Job No: R868-02
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 feedings per day in the first column. If your baby was fed the food less than once a day, write the number of feedings per week in the second column. **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.*

	FEEDINGS PER DAY	FEEDINGS PER WEEK
Breast milk	_____	_____
Formula	_____	_____
Cow's milk	_____	_____
Other milk: soy milk, rice milk, goat milk, etc	_____	_____
Other dairy foods: yogurt, cheese, ice cream, pudding, etc.	_____	_____
Other soy foods: tofu, frozen soy desserts, etc.	_____	_____
100% fruit or 100% vegetable juice	_____	_____
Sweet drinks: juice drinks, soft drinks, soda, sweet tea, Kool-Aid, etc.	_____	_____
Baby cereal	_____	_____
Other cereals and starches: breakfast cereals, teething biscuits, crackers, breads, pasta, rice, etc.	_____	_____
Fruit	_____	_____
Vegetables	_____	_____
French fries	_____	_____
Meat, chicken, combination dinners	_____	_____
Fish or shellfish	_____	_____
Peanut butter, other peanut foods, or nuts	_____	_____
Eggs	_____	_____
Sweet foods: candy, cookies, cake, etc	_____	_____
Other (Please specify) _____	_____	_____

2. What type of baby cereal was your baby fed in the past 7 days? **(PLEASE "X" ALL THAT APPLY)**

   Baby was not fed baby cereal ☐ Dry cereal that you added a liquid to ☐ Cereal in a jar already mixed ☐

3. Which of the following was your baby given in vitamin or mineral drops or pills at least 3 days a week during the past 2 weeks? If your baby was given drops or pills that contained more than one of the items listed, please mark each of the separate items. **(PLEASE "X" ALL THAT APPLY)**

   Fluoride ☐ Vitamin D ☐ None of these ☐
   Iron ☐ Other vitamins ☐

4. Has your baby used a pacifier in the past 7 days? Yes ☐ No ☐

5. During the past 2 weeks, how often was your baby put to bed with a bottle of formula, breast milk, juice, juice drink, or any other kind of milk?

   At most bedtimes, including naps ☐
   At most night bedtimes, but not naps ☐
   At most naps, but not night bedtimes ☐
   Only occasionally at bedtimes, including naps ☐
   Never ☐

6. How often have you added each of the following items to your baby's bottle of formula or pumped (or expressed) breast milk in the past 2 weeks? If you have not given your baby a bottle in the past 2 weeks, "X " here ☐ and go to Instruction above Question 7.

	NEVER	ONLY RARELY	EVERY FEW DAYS	ABOUT ONCE A DAY	AT MOST FEEDINGS	EVERY FEEDING
Vitamins or minerals	☐	☐	☐	☐	☐	☐
Baby cereal	☐	☐	☐	☐	☐	☐
Sweetener	☐	☐	☐	☐	☐	☐
Medicine	☐	☐	☐	☐	☐	☐
Other (Specify)_____	☐	☐	☐	☐	☐	☐

IF YOUR BABY WAS FED FORMULA IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 13 ON PAGE 2.

7. How often does your baby drink all of his or her bottle of formula?

   Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always ☐

8. In the past 7 days, about how many ounces of formula did your baby drink at each feeding?

   1 to 2 ☐ 3 to 4 ☐ 5 to 6 ☐ 7 to 8 ☐ More than 8 ☐

9. How often is your baby encouraged to finish a bottle if he or she stops drinking before the formula is all gone?

   Never ☐ Rarely ☐ Sometimes ☐ Most of the time ☐ Always ☐

10. Which formula was fed to your baby in the past 7 days? Infant formulas are listed alphabetically on the Formula List insert along with a group number. Please "X" the group number for each infant formula your baby was fed. **(PLEASE "X" ALL THAT APPLY)**

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
☐	☐	☐	☐	☐	☐

11. What type of formula was your baby fed? **(PLEASE "X" ALL THAT APPLY)**

Ready-to-feed ..... ☐ Powder from a can that makes more than one bottle ..... ☐
Liquid concentrate ..... ☐ Powder from single serving packs ..... ☐

12. Which of the following describes the iron content of the formula you usually use?

With iron ..... ☐ Low iron (additional iron may be necessary) ..... ☐

IF YOUR BABY WAS BREASTFED OR FED BREAST MILK IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO SECTION A-2 ON THIS PAGE.

