



An Exploration of Complementary Feeding Practices, Information Needs and Sources in North Lanarkshire

Thank you for completing this survey to find out how families are getting on with introducing solid foods. We will ask a few questions about your background, this information will be used confidentially and without linking it to your name. We will not share this with anybody else and if you don't wish to answer you don't have to.

First a few questions about yourself and your family:

What is your relationship to the child? *Mother -- Father -- Other (specify):* _____

Is this your first baby? *Yes /No.*

If no, how many other children have you weaned before? _____

Your post code: _____

Mother		Father	
Age: _____		Age: _____	
Mother's qualifications (tick all that apply): Degree (or degree level qualification) <input type="checkbox"/> <input type="checkbox"/> Scottish Highers or 'A' levels <input type="checkbox"/> <input type="checkbox"/> Scottish standard grade or GCSE <input type="checkbox"/> <input type="checkbox"/> No formal qualifications <input type="checkbox"/> <input type="checkbox"/> Other qualifications (please state): <input type="checkbox"/> <input type="checkbox"/> _____	[]	Father's qualifications (tick all that apply): Degree (or degree level qualification) <input type="checkbox"/> <input type="checkbox"/> Scottish Highers or 'A' levels <input type="checkbox"/> <input type="checkbox"/> Scottish standard grade or GCSE <input type="checkbox"/> <input type="checkbox"/> No formal qualifications <input type="checkbox"/> <input type="checkbox"/> Other qualifications (please state): <input type="checkbox"/> <input type="checkbox"/> _____	[]

Now a little information about your baby:

1. How old is your child now? Age _____ months *(If aged over 2 years conclude survey here)*

2. Is your baby a boy or a girl? *Male/ Female*

3. Has your baby had any major health problems since birth? *Yes / No*

If yes, please describe them:

4. How much advice and help have you received about starting solids?

A lot / Some / None / Not enough: if so what extra help or advice would you have liked?

5. If you received information, please indicate below how much you received: *(Please tick)*

	None	Some	A lot
<i>First Fun Foods from NHS</i>			
<i>Other books or leaflets</i>			
<i>The internet</i>			
<i>- NHS</i>			
<i>- Forums (i.e. Netmums)</i>			
<i>- Baby food company webpages</i>			
<i>- Other</i>			
<i>Apps (Please specify):</i>			

<i>Social media groups, e.g. Instagram, Facebook, WhatsApp</i>			
<i>Your Health Visitor or a member of the HV team</i>			
<i>Your GP</i>			
<i>Family & friends</i>			
<i>Weaning groups</i>			
<i>Other support groups, e.g. breastfeeding/young mum/lone parent groups</i>			

Infant Questions

6. What kind of information were you given? (Tick as many as apply)

- Weaning starting age
- Types of foods to give
- Types of foods to avoid
- Nutrient information e.g. Iron, Calcium, Sugar, Salt, etc.

7. Were you given any practical advice/ support?

- How to cook baby foods
- How to store baby foods
- Economic benefits of cooking your own baby food

8. What are/were your concerns regarding weaning?

- What foods to give at different stages
 - Texture of foods
 - Safety of giving certain foods
 - Number of milk feeds on top of solid foods
 - Gagging
 - Choking
 - Food allergies
 - Not giving enough food
 - Baby not liking foods
 - Giving treats, e.g. chocolate, sweets
 - Knowing what is healthy
 - Organic foods
 - Processed foods
 - Sweet foods/sugar
 - Others (Please specify):
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9. What do you think would be useful for advice about weaning?

- Fayres
 - Small group sessions with food demonstrations
 - Apps
 - Social Media
 - Videos:
 - With information on what food to give?
 - With information on how to feed?
 - With information on how to cook baby food?
 - With information on how to store home-made baby food?
 - With ideas of menus?
 - With information on portions?
 - Other (please specify):
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In the next page, we want to know what foods your baby is eating

1. Retrospective	Age in months
Was your child breastfed? If yes, until what age? If not at all, put 0.	
What age was your child when you first introduced solid foods?	
2. Drinks	Insert number into either:
Does your child ever drink any of the following: If yes, approximately how often? If not, put 0 times per day.	<u>Times per day</u>
Breast milk	
Formula milk	
Cow's milk	
Diluting juice, fruit juice, smoothies, fruit shoots or fizzy drinks	
Water as a drink	
Any other kind of milk such as soya or goat's milk? If yes, what kind? _____	
3. Solid Feeding and Dietary Diversity	
Does your child ever eat any of the following: If yes, approximately how often? If not, put 0 times per week.	<u>Times per week</u>
Meat, fish or eggs? (including burgers, sausages, fish fingers etc., but not commercial baby foods)	
Commercial baby foods? (including jars, and savoury snacks, pouches, ready meals and any ready-made foods for babies)	
Green leafy vegetables? E.g. cauliflower, cabbage, kale, broccoli, Brussels sprouts, spinach or similar (not including ingredients in processed foods)	
Any solid, sour (sharp), uncooked fruits such as orange, tangerine, lemon, green apple (excluding juice, smoothies and processed foods)?	
Other fruits? E.g. banana, apple, pear	
Any sweet snacks, such as biscuits, cake, pastries, chocolate or dried fruit?	

4. Do you give your infant vitamin supplements?	Yes/No
If yes, please indicate which type. (Tick all boxes that apply)	
Healthy Start Vitamin Drops	
Abidec Multivitamin Drops	
Baby Ddrops Vitamin D	
Wellbaby Multi-vitamin liquid	
Wellbaby Vitamin D drops	
Wellbaby Multi-vitamin drops	
Others (please specify): _____	
Are you aware of the vitamin recommendations for your infant? If so, where did you receive this information? _____	Yes/ No
5. On average, how many times per day does your child have:	Times per day
Any meal or snack?	
Finger foods eaten by himself / herself?	
Spoonfed foods eaten by himself / herself?	
6. Feeding behaviour	
Are you finding it hard to get your child to eat solids?	Yes/No
Are there any foods, tastes or textures your child really doesn't like?	Yes/No
Generally, how is your child's appetite? <div style="display: flex; justify-content: space-around; width: 100%;"> 1 2 3 4 5 6 </div> 1 = very poor ----- 6 = exceptionally good	

Thank you for completing this questionnaire!