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 Dataset Submitted (PID: 8998)

02/27/2024 3:28pm

Instruments	Events

	#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: Reward Longitudinal Dataset (reward_longitudinal_dataset)				
	1	[id]	ID #	text (number)
	2	[varnum]	Variable Number	text (number)
	3	[length]	Variable Length	dropdown 8, 8 27, 27 30, 30 32, 32 500, 500
	4	[sasvartype]	Var Type in SAS	dropdown 1, Numeric 2, Character
	5	[ef]	BEBQ: Enjoyment of Food	text (number)
	6	[fr]	BEBQ: Food Responsiveness	text (number)
	7	[se]	BEBQ: Slowness in Eating	text (number)
	8	[sr]	BEBQ: Satiety Responsiveness[check alpha]	text (number)
	9	[ga]	BEBQ: General Appetite	text (number)
	10	[chaostot_final]	FINAL Family Chaos Scale:Total Score:Multiplication Ratio, missing data imputed	text (number)
	11	[scc1]	1. How many hours a week is your baby in child care or cared for by a child care provider?	text (number)
	12	[scc2]	2. How many hours a week do you have a paying job?	text (number)
	13	[any_childcare]	Does baby spend any time in child care or cared for by child care provider (any amount of weekly hours)?	dropdown 0, No 1, Yes
	14	[parent_workcat]	Parent work category	text (number)
	15	[ee_diffuse]	Emotional eating diffuse emotions	text (number)
	16	[ee_clear]	Emotional eating clearly labeled emotions	text (number)
	17	[emoeat]	Emotional eating	text (number)
	18	[exteat]	External eating	text (number)
	19	[resteat]	Restrained eating	text (number)
	20	[famcom1b]	2. At this moment, do you consider yourself:	dropdown 1, Single, never married 2, Married 3, Widowed 4, In a committed relationship with a partner (includes engagement) 5, Separated or divorced
	21	[famcom9]	3. Thinking about your income and the income of everyone else who lives with you, what was your total household income before taxes in the past 12 months?	dropdown 1, Under $10,000 2, $10,000 to $19,999 3, $20,000 to $29,999 4, $30,000 to $39,999 5, $40,000 to $49,999 6, $50,000 to $59,999 7, $60,000 to $69,999 8, $70,000 to $79,999 9, $80,000 to $89,999 10, $90,000 to $99,999 11, $100,000 to $119,999 12, $120,000 to $129,999 13, $130,000 to $139,999 14, $140,000 to $149,999 15, $150,000 to $159,999 16, $160,000 to $169,999 17, $170,000 to $179,999 18, $180,000 to $189,999 19, $190,000 to $199,999 20, Greater than $200,000 996, I would rather not answer 998, Don't Know
	22	[laborhours]	4. How many hours per week do you typically work outside the home?	text (number)
	23	[classeshours]	5. How many hours per week do you typically attend school/training/classes outside the home?	text (number)
	24	[guardianedu]	6. How far did you go in school?	dropdown 1, Did not complete High school 2, Graduated from High school 3, Completed GED 4, Have Some college courses 5, Completed a 2 year College Degree

				6 Completed a 4 Year College Degree 7 Completed a post-graduate Degree
	25	[delivery]	11. When giving birth to your child, was it a natural birth or a C-Section birth?	dropdown 1 C-Section 2 Natural Birth
	26	[num_ppl_inhome]	Number of family members (incl. index child)	text (number)
	27	[single_parent]	Is this a single parent household?	dropdown 0 No 1 Yes
	28	[employ_cat]	Parent work type	dropdown 1 Does not work 2 Part time work 3 Full time work
	29	[race_eth_par]	Race/ethnicity of PARENT	dropdown 1 (1)White, non-Hispanic 2 (2)Black, non-Hispanic 3 (3)AIAN, non-Hispanic 4 (4)Asian, non-Hispanic 5 (5)API or Native Hawaiian, non-Hispanic 6 (6)Biracial, non-Hispanic 7 (7)Hispanic, any race 8 (8)Other, non-Hispanic
	30	[race_eth_child]	Race/ethnicity of CHILD	dropdown 1 (1)White, non-Hispanic 2 (2)Black, non-Hispanic 3 (3)AIAN, non-Hispanic 4 (4)Asian, non-Hispanic 5 (5)API or Native Hawaiian, non-Hispanic 6 (6)Biracial, non-Hispanic 7 (7)Hispanic, any race 8 (8)Other, non-Hispanic
	31	[itn_mid]	Income-to-Needs Ratio using Midpoint of Family's Income Range	text (number)
	32	[poverty_cat1]	Poverty Classification 1	text (number)
	33	[poverty_cat2]	Poverty Classification 2	text (number)
	34	[bfed]	Did you ever breastfeed this baby (or feed this baby your pumped milk)?	dropdown 0 No 1 Yes
	35	[stoppedbmilk]	Have you completely stopped breastfeeding and pumping milk for your baby?	dropdown 0 No 1 Yes
	36	[stoppedagewks]	Weeks:	dropdown 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
	37	[stoppedagemos]	Months:	dropdown 0 0 months 1 1 months 2 2 months 3 3 months 4 4 months 5 5 months 6 6 months 7 7 months 8 8 months

