



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: Subject ID (subject_id)																																							
1	[subj_id]	Subject ID	text																																				
2	[subject_id_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <table><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: Q H H I D Q (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.</i> For each person living in your home, list their relationship to the study child. 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><tr><td>0</td><td>Study child</td></tr></table>	0	Study child																																		
0	Study child																																						
5	[famcom1a2] Show the field ONLY if: [famcom1a1]<>"	Person 2 Enter your name:	text, Required, Identifier																																				
6	[famcom1c2] Show the field ONLY if: [famcom1a2]<>"	[famcom1a2]'s Relationship to [child_first]: <i>(select one)</i>	dropdown, Required <table><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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7	[famcom1a3] Show the field ONLY if: [famcom1a2]<>"	Person 3 Name:	text, Identifier																																				
8	[famcom1c3] Show the field ONLY if: [famcom1a3]<>"	[famcom1a3]'s Relationship to [child_first]: <i>(select one)</i>	dropdown, Required <table><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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9	[famcom1a4] Show the field ONLY if: [famcom1a3]<>"	Person 4 Name:	text, Identifier																																				
10	[famcom1c4] Show the field ONLY if: [famcom1a4]<>"	[famcom1a4]'s Relationship to [child_first]: <i>(select one)</i>	dropdown, Required <table><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></table>	1	Biological Mother	2	Biological Father	7	Stepmother	8	Stepfather	14	Adoptive Mother																										
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	11	<div>[famcom1a5]</div> <div>Show the field ONLY if: [famcom1a4]<>"</div>	<div>Person 5</div> <div>Name:</div>	text, Identifier
	12	<div>[famcom1c5]</div> <div>Show the field ONLY if: [famcom1a5]<>"</div>	<div>[famcom1a5]'s Relationship to [child_first]:</div> <div>(select one)</div>	<div>dropdown, Required</div> <div>1 Biological Mother</div> <div>2 Biological Father</div> <div>7 Stepmother</div> <div>8 Stepfather</div> <div>14 Adoptive Mother</div> <div>15 Adoptive Father</div> <div>5 Grandmother</div> <div>6 Grandfather</div> <div>9 Aunt</div> <div>10 Uncle</div> <div>3 Sister (include half-sister, step-sister, adoptive-sister)</div> <div>4 Brother (include half-brother, step-brother, adoptive-brother)</div> <div>11 Cousin</div> <div>12 Boyfriend of Parent</div> <div>13 Girlfriend of Parent</div> <div>16 Foster Mother</div> <div>17 Legal Guardian</div> <div>19 Other</div>
	13	<div>[famcom1a6]</div> <div>Show the field ONLY if: [famcom1a5]<>"</div>	<div>Person 6</div> <div>Name:</div>	text, Identifier
	14	<div>[famcom1c6]</div> <div>Show the field ONLY if: [famcom1a6]<>"</div>	<div>[famcom1a6]'s Relationship to [child_first]:</div> <div>(select one)</div>	<div>dropdown, Required</div> <div>1 Biological Mother</div> <div>2 Biological Father</div> <div>7 Stepmother</div> <div>8 Stepfather</div> <div>14 Adoptive Mother</div> <div>15 Adoptive Father</div> <div>5 Grandmother</div> <div>6 Grandfather</div> <div>9 Aunt</div> <div>10 Uncle</div> <div>3 Sister (include half-sister, step-sister, adoptive-sister)</div> <div>4 Brother (include half-brother, step-brother, adoptive-brother)</div> <div>11 Cousin</div> <div>12 Boyfriend of Parent</div> <div>13 Girlfriend of Parent</div> <div>16 Foster Mother</div> <div>17 Legal Guardian</div> <div>19 Other</div>
	15	<div>[famcom1a7]</div> <div>Show the field ONLY if: [famcom1a6]<>"</div>	<div>Person 7</div> <div>Name:</div>	text, Identifier
	16	<div>[famcom1c7]</div> <div>Show the field ONLY if: [famcom1a7]<>"</div>	<div>[famcom1a7]'s Relationship to [child_first]:</div> <div>(select one)</div>	<div>dropdown, Required</div> <div>1 Biological Mother</div> <div>2 Biological Father</div> <div>7 Stepmother</div> <div>8 Stepfather</div> <div>14 Adoptive Mother</div> <div>15 Adoptive Father</div> <div>5 Grandmother</div> <div>6 Grandfather</div> <div>9 Aunt</div> <div>10 Uncle</div> <div>3 Sister (include half-sister, step-sister, adoptive-sister)</div> <div>4 Brother (include half-brother, step-brother, adoptive-brother)</div> <div>11 Cousin</div> <div>12 Boyfriend of Parent</div> <div>13 Girlfriend of Parent</div> <div>16 Foster Mother</div> <div>17 Legal Guardian</div>