13. Does your baby usually feed from both breasts at each feeding?

Yes ..... ☐ No ..... ☐ Baby is only fed pumped milk ..... ☐ ➔**(GO TO QUESTION 16)**

14. Does your baby usually let go of the breast him or herself?

Yes, both breasts ..... ☐ Yes, first breast only ..... ☐ Yes, second breast only ..... ☐ No ..... ☐

15. About how long does an average breastfeeding last?

Less than 10 minutes ..... ☐ 20 to 29 minutes ..... ☐ 40 to 49 minutes ..... ☐
10 to 19 minutes ..... ☐ 30 to 39 minutes ..... ☐ 50 or more minutes ..... ☐

16. In an average 24-hour period, what is the LONGEST time for you, the mother, between breastfeedings or pumping milk? Please count the time from the start of one breastfeeding or pumping session to the start of the next. Please think of time between feedings during both night and day to find the longest time. **(WRITE IN THE NUMBER OF HOURS AND MINUTES)**

_____ HOURS **AND** _____ MINUTES

17. How many times in the past 7 days was your baby fed pumped breast milk to drink? Include breast milk you expressed in any way as pumped milk. (*Write in 0 if your baby was not fed pumped milk to drink.)*

_____ TIMES ➔ **(IF 0, GO TO SECTION A-2 ON THIS PAGE)**

18. How often does your baby drink all of his or her cup or bottle of pumped milk?

Never ..... ☐ Rarely ..... ☐ Sometimes ..... ☐ Most of the time ..... ☐ Always ..... ☐

19. 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 ..... ☐

Section A-2 Health

20. Which of the following problems did your baby have during the past 2 weeks? **(PLEASE "X" ALL THAT APPLY)**

Fever	☐	Runny nose or cold	☐
Diarrhea	☐	Respiratory Syncytial Virus (RSV)	☐
Vomiting	☐	Cough or wheeze	☐
Ear infection	☐	Asthma	☐
Colic	☐	Food allergy	☐
Fussy or irritable	☐	Eczema (atopic dermatitis)	☐
Reflux	☐	None of these	☐

21. Did your baby receive any of the following medicines in the past 2 weeks? *(Please do not include vitamins or minerals.)*

	YES	NO
Antibiotics	☐	☐
Other prescription medicines	☐	☐
Non-prescription medicines	☐	☐

22. Was your baby given any herbal or botanical preparation or any kind of tea in the past 2 weeks? *(Do not count preparations applied to the baby's skin or anything the baby may have received through breastfeeding after you took an herbal or botanical preparation.)*

Yes ..... ☐ No ..... ☐➔**(GO TO QUESTION 25)**

23. Please list all the kinds of herbal or botanical preparations or teas your baby was given in the past 2 weeks.

_____

24. Why was your baby given the preparations or teas listed in Question 23? **(PLEASE "X" ALL THAT APPLY)**

To ease diaper rash ..... ☐ To ease a cold or other respiratory symptoms ..... ☐
To ease colic ..... ☐ To ease an illness other than a cold or
To ease digestion ..... ☐ respiratory symptoms ..... ☐
To ease fussiness ..... ☐ To stimulate the baby's immune system ..... ☐
To help the baby relax ..... ☐ Other (**SPECIFY**) _____ ☐

25. How many stools (dirty diapers) does your baby usually have in a 24-hour period? If less than one a day, how many days usually pass between stools?