				9 9 months 10 10 months 11 11 months 12 12 months 13 13 months 14 14 months 15 15 months 16 16 months 17 17 months 18 18 months 19 19 months 20 20 months 21 21 months 22 22 months 23 23 months 24 24 months 25 25 months 26 26 months 27 27 months 28 28 months 29 29 months 30 30 months 31 31 months 32 32 months 33 33 months 34 34 months 35 35 months 36 36 months
	38	[bmilk]	Breast milk	dropdown 1 Yes 2 No
	39	[formula]	Formula	dropdown 1 Yes 2 No
	40	[cmilk]	Cow's milk	dropdown 1 Yes 2 No
	41	[omilk]	Other milk (soy, rice, goat, or other)	dropdown 1 Yes 2 No
	42	[dairy]	Other dairy foods: yogurt, cheese, ice cream, pudding, etc	dropdown 1 Yes 2 No
	43	[soy]	Other soy foods: tofu, frozen soy desserts, etc	dropdown 1 Yes 2 No
	44	[juice]	100% fruit or 100% vegetable juice	dropdown 1 Yes 2 No
	45	[sweetd]	Sweet drinks (juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc)	dropdown 1 Yes 2 No
	46	[bcereal]	Baby cereal	dropdown 1 Yes 2 No
	47	[ocereal]	Other cereals/starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc	dropdown 1 Yes 2 No
	48	[fruit]	Fruit	dropdown 1 Yes 2 No
	49	[vegetables]	Vegetables	dropdown 1 Yes 2 No
	50	[ffries]	French fries	dropdown 1 Yes 2 No
	51	[meat]	Meat, chicken, combination meals	dropdown 1 Yes 2 No
	52	[seafood]	Fish or shellfish	dropdown 1 Yes 2 No
	53	[nuts]	Peanut butter, other peanut foods, or nuts	dropdown 1 Yes 2 No
	54	[eggs]	Eggs	dropdown

				1 Yes 2 No
	55	[sweetf]	Sweet foods: candy, cookies, cake, etc	dropdown 1 Yes 2 No
	56	[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 0 0, No new foods in the past 2 weeks 1 1, About 1 new food per week or less 2 2, About 1 new food every 4 or 5 days 3 3, About 1 new food every 3 days 4 4, About 1 new food every 2 days 5 5, About 1 new food ever day 6 6, More than 1 new food every day
	57	[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 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
	58	[foodprob]	Has your baby ever had problems caused by food, such as an allergic reactions, sensitivity, or intolerance?	dropdown 0 No 1 Yes
	59	[foodprob_desc]	If YES, describe:	text
	60	[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	dropdown 0 No 1 Yes
	61	[antibiotic_desc]	If YES, describe which antibiotic(s) was/were given:	text
	62	[pacifier]	Has your baby used a pacifier in the past 7 days?	dropdown 0 No 1 Yes
	63	[bottle]	Have you given your baby a bottle in the past 2 weeks?	dropdown 0 No 1 Yes
	64	[vitaminadd]	Vitamins or Minerals:	dropdown 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
	65	[bcerealadd]	Baby cereal:	dropdown 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
	66	[sweeteneradd]	Sweetener:	dropdown 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
	67	[medadd]	Medicine:	dropdown 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
	68	[oadd]	Other:	dropdown 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
	69	[formuladrink]	How often does your baby drink all of his or her bottle of formula?	dropdown