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	17	<div>[famcom1a8]</div> <div>Show the field ONLY if: [famcom1a7]<>"</div>	Person 8 Name:	text, Identifier																																				
	18	<div>[famcom1c8]</div> <div>Show the field ONLY if: [famcom1a8]<>"</div>	[famcom1a8]'s Relationship to [child_first]: <i>(select one)</i>	<div>dropdown, Required</div> <table><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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	19	<div>[famcom1a9]</div> <div>Show the field ONLY if: [famcom1a8]<>"</div>	Person 9 Name:	text, Identifier																																				
	20	<div>[famcom1c9]</div> <div>Show the field ONLY if: [famcom1a9]<>"</div>	[famcom1a9]'s Relationship to [child_first]: <i>(select one)</i>	<div>dropdown, Required</div> <table><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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	21	<div>[famcom1a10]</div> <div>Show the field ONLY if: [famcom1a9]<>"</div>	Person 10 Name:	text, Identifier																																				
	22	<div>[famcom1c10]</div> <div>Show the field ONLY if: [famcom1a10]<>"</div>	[famcom1a10]'s Relationship to [child_first]: <i>(select one)</i>	<div>dropdown, Required</div> <table><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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	23	<div>[famcom1b]</div>	2. At this moment, do you consider yourself:	<div>radio, Required</div> <table><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	<div>[famcom9]</div>	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?	<div>dropdown, Required</div> <table><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																												
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	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?	<div>dropdown, Required</div> <div><div>1Did not complete High school</div><div>2Graduated from High school</div><div>3Completed GED</div><div>4Have Some college courses</div><div>5Completed a 2 year College Degree</div><div>6Completed a 4 Year College Degree</div><div>7Completed a post-graduate Degree</div></div>
	28	[guardianrace]	7. How would you best describe your race?	<div>dropdown, Required</div> <div><div>1White</div><div>2Black</div><div>3American Indian or Alaska Native</div><div>4Asian</div><div>5Native Hawaiian or Pacific Islander</div><div>6Biracial or Multiracial</div><div>7Other</div><div>996I would rather not answer</div></div>
	29	[guardianeth]	8. How would you best describe your ethnicity? (select one):	<div>radio, Required</div> <div><div>1Hispanic or Latino(a)</div><div>0NOT Hispanic or Latino(a)</div><div>996I would rather not answer</div></div>
	30	[childrace]	9. How would you best describe your child's race? (select one)	<div>dropdown, Required</div> <div><div>1White</div><div>2Black</div><div>3American Indian or Alaska Native</div><div>4Asian</div><div>5Native Hawaiian or Pacific Islander</div><div>6Biracial or Multiracial</div><div>7Other</div><div>996I would rather not answer</div></div>
	31	[childeth]	10. How would you best describe your child's ethnicity? (select one):	<div>radio, Required</div> <div><div>1Hispanic or Latino(a)</div><div>0NOT Hispanic or Latino(a)</div><div>996I would rather not answer</div></div>
	32	[delivery]	11. When giving birth to your child, was it a natural birth or a C-Section birth?	<div>radio, Required</div> <div><div>2Natural Birth</div><div>1C-Section</div></div>
	33	[q_h_h_i_d_q_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div><div>0Incomplete</div><div>1Unverified</div><div>2Complete</div></div>
Instrument: Q S C C (q_s_c_c) 				
	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?	<div>dropdown</div> <div><div>0Incomplete</div><div>1Unverified</div><div>2Complete</div></div>
Instrument: Q B E B Q (q_b_e_b_q) 				
	37	[label_crossec_bebq] Show the field ONLY if: ([longitudinal_arm_1][packet1_relofresp]<>"" or [crosssectional_arm_1][packet1_relofresp]<>"") and [crosssectional_12m_arm_1][packet1_relofresp]=""	Introduction:These questions are about your baby's appetite over his/her first few months of life.	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.	<div>radio (Matrix), Required</div> <div><div>1Never</div><div>2Rarely</div><div>3Sometimes</div></div>

				<table><tr><td>4</td><td>Often</td></tr><tr><td>5</td><td>Always</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE="9999999"</div>	4	Often	5	Always	9999999								
4	Often																
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39	[be bq 2]	2. My baby frequently wants more milk than I provide.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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5	Always																
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40	[be bq 3]	3. My baby loves milk.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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3	Sometimes																
4	Often																
5	Always																
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41	[be bq 4]	4. My baby has a big appetite.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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5	Always																
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42	[be bq 5]	5. My baby finishes feeding quickly.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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43	[be bq 6]	6. My baby becomes distressed while feeding.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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3	Sometimes																
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5	Always																
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44	[be bq 7]	7. My baby gets full easily.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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1	Never																
2	Rarely																
3	Sometimes																
4	Often																
5	Always																
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45	[be bq 8]	8. If allowed to, my baby would take too much milk.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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2	Rarely																
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46	[be bq 9]	9. My baby takes more than 30 minutes to finish feeding.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
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2	Rarely																
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5	Always																
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47	[be bq 10]	10. My baby gets full before taking all the milk I think he/she should have.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><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>	radio (Matrix), Required		1	Never	2	Rarely	3	Sometimes	4	Often	5	Always		
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				<table><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE="9999999"</div>	9999999										
9999999															
48	[bebq11]	11. My baby feeds slowly.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
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49	[bebq12]	12. Even when my baby has just eaten well he/she is happy to feed again if offered.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
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50	[bebq13]	13. My baby finds it difficult to manage a complete feed.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															
51	[bebq14]	14. My baby is always demanding a feed.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	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.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	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.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
2	Rarely														
3	Sometimes														
4	Often														
5	Always														
9999999															
54	[bebq17]	17. My baby enjoys feeding time.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	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.	<div>radio (Matrix), Required</div> <table><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> <div>Field Annotation: @HIDECHOICE="9999999"</div>	1	Never	2	Rarely	3	Sometimes	4	Often	5	Always	9999999	
1	Never														
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5	Always														
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56	[q_b_e_b_q_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <table><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														

57	[debq_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	[debq1]	1) Do you have an urge to eat when you are irritated?	radio (Matrix), Required

				<div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
59	[debq2]	2) If food tastes good, do you eat more than usual?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
60	[debq3]	3) Do you have an urge to eat when you have nothing to do?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
61	[debq4]	4) If you have gained weight, do you eat less than you usually do?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
62	[debq5]	5) Do you have an urge to eat when you are depressed or discouraged?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
63	[debq6]	6) If food smells and looks good, do you eat more than usual?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
64	[debq7]	7) How often do you refuse food or drink offered because you are concerned about your weight?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
65	[debq8]	8) Do you have an urge to eat when you are feeling lonely?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
66	[debq9]	9) If you see or smell something appetizing, do you have an urge to eat it?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
67	[debq10]	10) Do you have an urge to eat when somebody lets you down?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
68	[debq11]	11) Do you try to eat less at mealtimes than you would like to eat?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
69	[debq12]	12) If something delicious to eat is available, do you eat it right away?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>
70	[debq13]	13) Do you have an urge to eat when you are mad or angry?		<div>radio (Matrix), Required</div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div>