_____ NUMBER OF STOOLS IN 24 HOURS **OR** ONE STOOL EVERY _____ DAYS

26. How would you describe your baby's stool in the past 7 days? **(PLEASE "X" ALL THAT APPLY)**

Hard ..... ☐ Formed ..... ☐ Soft ..... ☐ Semi-watery ..... ☐ Watery ..... ☐

27. Has your baby been hospitalized for any reason or has your baby been taken to a hospital for any outpatient procedure or surgery in the past 4 weeks?

Yes ..... ☐ No ..... ☐➔ **(GO TO QUESTION 29)**

28. How many nights was your baby in the hospital for the most recent problem? (*Write in 0 if your baby did not stay overnight.)*

_____ NIGHTS

29. It is not easy being a new mother, and it is OK to feel unhappy at times. As you have recently had a new baby, we would like to know how you are feeling. Please state the answer which comes closest to how you have felt during the past several days, not just how you are feeling today.

29a. I have been able to laugh and see the funny side of things:

As much as I always could ... ☐ Not quite so much now ..... ☐ Definitely not so much now ..... ☐ Not at all ..... ☐

29b. I have looked forward with enjoyment to things:

As much as I ever did ..... ☐ Rather less than I used to ..... ☐ Definitely less than I used to ..... ☐ Hardly at all ..... ☐

29c. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time ..... ☐ Yes, some of the time ..... ☐ Not very often ..... ☐ No, never ..... ☐

29d. I have felt worried and anxious for no real reason:

No, not at all ..... ☐ Hardly ever ..... ☐ Yes, sometimes ..... ☐ Yes, very often .... ☐

29e. I have felt scared or panicky for no real reason:

Yes, quite a lot ..... ☐ Yes, sometimes ..... ☐ No, not very much ..... ☐ No, not at all ..... ☐

29f. Things have been too much for me:

Yes, most of the time I haven't been able to cope at all ..... ☐
Yes, sometimes I haven't been coping as well as usual ..... ☐
No, most of the time I have coped quite well ..... ☐
No, I have been coping as well as ever ..... ☐

29g. I have been so unhappy that I have had trouble sleeping:

Yes, most of the time ..... ☐ Yes, sometimes ..... ☐ Not very often ..... ☐ No, not at all ..... ☐

29h. I have felt sad or miserable:

Yes, most of the time ..... ☐ Yes, quite often ..... ☐ Not very often ..... ☐ No, not at all ..... ☐

29i. I have felt so unhappy I have cried:

Yes, most of the time ..... ☐ Yes, quite often ..... ☐ Only occasionally ..... ☐ No, never ..... ☐

29j. I have thought of hurting myself:

Yes, quite often ..... ☐ Sometimes ..... ☐ Hardly ever ..... ☐ Never ..... ☐

SECTION B: STOPPED BREASTFEEDING

1. Did you ever breastfeed this baby (*or feed this baby your pumped milk*)?

Yes ..... ☐ ➔**(CONTINUE)** No..... ☐ ➔**(GO TO SECTION E ON PAGE 7)**

2. Have you completely stopped breastfeeding and pumping milk for your baby?

Yes ..... ☐ ➔**(CONTINUE)** No..... ☐ ➔**(GO TO SECTION D ON PAGE 4)**

3. Did you breastfeed as long as you wanted to?

Yes ..... ☐ No ..... ☐

4. How old was your baby when you completely stopped breastfeeding and pumping milk?

_____ DAYS (if younger than 2 weeks) **OR** _____ WEEKS

5. How important was each of the following reasons for your decision to stop breastfeeding your baby? **(PLEASE ANSWER EACH ITEM)**

	NOT AT ALL IMPORTANT	NOT VERY IMPORTANT	SOMEWHAT IMPORTANT	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	☐	☐	☐	☐
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 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	☐	☐	☐	☐
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	☐	☐	☐	☐

6. 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 you do not work for pay.)*

	YES	NO	DOES NOT APPLY/ DON'T KNOW
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	☐	☐	☐

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

VERY UNFAVORABLE				VERY FAVORABLE
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

8. 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
1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

SECTION D: BREASTFEEDING
Section D-1: General Information

1. Did you ever breastfeed this baby (*or feed this baby your pumped milk*)?

Yes ..... ☐ ➔**(CONTINUE)** No..... ☐ ➔**(GO TO SECTION E ON PAGE 7)**

2. Have you obtained information about breastfeeding, your diet while breastfeeding, or breast pumps from any of the following sources for this baby or a previous one?

