

Global Opinion Panels

Job No: R868-05 OMB # 0910-0558 Expiration Date: 12/31/2007

SECTION A: BABY'S FEEDING AND HEALTH

If your baby is regularly cared for by someone else, it is very important that you ask your child care provider to give you information for the feeding questions.

If you have older children, please think only about your youngest baby when you answer the questions.

Section A-1: Feeding

1. In the past 7 days, 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>. **Fill in only one column for each item**. *If your baby was not fed the food at all during the past 7 days, write in 0 in the second column*.

				FEED	DINGS PER DAY FEEL	DINGS PER WEEK	
	Breast milk						
	Formula						
	Cow's milk						
	Other milk: soy milk, rice milk, go						
	Other dairy foods: yogurt, cheese	, ice cream, p	oudding, etc				
	Other soy foods: tofu, frozen soy						
	100% fruit or 100% vegetable juid Sweet drinks: juice drinks, soft d						
	Baby cereal	11183, 3004, 31		Nu, etc			
	Other cereals and starches: bread breads, pasta, rice, etc	kfast cereals,	teething biscuit	s, crackers,			
	Fruit						
	Vegetables						
	French fries						
	Meat, chicken, combination dinne Fish or shellfish						
	Peanut butter, other peanut foods						
	Eggs Sweet foods: candy, cookies, cak						
				······································			
2.	What type of baby cereal was your	baby fed in th	ne past 7 days?	(PLEASE "X" ALL	THAT APPLY)		
	Baby was not fed baby cereal	-				a jar already miyed	
			Dry Cerear that			a jai alleauy mixeu	
3.	Which of the following was your ba given drops or pills that contained r	by given in vit nore than one	amin or mineral e of the items lis	drops or pills at leas ted, please mark eac	ch of the separate item	ns. (PLEASE "X" ALL 1	lf your baby was THAT APPLY)
	Fluoride	Vitan	nin D	🗆	None of these	🗆	
	Iron	Othe	r vitamins	🗆			
4.	Has your baby used a pacifier in th	e <u>past 7 days</u>	<u>i</u> ?	Yes 🛛	No	🗆	
5.	During the past 2 weeks, how ofter	was your bat	by put to bed wi	th a bottle of formula	breast milk juice jui	ce drink or any other	kind of milk?
•	At most bedtimes, including naps	-			, 5.0000, ja.00, ja.		
	At most night bedtimes, but not n At most naps, but not night bedtin Only occasionally at bedtimes, in Never	aps nes cluding naps					
6.	How often have you added each of If you have not given your baby a b					essed) breast milk in t	he <u>past 2 weeks</u> ?
	in you have not given your baby a b			-			
	Vitamins or minerals						
	Baby cereal	-					
	Sweetener	-					
	Medicine	-					
	Other (Specify)						
7.	In the past 2 weeks, have you chev	- ved up food a	nd then given it	to your baby, so the	food was already che	wed up before you fee	d it to your baby?
	Yes 🛛	No	🗆				
	YOUR BABY WAS FED FORMULA			EASE CONTINUE.	ALL OTHERS GO TO	INSTRUCTION ABO	VE
8.	How often does your baby drink all	of his or her b	oottle of formula	?			
	Never Rarely	🗆 Som	etimes	□ Most of the time	e D Always	s D	
9.	In the past 7 days, about how many 1 to 2 1 3	y ounces of fo to 4 □	-		eding? 7 to 8 □	More than 8	
10.	How often is your baby encouraged	to finish a bo	ottle if he or she	stops drinking befor	e the formula is all gor	ne?	
	Never D Rarely		atimaa		e 🗆 Always		

Page 2

Converting Service 2 Converting Servi	11.	Which formula was fed to your baby in the pa number. Please "X" the group number for ea						g with a group
12 What type of formula was your baby fed? (PLEASE "X" ALL THAT APPLY) Resty-beford		Group 1 Group 2	Group 3	Group 4	Group		Broup 6	
Ready-foreid. Power from single serving packs. 13. Which of the following describes the iron content of the formula you subality use? Whit iron Low ten (additional iron may be necessary) 14. Up out pasky was BecASTEED OF FED BREAST MLK IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCT 15. Which of the following describes the iron content of the formula you subality use? 16. Does your baby usually led form both treads at each leading? 17. Ves. No 18. About thew of goes an average breastheding list? 19. Less than 10 minutes 20 to 29 minutes 10. to 47 minutes 90 to 47 minutes 10. to 47 minutes 90 to 47 minutes 10. to 47 minutes 90 to 49 minutes 10. to 47 minutes 90 to 40 minutes 10. to 47 minutes 90 to 40 minutes 10. to 47 minutes 90 to 40 minutes <td< td=""><td>10</td><td></td><td>_</td><td>_</td><td></td><td></td><td></td><td></td></td<>	10		_	_				
With iron	12.	Ready-to-feed	Powder from a	can that makes m				
ABOVE QUESTION 21 ON THIS PAGE. 14. Does your baby usually feed from both breasts at each feeding? Yes No 15. Does your baby usually let go of the breasts him or hersel? Yes, both breasts Yes No No 16. Does your baby usually let go of the breast him or hersel? Yes, second breast only No 17. In an average breastfeeding or pumping session to the start of the next setup to breast feedings or pumping mik? Please count It from the start of one breastfeeding or pumping session to the start of the next. Please think of time between feedings during both night a line the longet time. (WRLE IN THE NMBER TO HOURS AND MINUTES 18. How many times in the gat_12 days way sort baby for pumped mest milk to dink? Include breast milk you expressed in any way as put milks. (Write in of your abby vass on left pumped mik to dink.) MINUTES 19. How often dees your baby enouraged to finish a cup or bottle of pumped milk? Never Always Always 10. If the ind dives or nable cool. (PLASE AND Most of the time.) Always Always Image: Always 19. How often dees your baby was on left of pumped milk? Never Always Image: Always	13.	• • • • • • • • •			🗆			
Yes No Baby is only fed pumped milk Image: picture in the intermediate i			AST MILK IN THE	PAST 7 DAYS, P	LEASE CONTINU	JE. ALL OTHE	ERS GO TO <u>II</u>	NSTRUCTION
Yes, both breasts Yes, first breast only Yes, second breast only No 16. About how long does an average breastleeding last? Less than 10 minutes 0 to 29 minutes 40 to 49 minutes 1 11. In an average 24-hour period, what is the LONGEST of the rex. Please think of time between feedings or pumping milk? Please count it from the start of one breastleeding or pumping sestion to the start of the rex. Please think of time between feedings during both night a find the longest time. (WRITE IN THE NUMBER OF HOURS AND MINUTES) 18. How many times in the <u>past 7 days</u> was your baby fed pumped breast milk to drink? Include breast milk you expressed in any way as pumping milk. (<i>Write in 0 f your baby was not ted pumped milk to drink?</i> 19. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 19. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 19. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 10. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 10. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 11. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 12. How often does your baby drink all of his or her cup or bottle of pumped milk? Never 13. How often does your baby drink all of his or her cup or bottle of pumped m	14.		•		d pumped milk	□ ➔(GO T(O QUESTION	17)
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Less than 10 minutes		Yes, both breasts Yes, f	irst breast only	🗆 Yes,	second breast on	ly □	No 🗆]
10 to 19 minutes	16.	• •	•	_	10 1 10		_	
from the start of one breastfeeding or pumping session to the start of the next. Please think of time between feedings during both night at find the longest time. (WRITE IN THE NUMBER OF HOURS AND MINUTES) 18. How many times in the past 7 days was your baby ted pumped mits to drink? Include breast milk you expressed in any way as pumil. (Write in 0.11 your baby was not fed pumped mits to drink?) 19. How often does your baby drink all of his or her cup or bottle of pumped mits to drink? 19. How often does your baby drink all of his or her cup or bottle of pumped mits? Never Rarely								
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milk. (Write in 0 if your baby was not fed pumped milk to drink.)		Но	OURS AND		MINUTES			
19. How often dees your baby drink all of his or her cup or bottle of pumped milk? Always Alw	18.	milk. (Write in 0 if your baby was not fed pur	nped milk to drink.)				ssed in any w	ay as pumped
Never Rarely Sometimes Most of the time Always Image: Commercial Source Commercis Source Commercis Source Commercial Sourc					TION 21 ON THIS	PAGE)		
20. How often is your baby encouraged to finish a cup or bottle if he or she stops drinking before the pumped breast milk is all gone? Never Rarely Sometimes Most of the time Always Image: Control of the time Image: Contin time Image: Control of time	19.	How often does your baby drink all of his or h	er cup or bottle of	pumped milk?				
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FYOUR BABY IS FED ANY FOODS OR DRINKS BESIDES BREAST MILK OR FORMULA, PLEASE CONTINUE. All or the following reasons for feeding your baby solid food for the very first time? Solid foods are foods such as or baby foods, or table food. (PLEASE ANSWER EACH ITEM) If your baby has not been fed solid food. "X here and go to Questing the time. The table food in the past part of the time. The table food in the past 2 week in the following reasons for feeding your baby has not been fed solid food. "X here and go to Questing the time. The table food in the past 2 week in the time. The table food in the past 2 week in the time. The table food is the past 2 week in the time. The table food is the past 2 week in the time. The table food is the past 2 week in the time. The table food is the past 2 week in the time. The table food is the past 2 week in the table food is the past 2 week in the past	20.	How often is your baby encouraged to finish a	a cup or bottle if he	or she stops drin	king before the pu	mped breast m	ilk is all gone?	?
ALL OTHERS GO TO SECTION A:2 ON PAGE 3. 21. How important was each of the following reasons for feeding your baby solid food for the very first time? Solid foods are foods such as comparison to be the food. (PLEASE ANSWER EACH ITEM) if your baby has not been fed solid food, "X" here and go to Questing to much		Never 🛛 Rarely 🗆 S	ometimes	□ Most of the t	ime 🗆	Always		
baby foods, or table food. (PLEASE ANSWER EACH ITEM) If your baby has not been fed solid food, "X" here and go to Questive interval			BESIDES BREAS	ST MILK OR FOR	MULA, PLEASE (CONTINUE.		
My baby was nursing too much IMPORTANT	21.	How important was each of the following reas baby foods, or table food. (PLEASE ANSWE	ons for feeding you REACH ITEM) If	ur baby solid food your baby has no	<u>for the very first ti</u> t been fed solid fo	<u>me</u> ? Solid food od, "X" here	s are foods su □ and go t	uch as cereal, o Question 22.
My baby was nursing too much. Image: Constraint of the second baby seemed hungry a lot of the time. Image: Constraint of time. Ima					NOT AT ALL	OT VERY S	OMEWHAT	VERY
My baby seemed hungry a lot of the time								
I didn't have enough mik.								
I wanted to feed my baby something in addition to breast milk or formula		, , , , , , , , , , , , , , , , , , , ,						
It would help my baby sleep longer at night								
My baby was old enough to begin eating solid food		I wanted to feed my baby something in additi	on to breast milk o	r formula	_			
My baby had a medical condition that might be helped by feeding solid food								
foods Image: Construction of the food series of the food food series of the past 7 days was commercial baby food? Image: Construction of the food food series of the past 7 days was commercial baby food? 22. For each food category listed below, about how much of the food fed to your baby over the past 7 days was commercial baby food? Image: Commercial baby foods include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. Image: Commercial baby foods include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. Image: Commercial baby foods include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. ALL MostLy Some Commercial Commercial Not FED IN BABY FOOD BABY FOOD BABY FOOD Fruit and vegetable juice Image: Commercial baby foods include for the food include fresh fruit, fruit juices other than those especially for babies, foods you prepare especially for babies, foods are food at the past Food include fresh fruit, fruit juice that was not sold especially for babies, how often was the juice fortified with calcium? Never Image: Don't know Image		My baby had a medical condition that might t	be helped by feedir	ng solid food				
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COMMERCIAL BABY FOOD COMMERCIAL BABY FOOD COMMERCIAL BABY FOOD No Commercial BABY FOOD No T FeD IN BABY FOOD Fruit and vegetable juice Image: Commercial structure in the structure in		baby foods are those sold especially for babie	es. Foods that are especially for the b	not commercial baby, and table for	aby foods include od. (PLEASE "X"	fresh fruit, fruit	juices other th	nan those
Fruit and vegetable juice Image: Constraint of the past 2 weeks Image: Constraint of the past 2 weeks Image: Constraint of the past 2 weeks Fruit Image: Constraint of the past 2 weeks						No Соми	IERCIAL NC	T FED IN PAST
Fruit		Fruit and vegetable juice						7 DAYS
Vegetables Image: Constraint on the past 2 weeks Image: Consta constraint on								_
 23. If you fed your baby fruit juice that was <u>not</u> sold especially for babies, how often was the juice fortified with calcium? Never Rarely Never fed any juice or never fed Sometimes juice that was not sold for babies 24. About how often did you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the <u>past 2 wee</u> No new foods in the past 2 weeks 		Vegetables						
Never Don't know Don't know Rarely Never fed any juice or never fed Sometimes juice that was not sold for babies Always Don't know 24. About how often did you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the past 2 weeks No new foods in the past 2 weeks Don't know					_			
 24. About how often did you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the past 2 weeks No new foods in the past 2 weeks About 1 new food every 2 days 	23.	Never Don't known Rarely Never feet Sometimes juice	ow d any juice or neve	□ r fed	as the juice fortifie	d with calcium	?	
No new foods in the past 2 weeks	24.		(such as a specific	c type of cereal, fro	uit, vegetable, or n	neat) to your ba	aby over the p	ast 2 weeks?
About 1 new food every 4 or 5 days		No new foods in the past 2 weeks About 1 new food per week or less often About 1 new food every 4 or 5 days	□ □	About 1 new food About 1 new food	every 2 days			