	71	[debq14]	14) Do you watch exactly what you eat?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	72	[debq15]	15) If you pass by a fast food place do you have the urge to buy something tasty?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	73	[debq16]	16) Do you have an urge to eat when you are expecting something unpleasant to happen?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	74	[debq17]	17) Do you deliberately eat foods that are reduced fat and low calorie?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	75	[debq18]	18) If you see others eating, do you also have the urge to eat?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	76	[debq19]	19) When you have eaten too much, do you eat less than usual the following days?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	77	[debq20]	20) Do you get the urge to eat when you are anxious, worried or tense?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	78	[debq21]	21) Can you resist eating delicious foods?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	79	[debq22]	22) Do you deliberately eat less in order not to gain weight?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	80	[debq23]	23) Do you have an urge to eat when things are going against you or when things have gone wrong?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	81	[debq24]	24) If you pass a convenience store or a coffee shop, do you have the desire to buy something?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	82	[debq25]	25) Do you have the urge to eat when you are upset?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div> <div> <div>5</div> <div>Very Often</div> </div>
	83	[debq26]	26) How often do you try not to eat between meals because you are watching your weight?	<div>radio (Matrix), Required</div> <div> <div>1</div> <div>Never</div> </div> <div> <div>2</div> <div>Rarely</div> </div> <div> <div>3</div> <div>Sometimes</div> </div> <div> <div>4</div> <div>Often</div> </div>

				5 Very Often
	84	[debq27]	27) Do you eat more than usual when you see others eating?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	85	[debq28]	28) Do you have an urge to eat when you are bored or restless?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	86	[debq29]	29) In the evening, how often do you try not to eat because you are watching your weight?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	87	[debq30]	30) Do you have an urge to eat when you are frightened?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	88	[debq31]	31) Do you think about your weight when you eat?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	89	[debq32]	32) Do you have an urge to eat when you are disappointed?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	90	[debq33]	33) When you are preparing a meal are you likely to eat something?	radio (Matrix), Required <div> <div>1 Never</div> <div>2 Rarely</div> <div>3 Sometimes</div> <div>4 Often</div> <div>5 Very Often</div> </div>
	91	[q_d_e_b_q_complete]	Section Header: <i>Form Status</i> Complete?	dropdown <div> <div>0 Incomplete</div> <div>1 Unverified</div> <div>2 Complete</div> </div>

Instrument: Q Y F A S V2 (q_y_f_a_s_v2)  Enabled as survey				
	92	[yfas2_2mo_label]	<p>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</p> <p>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].</p>	descriptive
	93	[yfas2_6mo_label]	<p>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</p> <p>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]).</p>	descriptive
	94	[yfas2_1]	1. When I started to eat certain foods, I ate much more than planned.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	95	[yfas2_2]	2. I continued to eat certain foods even though I was no longer hungry.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> </div>

				7 Every day
	96	[yfas2_3]	3. I ate to the point where I felt physically ill.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	97	[yfas2_4]	4. I worried a lot about cutting down on certain types of food, but I ate them anyways.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	98	[yfas2_5]	5. I spent a lot of time feeling sluggish or tired from overeating.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	99	[yfas2_6]	6. I spent a lot of time eating certain foods throughout the day.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	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 <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	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 <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	102	[yfas2_9]	9. I had problems with my family or friends because of how much I overate.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	103	[yfas2_10]	10. I avoided work, school or social activities because I was afraid I would overeat there.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div> </div>
	104	[yfas2_11]	11. When I cut down on or stopped eating certain foods, I felt irritable, nervous or sad.	radio (Matrix), Required <div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> </div>

				<div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
105	[yfas2_12]	12. If I had physical symptoms because I hadn't eaten certain foods, I would eat those foods to feel better.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
106	[yfas2_13]	13. If I had emotional problems because I hadn't eaten certain foods, I would eat those foods to feel better.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
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.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
108	[yfas2_15]	15. When I cut down or stopped eating certain foods, I had strong cravings for them.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
109	[yfas2_16]	16. My eating behavior caused me a lot of distress.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
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.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
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.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>
112	[yfas2_19]	19. My overeating got in the way of me taking care of my family or doing household chores.		<div>radio (Matrix), Required</div> <div>0Never</div> <div>1Less than monthly</div> <div>2Once a month</div> <div>32-3 times a month</div> <div>4Once a week</div> <div>52-3 times a week</div> <div>64-6 times a week</div> <div>7Every day</div>

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


				<div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	122	[yfas2_29]	29. I had such strong urges to eat certain foods that I couldn't think of anything else.	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	123	[yfas2_30]	30. I had such intense cravings for certain foods that I felt like I had to eat them right away.	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	124	[yfas2_31]	31. I tried to cut down on or not eat certain kinds of food, but I wasn't successful.	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	125	[yfas2_32]	32. I tried and failed to cut down on or stop eating certain foods.	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	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).	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	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).	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	128	[yfas2_35]	35. My friends or family were worried about how much I overate.	<div>radio (Matrix), Required</div> <div>0 Never</div> <div>1 Less than monthly</div> <div>2 Once a month</div> <div>3 2-3 times a month</div> <div>4 Once a week</div> <div>5 2-3 times a week</div> <div>6 4-6 times a week</div> <div>7 Every day</div>
	129	[q_y_f_a_s_v2_complete]	Section Header: <i>Form Status</i> Complete?	<div>dropdown</div> <div>0 Incomplete</div> <div>1 Unverified</div> <div>2 Complete</div>