	INFORMATION ABOUT BREASTFEEDING	INFORMATION ABOUT MY DIET WHILE BREASTFEEDING	INFORMATION ABOUT BREAST PUMPS	NO INFORMATION FROM THIS SOURCE
Doctor or physician assistant	☐	☐	☐	☐
Nurse, nurse midwife, or nurse practitioner	☐	☐	☐	☐
Nutritionist or dietician	☐	☐	☐	☐
WIC food program	☐	☐	☐	☐
Lactation consultant	☐	☐	☐	☐
Relatives or friends	☐	☐	☐	☐
Birthing or baby care class	☐	☐	☐	☐
Breastfeeding support group	☐	☐	☐	☐
Telephone support helpline or hotline	☐	☐	☐	☐
Books or videos	☐	☐	☐	☐
Newsletters	☐	☐	☐	☐
Newspapers or magazines	☐	☐	☐	☐
Television or radio	☐	☐	☐	☐
The web site www.4woman.gov	☐	☐	☐	☐
The web site www.womenshealth.gov	☐	☐	☐	☐
Other web site	☐	☐	☐	☐

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

	VERY UNCOMFORTABLE (1)	(2)	(3)	(4)	VERY COMFORTABLE (5)
Nursing your baby in the presence of close women friends	☐	☐	☐	☐	☐
Nursing your baby in the presence of men and women who are close friends	☐	☐	☐	☐	☐
Nursing your baby in the presence of men and women who are not close friends	☐	☐	☐	☐	☐

4. Have you breastfed your baby or pumped breast milk in the past 7 days?

Yes ..... ☐➔ **(CONTINUE)** No..... ☐➔ **(GO TO SECTION D-2 ON PAGE 5)**

5. How old do you think your baby will be when you completely stop breastfeeding?

2 months ☐	5 months ☐	8 months ☐	11 months ☐
3 months ☐	6 months ☐	9 months ☐	12 months ☐
4 months ☐	7 months ☐	10 months ☐	More than 12 months ☐

6. Using 1 to mean "Not at all Confident" and 5 to mean "Very Confident," how confident are you that you will be able to breastfeed until the baby is the age you marked in Question 5?

NOT AT ALL CONFIDENT (1)	(2)	(3)	(4)	VERY CONFIDENT (5)
☐	☐	☐	☐	☐

7. 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."

	EAT MORE	EAT LESS	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	☐	☐	☐	☐

8. 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, go to Question 9.

	THE FOOD IS NOT HEALTHY FOR MY BABY	TO PREVENT FOOD ALLERGY IN MY BABY	RECOMMENDED BY A HEALTH PROFESSIONAL	RECOMMENDED BY A FRIEND OR RELATIVE	OTHER
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. 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, go to Question 10.

	THE FOOD IS HEALTHY FOR ME	IMPROVES THE AMOUNT OR QUALITY OF MY MILK	CRAVED THE FOOD MORE	RECOMMENDED BY A HEALTH PROFESSIONAL	RECOMMENDED BY A FRIEND OR RELATIVE	OTHER
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	☐	☐	☐	☐	☐	☐

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

Yes ..... ☐ No ..... ☐➔**(GO TO INSTRUCTION ABOVE QUESTION 12 ON THIS PAGE)**

11. Which of the following circumstances describe your situation during the past 4 weeks? *(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)**

