

30. How often did you find out what your regularly scheduled child care provider fed your baby?

Seldom or never Sometimes Always or most of the time.....

IF YOUR BABY IS ONLY CARED FOR IN YOUR HOME, GO TO SECTION J ON THIS PAGE.

ANSWER QUESTIONS 31-33 FOR YOUR CHILD CARE THAT IS OUTSIDE OF YOUR HOME. IF YOU HAVE MORE THAN ONE CHILD CARE PROVIDER OUTSIDE OF YOUR HOME, ANSWER FOR THE ONE WHO FEEDS YOUR BABY THE MOST TIMES PER WEEK.

31. Under your regular child care arrangements in the past 4 weeks, who usually provided the formula, if any, and food that your baby drank and ate? