ORIGINAL ARTICLE

Responsive feeding practices assessment tool for Brazilian children aged 6 to 12 months: Cross-cultural adaptation

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Abstract

Objectives: to perform the cross-cultural adaptation (CCA) of the Responsive feeding practices assessment tool (RFPAT) for the Brazilian context.

Methods: methodological study of cross-cultural adaptation conducted in five stages: translation, synthesis, back-translation, expert committee review, and pre-test. Bilingual translators and specialists in responsive feeding, infant feeding, methodology, and linguistics participated in the study. The pre-test evaluated the comprehensibility, clarity, and structural adequacy of the instrument among 15 caregivers of children aged 6 to 12 months who received care at Primary Health Care facilities of the Brazilian Unified Health System in the city of São Paulo, Brazil.

Results: the cross-cultural adaptation resulted in a Brazilian version of the instrument named "Questionário de Avaliação de Práticas de Alimentação Responsiva (RFPAT-Br)". In the pre-test, the instrument was considered comprehensible, clear, and structurally adequate by the participants.

Conclusion: the RFPAT-Br was successfully cross-culturally adapted for use in the Brazilian context, demonstrating adequate comprehensibility and clarity in the pre-test. Future studies are required to evaluate its psychometric properties.

Key words *Child, Responsive feeding, Feeding behavior, Surveys and questionnaires*

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Introduction

Responsive feeding consists of a set of "feeding practices that encourage the child to eat autonomously and in response to physiological and developmental needs, which may encourage self-regulation in eating and support cognitive, emotional, and social development."[1] To achieve this, it is important to provide a feeding environment without distractions, characterized by parental interaction and support, and the provisioning of healthy foods. Caregivers should be attuned to the child's hunger and satiety cues, responding promptly and affectionately response to them.[2-3]

Responsive feeding practices provide a conductive environment for ensuring good health, adequate nutrition, safety and security, opportunities for early learning, and responsive caregiving – the five key components for the optimal child growth and development.[1] Systematic reviews conducted in high-income countries with children in their early years of life show an association between overweight/obesity and non-responsive feeding practices, evidencing their relationship with child nutritional status.[4-5] Thus, it is important to evaluate and identify how caregivers are feeding their children in the early years of life to enable the planning and implementation of actions and strategies aligned with clinical practice and child health programs and policies.

Primary Health Care (PHC), the health care level of the Brazilian Unified Health System (SUS) with the highest population coverage, greatest territorial capillarity, and lower complexity,[6] is characterized as a conductive environment for the assessment of responsive feeding and for providing guidelines on adequate child feeding and nutrition in the early years. Accordingly, a mapping of responsive feeding assessment tools for children under two years old was performed in scientific literature. Although no instruments applicable to the entire age range of zero to 24 months were identified, the Responsive Feeding Practices Assessment Tool (RFPAT) was considered the most suitable instrument for adaptation to the Brazilian context, particularly for children aged 6-12 months, a period corresponding to the introduction of complementary feeding.[7]

The RFPAT is a responsive feeding assessment tool that includes 15 items distributed across three domains: proactive preparation, attentite to the child's cues and appropriate feeding, and responsive communication. It is a simple, brief, and low-cost tool, administered by an interviewer with an average duration of 12 minutes.[7] Notably, the RFPAT was also selected because it was developed from a clear conceptualization of responsive feeding and has been previously validated. Evidence of content validity was obtained through the Delphi method, and its internal structure was evaluated using Principal Component Analysis.

Brazil, actively engaged with this theme, began recommending responsive practices during child feeding through the Dietary Guidelines for Brazilian Children Under Two Years of Age, published in 2019.[8] This is a major milestone in which the Ministry of Health recognizes the importance of the feeding environment and the psychosocial factors involved in child feeding. Furthermore, it demonstrates Brazil's pioneering role by including responsive feeding as a recommendation in an official document guiding public policies and clinical practice nationwide.

However, Brazil lacks a responsive feeding assessment tool that can be used in clinical practice and population surveys within this age group. Thus, the aim of the present study was to perform the cross-cultural adaptation (CCA) of the RFPAT for the Brazilian context.

Methods

This methodological study involved the CCA study of the RFPAT tool.[9-10] The process encompassed the tool's identification, instructions, response options, and item statements.[9-10] The study was initiated after obtaining permission from the primary author of the original tool to conduct the CCA.[7]

The present study followed five stages:

1. Translation

The translation of the original tool into Brazilian Portuguese was performed independently by two bilingual Brazilian translators (proficient in English, the tool's original language). The first translator was a health professional and specialist in responsive feeding, while the second was a linguistics specialist with no prior knowledge of the topic.

Two independent translations were produced (T1 and T2). Each translator documented the process, providing reports that detailed their linguistic choices and justifications.

2. Synthesis

The translators from the previous stage collaboratively synthesized T1 and T2. During this phase, an observer participated to document the process and assist in resolving discrepancies to reach a consensus.

The synthesis stage produced a reconciled version (T12) and a final report.