Instrument: **Q FCS** (q_f_c_s)  Enabled as survey


	130	[fcs1]	<div>Section Header: <i>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.</i></div> <div>1. There is very little commotion in our home.</div>	<div>radio (Matrix), Required</div> <div> <div>1 True</div> <div>2 False</div> <div>9999999</div> </div> <div>Field Annotation: @HIDECHOICE='9999999'</div>
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	131	[fcs2]	2. We can usually find things when we need them.	radio (Matrix), Required
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				<table><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	1	True	2	False	9999999		
1	True										
2	False										
9999999											
132	[fcs3]	3. We almost always seem to be rushed.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
133	[fcs4]	4. We are usually able to "stay on top of things".	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
134	[fcs5]	5. No matter how hard we try, we always seem to be running late.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
135	[fcs6]	6. It's a real "zoo" in our home.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
136	[fcs7]	7. At home we can talk to each other without being interrupted.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
137	[fcs8]	8. There is often a fuss going on at our home.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
138	[fcs9]	9. No matter what our family plans, it usually doesn't seem to work out.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
139	[fcs10]	10. You can't hear yourself think in our home.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
140	[fcs11]	11. I often get drawn into other people's arguments at home.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
141	[fcs12]	12. Our home is a good place to relax.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
142	[fcs13]	13. The telephone (or texting) takes up a lot of our time at home	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
143	[fcs14]	14. The atmosphere in our home is calm.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
144	[fcs15]	15. First thing in the day, we have a regular routine at home.	<table><tr><td colspan="2">radio (Matrix), Required</td></tr><tr><td>1</td><td>True</td></tr><tr><td>2</td><td>False</td></tr><tr><td>9999999</td><td></td></tr></table> <div>Field Annotation: @HIDECHOICE='9999999'</div>	radio (Matrix), Required		1	True	2	False	9999999	
radio (Matrix), Required											
1	True										
2	False										
9999999											
145	[q_f_c_s_complete]	Section Header: <i>Form Status</i> Complete?	<table><tr><td colspan="2">dropdown</td></tr><tr><td>0</td><td>Incomplete</td></tr><tr><td>1</td><td>Unverified</td></tr></table>	dropdown		0	Incomplete	1	Unverified		
dropdown											
0	Incomplete										
1	Unverified										

			2 Complete											
Instrument: Q S U (q_s_u)  Enabled as survey														
	146	[suse_cig_c1]	Section Header: CIGARETTE QUESTIONS 1. Have you ever smoked cigarettes in your lifetime?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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 <table><tr><td>1</td><td>Within 5 minutes</td></tr><tr><td>2</td><td>5-30 minutes</td></tr><tr><td>3</td><td>31-60 minutes</td></tr><tr><td>4</td><td>> 60 minutes</td></tr><tr><td>9999999</td><td>Don't know / I would rather not answer</td></tr></table>	1	Within 5 minutes	2	5-30 minutes	3	31-60 minutes	4	> 60 minutes	9999999	Don't know / I would rather not answer
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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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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 <table><tr><td>1</td><td>The first in the morning</td></tr><tr><td>2</td><td>Any other</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	The first in the morning	2	Any other	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>10 or less</td></tr><tr><td>2</td><td>11-20</td></tr><tr><td>3</td><td>21-30</td></tr><tr><td>4</td><td>31 or more</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	10 or less	2	11-20	3	21-30	4	31 or more	9999999	Don't Know / I would rather not answer
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>Within 5 minutes</td></tr><tr><td>2</td><td>5-30 minutes</td></tr><tr><td>3</td><td>31-60 minutes</td></tr><tr><td>4</td><td>> 60 minutes</td></tr><tr><td>9999999</td><td>Don't know / I would rather not answer</td></tr></table>	1	Within 5 minutes	2	5-30 minutes	3	31-60 minutes	4	> 60 minutes	9999999	Don't know / I would rather not answer
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>The first in the morning</td></tr><tr><td>2</td><td>Any other</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	The first in the morning	2	Any other	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>10 or less</td></tr><tr><td>2</td><td>11-20</td></tr><tr><td>3</td><td>21-30</td></tr><tr><td>4</td><td>31 or more</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	10 or less	2	11-20	3	21-30	4	31 or more	9999999	Don't Know / I would rather not answer
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer				
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	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?	<table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	1	Yes	0	No	9999999	Don't Know / I would rather not answer																		
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	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.	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>0</td><td>Less than once a month</td></tr><tr><td>1</td><td>Once a month</td></tr><tr><td>2</td><td>2 to 3 times a month</td></tr><tr><td>4</td><td>Once a week</td></tr><tr><td>5</td><td>Twice a week</td></tr><tr><td>6</td><td>3 to 4 times a week</td></tr><tr><td>7</td><td>5 to 6 times a week</td></tr><tr><td>8</td><td>Everyday</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	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				
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	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?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>1</td><td>1 drink</td></tr><tr><td>2</td><td>2 drinks</td></tr><tr><td>3</td><td>3 to 4 drinks</td></tr><tr><td>4</td><td>5 to 6 drinks</td></tr><tr><td>5</td><td>7 to 8 drinks</td></tr><tr><td>6</td><td>9 to 11 drinks</td></tr><tr><td>7</td><td>12 to 15 drinks</td></tr><tr><td>8</td><td>16 to 18 drinks</td></tr><tr><td>9</td><td>19 to 24 drinks</td></tr><tr><td>10</td><td>25 or more drinks</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	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
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	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?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>1</td><td>1 drink</td></tr><tr><td>2</td><td>2 drinks</td></tr><tr><td>3</td><td>3 drinks</td></tr><tr><td>4</td><td>4 drinks</td></tr><tr><td>5</td><td>5 to 7 drinks</td></tr><tr><td>6</td><td>8 to 11 drinks</td></tr><tr><td>7</td><td>12 to 17 drinks</td></tr><tr><td>8</td><td>18 to 23 drinks</td></tr><tr><td>9</td><td>24 to 35 drinks</td></tr><tr><td>10</td><td>36 drinks or more</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	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
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	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.	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>0</td><td>Less than one day a month</td></tr><tr><td>1</td><td>One day a month</td></tr><tr><td>2</td><td>2 to 3 days a month</td></tr><tr><td>3</td><td>One day a week</td></tr><tr><td>4</td><td>Two days a week</td></tr><tr><td>5</td><td>3 to 4 days a week</td></tr><tr><td>6</td><td>5 to 6 days a week</td></tr><tr><td>7</td><td>Everyday</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	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				
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	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?	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	radio, Required		1	Yes	0	No	9999999	Don't Know / I would rather not answer																
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	169	[q_s_u_complete]	Section Header: <i>Form Status</i> Complete?	<table><tr><td colspan="2">dropdown</td></tr><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>	dropdown		0	Incomplete	1	Unverified	2	Complete																
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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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
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171	[stoppedbmlk] Show the field ONLY if: [bfed]='1'	Have you completely stopped breastfeeding and pumping milk for your baby?	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No
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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 [stoppedbmilk]='1' and [stoppedagemos]=''		<table><tr><td>0</td><td>0 weeks</td></tr><tr><td>1</td><td>1 weeks</td></tr><tr><td>2</td><td>2 weeks</td></tr><tr><td>3</td><td>3 weeks</td></tr><tr><td>4</td><td>4 weeks</td></tr><tr><td>5</td><td>5 weeks</td></tr><tr><td>6</td><td>6 weeks</td></tr><tr><td>7</td><td>7 weeks</td></tr><tr><td>8</td><td>8 weeks</td></tr><tr><td>9</td><td>9 weeks</td></tr><tr><td>10</td><td>10 weeks</td></tr><tr><td>11</td><td>11 weeks</td></tr><tr><td>12</td><td>12 weeks</td></tr><tr><td>13</td><td>13 weeks</td></tr><tr><td>14</td><td>14 weeks</td></tr><tr><td>15</td><td>15 weeks</td></tr><tr><td>16</td><td>16 weeks</td></tr><tr><td>17</td><td>17 weeks</td></tr><tr><td>18</td><td>18 weeks</td></tr><tr><td>19</td><td>19 weeks</td></tr><tr><td>20</td><td>20 weeks</td></tr><tr><td>21</td><td>21 weeks</td></tr><tr><td>22</td><td>22 weeks</td></tr><tr><td>23</td><td>23 weeks</td></tr><tr><td>24</td><td>24 weeks</td></tr><tr><td>25</td><td>25 weeks</td></tr></table> <div>Custom alignment: LV</div>	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																					
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177	[idtable]	<p>Section Header: FOODS FED IN THE PAST 7 DAYS <i>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?</i></p> <p>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} {dairypdy} {dairypwk} 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) {sweetd} {sweetdpdy} {sweetdpwk} 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</p>	descriptive																																																																										