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

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

dropdown

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

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

dropdown

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

	72	[formula1]	(1) FORMULA FED TO BABY IN PAST

dropdown

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

	73	[formula1prob]	Had to stop and change to another:

dropdown

1	Yes
2	No

	74	[formula1wk]	Formula fed to baby in past 7 days:

dropdown

1	Yes
2	No

	75	[formula2]	(2) FORMULA FED TO BABY IN PAST

dropdown

1	EleCare
2	Enfamil
3	Enfamil AR LIPIL
4	Efamil Gentlease LIPIL
5	Efamil LactoFree LIPIL
6	Efamil LIPIL
7	Efamil Next Step LIPIL
8	Efamil Next Step ProSobee LIPIL
9	Efamil ProSobee

				10 Efamil ProSobee LIPIL 11 Efamil Nutramigen LIPIL 12 Efamil Pregestimil 13 Horizon Organic 14 Isomil 15 Isomil Advance 16 Isomil 2 17 Isomil 2 Advance 18 Isomil DF 19 Neocate 20 Nestle Good Start Essentials 21 Nestle Good Start 2 Essentials 22 Nestle Good Start Essentials Soy 23 Nestle Good Start 2 Essentials Soy 24 Nestle Good Start Essentials Soy DHA and ARA 25 Nestle Good Start Supreme 26 Nestle Good Start Supreme DHA and ARA 27 Nestle Good Start Supreme 2 DHA and ARA 28 Nestle NAN DHA and ARA 29 Similac 30 Similac Advance 31 Similac 2 32 Similac 2 Advance 33 Similac Alimentum Advance 34 Similac Lactose Free Advance 35 Similac Neosure Advance 36 Store brand milk based without DHA and ARA 37 Store brand milk based with DHA and ARA 38 Store brand soy based without DHA and ARA 39 Store brand soy based with DHA and ARA 40 OTHER
	76	[formula2prob]	Had to stop and change to another:	dropdown 1 Yes 2 No
	77	[formula2wk]	Formula fed to baby in past 7 days:	dropdown 1 Yes 2 No
	78	[formula3]	(3) FORMULA FED TO BABY IN PAST	dropdown 1 EleCare 2 Enfamil 3 Enfamil AR LIPIL 4 Efamil Gentlease LIPIL 5 Efamil LactoFree LIPIL 6 Efamil LIPIL 7 Efamil Next Step LIPIL 8 Efamil Next Step ProSobee LIPIL 9 Efamil ProSobee 10 Efamil ProSobee LIPIL 11 Efamil Nutramigen LIPIL 12 Efamil Pregestimil 13 Horizon Organic 14 Isomil 15 Isomil Advance 16 Isomil 2 17 Isomil 2 Advance 18 Isomil DF 19 Neocate 20 Nestle Good Start Essentials 21 Nestle Good Start 2 Essentials 22 Nestle Good Start Essentials Soy 23 Nestle Good Start 2 Essentials Soy 24 Nestle Good Start Essentials Soy DHA and ARA 25 Nestle Good Start Supreme 26 Nestle Good Start Supreme DHA and ARA 27 Nestle Good Start Supreme 2 DHA and ARA 28 Nestle NAN DHA and ARA 29 Similac 30 Similac Advance 31 Similac 2 32 Similac 2 Advance 33 Similac Alimentum Advance 34 Similac Lactose Free Advance 35 Similac Neosure Advance 36 Store brand milk based without DHA and ARA 37 Store brand milk based with DHA and ARA 38 Store brand soy based without DHA and ARA 39 Store brand soy based with DHA and ARA