		Section A	-2 Health			
25.	Which of the following problems did your baby	have during the past 2 v	veeks? (PLEASE	"X" ALL THAT A	APPLY)	
	Fever	Runny nose or cold			-	
	Diarrhea □ Vomiting □	Respiratory Syncytial Cough or wheeze				
	Ear infection	Asthma				
		Food allergy				
	Fussy or irritable	Eczema (atopic derma None of these	,			
26.	Did your baby receive any of the following med	icines in the past 2 weel	<u>ks</u> ? (Please do no	t include vitamins	or minerals.)	
	Antibiotics	<u>Yes</u>	<u>No</u> □			
	Other prescription medicines					
	Non-prescription medicines.	🛛				
27.	Was your baby given any herbal or botanical p skin or anything the baby may have received th					plied to the baby's
	Yes D No.	□➔(GO TO QUES	TION 30)			
28.	Please list all the kinds of herbal or botanical p	reparations or teas your	baby was given ir	n the past 2 week	S.	
20	Why was your baby given the propagations or t	and listed in Quantian 29			V	
29.	Why was your baby given the preparations or t To ease diaper rash	To ease a cold or othe	•		_ 1)	
	To ease colic	To ease an illness oth				
	To ease digestion	respiratory symptom				
	To ease fussiness □ To help the baby relax □	To stimulate the baby' Other (SPECIFY)				
30.	How many stools (dirty diapers) does your bab	· · · ·			how many days usual	ly pass between
	stools? NUMBER OF STOOLS IN	I 24 HOURS OR	ONE STOOL	EVERY	DAYS	
31.	How would you describe your baby's stool in th	e past 7 days? (PLEAS	E "X" ALL THAT	APPLY)		
	Hard 🗆 Formed 🗆 So	ft 🗆 Semi-v	vatery 🛛	Watery		
32.	How much did your baby weigh the last time he	e or she was weighed at	a doctor's visit?			
02.	POUL	-	OUNCES	[Don't know	
33.	What was the date of that weight?	MONTH	DA	۲ I	Don't know	
00.			D/(
34.	How long was your baby the last time he or she		ctor's visit? ∞ □			
35.	What was the date of that measurement?	MONTH	DAY	(I	Don't know	
36.	Has your baby been hospitalized for any reaso	n or has your baby been	i taken to a hospit	al for any outpatie	ent procedure or surge	ery in the <u>past 4</u>
	<u>weeks</u> ? Yes□ No	🗆 🔿 (GO TO QUES				
			511014 50)			
37.	How many nights was your baby in the hospita	for the most recent prol	blem? (<i>Write in 0</i> NIGHTS	if your baby did r	ot stay overnight.)	
38.	How many teeth does your baby have now? (Write in 0 if none.)		NUMBER	OF TEETH	
	, , , , , , , , , , , , , ,	·····,				
	S	ECTION B: STOPPE	D BREASTFEE	DING		
4						
1.	Did you <u>ever</u> breastfeed this baby (or feed this Yes □ →(CONTI				ON E ON PAGE 7)	
		102,		GO TO SECTIO	DN E ON FAGE ()	
2.	Have you completely stopped breastfeeding an		-			
	Yes □ →(CONTI	NUE)	No 🗆 🚽	GO TO SECTIO	ON D ON PAGE 4)	
3.	Have you filled out SECTION B: Stopped Br Yes □ →(GO TO SECTION			ding? □ →(CONTINI	JE)	
		,		(
4.	Did you breastfeed as long as you wanted to? Yes□					
	165 L	No				
5.	How old was your baby when you completely s WEEKS	topped breastfeeding ar OR		ONTHS		