3. Back-translation

Based on the T12 version, two bilingual translators performed the back-translation from Brazilian Portuguese to English. Both were blinded to the original RFPAT tool

and had no prior knowledge of responsive feeding. The first back-translator was a linguistics specialist and a native English speaker, whereas the second was a sworn translator and a native Brazilian Portuguese speaker.

Two independent back-translations were produced (BT1 and BT2), each accompanied by its respective report.

4. Expert committee

The RT1 and RT2 versions were first sent to the author of the original tool for equivalence analysis and feedback. If any inconsistencies had been identified, T1, T2, and T12 would have been revised before proceeding to the expert committee review.

Since equivalence was achieved in the previous stages, all produced versions were forwarded to a multidisciplinary expert committee. The committee's composition followed pre-established criteria, requiring at least: one expert in the study's methodology, one health professional, one professional from the field of linguistics/translation, and all translators involved in the previous stages.

The committee was thus comprised of one expert in the study's methodology, two university professors with expertise in responsive feeding and child nutrition, two clinical nutritionists with experience in treating children under two years old (acting in PHC and the private sector), two public policy managers in the fields of food and nutrition and child health, one linguistics translator, and all translators who participated in the earlier stages.

The role of the multidisciplinary committee was to jointly evaluate all translations from the previous stages, their respective reports, and the original author's considerations, aiming to develop a version equivalent to the original tool across four dimensions (semantic, idiomatic, experiential, and conceptual) (Table 1). Each item and its different versions were analyzed individually via videoconference, seeking to develop the pre-final version of the tool by consensus.

The identified discrepancies were discussed until a consensus was reached among the experts, and the entire process was thoroughly documented by the study's lead author. No items were removed from the tool.

Conclusively, the pre-final (PF) version in Brazilian Portuguese was produced, accompanied by its respective report.

5. Pre-test

The pre-test was conducted with 15 caregivers of children aged 6 to 12 months receiving care at a School Health Center (a primary health care unit), which is an integral part of the PHC, located in the western zone of the municipality of São Paulo. All participants were women and mothers, aged between 20 and 50 years, with the majority identifying as Brown (*parda*) and having incomplete basic education. The children were also predominantly Brown (*parda*) and were distributed across all months of the 6-to-12-month age range. The participants were recruited during pediatric growth and development consultations and, after their appointments, they answered the survey in a private, quiet environment.

The PF version was administered to each participant, followed by an interview to evaluate the tool's comprehensibility, clarity, and structure from the caregivers' perspective. The participants were allowed to propose suggestions, which could be implemented provided if they did not alter the meaning of the original item.

Consequently, the final (F) version was obtained, along with its report.

The study was approved by the Research Ethics Committee of the School of Public Health at the University of São Paulo (CAAE: 75478823.1.0000.5421; Opinion Nº. 6.565.510). Prior to data collection, participants received detailed explanations about the research, its voluntary nature, and their right to refuse or withdraw at any time. After clarifying any doubts, the participants signed the Informed Consent Form in duplicate, with one copy delivered to the participant.

Results

The CCA generated seven versions of the RFPAT tool (T1, T2, T12, BT1, BT2, PF, and F) (Supplementary Table 1) and their respective reports (available upon request to the lead author).

Certain items required further debate to reach a consensus, especially during the synthesis and expert committee stages. Regarding item 1, the name of the tool, the word "questionário" (questionnaire) was chosen instead of "ferramenta" (tool), as it is more widely used and easily understood in Brazil. The English acronym was

Table 1

Description of semantic, idiomatic, experiential, and conceptual equivalence	
Semantic	Equivalence regarding the meaning of words between the source and target languages, with careful attention to grammar and vocabulary.
Idiomatic	Equivalence regarding colloquialisms and idioms between the source and target languages. Since some terms exist only in specific languages, an appropriate translation that considers the target context is required.
Experiential	Equivalence regarding culture. It aims to adapt items to the target language by considering the cultural context, which may or may not require modifications to the item.
Conceptual	Equivalence regarding the concept of words, given that certain words may exhibit conceptual differences between the source and target languages.

Source: adapted from Beaton *et al.*[10]

retained with the addition of "Br" (RFPAT-Br) to identify it as the Brazilian version (Supplementary Table 1). Thus, the name of the tool in the translated and adapted version became "*Questionário de avaliação de práticas de alimentação responsive"* (RFPAT-Br).

The term "your child," present in several statements throughout the questionnaire, was adapted to "_____ (child's name)" because the caregiver responsible for the child might not be the parent, but rather another caregiver. It was also considered that reading the alternatives to the caregivers using the child's proper name makes the assessment more personal and welcoming, facilitating the establishment of a relationship of trust.

Regarding item 12, "*Você alimenta _____ (nome da criança) em um lugar específico para esta atividade. Por exemplo: na cadeira, sobre um tapete/esteira ou no seu colo, em um lugar específico da casa ou ambiente*", the expert committee decided to retain "sobre um tapete" (on a mat) and add "*esteira*" (woven mat), as these are recognized examples of infant feeding places in Brazil, particularly within traditional communities. Additionally, this example was reordered to appear immediately after "*na cadeira*" (in the chair), since the latter is a more common practice in the Brazilian context. In item 13, "*O lugar que você escolheu para alimentar _____ (nome da criança) é um lugar com poucas distrações. Por exemplo: Televisão/celular/tablet desligados, sem outras crianças brincando por perto etc*", the experts included "*televisão/celular e tablet desligados*" (TV/cell phone and tablet turned off), considering that the use of technology by children during meals reflects current Brazilian reality (Supplementary Table 1).

