**ABC Baby R01 Study**

**Infant Diet – 2-12 months old version**

**(Global Opinion Panels)**

**Subject ID#: subj\_id**

**Date: subj\_date**

**RA Initials: RAintls**

**Relationship-to-child: relofresp**

**Study enrollment age: enrollage**

**Timepoint: timepoint**

1 = 2 weeks

2 = 2 months

4 = 4 months

6 = 6 months

9 = 9 months

12 = 12 months

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

\* If your baby was fed the food once a day or more, write the number of feedings per day in the first column.

\* If your baby was fed the food less than once a day, write the number of feedings per week in the second column.

\* Fill in only one column for each item. If your baby was not fed the food at all during the past 7 days, write in 0 in the second column.

|  |  |  |  |
| --- | --- | --- | --- |
| ***Yes*** *(1)/****No*** *(2)*  **(default value=0)** | ***Item*** | ***Feedings Per Day***  **(default value=NULL)** | ***Feedings Per Week***  **(default value=NULL)** |
| **bmilk** | Breast milk | **bmilkpdy** | **bmilkpwk** |
| **formula** | Formula | **formulapdy** | **formulapwk** |
| **cmilk** | Cow’s milk | **cmilkpdy** | **cmilkpwk** |
| **omilk** | Other milk: soy, rice, goat | **omilkpdy** | **omilkpwk** |
| **dairy** | Other dairy: yogurt, cheese, ice cream, pudding | **dairypdy** | **dairypwk** |
| **soy** | Other soy foods: tofu, frozen soy desserts, etc. | **soypdy** | **soypwk** |
| **juice** | 100% fruit or 100% vegetable juice | **juicepdy** | **juicepwk** |
| **sweetd** | Sweet drinks: juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc. | **sweetdpdy** | **sweetdpwk** |
| **bcereal** | Baby cereal | **bcerealpdy** | **bcerealpwk** |
| **ocerea** | Other cereals and starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc. | **ocerealpdy** | **ocerealpwk** |
| **fruit** | Fruit | **fruitpdy** | **fruitpwk** |
| **vegetables** | Vegetables | **vegetablespdy** | **vegetablespwk** |
| **ffries** | French fries | **ffriespdy** | **ffriespwk** |
| **meat** | Meat, chicken, combination dinners | **meatpdy** | **meatpwk** |
| **seafood** | Fish or shellfish | **seafoodpdy** | **seafoodpwk** |
| **nuts** | Peanut butter, other peanut foods, or nuts | **nutspdy** | **nutspwk** |
| **eggs** | Eggs | **eggspdy** | **eggspwk** |
| **sweetf** | Sweet foods: candy, cookies, cake, etc. | **sweetfpdy** | **sweetfpwk** |
| **ofood** | Other (please specifiy): **ofooddesc** | **ofoodpdy** | **ofoodpwk** |

**2.** 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**? **newfoods (default value = NULL)**

**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 every day

**6** = More than 1 new food every day

**3.** 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. **timesfed (default value = 0)**

**1** = 1 to 2 times

**3** = 3 times

**4** = 4 times

**5** = 5 times

**6** = 6 times

**7** = 7 times

**8** = 8 times or more

**9999999** = DK/Refuse

**4.** Has your baby **ever** had problems caused by food, such as an allergic reaction, sensitivity, or intolerance? **foodprob (default value = NULL)**

**0** = No

**1** = Yes

**4a.** If ***Yes***, describe: **foodprob\_desc (default value = NULL)**

**5.** Has your infant been given antibiotics **since last visit [ask ”ever” if this is the first data collection timepoint] ?** This could include antibiotics you or a nurse gave your baby by mouth OR antibiotics through an IC or a shot at the doctor’s office or hospital. **antibiotic (default value = NULL)**

**0** = No

**1** = Yes

**5a.** If ***Yes***, describe which antibiotic(s): **antibiotic\_desc (default value = NULL)**

**6.** Has your baby used a pacifier in the **past 7 days**? **pacifier** **(default value = NULL)**

**0**=No

**1**=Yes

***BOTTLE-SPECIFIC QUESTIONS***

**7.** Have you given your baby a bottle in the **past 2 weeks**? **bottle** **(default value = NULL)**

**0**=No

**1**=Yes

**7a.** 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**?

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Item***  **(default value = NULL)** | **Never** | **Only Rarely** | **Every Few Days** | **About Once a Day** | **At Most Feedings** | **Every Feeding** | **DK/**  **Refuse** |
| Vitamins or Minerals: **vitaminadd** | 0 | 1 | 2 | 3 | 4 | 5 | 9999999 |
| Baby cereal: **bcerealadd** | 0 | 1 | 2 | 3 | 4 | 5 | 9999999 |
| Sweetener: **sweeteneradd** | 0 | 1 | 2 | 3 | 4 | 5 | 9999999 |
| Medicine:  **medadd** | 0 | 1 | 2 | 3 | 4 | 5 | 9999999 |
| Other: **oadd**  --describe: **oadddesc** | 0 | 1 | 2 | 3 | 4 | 5 | 9999999 |

***FORMULA-SPECIFIC QUESTIONS***

**Q9-12 are asked only if in Q1 formula = 1**

**9.** How often does your baby drink all of his or her cup or bottle of formula? **formuladrink (default value = NULL)**