6. ANSWED EACH ITEM

	NOT AT ALL	NOT VERY	SOMEWHAT	VERY IMPORTANT
My baby had trouble sucking or latching on				
My baby became sick and could not breastfeed				
My baby began to bite				
My baby lost interest in nursing or began to wean him or herself				
My baby was old enough that the difference between breast milk and formula no longer mattered			П	
Breast milk alone did not satisfy my baby				
I thought that my baby was not gaining enough weight		Π		
A health professional said my baby was not gaining enough weight				
I had trouble getting the milk flow to start				
I didn't have enough milk				
My nipples were sore, cracked, or bleeding				
My breasts were overfull or engorged		П		
My breasts were infected or abscessed				
My breasts leaked too much				
Breastfeeding was too painful				
Breastfeeding was too tiring				
I was sick or had to take medicine				
Breastfeeding was too inconvenient				
I did not like breastfeeding				
I wanted to be able to leave my baby for several hours at a time				
I wanted to go on a weight loss diet				
I wanted to go back to my usual diet				
I wanted to smoke again or more than I did while breastfeeding				
I had too many household duties				
I could not or did not want to pump or breastfeed at work				
Pumping milk no longer seemed worth the effort that it required				
I was not present to feed my baby for reasons other than work				
I wanted or needed someone else to feed my baby				
Someone else wanted to feed the baby				
I did not want to breastfeed in public				
I wanted my body back to myself				
I became pregnant or wanted to become pregnant again				