During the final pre-test stage, the need to replace "*vamos perguntar/vamos fazer algumas perguntas*" (we are going to ask/we are going to ask a few questions) with "*vamos ler algumas afirmações*" (we are going to read some statements) was identified in the introductory items for each domain (items 11, 16, and 22). These changes were made to align with the semantic structure of the tool. In item 2 of the original instrument "*This tool includes few statements that will reflect the way you feed the child. When these statements are conveyed and explained to you select the most appropriate answer considering the actual situation of feeding your child at the moment*", the term "statement" is used, indicating the affirmative nature of the sentences (Supplementary Table 1). These modifications did not interfere with the tool's content and were executed in collaboration with the linguistics specialist.

The participants considered the tool clear and comprehensible, offering no additional suggestions. The structure of the tool was also well evaluated, being described as short and simple. Furthermore, the importance of reading the response options aloud during the administration of the first domain (items 12 to 15) was noted, in order to familiarize participants with the Likert-type response format.

The final version—*Questionário de avaliação de práticas de alimentação responsiva* (RFPAT-Br)—achieved semantic, idiomatic, experiential, and conceptual equivalence, and was considered clear and comprehensible by PHC users (Figure 1). Importantly, the classification ranges and the scoring system for responsive practices established by the original tool were maintained, namely:

Figure 1

Questionnaire for Assessing Responsive Feeding Practices (RFPAT-Br).

Passo	Número da afirmação	Questionário de avaliação de práticas de alimentação responsiva (RFPAT-Br) Este questionário inclui algumas afirmações que vão refletir a forma como você alimenta a criança. Depois que essas afirmações forem lidas e explicadas para você, selecione a resposta mais apropriada considerando a alimentação de _____ (nome da criança) no momento atual.	Respostas: Sempre	A maioria das vezes	Às vezes	Raramente	Nunca
Preparação proativa: Primeiro, vamos ler algumas afirmações sobre como você se organiza para alimentar _____							
A	1	Você alimenta _____ em um lugar específico para esta atividade. *Por exemplo: na cadeira, sobre um tapete/esteira ou no seu colo, em um lugar específico da casa ou ambiente.*					
A	2	O lugar que você escolheu para alimentar _____ é um lugar com poucas distrações. *Por exemplo: Televisão/celular/tablet desligados, sem outras crianças brincando por perto etc.*					
A	3	_____ fica sentado/a confortavelmente neste lugar específico durante a alimentação.					
A	4	Você estabelece o horário de alimentação de _____ com base na sua experiência sobre os sinais de fome dele/a.					
Atenção aos sinais da criança e alimentação adequada: Agora vamos ler algumas afirmações sobre aspectos básicos da alimentação de _____							
A	5	De acordo com sua percepção, você prepara a comida de maneira limpa e higiênica.					
A	6	De acordo com sua percepção, você prepara comidas saborosas e agradáveis, do jeito que _____ prefere comer.					
A	7	De acordo com sua percepção, a comida que você oferece para _____ é apropriada para a idade dele/a.					
B	8	Você alimenta _____ assim que ele/a demonstra sinais de fome. *Por exemplo: gestos com as mãos, choro, lamber mãos ou lábios, outros sinais.*					
B	9	Ao alimentar _____, você percebe quando ele/a está satisfeito/a com base nos sinais de saciedade que ele/a demonstra, e você age de acordo, interrompendo a alimentação. *Por exemplo: quando a criança fecha a boca, recusa comida, cospe, vira a cabeça, ou dá outros sinais.*					
Comunicação responsiva: Em seguida, vamos ler algumas afirmações sobre como você age durante a alimentação de _____							
C	10	Você tem paciência quando alimenta _____.					
C	11	Você alimenta _____ de forma carinhosa.					
C	12	Você alimenta _____ encorajando-a/o a comer.					
C	13	Enquanto alimenta _____, você conversa com ele/a, fazendo contato visual e demonstrando afeto.					
C	14	Você permite que _____ tente comer sozinha/o, de acordo com o seu desenvolvimento. *Por exemplo: segurar a colher, pegar a comida com as mãos etc.*					
C	15	Você não força _____ a comer quando ele/a demonstra sinais de saciedade. *Por exemplo: quando a criança fecha a boca, afasta-se da comida, cospe, vira ou balança a cabeça, ou dá outros sinais.*					

Souce: adapted from Pallewathta *et al.*[7]

poor (0–34 points), moderate (35–36 points), good (37–40 points), and excellent (41–60 points).

Discussion

The *Questionário de avaliação de práticas de alimentação responsiva* (RFPAT- Br) is the first tool for the Brazilian population to assess responsive feeding under two years old – particularly children aged 6 to 12 months. It is a brief, simple, and quick-to-administer instrument, essential characteristics for the use at PHC and in population surveys in the country. However, we highlight the need to further assess the tool's psychometric properties, including the suitability of the feeding practices classification ranges for the Brazilian population.