				40 OTHER
	79	[formula3prob]	Had to stop and change to another:	dropdown 1 Yes 2 No
	80	[formula3wk]	Formula fed to baby in past 7 days:	dropdown 1 Yes 2 No
	81	[bmilk_stopped]	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.	dropdown 1 Yes 2 No
	82	[bmilk_stopped_weeks]	If baby has stopped breastfeeding, how old was your baby when you completely stopped breastfeeding and pumping milk: WEEKS?	text (number)
	83	[bmilk_stopped_month]	If baby has stopped breastfeeding, how old was your baby when you completely stopped breastfeeding and pumping milk: MONTHS?	text (number)
	84	[bmilk_breast]	IN THE PAST WHEN YOUR BABY HAS BEEN FED BREAST MILK, has your baby been fed breastmilk from breast?	dropdown 1 Yes 2 No
	85	[bmilk_bottle]	IN THE PAST WHEN YOUR BABY HAS BEEN FED BREAST MILK, has your baby been fed breastmilk from bottle?	dropdown 1 Yes 2 No
	86	[bfeedhrs]	In an average 24 hour period, when your baby was still nursing, what was the LONGEST time for you, the mother, between breastfeedings or pumping milk? HOURS	dropdown 0 0 hours 1 1 hours 2 2 hours 3 3 hours 4 4 hours 5 5 hours 6 6 hours 7 7 hours 8 8 hours 9 9 hours 10 10 hours 11 11 hours 12 12 hours 13 13 hours 14 14 hours 15 15 hours 16 16 hours 17 17 hours 18 18 hours 19 19 hours 20 20 hours 21 21 hours 22 22 hours 23 23 hours 24 24 hours 25 25 hours 26 26 hours 27 27 hours 28 28 hours 29 29 hours 30 30 hours 31 31 hours 34 34 hours 36 36 hours 37 37 hours 38 38 hours 39 39 hours 40 40 hours 41 41 hours 42 42 hours 43 43 hours 44 44 hours 45 45 hours 46 46 hours 47 47 hours 48 48 hours 49 49 hours 50 50 hours 51 51 hours 52 52 hours 53 53 hours 54 54 hours 55 55 hours 56 56 hours 57 57 hours 58 58 hours 59 59 hours

				60 60 hours 61 61 hours 62 62 hours 63 63 hours 64 64 hours 65 65 hours 66 66 hours 67 67 hours 68 68 hours 69 69 hours 70 70 hours 71 71 hours 72 72 hours 73 73 hours 74 74 hours 75 75 hours 76 76 hours 77 77 hours 78 78 hours 79 79 hours 80 80 hours 81 81 hours 82 82 hours 83 83 hours 84 84 hours
	87	[bfeedmin]	In an average 24 hour period, when your baby was still nursing, what was the LONGEST time for you, the mother, between breastfeedings or pumping milk? MINUTES	dropdown 0 0 minutes 1 1 minutes 2 2 minutes 3 3 minutes 4 4 minutes 5 5 minutes 6 6 minutes 7 7 minutes 8 8 minutes 9 9 minutes 10 10 minutes 11 11 minutes 12 12 minutes 13 13 minutes 14 14 minutes 15 15 minutes 16 16 minutes 17 17 minutes 18 18 minutes 19 19 minutes 20 20 minutes 21 21 minutes 22 22 minutes 23 23 minutes 24 24 minutes 25 25 minutes 26 26 minutes 27 27 minutes 28 28 minutes 29 29 minutes 30 30 minutes 31 31 minutes 34 34 minutes 36 36 minutes 37 37 minutes 38 38 minutes 39 39 minutes 40 40 minutes 41 41 minutes 42 42 minutes 43 43 minutes 44 44 minutes 45 45 minutes 46 46 minutes 47 47 minutes 48 48 minutes 49 49 minutes 50 50 minutes 51 51 minutes 52 52 minutes 53 53 minutes 54 54 minutes

				55 | 55 minutes 56 | 56 minutes 57 | 57 minutes 58 | 58 minutes 59 | 59 minutes 60 | 60 minutes
	88	[bothb]	Did your baby usually feed from both breasts at each feeding?	dropdown 0 | No 1 | Yes
	89	[letgo]	Did your baby usually let go of the breast him/herself?	dropdown 0 | No 1 | Yes
	90	[bfeedduration]	About how long does an average breastfeeding session last?	dropdown 1 | Less than 10 minutes 2 | 10-19 minutes 3 | 20-29 minutes 4 | 30-39 minutes 5 | 40-49 minutes 6 | 50 or more minutes
	91	[pumpedmilk]	How many times IN THE PAST 7 DAYS was your baby fed PUMPED breastmilk to drink?	text (number)
	92	[pumpeddrink]	How often does your baby drink all of his/her bottle of pumped milk?	dropdown 0 | Never 1 | Rarely 2 | Sometimes 3 | Most of the time 4 | Always 9999999 | Don't Know / I would rather not answer
	93	[pumpedfin]	pumpedfin	dropdown 0 | Never 1 | Rarely 2 | Sometimes 3 | Most of the time 4 | Always 997 | Not Applicable 9999999 | DK/Refuse
	94	[bmilkend]	How old do you think your baby will be when you completely stop breastfeeding/pumping?	dropdown 0 | 0 months 1 | 1 months 2 | 2 months 3 | 3 months 4 | 4 months 5 | 5 months 6 | 6 months 7 | 7 months 8 | 8 months 9 | 9 months 10 | 10 months 11 | 11 months 12 | 12 months 13 | 13 months 14 | 14 months 15 | 15 months 16 | 16 months 17 | 17 months 18 | 18 months 19 | 19 months 20 | 20 months 21 | 21 months 22 | 22 months 23 | 23 months 24 | 24 months 25 | 25 months 26 | 26 months 27 | 27 months 28 | 28 months 29 | 29 months 30 | 30 months 31 | 31 months 32 | 32 months 33 | 33 months 34 | 34 months 35 | 35 months 36 | 36 months
	95	[bmilk_finwk]	How many times per week was your baby fed: Breast milk(final)	text (number)
	96	[formula_finwk]	How many times per week was your baby fed: formula(final)	text (number)
	97	[cmilk_finwk]	How many times per week was your baby fed: cow's milk(final)	text (number)
	98	[omilk_finwk]	How many times per week was your baby fed: Other milk: soy, rice, goat(final)	text (number)