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 ..... ☐
I pump milk during my work day and save it for my baby to drink later ..... ☐
I pump milk during my work day, but I do not save it for my baby to drink later ..... ☐
I neither pump milk nor breastfeed during my work day ..... ☐

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

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

Yes ..... ☐ No ..... ☐➔**(GO TO SECTION D-2 ON THIS PAGE)**

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

	NOT AT ALL IMPORTANT	NOT VERY IMPORTANT	SOMEWHAT IMPORTANT	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	☐	☐	☐	☐

Section D-2: Breast Pumps

14. Since your baby was born, have you ever 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)**

15. How old was your baby the first time you pumped or tried to pump milk?

_____ DAYS **OR** _____ WEEKS

16. How have you pumped or expressed milk since this baby was born? **(PLEASE "X" ALL THAT APPLY)**

Electric breast pump ..... ☐
Combination electric and battery operated breast pump ..... ☐
Battery operated pump ..... ☐
Manual breast pump (no batteries, no cord to plug in) ..... ☐
By hand (without using a pump) ..... ☐

IF YOU HAVE USED A BREAST PUMP SINCE THIS BABY WAS BORN, PLEASE CONTINUE. ALL OTHERS GO TO SECTION D-3 ON PAGE 6.

17. How many breast pumps have you used since this baby was born? Count all the pumps you have used even if they are the same type and style.

1..... ☐ 2..... ☐ 3..... ☐ 4 or more..... ☐

18. 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 ..... ☐

19. How did you get the breast pump that you use most often?

I bought it ..... ☐
It was given to me as a gift ..... ☐
I rented it ..... ☐
I got it from WIC ..... ☐
I borrowed it from a friend or relative ..... ☐
I borrowed it from my place of work ..... ☐
I use one provided by a hospital, my place of work, or another place ..... ☐

20. Was the breast pump you use most often new or used when you got it or began using it?

New ..... ☐ Used ..... ☐ Not sure ..... ☐

21. 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 ☐

22. Using 1 to mean "Very Dissatisfied" and 5 to mean "Very Satisfied," how satisfied are you with the performance of the breast pump that you use most often?

VERY DISSATISFIED				VERY SATISFIED
1	2	3	4	5
☐	☐	☐	☐	☐

23. Have you been hurt by any breast pump that you used or tried to use to express milk since this baby was born?

Yes ..... ☐ No ..... ☐ **➔(GO TO QUESTION 27 ON THIS PAGE)**

24. What type of pump hurt you? (**PLEASE "X" ALL THAT APPLY)**

- Electric breast pump ☐
- Battery operated pump ☐
- Combination electric and battery operated breast pump ☐
- Manual breast pump ☐

25. In what way were you hurt? (**PLEASE "X" ALL THAT APPLY)**

- Nipple injury from the pump ☐
- Sore nipples from the pump ☐
- Infection from a pump injury ☐
- Pressure bruise ☐
- Other **(SPECIFY)** ☐ _____

26. Did you go to a medical doctor, lactation consultant, or other health professional because of the injury?

Yes ..... ☐ No ..... ☐

27. Have you had any of the following problems with a breast pump that you used to express milk since this baby was born?

	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) _____	☐	☐

IF YOU HAVE NOT BEEN HURT BY A PUMP AND ANSWERED NO TO ALL PROBLEMS LISTED IN QUESTION 27, GO TO SECTION D-3 ON THIS PAGE.

28. Did you call the pump manufacturer to get help with the problem or to report the injury or problem? Yes ... ☐ No..... ☐

29. After you had a problem or injury from using the pump, did you stop breastfeeding?

No, not at all ..... ☐ Yes, for a short time ..... ☐ Yes, I stopped breastfeeding completely ..... ☐

30. 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 ☐ **➔ (GO TO SECTION D-3 ON THIS PAGE)**

31. 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 ☐
- I stopped expressing milk ☐

Section D-3: Pumping or Expressing Milk

32. During the past 2 weeks, how many times did you pump milk? (Include expressing breast milk in any way as pumping milk.)

