**Supplementary Table S1.** Questions associated with food consumption, physical activity, screen time and hours of sleep in Children under 2 years during Lockdown by the COVID-19 Pandemic in Chile.

| Questions                                      | Answer options                             |
|--|--|
| 0 to 5 1                                       | nonths                                     |
| Up what age did your child ingest or ingest    | Never received                             |
| exclusive breastfeeding?                       | Still receive                              |
|  | Until the 1st month of life                |
|  | Until the 2nd month of life                |
|  | Until the 3rd month of life                |
|  | Until the 4th month of life                |
|  | Until the 5th month of life                |
| About to breast milk, has your child eaten or  | You have not eaten or taken any other food |
| drank any other type of food? (Select the food | Water                                      |
| or foods that she or he has eaten or eats)     | Herbal waters                              |
|  | Fruit juice                                |
|  | Fruit puree                                |
|  | Yogurt                                     |
|  | Bread                                      |
|  | Cookies                                    |
|  | Candies                                    |
|  | Other foods                                |
| 6 to 11  | months                                     |
| Up what age did your child ingest or ingest    | Never received                             |
| exclusive breastfeeding?                       | Still receive                              |
| G  | Until the 1st month of life                |
|  | Until the 2nd month of life                |
|  | Until the 3rd month of life                |
|  | Until the 4th month of life                |
|  | Until the 5th month of life                |
|  | Until the 6th month of life                |
| At what age did your child start               | It still hasn't started                    |
| complementary feeding?                         | Before 4 months of life                    |
|  | At 4 months of life                        |
|  | At 5 months of life                        |
|  | At 6 months of life                        |
|  | After 6 months of life                     |
| At what age did your child ingest their second | Still not received                         |
| meal (dinner)?                                 | Before 6 months of life                    |
|  | At 6 months of life                        |
|  | At 7 months of life                        |
|  | At 8 months of life                        |
|  | At 9 months of life                        |
|  | At 10 months of life                       |
|  | At 11 months of life                       |
|  | At 12 months of life                       |

| At - d- at 4: 4                                   | Danamakank                  |
|---|-----------------------------|
| At what age did your child eat legumes for the    | Does not eat                |
| first time (beans, lentils, chickpeas, among      | At 6 months                 |
| others)?  | Between 7 and 8 months      |
| II  | Between 9 and 12 months     |
| How many times does your child eat                | Does not eat                |
| preparations with legumes?                        | 1 time per week             |
|   | 2 times per week            |
|   | 3 or more times a week      |
|   | 1 or 2 times a month        |
| At what age did your child first eat fish?        | Does not eat                |
|   | Between 6 and 7 months      |
|   | Between 8 and 9 months      |
|   | Between 10 and 12 months    |
| How many times does your child eat                | Does not eat                |
| preparations with fish?                           | 1 time per week             |
|   | 2 times per week            |
|   | 3 or more times a week      |
|   | 1 or 2 times a month        |
| At what age did your child eat an egg for the     | Does not eat                |
| first time?                                       | Between 6 and 8 months      |
|   | Between 9 and 10 months     |
|   | Between 11 and 12 months    |
| Does your child eat sweet snacks (cookies,        | Every day                   |
| cakes, chocolates, or candies) or salty ones      | 3 or more times a week      |
| (chips, Doritos, twigs, among others)?            | 2 times a week              |
|   | 1 time per week             |
|   | 1 or 2 times a month        |
|   | Does not eat                |
| Does your child eat foods to which you add        | Every day                   |
| sweeteners such as: stevia, sucralose, saccharin, | 3 or more times a week      |
| aspartame, allulose, tagatose or agave?           | 2 times a week              |
|   | 1 time per week             |
|   | 1 or 2 times a month        |
|   | Does not eat                |
| Do you add salt and/or sugar to your child's      | Only salt                   |
| meals, desserts, or milk?                         | Only sugar                  |
| ,, -  | Salt and sugar              |
|   | Does not add                |
| 12 to 23  | months                      |
| Up what age did your child ingest or ingest       | Never received              |
| exclusive breastfeeding?                          | Still receive               |
|   | Until the 1st month of life |
|   | Until the 2nd month of life |
|   | Until the 3rd month of life |
|   | Until the 4th month of life |
|   | Until the 5th month of life |
|   | Until the 6th month of life |
|   | Onth the out month of the   |

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| It still hasn't started  |
| Before 4 months of life  |
| At 4 months of life      |
| At 5 months of life      |
| At 6 months of life      |
| After 6 months of life   |
| Still not received       |
| Before 6 months of life  |
| At 6 months of life      |
| At 7 months of life      |
| At 8 months of life      |
| At 9 months of life      |
| At 10 months of life     |
| At 11 months of life     |
| At 12 months of life     |
| Does not eat             |
| At 6 months              |
|                          |
| Between 7 and 8 months   |
| Between 9 and 12 months  |
| Does not eat             |
| 1 time per week          |
| 2 times per week         |
| 3 or more times a week   |
| 1 or 2 times a month     |
| Does not eat             |
| Between 6 and 7 months   |
| Between 8 and 9 months   |
| Between 10 and 12 months |
| Does not eat             |
| 1 time per week          |
| 2 times per week         |
| 3 or more times a week   |
| 1 or 2 times a month     |
| Does not eat             |
| Between 6 and 8 months   |
| Between 9 and 10 months  |
|                          |
| Between 11 and 12 months |
| Does not eat             |
| Daily                    |
| 1 to 3 times a week      |
| 4 to 6 times a week      |
| Every day                |
| 3 or more times a week   |
| 2 times a week           |
| 1 time per week          |
| 1 or 2 times a month     |
| Does not eat             |
|                          |

| Does your child eat foods to which you add        | Every day                 |
|---|---------------------------|
| sweeteners such as: stevia, sucralose, saccharin, | 3 or more times a week    |
| aspartame, allulose, tagatose or agave?           | 2 times a week            |
|   | 1 time per week           |
|   | 1 or 2 times a month      |
|   | Does not eat              |
| Do you add salt and/or sugar to your child's      | Only salt                 |
| meals, desserts, or milk?                         | Only sugar                |
|   | Salt and sugar            |
|   | Does not add              |
| All ch  | ildren                    |
| Does your child watch any kind of screen          | Always                    |
| while eating? (Screen refers to: TV, cell phone,  | Sometimes                 |
| desktop computer, notebook, or tablet)            | Never                     |
| How many hours of screens per day does your       | Don't use screens         |
| child watch for entertainment? (Screen refers     | less than 1 hour          |
| to: TV, cell phone, desktop computer,             | Between 1 and 2 hours     |
| notebook, or tablet)                              | Between 3 and 4 hours     |
|   | More than 4 hours         |
| Does your child engage in some form of            | Yes                       |
| physical activity?                                | Not                       |
|   |                           |
| For children under 1 year old: interactive        |                           |
| games with parents or caregivers, crawling or     |                           |
| turning in their bed.                             |                           |
| For children between 1 and 2 years old:           |                           |
| interactive games with parents or caregivers,     |                           |
| crawling, walking alone or with support.          |                           |
| How many hours of physical activity does          | Not done                  |
| your child do?                                    | At least 30 minutes daily |
|   | At least 1 hour daily     |
|   | At least 2 hours a day    |
|   | At least 3 hours a day    |
| How many hours does your child sleep each         | Less than 8 hours         |
| day (including naps)?                             | Between 9 and 10 hours    |
|   | Between 11 and 14 hours   |
|   | Between 15 and 17 hours   |
|   | More than 17 hours        |