

**Supplementary Table 1. Questionnaire items, response options, and analytic coding 2014–2019**

Variable	Descriptions	Response options	Coding for analysis
Sex	Biological sex	Male/female	Male=1, female=0
Parent (residing guardians)	“Which parent(s)/guardian(s) live with your child?”	No parents/only father/only mother/both parents	4 Category variable (displayed descriptively)
Workers in families with both parents	“In two parent households, who is currently in paid employment?”	None/only father/only mother/both	4 Category variable; used as categorical predictor
Other siblings at home	“Does your child live with any other children/siblings?”	Yes/no	Binary
Childcare	“Does your child attend a childcare center or at home?”	Childcare/home	Binary
Gestational age (weeks)	From maternal/infant health record	Continuous (wk)	Continuous; summarized as median (IQR)
Birth weight	From birth record	Continuous (g)	Categorized: ELBW <1,000 g; VLBW 1,000–1,499 g; LBW 1,500–2,499 g; normal 2,500–3,999 g; large ≥4,000 g
Sleep time (min)	“How many hours does your child sleep in a typical 24-hr day?” (total sleep time)	Free text: hours/minutes per day	Continuous; converted to minutes for Table 1
Routine nap time	“Takes a nap on most days?” (If yes, indicate usual nap duration.)	① Yes (___ hour(s)) ② No	Routine nap=1 if “yes,” (duration optional, retained as continuous.)
Breastfeeding at 18 months	“Do you feed him/her with breast milk?” (If yes, times/day and time of day)	① No ② Yes (___ times/day; morning/afternoon/evening/before bed/at night)	Binary (yes=1).
Collected at 18 mo			
Teeth brush alone	“Do you brush the child's teeth to finish after he/she brushes?”	Yes/no	Binary (yes=1)
Eating breakfast daily	“Has breakfast every day?”	Yes/no	Daily breakfast=1 if “yes.”
Mandated vaccine rates	Administrative/municipal record of immunization coverage	Describe all the recorded vaccines	
Caries	Dentist examination at health check	Any caries: Yes / No	Binary (yes=1)
Caries numbers ≥3 teeth	Dentist examination: “How many teeth with caries?”	Continuous	Continuous
Regular juice consumption	“Kind of drinks he/she drinks often: tea/water; milk; milk formula; Ionized beverage; Sweet beverages (juice, etc.); Other (___).” (frequency asked in interview)	Beverage type + frequency	Regular juice=1 if sweet beverages chosen and frequency ≥ 1–2 days/wk
Frequency of fast-food consumption (/month)	“In the last month, how many times did your child eat fast food?”	Numeric (times/month)	Continuous
Screen time	“Does he/she watch TV, videos, smartphone, or tablet?” → “About how many hours per day?”	① No ② Yes, about ___ hour(s)/day	Continuous
Nonusage of car seat	“Does your child use a car seat when riding in a car?”	Always/sometimes/never	Nonusage=1 if “never” (or not used routinely)
Having primary care physician	“Do you have a designated primary care physician for your child?”	Yes/no	Binary (yes=1)

IQR, interquartile range; ELBW, extreme low birth weight; VLBW, very low birth weight; LBW, low birth weight.