Did any of the following people want you to stop breastfeeding? (Mark "does not apply" if you do not have the person listed, such as "employer" if 7. you do not work for pay.) TO NOT ADDIV

	YES	No	DOES NOT APPLIT
The baby's father			
Your mother			
Your mother-in-law			
Your grandmother			
Another family member			
A doctor or other health professional			
Your employer or supervisor			

Using 1 to mean "Very unfavorable" and 5 to mean "Very favorable," how do you feel about the experience of having breastfed your baby? 8. VERY UNFAVORABLE VERY FAVORABLE

<u>2</u> □ <u>3</u> □ 4 1 <u>5</u> ō 9. Using 1 to mean "Not at all likely" and 5 to mean "Very likely," how likely is it that you would breastfeed again if you had another child? NOT AT ALL LIKELY VERY LIKELY <u>1</u> <u>2</u> □ <u>3</u> □ <u>4</u> □ <u>5</u>

SECTION D: BREASTFEEDING Section D-1: General Information

1. In the past 3 months, did you breastfeed this baby (or feed this baby your pumped milk)? Yes □ →(CONTINUE) No..... □ →(GO TO SECTION E ON PAGE 7)

Using 1 to mean "Very Uncomfortable" and 5 to mean "Very Comfortable," how comfortable would you be in the following situations? 2.

			VERY UNCOMFORTABLE				VERY <u>COMFORTABLE</u>
			<u>(1)</u>	(2)	(3)	(4)	<u>(5)</u>
	Nursing your baby in the pres	ence of close women friends.					
	Nursing your baby in the pres	ence of men and women who)				
	are close friends		🗆				
	Nursing your baby in the pres	sence of men and women who)				
3. 4.	Have you breastfed your baby of Yes □→ (CC How old do you think your baby 4 months	DNTINUE) No	stop breastfeeding? 10 months]	12 mor	, iths	□ hths
5.	Using 1 to mean "Not at all Cont the age you marked in Question		onfident," how confident	t are you that	t you will b	e able to bi	reastfeed until the baby is
	NOT AT ALL CONFIDENT (1)	<u>(2)</u> □	<u>(3)</u> □	<u>(4)</u> □		VERY CON	FIDENT (5)]

(R868-05)

Since you have been breastfeeding, have you eaten more, less, or about the same of the following foods? If you did not eat the food before you began breastfeeding and you don't eat the food now, please mark "Did Not Eat Before or Now." 6.

	EAT MORE	EAT <u>LESS</u>	EAT ABOUT THE SAME	DID NOT EAT BEFORE OR NOW
Milk or other dairy foods				
Eggs				
Canned tuna				
Swordfish, shark, tile fish, or king mackerel				
Any other type of fish				
Shellfish				
Luncheon meats				
Nuts, peanuts, or peanut butter				
Alcoholic drinks				
Vitamin or mineral supplements				
Any herbal or botanical supplement				

For each food that you are eating less of, please indicate the reason. (PLEASE "X" ALL THAT APPLY) If you are not eating less of any food, 7. go to Question 8.

	THE FOOD IS NOT HEALTHY FOR MY <u>BABY</u>	TO PREVENT FOOD ALLERGY IN MY BABY	RECOMMENDED BY A HEALTH PROFESSIONAL	RECOMMENDED BY A FRIEND OR <u>RELATIVE</u>	<u>Other</u>
Milk or other dairy foods					
Eggs					
Canned tuna					
Swordfish, shark, tile fish, or king mackerel .					
Any other type of fish					
Shellfish					
Luncheon meats					
Nuts, peanuts, or peanut butter					
Alcoholic drinks					
Vitamin or mineral supplements					
Any herbal or botanical supplement					

For each food that you are eating more of, please indicate the reason. (PLEASE "X" ALL THAT APPLY) If you are not eating more of any food, 8. go to Question 9.

	_	IMPROVES THE				
	THE FOOD IS HEALTHY <u>FOR ME</u>	AMOUNT OR QUALITY OF <u>MY MILK</u>	CRAVED THE FOOD <u>MORE</u>	RECOMMENDED BY A HEALTH PROFESSIONAL	RECOMMENDED BY A FRIEND OR <u>RELATIVE</u>	<u>Other</u>
Milk or other dairy foods						
Eggs						
Canned tuna						
Swordfish, shark, tile fish, or king mackerel						
Any other type of fish						
Shellfish						
Luncheon meats						
Nuts, peanuts, or peanut butter						
Alcoholic drinks						
Vitamin or mineral supplements						
Any herbal or botanical supplement						

9 Did you work for pay any time during the past 4 weeks?

Yes 🗆

Yes 🗆

No □→(GO TO INSTRUCTION ABOVE QUESTION 11 ON THIS PAGE)

- Which of the following circumstances describe your situation during the <u>past 4 weeks</u>? (If you have stopped breastfeeding or stopped working for pay, please answer for the time you were breastfeeding and working. If you have worked for less than 4 weeks, please answer for the time you have been working.) (PLEASE "X" ALL THAT APPLY) 10.
 - I keep my baby with me while I work and breastfeed during my work day..... I go to my baby and breastfeed him or her during my work day...... My baby is brought to me to breastfeed during my work day.....

