

Infant Initials: \_\_\_\_\_  
Date: \_\_\_\_\_

### Infant Feeding Questionnaire

We are asking you to fill out this feeding questionnaire to provide us with information about your infant's diet and eating habits. This information, like all other information collected in the study, will be kept confidential.

#### Infant Diet

1. Was your child ever breastfed or fed breastmilk?      Y      N  
Are you currently breastfeeding?      Y      N  
How old when stopped bf? \_\_\_\_\_
  
2. Has your child ever been fed formula?      Y      N  
How old was your child when fed formula on a regular basis? \_\_\_\_\_  
Has your child been fed milk other than breastmilk or formula, such as cow's  
milk, soy milk, goat milk, etc?      Y      N  
If yes, what kind(s)? \_\_\_\_\_
  
3. Has your child been fed cereal?      Y      N  
At what age was cereal first fed? \_\_\_\_\_
  
4. Has your child been fed pureed baby food or other solids?      Y      N  
At what age were solids first tried? \_\_\_\_\_
  
5. If your child eats solid foods, what were the first foods that your infant tried?
  1. \_\_\_\_\_ Age? \_\_\_\_\_
  2. \_\_\_\_\_ Age? \_\_\_\_\_
  3. \_\_\_\_\_ Age? \_\_\_\_\_
  4. \_\_\_\_\_ Age? \_\_\_\_\_
  5. \_\_\_\_\_ Age? \_\_\_\_\_
  
6. If your child eats solid foods, why did you decide to start feeding solids?  
*Circle as many as apply.*
  - a. Response to infant interest in food
  - b. On the advice of a pediatrician
  - c. Infant seemed hungrier
  - d. Response to infant size
  - e. Based decision on feeding guidelines
  - f. Infant was crying more often
  - g. Response to maternal illness
  - h. Response to infant illness
  - i. Other: \_\_\_\_\_

## How often does your infant eat the following foods?

Please circle the number that best applies.

<i>Milk and milk products</i>	Never	Once a month	Every other week	1-2x/week	Daily
Breast milk	1	2	3	4	5
Formula					
Cow's milk formula	1	2	3	4	5
Soy formula	1	2	3	4	5
Other formula	1	2	3	4	5
Milk					
Whole	1	2	3	4	5
Lowfat (1% or 2%)	1	2	3	4	5
Non-fat	1	2	3	4	5
Cheese	1	2	3	4	5
Yogurt	1	2	3	4	5
Other: _____	1	2	3	4	5

<i>Breads and cereals</i>	Never	Once a month	Every other week	1-2x/week	Daily
Rice cereal	1	2	3	4	5
Oatmeal	1	2	3	4	5
Toasted oat cereal	1	2	3	4	5
Toast/bread (white)	1	2	3	4	5
Toast/bread (whole wheat)	1	2	3	4	5
Corn bread	1	2	3	4	5
Rice/pasta	1	2	3	4	5
Pancake/French toast	1	2	3	4	5
Crackers, popcorn, pretzels	1	2	3	4	5
Other: _____	1	2	3	4	5

<i>Fruits and juices</i>	Never	Once a month	Every other week	1-2x/week	Daily
Apple juice	1	2	3	4	5
Other juices/ sweetened drinks	1	2	3	4	5
Pears	1	2	3	4	5
Apples/applesauce	1	2	3	4	5
Banana	1	2	3	4	5
Citrus	1	2	3	4	5
Berries	1	2	3	4	5
Raisins	1	2	3	4	5

Cantaloupe/Melon	1	2	3	4	5
Other:_____	1	2	3	4	5

<i>Vegetables</i>	Never	Once a month	Every other week	1-2x/week	Daily
Avocado	1	2	3	4	5
Peas	1	2	3	4	5
Sweet potato	1	2	3	4	5
Squash	1	2	3	4	5
Carrots	1	2	3	4	5
Beans	1	2	3	4	5
Potatoes (mashed, boiled, etc)	1	2	3	4	5
French fries	1	2	3	4	5
Other:_____	1	2	3	4	5

<i>Meat and mixed foods</i>	Never	Once a month	Every other week	1-2x/week	Daily
Meat and vegetable/potato	1	2	3	4	5
Chicken (not breaded)	1	2	3	4	5
Chicken nuggets/fingers	1	2	3	4	5
Ground beef	1	2	3	4	5
Beef/pork/other meats	1	2	3	4	5
Peanut butter	1	2	3	4	5
Eggs	1	2	3	4	5
Pizza	1	2	3	4	5
Spaghetti	1	2	3	4	5
Macaroni and cheese	1	2	3	4	5
Hot dogs/sausage	1	2	3	4	5
Candy/sweets	1	2	3	4	5
Other:_____	1	2	3	4	5

### **Eating Habits and Behavior**

*Please circle the number that best applies:*

	Never	Rarely	Sometimes	Often	Always
1. Do you let your infant eat whenever he/she wants?	1	2	3	4	5
2. Do you worry that he/she is not eating enough?	1	2	3	4	5
3. Do you only allow him/her to eat at set times?	1	2	3	4	5
4. When he/she gets fussy is feeding the first thing you will try to soothe him/her?	1	2	3	4	5
5. Do you worry that he/she is eating too much?	1	2	3	4	5
6. Is it a struggle to get him/her to eat?	1	2	3	4	5

7. To make sure he/she does not get fussy, do you feed him/her even if you do not think he/she is hungry?	1	2	3	4	5
8. Do you talk or sing to your infant during feedings?	1	2	3	4	5
9. Do you put cereal into your infant's bottle so he/she will sleep longer at night?	1	2	3	4	5
10. Do you hold your infant during feedings?	1	2	3	4	5
11. When he/she was under 4 months of age, did he/she want more than just formula and/or breastmilk? N/A	1	2	3	4	5
12. Do you put cereal in the bottle, so he/she will stay fuller longer?	1	2	3	4	5

*Please circle the number that best applies:*

	Strongly Disagree	Disagree	No strong feelings	Agree	Strongly Agree
1. If I did not encourage him/her to eat, then he/she would not eat enough.	1	2	3	4	5
2. Feeding him/her is the best way to stop fussiness	1	2	3	4	5
3. I know when he/she is hungry	1	2	3	4	5
4. I am worried that he/she is/will become underweight.	1	2	3	4	5
5. I know when he/she is full.	1	2	3	4	5
6. He/She knows when he/she is hungry.	1	2	3	4	5
7. I am worried that he/she will become overweight.	1	2	3	4	5
8. He/she knows when he/she is full.	1	2	3	4	5

**Thank you for your time and participation.**