			peanut foods, or nuts {nuts} {nutspsy} {nutspwk} Eggs {eggs} {eggspdy} {eggspwk} Sweet foods: candy, cookies, cake, etc {sweetf} {sweetfpdy} {sweetfpwk}	
	178	[bmilk]	Breast milk	radio, Required 1 Yes 2 No
	179	[bmilkpsy]	- Feedings per day	text (number, Min: 1), Required
	180	[bmilkpwk]	- Feedings per week	text (number, Min: 1), Required
	181	[formula]	Formula	radio, Required 1 Yes 2 No Custom alignment: RH
	182	[formulapsy]	- Feedings per day	text (number, Min: 1), Required
	183	[formulapwk]	- Feedings per week	text (number, Min: 1), Required
	184	[cmilk]	Cow's milk	radio, Required 1 Yes 2 No Custom alignment: RH
	185	[cmilkpsy]	- Feedings per day	text (number, Min: 1), Required
	186	[cmilkpwk]	- Feedings per week	text (number, Min: 1), Required
	187	[omilk]	Other milk (soy, rice, goat, or other)	radio, Required 1 Yes 2 No Custom alignment: RH
	188	[omilkpsy]	- Feedings per day	text (number, Min: 1), Required
	189	[omilkpwk]	- Feedings per week	text (number, Min: 1), Required
	190	[dairy]	Other dairy foods: yogurt, cheese, ice cream, pudding, etc	radio, Required 1 Yes 2 No Custom alignment: RH
	191	[dairypsdy]	- Feedings per day	text (number, Min: 1), Required
	192	[dairypwk]	- Feedings per week	text (number, Min: 1), Required
	193	[soy]	Other soy foods: tofu, frozen soy desserts, etc	radio, Required 1 Yes 2 No Custom alignment: RH
	194	[soypsdy]	- Feedings per day	text (number, Min: 1), Required
	195	[soypwk]	- Feedings per week	text (number, Min: 1), Required
	196	[juice]	100% fruit or 100% vegetable juice	radio, Required 1 Yes 2 No Custom alignment: RH
	197	[juicepsy]	- Feedings per day	text (number, Min: 1), Required
	198	[juicepwk]	- Feedings per week	text (number, Min: 1), Required
	199	[sweetd]	Sweet drinks (juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc)	radio, Required 1 Yes 2 No Custom alignment: RH
	200	[sweetdpsy]	- Feedings per day	text (number, Min: 1), Required
	201	[sweetdpwk]	- Feedings per week	text (number, Min: 1), Required