- - - my work day..... 🗆

IF YOU ANSWERED SECTION B - STOPPED BREASTFEEDING - ON THIS QUESTIONNAIRE, GO TO SECTION D-2 ON PAGE 6.

11. Was your baby fed formula to drink in the past 2 weeks, by you or by anyone else?

No □→(GO TO SECTION D-2 ON PAGE 6)

How important was each of the following reasons for feeding your baby formula? (PLEASE ANSWER EACH ITEM) 12.

	•		,	
	NOT AT ALL	NOT VERY	SOMEWHAT	VERY IMPORTANT
My baby had trouble sucking or latching on				
My baby became sick and could not breastfeed				
My baby lost interest in nursing or began to wean him or herself				
My baby was old enough that the difference between breast milk				
and formula no longer mattered				
Breast milk alone did not satisfy my baby				
I thought that my baby was not gaining enough weight				
A health professional said my baby was not gaining enough weight				
I didn't have enough milk				
My nipples were sore, cracked, or bleeding				
My breasts were infected or abscessed				
Breastfeeding was too painful				
Breastfeeding was too tiring				
I was sick or had to take medicine				
Breastfeeding was too inconvenient				
I wanted to be able to leave my baby for several hours at a time				
I could not or did not want to pump or breastfeed at work				
Pumping milk no longer seemed worth the effort that it required				
I was not present to feed my baby for reasons other than work				
I wanted or needed someone else to feed my baby				
Someone else wanted to feed the baby				
I did not want to breastfeed in public				

Page 5

Pag	je 6	(R868-05)
	Section D-2: Breast Pumps	
13.	In the <u>past 3 months</u> , have you pumped or tried to pump milk? (Include expressing breast milk in any way as pumping milk.) Yes, but I did not get any milk □ Yes, and I got milk □ No □ → (GO TO SECTION E ON PAGE 7)	
14.	How old was your baby the first time you pumped or tried to pump milk? DAYS OR WEEKS OR MONTHS	
15.	How have you pumped or expressed milk in the past 3 months? (PLEASE "X" ALL THAT APPLY) Electric breast pump Image: Combination electric and battery operated breast pump Battery operated pump Image: Combination electric and battery operated breast pump	
IF Y 16.	OU HAVE USED A BREAST PUMP IN THE PAST 3 MONTHS, PLEASE CONTINUE. ALL OTHERS GO TO SECTION D-3 ON PAGE How many breast pumps have you used in the past 3 months? Count all the pumps you have used even if they are the same type and 1	
17.	What type of breast pump do you use most often? Electric breast pump Combination electric and battery operated breast pump Battery operated pump Manual breast pump	
18.	How did you get the breast pump that you use most often? I bought it I borrowed it from a friend or relative It was given to me as a gift I borrowed it from my place of work I rented it I use one provided by a hospital, my I got it from WIC I place of work, or another place	
19.	Was the breast pump you use most often new or used when you got it or began using it? New □ Not sure	
20.	How did you learn to use the breast pump you use most often? (PLEASE "X" ALL THAT APPLY) I read the printed directions that came with the pump. □ I got instructions for the pump from the internet. □ I watched a video about how to use the pump. □ A lactation consultant, WIC staff, nurse, or doctor showed me how to use it. □ A friend, relative, sales clerk, or other person showed me how to use it. □ I figured it out without directions or being shown how. □	
21.	Using 1 to mean "Very Dissatisfied" and 5 to mean "Very Satisfied," how satisfied are you with the performance of the breast pump that most often? VERY DISSATISFIED VERY SATISFIED 1 2 3 4 5	at you use
22.	Have you been hurt by any breast pump that you used or tried to use to express milk in the past 3 months?	
23.	Yes □ No □ →(GO TO QUESTION 26 ON THIS PAGE) What type of pump hurt you? (PLEASE "X" ALL THAT APPLY)	
20.	Electric breast pump Battery operated pump Combination electric and battery operated breast pump Manual breast pump	
24.	In what way were you hurt? (PLEASE "X" ALL THAT APPLY)	
	Nipple injury from the pump Infection from a pump injury Other (SPECIFY) Infection from a pump injury Sore nipples from the pump Pressure bruise Infection from a pump injury Infection from a pump injury	
25.	Did you go to a medical doctor, lactation consultant, or other health professional because of the injury? Yes INO	
26.	Have you had any of the following problems with a breast pump that you used to express milk <u>in the past 3 months</u> ? Yes No	
	Pressure or suction from the pump was hard to release Pump was uncomfortable or painful to use even though it did not cause injury Pump had a bad seal or milk got into the motor or other place it should not be Could not get pump to work or to express any milk Pump worked, but did not get enough/much milk Pump worked, but it took too long to get enough milk Pump worked for a while but then quit working Pump had another problem (SPECIFY) Pump had another problem (SPECIFY) 	
	OU HAVE NOT BEEN HURT BY A PUMP AND ANSWERED <u>NO</u> TO ALL PROBLEMS LISTED IN QUESTION 26, GO TO <u>SECTION </u> GE 7.	<u>D-3</u> ON
27.	Did you call the pump manufacturer to get help with the problem or to report the injury or problem? Yes D No	
28.	After you had a problem or injury from using the pump, did you stop breastfeeding? No, not at all Yes, for a short time	
29.	Did you stop using the pump that injured you or that you had trouble with? Yes, I completely stopped using the pump□ Yes, except I used the pump sometimes for special situations□ No, I continued to use the pump□	
30.	What did you do about expressing milk after you stopped using the pump? I changed to a different type of pump (for example, from manual to battery operated) I changed to a different style of pump of the same type (for example, from one brand or style of electric pump to a different electric pump) I changed to a new pump that was just like the one that hurt me or that I had trouble with I stopped using a pump to express milk	