	99	[dairy_finwk]	How many times per week was your baby fed: Other dairy: yogurt, cheese, ice cream, pudding(final)	text (number)
	100	[soy_finwk]	How many times per week was your baby fed: Other soy foods: tofu, frozen soy desserts, etc.(final)	text (number)
	101	[juice_finwk]	How many times per week was your baby fed: 100% fruit or 100% vegetable juice(final)	text (number)
	102	[sweetd_finwk]	How many times per week was your baby fed: Sweet drinks: juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc.(final)	text (number)
	103	[bcereal_finwk]	How many times per week was your baby fed: Baby cereal(final)	text (number)
	104	[ocereal_finwk]	How many times per week was your baby fed: Other cereals and starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc.(final)	text (number)
	105	[fruit_finwk]	How many times per week was your baby fed: Fruit(final)	text (number)
	106	[vegetables_finwk]	How many times per week was your baby fed: Vegetables(final)	text (number)
	107	[ffries_finwk]	How many times per week was your baby fed: French fries(final)	text (number)
	108	[meat_finwk]	How many times per week was your baby fed: Meat, chicken, combination dinners(final)	text (number)
	109	[seafood_finwk]	How many times per week was your baby fed: Fish or shellfish(final)	text (number)
	110	[nuts_finwk]	How many times per week was your baby fed: Peanut butter, other peanut foods, or nuts(final)	text (number)
	111	[eggs_finwk]	How many times per week was your baby fed: Eggs(final)	text (number)
	112	[sweetf_finwk]	How many times per week was your baby fed: Sweet foods: candy, cookies, cake, etc.(final)	text (number)
	113	[agewk_bmstop]	Age(wks) at which stopped Breast Feeding (maximum reported over time points; 9999999 if still bf currently)	text (number)
	114	[milk_type]	Type of milk baby was having	dropdown 1 Exclusively fed breastmilk 2 Exclusively formula fed 3 Exclusively cow/soy/other milk fed 4 Breast milk + formula combination fed 5 Breast milk + cow/soy/other milk combination fed 6 Formula + cow/soy/other milk combination fed 7 Breast milk + formula + cow/soy/other milk combination fed
	115	[maxduration_bmilk]	Longest time between breastfeeding or pumping, hrs	text (number)
	116	[loc1]	1. In your most recent pregnancy, did you experience a loss of control over eating?	dropdown 1 Not at all 2 Yes, occasionally 3 Yes, most of the time
	117	[suse_cig_c1]	1. Have you ever smoked cigarettes in your lifetime?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	118	[suse_cig_c2]	2. In the year before you got pregnant with [general_arm_1][childfirst], did you smoke cigarettes?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	119	[ftnd_cig_c3]	3. In the year before you got pregnant with [general_arm_1][childfirst], how soon after waking did you smoke your first cigarette?	dropdown 1 Within 5 minutes 2 5-30 minutes 3 31-60 minutes 4 > 60 minutes 9999999 Don't know / I would rather not answer
	120	[ftnd_cig_c4]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	121	[ftnd_cig_c5]	5. In the year before you got pregnant with [general_arm_1][childfirst], which cigarette would you have hated to give up?	dropdown 1 The first in the morning 2 Any other 9999999 Don't Know / I would rather not answer
	122	[ftnd_cig_c6]	6. In the year before you got pregnant with [general_arm_1][childfirst], how many cigarettes a day did you smoke?	dropdown 1 10 or less 2 11-20 3 21-30 4 31 or more 9999999 Don't Know / I would rather not answer
	123	[ftnd_cig_c7]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	124	[ftnd_cig_c8]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	125	[ftnd_cig_c9]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	126	[ftnd_cig_c2_heaviest]	10. In the year that you smoked cigarettes the most in your life, how soon after waking did you smoke your first cigarette?	dropdown 1 Within 5 minutes 2 5-30 minutes 3 31-60 minutes 4 > 60 minutes 9999999 Don't know / I would rather not answer
	127	[ftnd_cig_c3_heaviest]	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?	dropdown