		[sweetd]='1' and [sweetdpdy]=''		
	202	[bcereal]	Baby cereal	radio, Required <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> Custom alignment: RH
	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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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 <div> <div>1</div> <div>Yes</div> </div> <div> <div>2</div> <div>No</div> </div> 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	[eggs] Show the field ONLY if: [eggs]='1' and [eggspdy]=''	Eggs	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No												
1	Yes																			
2	No																			
	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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: RH	1	Yes	2	No												
1	Yes																			
2	No																			
	230	[sweetfpdy] Show the field ONLY if: [sweetf]='1' and [sweetfpwk]=''	- Feedings per day	text (number, Min: 1), Required																
	231	[sweetfpwk] Show the field ONLY if: [sweetf]='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 <table><tr><td>0</td><td>No new foods in the past 2 weeks</td></tr><tr><td>1</td><td>About 1 new food per week or less</td></tr><tr><td>2</td><td>About 1 new food every 4 or 5 days</td></tr><tr><td>3</td><td>About 1 new food every 3 days</td></tr><tr><td>4</td><td>About 1 new food every 2 days</td></tr><tr><td>5</td><td>About 1 new food ever day</td></tr><tr><td>6</td><td>More than 1 new food every day</td></tr></table> Field Annotation: @HIDDEN	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		
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4	About 1 new food every 2 days																			
5	About 1 new food ever day																			
6	More than 1 new food every day																			
	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 <table><tr><td>1</td><td>1 or 2 times</td></tr><tr><td>3</td><td>3 times</td></tr><tr><td>4</td><td>4 times</td></tr><tr><td>5</td><td>5 times</td></tr><tr><td>6</td><td>6 times</td></tr><tr><td>7</td><td>7 times</td></tr><tr><td>8</td><td>8 or more</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	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
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6	6 times																			
7	7 times																			
8	8 or more																			
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	234	[foodprob]	Has your baby ever had problems caused by food, such as an allergic reactions, sensitivity, or intolerance?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table>	0	No	1	Yes												
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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> Field Annotation: @HIDDEN	0	No	1	Yes												
0	No																			
1	Yes																			
	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 <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> Field Annotation: @HIDDEN	0	No	1	Yes												
0	No																			
1	Yes																			
	239	[bottle]	Have you given your baby a bottle in the past 2 weeks?	radio, Required <table><tr><td>0</td><td>No</td></tr><tr><td>1</td><td>Yes</td></tr></table> Field Annotation: @HIDDEN	0	No	1	Yes												
0	No																			
1	Yes																			
	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 <table><tr><td>0</td><td>0=Never</td></tr><tr><td>1</td><td>1=Only Rarely</td></tr><tr><td>2</td><td>2=Every Few Days</td></tr><tr><td>3</td><td>3=About Once a Day</td></tr><tr><td>4</td><td>4=At Most Feedings</td></tr><tr><td>5</td><td>5=Every Feeding</td></tr><tr><td>9999999</td><td>DK/Refuse</td></tr></table> Field Annotation: @HIDDEN	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		
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4	4=At Most Feedings																			
5	5=Every Feeding																			
9999999	DK/Refuse																			
	242	[bcerealadd]	Baby cereal:	radio, Required <table><tr><td>0</td><td>0=Never</td></tr><tr><td>1</td><td>1=Only Rarely</td></tr><tr><td>2</td><td>2=Every Few Days</td></tr><tr><td>3</td><td>3=About Once a Day</td></tr></table>	0	0=Never	1	1=Only Rarely	2	2=Every Few Days	3	3=About Once a Day								
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	243	[sweeteneradd]	Sweetener:	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>0=Never</td></tr><tr><td>1</td><td>1=Only Rarely</td></tr><tr><td>2</td><td>2=Every Few Days</td></tr><tr><td>3</td><td>3=About Once a Day</td></tr><tr><td>4</td><td>4=At Most Feedings</td></tr><tr><td>5</td><td>5=Every Feeding</td></tr><tr><td>9999999</td><td>DK/Refuse</td></tr></table>	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												
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	244	[medadd]	Medicine:	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>0=Never</td></tr><tr><td>1</td><td>1=Only Rarely</td></tr><tr><td>2</td><td>2=Every Few Days</td></tr><tr><td>3</td><td>3=About Once a Day</td></tr><tr><td>4</td><td>4=At Most Feedings</td></tr><tr><td>5</td><td>5=Every Feeding</td></tr><tr><td>9999999</td><td>DK/Refuse</td></tr></table>	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												
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	245	[oadd]	Other:	<table><tr><td colspan="2">radio, Required</td></tr><tr><td>0</td><td>0=Never</td></tr><tr><td>1</td><td>1=Only Rarely</td></tr><tr><td>2</td><td>2=Every Few Days</td></tr><tr><td>3</td><td>3=About Once a Day</td></tr><tr><td>4</td><td>4=At Most Feedings</td></tr><tr><td>5</td><td>5=Every Feeding</td></tr><tr><td>9999999</td><td>DK/Refuse</td></tr></table>	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												
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	246	[oadddesc] Show the field ONLY if: [bottle]='1' and [oadd]<>'0'	--If Other, please describe:	<table><tr><td colspan="2">text, Required</td></tr><tr><td colspan="2">Field Annotation: @HIDDEN</td></tr></table>	text, Required		Field Annotation: @HIDDEN																									
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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?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>9999999</td><td>Don't Know / I would rather not answer</td></tr></table>	dropdown, Required		0	Never	1	Rarely	2	Sometimes	3	Most of the time	4	Always	9999999	Don't Know / I would rather not answer														
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	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?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>0</td><td>Less than 1oz</td></tr><tr><td>1</td><td>1 to 2 ounces</td></tr><tr><td>3</td><td>3 to 4 ounces</td></tr><tr><td>5</td><td>5 to 6 ounces</td></tr><tr><td>7</td><td>7 to 8 ounces</td></tr><tr><td>8</td><td>More than 8 ounces</td></tr></table>	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														
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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?	<table><tr><td colspan="2">dropdown, Required</td></tr><tr><td>0</td><td>Never</td></tr><tr><td>1</td><td>Rarely</td></tr><tr><td>2</td><td>Sometimes</td></tr><tr><td>3</td><td>Most of the time</td></tr><tr><td>4</td><td>Always</td></tr><tr><td>9999999</td><td>DK/Refuse</td></tr></table>	dropdown, Required		0	Never	1	Rarely	2	Sometimes	3	Most of the time	4	Always	9999999	DK/Refuse														
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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. <i>Select brand name</i>	<table><tr><td colspan="2">descriptive</td></tr><tr><td colspan="2">Field Annotation: @HIDDEN</td></tr></table>	descriptive		Field Annotation: @HIDDEN																									
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	252	<div>[formula1prob]</div> <div>Show the field ONLY if: [formula]='1' and [general_arm_1][study(1)]='1'</div>	Had to stop and change to another:	<div>radio, Required</div> <div>1 Yes</div> <div>2 No</div> <div>Field Annotation: @HIDDEN</div>
	253	<div>[formula1wk]</div> <div>Show the field ONLY if: [formula]='1' and [general_arm_1][study(1)]='1'</div>	Formula fed to baby in past 7 days:	<div>radio, Required</div> <div>1 Yes</div> <div>2 No</div> <div>Field Annotation: @HIDDEN</div>
	254	<div>[formula2]</div> <div>Show the field ONLY if: [formula1]<>"</div>	<div>(2) FORMULA FED TO BABY IN PAST</div> <div>Select brand name</div>	<div>dropdown</div> <div>1 EleCare</div> <div>2 Enfamil</div> <div>3 Enfamil AR LIPIL</div> <div>4 Efamil Gentlease LIPIL</div> <div>5 Efamil LactoFree LIPIL</div> <div>6 Efamil LIPIL</div> <div>7 Efamil Next Step LIPIL</div> <div>8 Efamil Next Step ProSobee LIPIL</div> <div>9 Efamil ProSobee</div> <div>10 Efamil ProSobee LIPIL</div> <div>11 Efamil Nutramigen LIPIL</div> <div>12 Efamil Pregestimil</div> <div>13 Horizon Organic</div> <div>14 Isomil</div> <div>15 Isomil Advance</div> <div>16 Isomil 2</div> <div>17 Isomil 2 Advance</div> <div>18 Isomil DF</div> <div>19 Neocate</div> <div>20 Nestle Good Start Essentials</div> <div>21 Nestle Good Start 2 Essentials</div> <div>22 Nestle Good Start Essentials Soy</div> <div>23 Nestle Good Start 2 Essentials Soy</div> <div>24 Nestle Good Start Essentials Soy DHA and ARA</div> <div>25 Nestle Good Start Supreme</div> <div>26 Nestle Good Start Supreme DHA and ARA</div> <div>27 Nestle Good Start Supreme 2 DHA and ARA</div> <div>28 Nestle NAN DHA and ARA</div> <div>29 Similac</div> <div>30 Similac Advance</div> <div>31 Similac 2</div> <div>32 Similac 2 Advance</div> <div>33 Similac Alimentum Advance</div> <div>34 Similac Lactose Free Advance</div> <div>35 Similac Neosure Advance</div> <div>36 Store brand milk based without DHA and ARA</div> <div>37 Store brand milk based with DHA and ARA</div> <div>38 Store brand soy based without DHA and ARA</div> <div>39 Store brand soy based with DHA and ARA</div> <div>40 OTHER</div>