	Section D-3: Pumping or Expressing Milk							
31.	During the <u>past 2 weeks.</u> how many times did TIM			-	milk in any way CTION E ON TH		c.)	
32.	Are you now pumping milk on a regular scheo Yes D No	dule? □ →(GO	TO QUESTIO	N 34)				
33.	How old was your baby when you first began DAYS OR	pumping milk o	n a regular sc _ WEEKS	nedule? OR		MONTHS		
34.	On average, in the <u>past 2 weeks</u> , how many of 1 ounce or less 2 ounces	ounces of milk d 3 to 4 ounces . 5 to 6 ounces .	🗆	7 to 8	ounces than 8 ounces			
35.	For what reasons have you pumped milk in the To relieve engorgement Because my nipples were too sore to nur To increase my milk supply To get milk for someone else to feed to m For me to feed to my baby when I do not breastfeed or when baby cannot breast	se□ ny baby □ want to	To ke not bal To mi To ha	ep my milk sup nurse (such as by or when you x with cereal or ve an emergen	ply up when my s while you were r baby was too s other food icy supply of mill	baby could away from your ick to nurse) <		
36.	How often do you collect milk from both breas		· ·	umping)? of the time	□ Alway	s		
37.	How long is your frozen milk usually stored? Less than 1 week 1 to 3 n	nonths E hs or more E] I do	not freeze my				
38.		refrigerator in th days □ days □	More	than 8 days	oler with cold so a refrigerator		ezer packs	.)
39.	1 to 2 hours 9 to 11	temperature an hours □ hours □ 6 hours □	I More	our baby in the than 16 hours . ot keep my mill mperature	k at room			
40.	you don't use bottle nipples, "X" here □ an Rinsed with water only	laces as you a e nipples used t d go to <u>Questio</u>	nswer the ne o feed pumper <u>n 41</u> . RARELY OR <u>NEVER</u>	kt few questio	ns.			
	Washed in an automatic dish washer Washed by hand with dish detergent Boiled or sterilized Not cleaned between uses – used to fee milk without rinsing or washing	ed more						
41.	In the past 2 weeks, how often were the follow dishwasher?	wing items boile	d, sterilized in		it, sterilized with		or washed	in a
	Pump collection kit, including container	AFTER EACH <u>USE</u>	ONCE A DAY	EVERY 2 TO 6 <u>DAYS</u>	ABOUT ONCE	ABOUT ONCE IN <u>2 WEEKS</u>	Never	ITEM IS DISPOSABLE
	used to collect the milk Container used to store the milk							
42.	How often have you and others who feed you Rarely or Sometimes, bu never		-	o or bottle of pu		nicrowave oven' lost of the time		
43.	In the <u>past 2 weeks</u> , has your baby been fed Yes □ No	formula mixed v ∫ □ →(G						
44.	How were the formula and breast milk usually Added formula powder to breast milk Added formula concentrate to breast milk .		🗆	Added prepa	red (mixed up) f	ormula or reast milk		
		SECTIO	N E: INFAN	FORMULA				
1.	Was your baby fed infant formula in the past 2 Yes □→ (CONTINUE) No	<u>weeks</u> , by you □ → (GO)			
2.	Did a doctor, health professional, or birthing cl Yes □ No	ass tell you how □□	to prepare fo	rmula?				
3.	Did a doctor, health professional, or birthing cl Yes □ No	ass tell you how □ □	<i>i</i> to store the p	repared bottles	of formula?			
4.	During the <u>past 2 weeks</u> , what type of water hat THAT APPLY)			•		_	(PLEASE	"X" ALL
	Tap water from the cold faucet				to-feed formula	□ □ ➔ (GO T	O QUESTI	ON 6)

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5. Was the water you used to mix the formula boiled?