Studies on responsive feeding in children are recent in the scientific literature and are currently considered by international organizations as an important component for ensuring adequate child growth.[1,11] In this context, studies on this topic have become increasingly frequent and, consequently, so has the creation of instruments to assess it.[12] One of the most widely used and adapted instruments is the Infant Feeding Style Questionnaire (IFSQ); however, responsive feeding therein is only part of a broader assessment of infant feeding styles.[13-15] Subsequently, new specific instruments for assessing responsive feeding were developed, presenting different characteristics. Some rely on observational application, cater to different age groups within the first two years of life, and originate from low- and middle-income countries, such as India,[16] Cambodia,[17] China,[18] and Sri Lanka.[7]

Responsive feeding has clearly been a topic of interest across diverse nations, particularly in low- and middle-income countries, underscoring the importance of evaluating responsive feeding practices from early life. Given the primary recommendation to adapt instruments with proven methodological and psychometric quality rather than developing new ones,[19] the authors of the present study mapped the assessment instruments available in the literature and identified the RFPAT as the most suitable to be adapted to the Brazilian context.[7]

The CCA process allowed for the translation of the RFPAT from English into Brazilian Portuguese and its cultural adaptation, considering the context and particularities of the Brazilian territory, through qualitative procedures.[9-10] Five stages were rigorously followed and documented to achieve semantic, idiomatic, experiential, and conceptual equivalence with the original instrument.[9-10] The chosen methodology is one of the most widely used in the healthcare field due to its methodological rigor.[20-21]

The participation of bilingual translators specializing in linguistics and the topic, the original instrument's author, and a multidisciplinary panel of experts was pivotal to achieving equivalence. The original author's evaluation of BT1 and BT2 with no further recommendations can be considered a quality control measure for the previous stages.[9-10] Furthermore, stages two and four, which involved extensive discussions, provided valuable insights and solutions before the instrument proceeded to the pre-test phase. Following pre-test, the importance of recommending that response options be read aloud during the administration of the first domain became evident, ensuring participants' familiarization with the Likert-type response format, while also allowing for grammatical agreement adjustments in certain items.

Among the main adaptations, we highlight the experts' concern with considering the child's feeding environment and the community responsible for their care. In PHC, clinical practice shows that many caregivers responsible for bringing children to health appointments are grandparents or other guardians, rather than the parents. Thus, using the child's proper name throughout the questionnaire is a culturally sensitive adaptation, especially given that PHC is the healthcare level with the highest population coverage and territorial reach.[6] The use of specific and concrete phrasing is an important recommendation for developing an adequate assessment instrument.[22]

Moreover, regional differences were also considered, such as the use of woven mats (*esteiras*) during feeding in traditional Brazilian communities. The Dietary Guidelines for Brazilian Children Under Two Years of Age emphasizes the importance of respecting regional dietary habits and cultures to promote healthy eating, adding that "*feeding is a cultural act that involves relationships, habits, and ways of preserving and transmitting traditions and knowledge*."[8]

We also highlight the inclusion of "*televisão/celular e tablet desligados*" (TV/cell phone and tablet turned off) as an example of non-distractive practices during meals. Early exposure to screens is associated with impairments in child development—cognitive, emotional, and language-related—as well as adverse health outcomes and mental distress.[23-25] Consequently, the Brazilian Ministry of Health, in its Guide on the Use of Digital Device for Children, Adolescents and Screens, recommends avoiding screens and digital devices for children under two years old.[24] Both the Child's Health Booklet and the Dietary Guidelines for Brazilian Children Under Two Years of Age are in line with this recommendation, the latter emphasizing the importance of avoiding screen exposure during meals as it hinders healthy eating.[8,26]

The strengths of this study include the rigorous methodology and the multidisciplinary expertise of the committee members involved in the CCA process. Due to the narrow age range of the instrument (6 to 12 months) and time constraints for data collection, the sample size of the pre-test is acknowledged as a limitation, considering the recommendation for 30 to 40 participants.[9,10]

In conclusion, the RFPAT-Br is the first instrument for the Brazilian population to assess responsive feeding in children aged 6 to 12 months. It is a brief, simple, and quick-to-administer questionnaire, with potentially favorable characteristics for future use in both PHC and population surveys, following psychometric evaluation.

Author's contribution

Coleta H: conceptualization and study design, manuscript writing; Gubert MB: study design and manuscript review; Coleta JP: study design and manuscript review; Vieira VL: study design and manuscript review; Venancio SI: conceptualization and study design, manuscript review.

All authors approved the final version of the article and declare no conflicts of interest and that artificial intelligence was not used in the preparation of this manuscript.

Data availability

The reports for each stage of the CCA process are available from the corresponding author upon reasonable request. Except for these reports, the entire dataset supporting the results of this study is published within the manuscript itself.

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Supplementary Table 1

Versions produced at each stage of the translation and cross-cultural adaptation of the Responsive Feeding Practices Assessment Questionnaire (RFPAT-Br).

