LIFE-Moms LM29A: SHORT Infant Consumption Questionnaire

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Release Participant ID

Visit **[VISIT]**

Days between delivery and date form completed: **[LM29ADAYS]**

☐☐☐ days

In the <u>past 7 days</u>, 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 <u>feedings per day</u> in the <u>first column</u>. If your baby was fed the food less than once a day, write the number of <u>feedings per week</u> in the <u>second column</u>. If your baby was not fed the food at all during the past 7 days, write in 0 in the second column.

If mixed dishes are used, record each item separately.

		Fill in only one column for each item	
		FEEDINGS PER DAY	**FEEDINGS PER WEEK**
1.	Breast milk **If no other foods or beverages used, leave remaining form blank.**	[JJBMILKD]	[JJBMILKW]
2.	Formula.	[JJFORMD]	[JJFORMW]
3.	Cow's milk	[JJCOWD]	[JJCOWD]
4.	Other milk (examples: soy, rice, goat's milk, etc)	[JJOTHMLKD]	[JJOTHMLKW]
5.	Other dairy foods (examples: yogurt, cheese, ice cream, pudding, etc)	[JJDAIRYD]	[JJDAIRYW]
6.	Other soy foods (tofu, frozen soy desserts, etc)	[JJSOYD]	[JJSOYW]
7.	100% fruit or 100% vegetable juice	[JJ100JCD]	[JJ100JCW]
8.	Sweet drinks (juice drinks, soft drinks, soda, sweat tea, Kool-Aid, etc)	[JJSWDRKD]	[JJSWDRKW]
9.	Baby cereal	[JJCRLD]	[JJCRLW]
10.	Other cereals and starches (breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc)	[JJOTHCRLD]	[JJOTHCRLW]
11.	Fruit	[JJFRTD]	[JJFRTW]
12.	Vegetable	[JJVEGD]	[JJVEGW]
13.	French fries or other fried potatoes	[JJFPOTD]	[JJFPOTW]
14.	Meat, chicken, combination dinners	[JJMEATD]	[JJMEATW]
15.	Fish or shellfish	[JJFISHD]	[JJFISHW]
16.	Peanuts, peanut butter, and other nuts	[JJNUTD]	[JJNUTW]
17.	Eggs (whole, yolk or egg whites)	[JJEGGD]	[JJEGGW]
18.	Sweet foods (candy, cookies, cake, etc)	[JJSWEETD]	[JJSWEETW]
19.	Other (Please specify)_____ **C._ [JJOTHSPEC]_$50**_____	[JJOTHD]	[JJOTHW]