	<u>Yes</u> <u>No</u>	NOT USED					
	Tap water						
	Bottled water						
6.	How often have you and others who feed your baby heated your baby's bottle of formula in a microwave oven?						
	Rarely or Sometimes, but less than					_	
	never	□ About	half the time	🗆 Mos	t of the time	Ц	
	Babies are fed formula in a lot of different situations, and			epared in a lot	of different pla	aces. Please think of all	
of these situations and places as you answer the next few questions.							
7.	 During the <u>past 2 weeks</u>, how often were the bottle nipples used to feed formula cleaned in the following ways before being used again? If you don't use bottle nipples, "X" here and go to <u>Question 8</u>. 						
			SOME OF	MOST OF	ALL OF		
	Dissed with water each.	NEVER					
	Rinsed with water only Washed in an automatic dish washer						
	Washed by hand with dish detergent						
	Boiled or sterilized						
	Not cleaned between uses – used to feed more	_	_	_	_		
	formula without rinsing or washing						
8.	During the past 2 weeks, how often did you clean your hands	in each of the	e following ways	before prepari	ng formula?		
			SOME OF	MOST OF	ALL OF		
		NEVER	THE TIME	THE TIME	THE TIME		
	Rinsed my hands with water only						
	Wiped my hands only						
	Washed with soap Used hand sanitizer (such as gel or wipes)						
	Prepared formula without cleaning my hands						
	r repared formula without cleaning my hands						
9.	How long were bottles of prepared formula usually kept at room temperature and then fed to your baby in the past 2 weeks?						
0.	Less than 1 hour 5 to 8 hours			bours			
	1 to 2 hours		I do not keep				
	3 to 4 hours			t room tempera	ture 🗆		
10.	How did you decide to use the formula you fed your baby in the	ne <u>past 7 day</u>	<u>s</u> ? (PLEASE "X	" ALL THAT A	APPLY)		
	A doctor or other health professional recommended the						
	formula	🗆	l chose a formula	a labeled as us	eful for a proble	em my baby had 🛛	
	I chose the same formula fed to my baby at the hospital	🗆					
	I heard that the formula is better for my baby in some way	/	I chose the same	e formula I fed a	an older child		
	I chose the formula I received samples or coupons for						
	I saw an advertisement for the formula and wanted to try i	t. 🗆	I chose a formula	a based on low	price		
11	Did you discuss your choice of formula with the baby's dector	`					
11.	Did you discuss your choice of formula with the baby's doctor	!					
	Yes No D						
12	During the past 2 weeks, how many times have you switched	the formula y	ou feed your bal	hv2			
12.					_ ,		
	None □ →(GO TO SECTION J) 1 □	2	□ 3	. 🗆 4	5	5 or more 🗆	
12	Which formulas did you stop using in the past 2 weeks? Infa	int formulas a	re listed alphabo	tically on the E	ormula List inco	art along with a group	
15.	number. Please "X" the group number for each infant formula					sit along with a group	
		• • • •	•	Group 5			
	Group 1 Group 2 Group	<u> </u>	Group 4		<u> </u>	<u>oup 6</u>	
			<u> </u>		-	-	
14.	Did you switch formula because your baby had a problem with	h the formula	you were using?	?			
	Yes □ No □→(GO TO SECTION J ON THIS PAGE)						
15	What type of problem did your baby have with the formula(s)?	PLEASE "X		Y)			
10.	An allergic reaction or intolerance		ch gas				
			ch spit up				
	Diarrhea		g				
	Too much mucus		roblem (Please s				
		·			,		
	SECTION J: OTHER INFORMATION						
1.	In the past month, were you or your baby enrolled in the WIC						
	(WIC is a program that gives food to pregnant and nursing women, babies, and young children.) (PLEASE "X" ALL THAT APPLY)						
		aby was enrol		••	_	-	
	food for myself	ia or tood	🗆	No) C]	
r	Does your baby have any serious, long-term medical problem	162					
2.							
	No □ Yes □ →(Please explain briefly)						
2	Data you completed this form:		21/	Vaar			
3.	Date you completed this form: Month	_ Da	ay	Year			