Item	Original version	T1	T2	T12	RT1/BT1	RT2/BT1	PF	F
1	Responsive Feeding Practices Assessment Tool (RFPAT)	Questionário de avaliação de práticas alimentares responsivas (QAPAR)	Ferramenta de Avaliação de Práticas de Alimentação Responsiva (RFPAT)	Questionário de avaliação de Alimentação Responsiva (RFPAT)	Responsive Feeding Practices Assessment Tool (RFPAT)	Responsive Feeding Assessment Questionnaire (RFPAT)	Questionário de avaliação de práticas de alimentação responsiva (RFPAT-Br)	Questionário de avaliação de práticas de alimentação responsiva (RFPAT-Br)
2	This tool includes few statements that will reflect the way you feed the child. When these statements are conveyed and explained to you select the most appropriate answer considering the actual situation of feeding your child at the moment	Este questionário inclui algumas frases que refletirão a forma como você alimenta a criança. Depois que essas frases forem lidas e explicadas para você, selecione a resposta mais apropriada considerando a situação atual de alimentação da criança, no momento	Essa ferramenta inclui algumas declarações que vão refletir a forma como você alimenta a criança. Quando essas declarações forem transmitidas e explicadas para você, selecione a resposta mais adequada considerando a real situação de alimentação da sua criança atualmente.	Este questionário inclui algumas afirmações que vão refletir a forma como você alimenta a criança. Depois que essas afirmações forem lidas e explicadas para você, selecione a resposta mais apropriada considerando a situação de alimentação da sua criança no momento.	This survey includes statements which reflect the way that you feed your child. After these statements have been read and explained to you, choose the most appropriate response considering your child's feeding situation at the moment.	This questionnaire includes some affirmations that will reflect the way you feed the child. Once these statements have been read and explained to you, select the most appropriate response considering the feeding situation of your child at the moment.	Este questionário inclui algumas afirmações que vão refletir a forma como você alimenta a criança. Depois que essas afirmações forem lidas e explicadas para você, selecione a resposta mais apropriada considerando a alimentação de _____ (nome da criança) no momento atual.	Este questionário inclui algumas afirmações que vão refletir a forma como você alimenta a criança. Depois que essas afirmações forem lidas e explicadas para você, selecione a resposta mais apropriada considerando a alimentação de _____ (nome da criança) no momento atual.
3	Step	Passo	Passo	Passo	Step	Pass	Passo	Passo
4	Question number	Número da questão	Número da pergunta	Número da questão	Question number	Question number	Número da questão	Número da afirmação
5	Responses	Respostas	Respostas	Respostas	Responses	Answers	Respostas	Respostas
6	Always	Sempre	Sempre	Sempre	Always	Always	Sempre	Sempre
7	Often	Frequentemente; a maioria das vezes	Frequentemente	Frequentemente	Often	Often	A maioria das vezes	A maioria das vezes
8	Sometimes	Às vezes	Às vezes	Às vezes	Sometimes	Sometimes	Às vezes	Às vezes
9	Rarely	Raramente	Raramente	Raramente	Rarely	Rarely	Raramente	Raramente
10	Not at all	Nunca	Nunca	Nunca	Never	Never	Nunca	Nunca
11	Proactive preparation: First we are going to ask you about the way you get prepared to feed your child	Preparação proativa: Primeiro, vamos perguntar sobre como você se prepara para alimentar a criança.	Preparação proativa: primeiro nós vamos perguntar sobre a forma como você se prepara para alimentar sua criança.	Preparação proativa: Primeiro, nós vamos perguntar sobre a forma como você se prepara para alimentar sua criança.	Proactive preparation: First, we are going to ask about how you prepare to feed your child.	Proactive preparation: First, we are going to ask about how do you prepare to feed your child.	Preparação proativa: Primeiro, vamos perguntar sobre como você se organiza para alimentar _____ (nome da criança).	Preparação proativa: Primeiro, vamos ler algumas afirmações sobre como você se organiza para alimentar _____ (nome da criança).
12	You feed the child in a particular place designated for this activity. Example: on a mat, chair, or in your lap in a specific place in the house or environment.	Você alimenta a criança em um lugar específico designado para esta atividade. Por exemplo: em um tapete, cadeira, ou no seu colo, em um lugar específico na casa ou ambiente.	Você alimenta a criança em um lugar específico designado para esta atividade. Exemplo: sobre um tapete, ou no seu colo em um lugar específico da casa ou ambiente.	Você alimenta sua criança em um lugar específico designado para esta atividade. Por exemplo: sobre um tapete, cadeira ou no seu colo em um lugar específico da casa ou ambiente.	You feed your child in a specific place which is designated for this activity. For example: on a rug, in a chair or on your lap in a specific part of the house or space.	You feed your child in a specific place designated for this activity. For example: on a rug, chair or on your lap in a specific place in the house or environment.	Você alimenta _____ (nome da criança) em um lugar específico para esta atividade. Por exemplo: na cadeira, sobre um tapete/ esteira ou no seu colo, em um lugar específico da casa ou ambiente.	Você alimenta _____ (nome da criança) em um lugar específico para esta atividade. Por exemplo: na cadeira, sobre um tapete/ esteira ou no seu colo, em um lugar específico da casa ou ambiente.