	255	[formula2prob]	Had to stop and change to another:	Field Annotation: @HIDDEN radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Field Annotation: @HIDDEN	1	Yes	2	No																																																																												
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	257	[formula3] Show the field ONLY if: [formula2]<=>"	(3) FORMULA FED TO BABY IN PAST <i>Select brand name</i>	dropdown <table><tr><td>1</td><td>EleCare</td></tr><tr><td>2</td><td>Enfamil</td></tr><tr><td>3</td><td>Enfamil AR LIPIL</td></tr><tr><td>4</td><td>Efamil Gentlease LIPIL</td></tr><tr><td>5</td><td>Efamil LactoFree LIPIL</td></tr><tr><td>6</td><td>Efamil LIPIL</td></tr><tr><td>7</td><td>Efamil Next Step LIPIL</td></tr><tr><td>8</td><td>Efamil Next Step ProSobee LIPIL</td></tr><tr><td>9</td><td>Efamil ProSobee</td></tr><tr><td>10</td><td>Efamil ProSobee LIPIL</td></tr><tr><td>11</td><td>Efamil Nutramigen LIPIL</td></tr><tr><td>12</td><td>Efamil Pregestimil</td></tr><tr><td>13</td><td>Horizon Organic</td></tr><tr><td>14</td><td>Isomil</td></tr><tr><td>15</td><td>Isomil Advance</td></tr><tr><td>16</td><td>Isomil 2</td></tr><tr><td>17</td><td>Isomil 2 Advance</td></tr><tr><td>18</td><td>Isomil DF</td></tr><tr><td>19</td><td>Neocate</td></tr><tr><td>20</td><td>Nestle Good Start Essentials</td></tr><tr><td>21</td><td>Nestle Good Start 2 Essentials</td></tr><tr><td>22</td><td>Nestle Good Start Essentials Soy</td></tr><tr><td>23</td><td>Nestle Good Start 2 Essentials Soy</td></tr><tr><td>24</td><td>Nestle Good Start Essentials Soy DHA and ARA</td></tr><tr><td>25</td><td>Nestle Good Start Supreme</td></tr><tr><td>26</td><td>Nestle Good Start Supreme DHA and ARA</td></tr><tr><td>27</td><td>Nestle Good Start Supreme 2 DHA and ARA</td></tr><tr><td>28</td><td>Nestle NAN DHA and ARA</td></tr><tr><td>29</td><td>Similac</td></tr><tr><td>30</td><td>Similac Advance</td></tr><tr><td>31</td><td>Similac 2</td></tr><tr><td>32</td><td>Similac 2 Advance</td></tr><tr><td>33</td><td>Similac Alimentum Advance</td></tr><tr><td>34</td><td>Similac Lactose Free Advance</td></tr><tr><td>35</td><td>Similac Neosure Advance</td></tr><tr><td>36</td><td>Store brand milk based without DHA and ARA</td></tr><tr><td>37</td><td>Store brand milk based with DHA and ARA</td></tr><tr><td>38</td><td>Store brand soy based without DHA and ARA</td></tr><tr><td>39</td><td>Store brand soy based with DHA and ARA</td></tr><tr><td>40</td><td>OTHER</td></tr></table>	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
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	258	[formula3prob]	Had to stop and change to another:	radio, Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Field Annotation: @HIDDEN	1	Yes	2	No																																																																												
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	260	[bmlk_stopped] Show the field ONLY if: [reward_6momod_qonline(1)]=1' or [reward_12mo mod_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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table> Custom alignment: LV Field Annotation: @HIDDEN	1	Yes	2	No																																																																												
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	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	[bmilk_breast] Show the field ONLY if: [bfeed]='1'	Breast-fed:	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No																																																																																																																						
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266	[bmilk_bottle] Show the field ONLY if: [bfeed]='1'	Bottle-fed:	radio (Matrix), Required <table><tr><td>1</td><td>Yes</td></tr><tr><td>2</td><td>No</td></tr></table>	1	Yes	2	No																																																																																																																						
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267	[bfeed_label_1] Show the field ONLY if: [bfeed]='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: [bfeed]='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: [bfeed]='1' and ([stoppedbmlk]='0' or [stoppedbmlk]='1')	Hours: {bfeedhrs}ANDMinutes: {bfeedmin}	descriptive																																																																																																																										
270	[bfeedhrs] Show the field ONLY if: [bfeed]='1' and ([stoppedbmlk]='0' or [stoppedbmlk]='1')	Hours: <i>(select a number)</i>	dropdown, Required <table><tr><td>0</td><td>0 hours</td></tr><tr><td>1</td><td>1 hours</td></tr><tr><td>2</td><td>2 hours</td></tr><tr><td>3</td><td>3 hours</td></tr><tr><td>4</td><td>4 hours</td></tr><tr><td>5</td><td>5 hours</td></tr><tr><td>6</td><td>6 hours</td></tr><tr><td>7</td><td>7 hours</td></tr><tr><td>8</td><td>8 hours</td></tr><tr><td>9</td><td>9 hours</td></tr><tr><td>10</td><td>10 hours</td></tr><tr><td>11</td><td>11 hours</td></tr><tr><td>12</td><td>12 hours</td></tr><tr><td>13</td><td>13 hours</td></tr><tr><td>14</td><td>14 hours</td></tr><tr><td>15</td><td>15 hours</td></tr><tr><td>16</td><td>16 hours</td></tr><tr><td>17</td><td>17 hours</td></tr><tr><td>18</td><td>18 hours</td></tr><tr><td>19</td><td>19 hours</td></tr><tr><td>20</td><td>20 hours</td></tr><tr><td>21</td><td>21 hours</td></tr><tr><td>22</td><td>22 hours</td></tr><tr><td>23</td><td>23 hours</td></tr><tr><td>24</td><td>24 hours</td></tr><tr><td>25</td><td>25 hours</td></tr><tr><td>26</td><td>26 