_____ TIMES IN PAST 2 WEEKS **➔(If 0, GO TO SECTION E ON PAGE 7)**

33. Are you now pumping milk on a regular schedule?

Yes ..... ☐ No ..... ☐**➔(GO TO QUESTION 35)**

34. How old was your baby when you first began pumping milk on a regular schedule?

_____ DAYS **OR** _____ WEEKS

35. On average, in the past 2 weeks, how many ounces of milk did you pump each time?

- 1 ounce or less ☐
- 2 ounces ☐
- 3 to 4 ounces ☐
- 5 to 6 ounces ☐
- 7 to 8 ounces ☐
- More than 8 ounces ☐

36. For what reasons have you pumped milk in the past 2 weeks? **(PLEASE "X" ALL THAT APPLY)**

- To relieve engorgement ☐
- Because my nipples were too sore to nurse ☐
- To increase my milk supply ☐
- To get milk for someone else to feed to my baby ☐
- For me to feed to my baby when I do not want to breastfeed or when baby cannot breastfeed ☐
- To keep my milk supply up when my baby could not nurse (such as while you were away from your baby or when your baby was too sick to nurse) ☐
- To mix with cereal or other food ☐
- To have an emergency supply of milk ☐
- To donate to a baby other than my own ☐

37. How often do you collect milk from both breasts at the same time (double pumping)?

Never ..... ☐ Rarely ..... ☐ Sometimes ..... ☐ Most of the time ..... ☐ Always ..... ☐

38. How long was your milk usually stored in the refrigerator in the past 2 weeks? *(Include cooler with cold source such as freezer packs.)*

- 1 day or less ☐
- 2 to 3 days ☐
- 4 to 5 days ☐
- 6 to 8 days ☐
- More than 8 days ☐
- I do not store milk in a refrigerator ☐

39. How long was your milk usually kept at room temperature and then fed to your baby in the past 2 weeks?

Less than 1 hour ☐ | 5 to 8 hours ☐ | More than 16 hours ☐
1 to 2 hours ☐ | 9 to 11 hours ☐ | I do not keep my milk at room temperature ☐
3 to 4 hours ☐ | 12 to 16 hours ☐

Babies are fed pumped breast milk in a lot of different situations, and bottles of milk may have to be prepared in a lot of different places. Please think of all of these situations and places as you answer the next few questions.

40. In the past 2 weeks, how often were the bottle nipples used to feed pumped breast milk cleaned in the following ways before being used again? If you don't use bottle nipples, "X" here ☐ and go to Question 41.

	RARELY OR NEVER	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
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 milk without rinsing or washing	☐	☐	☐	☐

41. In the past 2 weeks, how often were the following items boiled, sterilized in a microwave kit, sterilized with a chemical dip, or washed in a dishwasher?

	AFTER EACH USE	ONCE A DAY	EVERY 2 TO 6 DAYS	ABOUT ONCE A WEEK	ABOUT ONCE IN 2 WEEKS	NEVER	ITEM IS DISPOSABLE
Pump collection kit, including container used to collect the milk	☐	☐	☐	☐	☐	☐	☐
Container used to store the milk	☐	☐	☐	☐	☐	☐	☐

42. How often have you and others who feed your baby heated your baby's cup or bottle of pumped milk in a microwave oven?

