44 minutes
45	45 minutes
46	46 minutes
47	47 minutes
48	48 minutes
49	49 minutes
50	50 minutes
51	51 minutes
52	52 minutes
53	53 minutes
54	54 minutes
55	55 minutes
56	56 minutes
57	57 minutes
58	58 minutes

59	59 minutes
60	60 minutes

272	[bothb_label_i] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=0'	Does your baby usually feed from both breasts at each feeding?	descriptive Field Annotation: @HIDDEN
273	[bothb_label_ii] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=1'	Did your baby usually feed from both breasts at each feeding?	descriptive Field Annotation: @HIDDEN
274	[bothb] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1'		radio, Required 1 Yes 0 No  Custom alignment: RH Field Annotation: @HIDDEN
275	[letgo_label_i] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=0'	Does your baby usually let go of the breast him/herself?	descriptive Field Annotation: @HIDDEN
276	[letgo_label_ii] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=1'	Did your baby usually let go of the breast him/herself?	descriptive Field Annotation: @HIDDEN
277	[letgo] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1'		radio, Required 1 Yes 0 No  Custom alignment: RH Field Annotation: @HIDDEN
278	[bfeedduration_label_i] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=0'	About how long does an average breastfeeding session last? By this we mean, from the time your baby starts feeding until the time when your baby is done with the breastfeeding session.	descriptive
279	[bfeedduration_label_ii] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=1'	About how long did an average breastfeeding session last? By this we mean, from the time your baby started feeding until the time when your baby was done with the breastfeeding session.	descriptive
280	[bfeedduration] Show the field ONLY if: [bfed]=1'	(select answer)	dropdown, Required 1 Less than 10 minutes 2 10-19 minutes 3 20-29 minutes 4 30-39 minutes 5 40-49 minutes 6 50 or more minutes
281	[pumpedmilk_label_i] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=0'	How many times IN THE PAST 7 DAYS was your baby fed PUMPED breastmilk to drink? Include breast milk expressed in any way as pumped milk. Enter "0" if your baby was not fed pumped milk.	descriptive
282	[pumpedmilk_label_ii] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=1'	How many times IN AN AVERAGE WEEK was your baby fed PUMPED breastmilk to drink? Include breast milk expressed in any way as pumped milk. Enter "0" if your baby was not fed pumped milk.	descriptive
283	[pumpedmilk] Show the field ONLY if: [bfed]=1'	(report a number)	text (number), Required
284	[pumpeddrink_label_i] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=0'	How often does your baby drink all of his/her bottle of pumped milk?	descriptive
285	[pumpeddrink_label_ii] Show the field ONLY if: [bfed]=1' and [stoppedbmlk]=1'	How often did your baby drink all of his/her bottle of pumped milk?	descriptive
286	[pumpeddrink] Show the field ONLY if: [bfed]=1'	(select answer)	dropdown, Required 0 Never 1 Rarely 2 Sometimes 3 Most of the time 4 Always 9999999 Don't Know / I would rather not answer
287	[pumpedfin_label_i] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=0'	How often is your baby encouraged to finish a bottle if he or she stops drinking before the pumped breastmilk is all gone?	descriptive Field Annotation: @HIDDEN
288	[pumpedfin_label_ii] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=1'	How often was your baby encouraged to finish a bottle if he or she stopped drinking before the pumped breastmilk was all gone?	descriptive Field Annotation: @HIDDEN
289	[pumpedfin] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1'		dropdown, Required 0 Never 1 Rarely 2 Sometimes 3 Most of the time 4 Always 9999999 DK/Refuse 997 Not Applicable  Field Annotation: @HIDDEN
290	[bmlkend] Show the field ONLY if: [general_arm_1][study(1)]=1' and [bfed]=1' and [stoppedbmlk]=0'	How old do you think your baby will be when you completely stop breastfeeding/pumping?	dropdown, Required 0 0 months 1 1 months

2	2 months
3	3 months
4	4 months
5	5 months
6	6 months
7	7 months
8	8 months
9	9 months
10	10 months
11	11 months
12	12 months
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27	27 months
28	28 months
29	29 months
30	30 months
31	31 months
32	32 months
33	33 months
34	34 months
35	35 months
36	36 months

Field Annotation: @HIDDEN

291	[q_i_d_q_complete]	<p>Section Header: <i>Form Status</i>          Complete?</p>
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dropdown	
0	Incomplete
1	Unverified
2	Complete