				0 No 1 Yes 9999999 Don't Know / I would rather not answer
	128	[ftnd_cig_c4_heaviest]	12. In the year that you smoked cigarettes the most in your life, which cigarette would you have hated to give up?	dropdown 1 The first in the morning 2 Any other 9999999 Don't Know / I would rather not answer
	129	[ftnd_cig_c5_heaviest]	13. In the year that you smoked cigarettes the most in your life, how many cigarettes a day did you smoke?	dropdown 1 10 or less 2 11-20 3 21-30 4 31 or more 9999999 Don't Know / I would rather not answer
	130	[ftnd_cig_c6_heaviest]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	131	[ftnd_cig_c7_heaviest]	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?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	132	[ftnd_cig_c8_heaviest]	16. How old were you when you were smoking cigarettes the most?	text (number)
	133	[suse_alc_a1]	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.	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	134	[suse_alc_a2]	2. In the year before you got pregnant with [general_arm_1][childfirst], did you drink alcohol?	dropdown 0 No 1 Yes 9999999 Don't Know / I would rather not answer
	135	[niaaa_alc_a3]	3. In the year before you got pregnant with [general_arm_1][childfirst], how often did you usually have any kind of drink containing alcohol.	dropdown 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
	136	[niaaa_alc_a4]	4. In the year before you got pregnant with [general_arm_1][childfirst], how many alcoholic drinks did you have on a typical day when you drank alcohol?	dropdown 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
	137	[niaaa_alc_a5]	5. In the year before you got pregnant with [general_arm_1][childfirst], what is the largest number of drinks containing alcohol that you drank within a 24-hour period?	dropdown 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
	138	[niaaa_alc_a6]	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 o	dropdown 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
	139	[niaaa_alc_a7]	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?	dropdown 0 No 1 Yes