Rarely or never ☐ | Sometimes, but less than half the time ☐ | About half the time ☐ | Most of the time ☐

43. In the past 2 weeks, has your baby been fed formula mixed with breast milk in the same bottle?

Yes ☐ | No ☐➔**(GO TO SECTION E ON THIS PAGE)**

44. How were the formula and breast milk usually mixed? **(PLEASE "X" ALL THAT APPLY)**

Added formula powder to breast milk ☐
Added formula concentrate to breast milk ☐
Added prepared (mixed up) formula or ready-to-feed formula to breast milk ☐

SECTION E: INFANT FORMULA

1. In your opinion, how likely is it for each of the following forms of formula to contain germs?

	NOT AT ALL LIKELY	SOMEWHAT UNLIKELY	SOMEWHAT LIKELY	VERY LIKELY
Ready-to-feed	☐	☐	☐	☐
Liquid concentrate	☐	☐	☐	☐
Powder	☐	☐	☐	☐

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

Yes ☐➔ **(CONTINUE)** | No ☐ ➔ **(GO TO SECTION J ON PAGE 8)**

3. Formula packages have several types of directions and statements. Which of these kinds of information have you read on the package of the formula you use most often? **(PLEASE "X" ALL THAT APPLY)**

Written directions for preparing the formula ☐
How to store the package after opening it ☐
How to store formula after it is prepared ☐
What to do with formula left over in the bottle after feeding the baby ☐
Have not read any of this information ☐ ➔ **(GO TO QUESTION 9)**

4. Were any of the directions and statements you read hard to understand?

Yes ☐ | No ☐ ➔ **(GO TO QUESTION 6)**

5. Which were hard to understand? **(PLEASE "X" ALL THAT APPLY)**

Written directions for preparing the formula ☐
How to store the package after opening it ☐
How to store formula after it is prepared ☐
What to do with formula left over in the bottle after feeding the baby ☐

6. Was all of the information you wanted included in all of the directions and statements you read?

No, some information I wanted was missing ☐ | Yes, all information I wanted was on the package ☐ ➔ **(GO TO QUESTION 8)**

7. Which of the directions or statements were missing a piece of information that you wanted? **(PLEASE "X" ALL THAT APPLY)**

Written directions for preparing the formula ☐
How to store the package after opening it ☐
How to store formula after it is prepared ☐
What to do with formula left over in the bottle after feeding the baby ☐

8. Was the print size for the directions and statements too small or large enough to read easily?

Too small to read easily ☐ | Large enough to read easily ☐

9. Have you looked at the pictures on the formula container showing how to prepare the formula?

Yes ☐ | No ☐➔ **(GO TO QUESTION 11)**

10. How useful did you find the pictures?

Not at all useful ☐ | A little useful ☐ | Somewhat useful ☐ | Very useful ☐

11. In your opinion, how important for your baby's health is it to follow the label directions that say to feed or refrigerate the prepared formula immediately or discard the formula?

Not at all important ☐ | Somewhat important ☐ | Very important ☐

12. Infant formula cans have a list of ingredients that tells what is in them. Have you looked at this list?

Yes ☐ | No ☐➔**(GO TO QUESTION 14)**

13. Did you use the ingredient list to compare brands of infant formula?

Yes ☐ | No ☐

14. Did you look for any specific ingredients or formula characteristics (such as lactose-free or hypoallergenic) in the ingredient list or on any other part of the label?

Yes ☐ | No ☐➔**(GO TO QUESTION 16)**

15. In the table below, please write in what ingredient or characteristic you were looking for and "X" whether you wanted to avoid or include the ingredient or characteristic in your baby's diet.

INGREDIENT OR CHARACTERISTIC	AVOID	INCLUDE
_____	☐	☐
_____	☐	☐
_____	☐	☐

16. Did a doctor, health professional, or birthing class tell you how to prepare formula?
Yes ..... ☐ No ..... ☐

17. Did a doctor, health professional, or birthing class tell you how to store the prepared bottles of formula?
Yes ..... ☐ No ..... ☐

18. During the past 2 weeks, what type of water have you and others who feed your baby used for mixing your baby's formula? **(PLEASE "X" ALL THAT APPLY)**

Tap water from the cold faucet ..... ☐
Warm tap water from the hot faucet ..... ☐
Bottled water ..... ☐
No water used; baby is fed only ready-to-feed formula .... ☐ ➔ **(GO TO QUESTION 20)**

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

	YES	NO	NOT USED
Tap water	☐	☐	☐
Bottled water	☐	☐	☐

20. How often have you and others who feed your baby heated your baby's bottle of formula in a microwave oven?

Rarely or never ..... ☐
Sometimes, but less than half the time ..... ☐
About half the time ..... ☐
Most of the time ..... ☐

Babies are fed formula in a lot of different situations, and formula may have to be prepared in a lot of different places. Please think of all of these situations and places as you answer the next few questions.