**0** = Never

**1** = Rarely

**2** = Sometimes

**3** = Most of the time

**4** = Always

**9999999** = DK/Refuse

**997** = NOT APPLICABLE

**10.** In the **past 7 days**, about how many ounces of formula did your baby drink at each feeding? **formulaoz (default value = NULL)**

**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

**997** = NOT APPLICABLE

**11.** How often is your baby encouraged to finish a bottle if he or she stops drinking before the formula is all gone? **formulafin (default value = NULL)**

**0** = Never

**1** = Rarely

**2** = Sometimes

**3** = Most of the time

**4** = Always

**9999999** = DK/Refuse

**997** = NOT APPLICABLE

**12.** In the following section please list all of the formulas you have fed your baby in the past. List up to 10 formulas. Then indicate Yes/No whether your baby ever had problems caused by each formula, so you had to stop the formula and change to another. Finally, indicate which of the listed formulas was fed to your baby in the past 7 days.

|  |  |  |
| --- | --- | --- |
| ***FORMULA FED TO BABY IN THE PAST: Select item from dropdown menu***  **(default value = NULL)** | ***BABY HAD PROBLEMS WITH FORMULA SO HAD TO STOP & CHANGE TO ANOTHER?***  **(default value = 0)**  **1** = Yes  **2** = No | ***FORMULA FED TO BABY IN PAST 7 DAYS***  **(default value = 0)**  **1** = Yes  **2** = No |
| **formula1** | **formula1prob** | **formula1wk** |
| **formula2** | **formula2prob** | **formula2wk** |
| **formula3** | **formula3prob** | **formula3wk** |
| **formula4** | **formula4prob** | **formula4wk** |
| **formula5** | **formula5prob** | **formula5wk** |
| **formula6** | **formula6prob** | **formula6wk** |
| **formula7** | **formula7prob** | **formula7wk** |
| **formula8** | **formula8prob** | **formula8wk** |
| **formula9** | **formula9prob** | **formula9wk** |
| **formula10** | **formula10prob** | **formula10wk** |

***Dropdown Menu Options:***

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

***BREASTMILK-SPECIFIC QUESTIONS***

***Instructions***: *Previously you told me that your baby has been fed breastmilk. Now I am going to ask questions about when you have fed your baby breastmilk. We are going to talk about BREASTMILK ONLY. This includes breastmilk fed from the breast and breastmilk fed from a bottle.*

**Q13-14 are asked only if in Q1 bmilk = 2**

**13.** Since your last visit, Have you completely stopped breastfeeding AND/OR pumping milk for your baby? If baby was NEVER FED breastmilk please select YES, then below in Q14 enter “0” weeks and “0” months). **bmilkstop (default value = NULL)**

**0** = No

**1** = Yes

**14.** If ***Yes***, How old was your baby when you completely stopped breastfeeding and pumping milk?

**bmilkstopwks** ***WEEKS*** **(default value = NULL)**

***OR***

**bmilkstopmos** ***MONTHS*** **(default value = NULL)**

**Q15a and Q15b are asked only if bmilk = 1**

**15a.** Has your baby been fed breastmilk from breast-only, bottle-only, or both breast and bottle?

**Breast-fed**: **bmilk\_breast (default value = NULL)**

**2** = No

**1** = Yes

**Bottle-fed**: **bmilk\_bottle (default value = NULL)**

**2** = No

**1** = Yes

**15b.** In an average 24 hour period, what is / When your baby was still nursing, what was

…the longest time for you the mother, between breastfeeding 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

*(WRITE IN THE NUMBER OF HOURS AND MINUTES).*

**bfeedhrs** ***HOURS*** **(default value = NULL)**

***AND***

**bfeedmin** ***MINUTES*** **(default value = NULL)**

**Q15c-e are asked only if bmilk = 1 & bmilk\_breast = 1**

**15c.** Does your baby usually feed from both breasts at each feeding? **bothb** **(default value = NULL)**

**0** = No

**1** = Yes

**15d.** Does your baby usually let go of the breast him or herself? **letgo** **(default value = NULL)**

**0** = No

**1** = Yes, both breasts

**2** = Yes, first breast only

**3** = Yes, second breast only

**15e.** About how long does an average breastfeeding last? **bfeedduration (default value = 0)**

**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

**Q15f-h are asked only if bmilk = 1 & bmilk\_bottle = 1**

**15f.** How many times in the **past 7 days** was your baby fed pumped breast milk to drink? Include breast milk you expressed in any way as pumped milk. (Write in 0 if your baby was not fed pumped milk to drink.)

**pumpedmilk** ***TIMES* (default value = NULL)**

**15g.** How often does your baby drink all of his or her cup or bottle of pumped milk? **pumpeddrink (default value = NULL)**

**0** = Never

**1** = Rarely

**2** = Sometimes

**3** = Most of the time

**4** = Always

**9999999** = DK/Refuse

**15h.** How often is your baby encouraged to finish a cup or bottle if he or she stops drinking before the pumped breast milk is all gone? **pumpedfin (default value = NULL)**

**0** = Never

**1** = Rarely

**2** = Sometimes

**3** = Most of the time

**4** = Always

**9999999** = DK/Refuse

**Q16 is asked only if bmilk = 1**

**16.** How old do you think your baby will be when you completely stop breastfeeding/pumping? **bmilkend (default value = NULL) *MONTHS***