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Item	Original version	T1	T2	T12	RT1/BT1	RT2/BT1	PF	F
13	The place you chose to feed the child is a place with fewer distractions. Example: television is not turned On, no other children are playing in the vicinity etc.	O lugar que você escolheu para alimentar a criança é um lugar com poucas distrações. Exemplo: a televisão não está ligada, não há outras crianças brincando por perto, etc.	O lugar que você escolheu para alimentar a criança é um lugar com poucas distrações. Exemplo, a televisão não está ligada, nenhuma outra criança está brincando nos arredores etc.	O lugar que você escolheu para alimentar sua criança é um lugar com poucas distrações. Por exemplo: a televisão não está ligada, nenhuma outra criança está brincando por perto etc.	The place that you have chosen to feed your child is somewhere with few distractions. For example: the television is not on, no other children are playing nearby etc.	The place you have chosen to feed your child is a place with few distractions. For example: the television is not on, no other children are playing nearby, etc.	O lugar que você escolheu para alimentar _____ (nome da criança) é um lugar com poucas distrações. Por exemplo: Televisão/ celular/tablet desligados, sem outras crianças brincando por perto etc.	O lugar que você escolheu para alimentar _____ (nome da criança) é um lugar com poucas distrações. Por exemplo: Televisão/ celular/tablet desligados, sem outras crianças brincando por perto etc.
14	Your child is comfortably seated in this particular place during feeding.	Sua criança está confortavelmente sentada neste lugar específico durante a alimentação.	Sua criança está sentada confortavelmente neste lugar específico durante a alimentação.	Sua criança está sentada confortavelmente neste lugar específico durante a alimentação.	Your child sits comfortably in this specific place during feeding.	Your child is sitting comfortably in this particular place during feeding.	_____ (nome da criança) fica sentado/a confortavelmente neste lugar específico durante a alimentação.	_____ (nome da criança) fica sentado/a confortavelmente neste lugar específico durante a alimentação.
15	You pre-assume and determine the time schedule for feeding the child based on your experience on child's signals of hunger.	Você pré-determina e estabelece o horário para alimentar a criança com base na sua experiência com os sinais de fome da criança.	Você designa previamente e determina o horário de alimentação da criança com base na sua experiência sobre os sinais de fome da criança.	Você pré-determina e estabelece o horário de alimentação da sua criança com base na sua experiência sobre os sinais de fome dela.	You pre-determine and establish your child's feeding time based upon your experience of their signs of hunger.	You pre-determine and set your child's feeding schedule based on your experience of their hunger signs.	Você estabelece o horário de alimentação de _____ (nome da criança) com base na sua experiência sobre os sinais de fome dele/a.	Você estabelece o horário de alimentação de _____ (nome da criança) com base na sua experiência sobre os sinais de fome dele/a.
16	Attentive to child's signals and appropriate feeding: Now we are going to ask you some questions on basic facts on feeding the child.	Atenção aos sinais da criança e alimentação adequada: Agora vamos fazer algumas perguntas sobre aspectos básicos em relação à alimentação da criança.	Atento(a) aos sinais da criança e alimentação adequada: agora vamos fazer algumas perguntas sobre fatos básicos sobre alimentar a criança.	Atenção aos sinais da criança e alimentação adequada: Agora vamos fazer algumas perguntas sobre aspectos básicos sobre a alimentação da sua criança.	Consider your child's signs and adequate feeding: Now we are going to ask a few questions about basic aspects of your child's feeding.	Attention to the child's signs and proper nutrition: Now let's ask some questions about basic aspects of your child's diet.	Atenção aos sinais da criança e alimentação adequada: Agora vamos fazer algumas perguntas sobre aspectos básicos da alimentação de _____ (nome da criança).	Atenção aos sinais da criança e alimentação adequada: Agora vamos ler algumas afirmações sobre aspectos básicos da alimentação de _____ (nome da criança).
17	According to your perception, you prepare the food in a cleanly and in hygienic manner.	De acordo com sua percepção, você prepara a comida de maneira limpa e higiênica.	De acordo com sua percepção, você prepara a comida de uma forma limpa e higiênica.	De acordo com sua percepção, você prepara a comida de maneira limpa e higiênica.	In your opinion, you prepare food in a way that is clean and hygienic.	According to your perception, you prepare food in a clean and hygienic manner.	De acordo com sua percepção, você prepara a comida de maneira limpa e higiênica.	De acordo com sua percepção, você prepara a comida de maneira limpa e higiênica.
18	According to your perception, you prepare the food in a tasty and pleasant manner that the child prefers to eat.	De acordo com sua percepção, você prepara a comida de maneira saborosa e agradável, como a criança prefere comer.	De acordo com sua percepção, você prepara a comida de uma forma saborosa e agradável de preferência da criança.	De acordo com sua percepção, você prepara a comida de maneira saborosa e agradável, do jeito que sua criança prefere.	In your opinion, you prepare food that is tasty and enjoyable, the way that your child prefers it.	According to your perception, you prepare food in a tasty and enjoyable manner, just the way your child prefers.	De acordo com sua percepção, você prepara comidas saborosas e agradáveis, do jeito que _____ (nome da criança) prefere comer.	De acordo com sua percepção, você prepara comidas saborosas e agradáveis, do jeito que _____ (nome da criança) prefere comer.
19	According to your perception, the food you offer to the child is appropriate for his/ her age.	De acordo com sua percepção, a comida que você oferece à criança é apropriada para a idade dela.	De acordo com sua percepção, a comida que você oferece para a criança é apropriada para a idade dela.	De acordo com sua percepção, a comida que você oferece para a sua criança é apropriada para a idade dela.	In your opinion, the food that you offer to your child is appropriate for their age.	According to your perception, the food you offer your child is appropriate for their age.	De acordo com sua percepção, a comida que você oferece para _____ (nome da criança) é apropriada para a idade dele/a.	De acordo com sua percepção, a comida que você oferece para _____ (nome da criança) é apropriada para a idade dele/a.