21. During the past 2 weeks, how often were the bottle nipples used to feed formula cleaned in the following ways before being used again?

	NEVER	SOME OF THE TIME	MOST OF THE TIME	ALL OF THE TIME
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	☐	☐	☐	☐

22. During the past 2 weeks, how often did you clean your hands in each of the following ways before preparing formula?

	NEVER	SOME OF THE TIME	MOST OF THE TIME	ALL OF 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	☐	☐	☐	☐

23. How long were bottles of prepared formula usually kept at room temperature and then fed to your baby in the past 2 weeks?

Less than 1 hour ..... ☐
1 to 2 hours ..... ☐
3 to 4 hours ..... ☐
5 to 8 hours ..... ☐
9 to 11 hours ..... ☐
12 to 16 hours ..... ☐
More than 16 hours ..... ☐
I do not keep prepared formula at room temperature ..... ☐

24. How did you decide to use the formula you fed your baby in the past 7 days? **(PLEASE "X" ALL THAT APPLY)**

A doctor or other health professional recommended the formula ..... ☐
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 formula I received samples or coupons for ..... ☐
I saw an advertisement for the formula and wanted to try it ..... ☐
I chose a formula labeled as useful for a problem my baby had .. ☐
I use the formula given by WIC ..... ☐
I chose the same formula I fed an older child ..... ☐
Friends or relatives recommended the formula ..... ☐
I chose a formula based on low price ..... ☐

25. Did you discuss your choice of formula with the baby's doctor?
Yes ..... ☐ No ..... ☐

26. During the past 2 weeks, how many times have you switched the formula you feed your baby?
None ..... ☐ ➔**(GO TO SECTION J)** 1 ..... ☐ 2 ..... ☐ 3 ..... ☐ 4 ..... ☐ 5 or more ..... ☐

27. Which formulas did you stop using in the past 2 weeks? Infant formulas are listed alphabetically on the Formula List insert along with a group number. Please "X" the group number for each infant formula you stopped using. **(PLEASE "X" ALL THAT APPLY)**

Group 1	Group 2	Group 3	Group 4	Group 5	Group 6
☐	☐	☐	☐	☐	☐

28. Did you switch formula because your baby had a problem with the formula you were using?
Yes ..... ☐ No ..... ☐➔**(GO TO SECTION J ON THIS PAGE)**

29. What type of problem did your baby have with the formula(s)? **(PLEASE "X" ALL THAT APPLY)**

An allergic reaction or intolerance ..... ☐
Constipation ..... ☐
Diarrhea ..... ☐
Too much mucus ..... ☐
Too much gas ..... ☐
Too much spit up ..... ☐
Vomiting ..... ☐
Other problem (Please specify_____) ☐

SECTION J: OTHER INFORMATION

1. In the past month, were you or your baby enrolled in the WIC program or did you get WIC food or vouchers for yourself or for your baby? (WIC is a program that gives food to pregnant and nursing women, babies, and young children.) **(PLEASE "X" ALL THAT APPLY)**

Yes, I was enrolled or got WIC food for myself ..... ☐
Yes, my baby was enrolled or got WIC formula or food ..... ☐
No ..... ☐

2. Does your baby have any serious, long-term medical problems?
No ..... ☐ Yes ..... ☐ ➔**(PLEASE EXPLAIN BRIEFLY)** _____

3. Date you completed this form: Month _____ Day _____ Year _____