hours</td></tr><tr><td>27</td><td>27 hours</td></tr><tr><td>28</td><td>28 hours</td></tr><tr><td>29</td><td>29 hours</td></tr><tr><td>30</td><td>30 hours</td></tr><tr><td>31</td><td>31 hours</td></tr><tr><td>34</td><td>34 hours</td></tr><tr><td>36</td><td>36 hours</td></tr><tr><td>37</td><td>37 hours</td></tr><tr><td>38</td><td>38 hours</td></tr><tr><td>39</td><td>39 hours</td></tr><tr><td>40</td><td>40 hours</td></tr><tr><td>41</td><td>41 hours</td></tr><tr><td>42</td><td>42 hours</td></tr><tr><td>43</td><td>43 hours</td></tr><tr><td>44</td><td>44 hours</td></tr><tr><td>45</td><td>45 hours</td></tr><tr><td>46</td><td>46 hours</td></tr><tr><td>47</td><td>47 hours</td></tr><tr><td>48</td><td>48 hours</td></tr><tr><td>49</td><td>49 hours</td></tr><tr><td>50</td><td>50 hours</td></tr><tr><td>51</td><td>51 hours</td></tr><tr><td>52</td><td>52 hours</td></tr><tr><td>53</td><td>53 hours</td></tr><tr><td>54</td><td>54 hours</td></tr><tr><td>55</td><td>55 hours</td></tr><tr><td>56</td><td>56 hours</td></tr><tr><td>57</td><td>57 hours</td></tr><tr><td>58</td><td>58 hours</td></tr><tr><td>59</td><td>59 hours</td></tr><tr><td>60</td><td>60 hours</td></tr><tr><td>61</td><td>61 hours</td></tr><tr><td>62</td><td>62 hours</td></tr><tr><td>63</td><td>63 hours</td></tr></table>	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
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				<div>5959 minutes</div> <div>6060 minutes</div>
	272	<div>[bothb_label_i]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	Does your baby usually feed from both breasts at each feeding?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	273	<div>[bothb_label_ii]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	Did your baby usually feed from both breasts at each feeding?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	274	<div>[bothb]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’</div>		<div>radio, Required</div> <div> <div>1Yes</div> <div>0No</div> </div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN</div>
	275	<div>[letgo_label_i]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	Does your baby usually let go of the breast him/herself?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	276	<div>[letgo_label_ii]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	Did your baby usually let go of the breast him/herself?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	277	<div>[letgo]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’</div>		<div>radio, Required</div> <div> <div>1Yes</div> <div>0No</div> </div> <div>Custom alignment: RH</div> <div>Field Annotation: @HIDDEN</div>
	278	<div>[bfeedduration_label_i]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	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	<div>[bfeedduration_label_ii]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	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	<div>[bfeedduration]</div> <div>Show the field ONLY if: [bfed]=‘1’</div>	(select answer)	<div>dropdown, Required</div> <div> <div>1Less than 10 minutes</div> <div>210-19 minutes</div> <div>320-29 minutes</div> <div>430-39 minutes</div> <div>540-49 minutes</div> <div>650 or more minutes</div> </div>
	281	<div>[pumpedmilk_label_i]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	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	<div>[pumpedmilk_label_ii]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	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	<div>[pumpedmilk]</div> <div>Show the field ONLY if: [bfed]=‘1’</div>	(report a number)	text (number), Required
	284	<div>[pumpeddrink_label_i]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	How often does your baby drink all of his/her bottle of pumped milk?	descriptive
	285	<div>[pumpeddrink_label_ii]</div> <div>Show the field ONLY if: [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	How often did your baby drink all of his/her bottle of pumped milk?	descriptive
	286	<div>[pumpeddrink]</div> <div>Show the field ONLY if: [bfed]=‘1’</div>	(select answer)	<div>dropdown, Required</div> <div> <div>0Never</div> <div>1Rarely</div> <div>2Sometimes</div> <div>3Most of the time</div> <div>4Always</div> <div>9999999Don't Know / I would rather not answer</div> </div>
	287	<div>[pumpedfin_label_i]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	How often is your baby encouraged to finish a bottle if he or she stops drinking before the pumped breastmilk is all gone?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	288	<div>[pumpedfin_label_ii]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘1’</div>	How often was your baby encouraged to finish a bottle if he or she stopped drinking before the pumped breastmilk was all gone?	<div>descriptive</div> <div>Field Annotation: @HIDDEN</div>
	289	<div>[pumpedfin]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’</div>		<div>dropdown, Required</div> <div> <div>0Never</div> <div>1Rarely</div> <div>2Sometimes</div> <div>3Most of the time</div> <div>4Always</div> <div>9999999DK/Refuse</div> <div>997Not Applicable</div> </div> <div>Field Annotation: @HIDDEN</div>
	290	<div>[bmlkend]</div> <div>Show the field ONLY if: [general_arm_1][study(1)]=‘1’ and [bfed]=‘1’ and [stoppedbmlk]=‘0’</div>	How old do you think your baby will be when you completely stop breastfeeding/pumping?	<div>dropdown, Required</div> <div> <div>00 months</div> <div>11 months</div> </div>

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