Versions produced at each stage of the translation and cross-cultural adaptation of the Responsive Feeding Practices Assessment Questionnaire (RFPAT-Br).

Item	Original version	T1	T2	T12	RT1/BT1	RT2/BT1	PF	F
20	You feed the child promptly when the child has shown hunger cues. Example: hand gestures, crying, licking lips, other signs in face	Você alimenta a criança prontamente quando ela demonstra sinais de fome. Exemplo: gestos com as mãos, choro, lambendo os lábios, ou outros sinais faciais.	Você alimenta a criança rapidamente quando ela mostra sinais de fome. Exemplo: gestos manuais, choro, lamber de lábios, outros sinais faciais.	Você alimenta sua criança prontamente quando ela demonstra sinais de fome. Por exemplo: gestos com as mãos, choro, lamber de lábios, outros sinais faciais.	You feed your child promptly when they show signs of hunger. For example: hand gestures, crying, licking their lips, other facial signals.	You feed your child promptly when they show signs of hunger. For example: hand gestures, crying, lip licking, other facial signs.	Você alimenta _____ (nome da criança) assim que ele/a demonstra sinais de fome. Por exemplo: gestos com as mãos, choro, lamber mãos ou lábios, outros sinais.	Você alimenta _____ (nome da criança) assim que ele/a demonstra sinais de fome. Por exemplo: gestos com as mãos, choro, lamber mãos ou lábios, outros sinais.
21	In the process of feeding the child, you understand when the child is full based on the satiety signals that the child shows and you act accordingly by agreeing and stopping feeding. Example: covering the mouth, refusing food by dropping food from mouth, turning the head, other signs in face.	No processo de alimentação da criança, você entende quando ela está satisfeita (cheia) com base nos sinais de saciedade que ela demonstra, e você age de acordo, concordando e interrompendo a alimentação. Exemplo: cobrir a boca, recusar comida deixando-a cair da boca, virar a cabeça, outros sinais faciais.	No processo de alimentar a criança, você entende quando ela está cheia com base nos sinais de saciedade que a criança mostra, e você age de forma adequada concordando com ela e interrompendo a alimentação. Exemplo: cobrindo a boca, recusando comida babando, virando a cabeça, outros sinais faciais.	No processo de alimentar sua criança, você entende quando ela está cheia com base nos sinais de saciedade que ela demonstra, e você age de acordo, concordando e interrompendo a alimentação. Por exemplo: cobrir a boca, recusar comida cuspindo-a, virar a cabeça, outros sinais faciais.	When feeding your child, you understand when they are full based on their demonstration of signs of fullness, and you act accordingly, agreeing and stopping feeding. For example: covering their mouth, refusing food by spitting it out, turning their head away, other facial signals.	In the process of feeding your child, you understand when they are full based on the satiety signals they show, and you act accordingly by agreeing and stopping feeding. For example: covering the mouth, refusing food by spitting it out, turning the head, other facial signs.	Ao alimentar _____ (nome da criança), você percebe quando ele/a está satisfeito/a com base nos sinais de saciedade que ele/a demonstra, e você age de acordo, interrompendo a alimentação. Por exemplo: quando a criança fecha a boca, recusa comida, cospe, vira a cabeça, ou dá outros sinais.	Ao alimentar _____ (nome da criança), você percebe quando ele/a está satisfeito/a com base nos sinais de saciedade que ele/a demonstra, e você age de acordo, interrompendo a alimentação. Por exemplo: quando a criança fecha a boca, recusa comida, cospe, vira a cabeça, ou dá outros sinais.
22	Responsive communication: Next we are asking about how you act during feeding the child	Comunicação responsiva: Em seguida, vamos perguntar sobre como você age durante a alimentação da criança.	Comunicação responsiva: em seguida, vamos perguntar como você age durante a alimentação da criança.	Comunicação responsiva: Em seguida, vamos perguntar sobre como você age durante a alimentação da criança.	Responsive communication: Next, we are going to ask about how you act while feeding your child.	Responsive communication: Next, we will ask about how you act during the child's feeding.	Comunicação responsiva: Em seguida, vamos perguntar sobre como você age durante a alimentação de _____ (nome da criança).	Comunicação responsiva: Em seguida, vamos ler algumas afirmações sobre como você age durante a alimentação de _____ (nome da criança).
23	You act patiently when you feed the child.	Você age com paciência ao alimentar a criança.	Você age pacientemente quando você alimenta a criança.	Você age pacientemente quando alimenta a sua criança.	You act patiently when feeding your child.	You act patiently when feeding your child.	Você tem paciência quando alimenta _____ (nome da criança).	Você tem paciência quando alimenta _____ (nome da criança).
24	You feed the child tenderly.	Você alimenta a criança com carinho.	Você alimenta a criança carinhosamente.	Você alimenta sua criança carinhosamente.	You feed your child with love.	You feed your child lovingly.	Você alimenta _____ (nome da criança) de forma carinhosa.	Você alimenta _____ (nome da criança) de forma carinhosa.
25	You feed the child encouraging the child to eat.	Você alimenta a criança encorajando-a a comer.	Você alimenta a criança incentivando-a a comer.	Você alimenta sua criança incentivando-a a comer.	You encourage your child to eat while feeding.	You feed your child by encouraging them to eat.	Você alimenta _____ (nome da criança) encorajando-a/o a comer.	Você alimenta _____ (nome da criança) encorajando-a/o a comer.