				9999999 | Don't Know / I would rather not answer
	140	[ftnd_cig_c3_rev]	3. In the year before you got pregnant with [general_arm_1][childfirst], how soon after waking did you smoke your first cigarette? - reverse coded	text (number)
	141	[ftnd_cig_c5_rev]	5. In the year before you got pregnant with [general_arm_1][childfirst], which cigarette would you have hated to give up? - scoring corrected	text (number)
	142	[ftnd_cig_c6_rev]	6. In the year before you got pregnant with [general_arm_1][childfirst], how many cigarettes a day did you smoke? -scoring corrected	text (number)
	143	[ftnd_cig_c2_heaviest_rev]	10. In the year that you smoked cigarettes the most in your life, how soon after waking did you smoke your first cigarette? - reverse coded	text (number)
	144	[ftnd_cig_c4_heaviest_rev]	12. In the year that you smoked cigarettes the most in your life, which cigarette would you have hated to give up? - scoring corrected	text (number)
	145	[ftnd_cig_c5_heaviest_rev]	13. In the year that you smoked cigarettes the most in your life, how many cigarettes a day did you smoke? - scoring corrected	text (number)
	146	[ftnd_prepreg]	Fagerstrom Test for Nicotine Dependence, for year before got pregnant (hi = more dependent)	text (number)
	147	[ftnd_heaviest]	Fagerstrom Test for Nicotine Dependence, for year of heaviest smoking (hi = more dependent)	text (number)
	148	[ftnd_prepreg_cat]	Category of Fagerstrom Test for Nicotine Dependence, for year before got pregnant	dropdown 1 | Low nicotine dependence 2 | Low to moderate nicotine dependence 3 | Moderate nicotine dependence 4 | High nicotine dependence
	149	[ftnd_heaviest_cat]	Category of Fagerstrom Test for Nicotine Dependence, for year of heaviest smoking	dropdown 1 | Low nicotine dependence 2 | Low to moderate nicotine dependence 3 | Moderate nicotine dependence 4 | High nicotine dependence
	150	[yfas2_largerlonger]	YFAS 2.0 Criterion: Substance taken in larger amount and for longer period than intended (1 = met)	dropdown 0 | No 1 | Yes
	151	[yfas2_quitattempt]	YFAS 2.0 Criterion: Persistent desire or repeated unsuccessful attempts to quit (1 = met)	dropdown 0 | No 1 | Yes
	152	[yfas2_time]	YFAS 2.0 Criterion: Much time/activity to obtain, use, recover (1 = met)	dropdown 0 | No 1 | Yes
	153	[yfas2_socialcost]	YFAS 2.0 Criterion: Important social, occupational, or recreational activities given up or reduced (1 = met)	dropdown 0 | No 1 | Yes
	154	[yfas2_knowledge]	YFAS 2.0 Criterion :Use continues despite knowledge of adverse consequences (1 = met)	dropdown 0 | No 1 | Yes
	155	[yfas2_tolerance]	YFAS 2.0 Criterion : Tolerance (1 = met)	dropdown 0 | No 1 | Yes
	156	[yfas2_withdrawal]	YFAS 2.0 Criterion : Characteristic withdrawal symptoms; substance taken to relieve withdrawal (1 = met)	dropdown 0 | No 1 | Yes
	157	[yfas2_usedespite]	YFAS 2.0 Criterion : Continued use despite social or interpersonal problems (1 = met)	dropdown 0 | No 1 | Yes
	158	[yfas2_failure]	YFAS 2.0 Criterion :Failure to fulfill major role obligation (e.g., work, school, home) (1 = met)	dropdown 0 | No 1 | Yes
	159	[yfas2_hazard]	YFAS 2.0 Criterion : Use in physically hazardous situations (1 = met)	dropdown 0 | No 1 | Yes
	160	[yfas2_craving]	YFAS 2.0 Criterion : Craving, or a strong desire or urge to use (1 = met)	dropdown 0 | No 1 | Yes
	161	[yfas2_clinicalimpair]	YFAS 2.0 Criterion : Use causes clinically significant impairment or distress(1 = met)	dropdown 0 | No 1 | Yes
	162	[yfas2_symptct]	YFAS 2.0 Substance Dependence Symptom Count	text (number)
	163	[yfas2_dx]	YFAS 2.0 Diagnosis of Substance Dependence	text (number)
	164	[sex]	Child sex	dropdown 1 | (1)Male 2 | (2)Female
	165	[gest_age_birth_days]	Gestaional Age(days) @birth, calc.	text (number)
	166	[gest_age_birth_wks]	Gestaional Age(wks) @birth, calc.	text (number)
	167	[gest_age_lt37w]	Gestational age < 37 weeks?	dropdown 0 | No 1 | Yes
	168	[poc_baby_glucose1]		text (number)
	169	[birthwt_g]	Child birth weight in grams	text (number)
	170	[bwtpctile]	Birth Weight Percentile	text (number)
	171	[birthwt_zscore]	Z Score for Birth Weight for Gestational Age and Sex	text (number)
	172	[momage_childbirth_yrs]	Mom Age (years) at Child's Birth	text (number)
	173	[weight_kg]	Encounter & Vitals: Weight, kg	text (number)
	174	[length_cm]	Encounter & Vitals: Length, cm	text (number)
	175	[who_waz]	WHO Weight-for-age z-score	text (number)

	176	[who_laz]	WHO Length-for-age z-score	text (number)
	177	[who_wlz]	WHO Weight-for-length z-score	text (number)
	178	[age_contact_days_final]	Encounter & Vitals: age, days, calculated (final,corrected for neg)	text (number)
	179	[bmi]	BMI	text (number)
	180	[bp_systolic]	BP_SYSTOLIC	text (number)
	181	[bp_diastolic]	BP_DIASTOLIC	text (number)
	182	[mom_weight_kg]	MedRec Mother Encounter & Vitals: Mom's Weight, kg	text (number)
	183	[mom_height_m]	MedRec Mother Encounter & Vitals: Mom's Height, m	text (number)
	184	[result_value_in_numeric]	Result for mom Glucose	text (number)
	185	[gestage_momlab_wks]	Mom Prenatal Lab: Gest. Age of baby on day of Mom's lab(wks)	text (number)
	186	[reward_longitudinal_dataset_complete]	Section Header: *Form Status* Complete?	dropdown 0, Incomplete 1, Unverified 2, Complete