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Item	Original version	T1	T2	T12	RT1/BT1	RT2/BT1	PF	F
26	You feed the child while engaging in a conversation with the child, making eye contact, and showing affection.	Você alimenta a criança enquanto se envolve em uma conversa com ela, fazendo contato visual e mostrando afeto.	Você alimenta a criança enquanto conversa com a criança, faz contato visual e demonstra afeto.	Você alimenta sua criança enquanto conversa com ela, fazendo contato visual e demonstrando afeto.	You talk to your child while feeding them, making eye contact and demonstrating affection.	You feed your child while talking to them, making eye contact, and showing affection.	Enquanto alimenta _____ (nome da criança), você conversa com ele/a, fazendo contato visual e demonstrando afeto.	Enquanto alimenta _____ (nome da criança), você conversa com ele/a, fazendo contato visual e demonstrando afeto.
27	You let the child practice feeding on its own as appropriate to his/her Development. Example: opportunity to hold the spoon, pick food with fingers etc.	Você permite que a criança pratique se alimentar sozinha, conforme apropriado ao seu desenvolvimento. Exemplo: oportunidade de segurar a colher, pegar a comida com os dedos, etc.	Você deixa a criança praticar a alimentação sozinha de acordo com seu desenvolvimento. Exemplo: oportunidade de segurar a colher, pegar comida com os dedos etc.	Você permite que sua criança pratique alimentar-se sozinha, conforme apropriado ao seu desenvolvimento. Por exemplo: oportunidade de segurar a colher, pegar a comida com os dedos etc.	You allow your child to practice feeding themselves, as appropriate for their development stage. For example: you allow them to hold the spoon, pick up food with their hands etc.	You allow your child to practice feeding on their own as appropriate to their development. For example: opportunity to hold the spoon, pick up the food with the fingers, etc.	Você permite que _____ (nome da criança) tente comer sozinha/o, de acordo com o seu desenvolvimento. Por exemplo: segurar a colher, pegar a comida com as mãos etc.	Você permite que _____ (nome da criança) tente comer sozinha/o, de acordo com o seu desenvolvimento. Por exemplo: segurar a colher, pegar a comida com as mãos etc.
28	You do not force feed when the child shows signs of satiety. Example: closing the mouth, food expel from the mouth, turning away from the food, shaking the head	Você não força a alimentação quando a criança mostra sinais de saciedade. Exemplo: fechar a boca, cuspir comida da boca, virar-se para longe da comida, balançar a cabeça.	Você não força a alimentação quando a criança demonstra sinais de saciedade. Exemplo: fechar a boca, comida expelida pela boca, afastar-se da comida, balançar a cabeça.	Você não força a alimentação quando sua criança demonstra sinais de saciedade. Por exemplo: fechar a boca, cuspir comida, afastar-se da comida, balançar a cabeça.	You do not force food on your child when they show signs of fullness. For example: closing their mouth, spitting out food, moving away from the food, shaking their head.	You do not force feeding when your child shows signs of satiety. For example: closing the mouth, spitting out food, moving away from food, shaking the head.	Você não força _____ (nome da criança) a comer quando ele/a demonstra sinais de saciedade. Por exemplo: quando a criança fecha a boca, afasta-se da comida, cospe, vira ou balança a cabeça, ou dá outros sinais.	Você não força _____ (nome da criança) a comer quando ele/a demonstra sinais de saciedade. Por exemplo: quando a criança fecha a boca, afasta-se da comida, cospe, vira ou balança a cabeça, ou dá outros sinais.

T1= versão tradução 1; T2= versão tradução 2; T12= versão síntese; RT1/BT1= versão retrotradução 1; RT2/BT2= versão retrotradução 2; PF= versão pré-final; F= versão final.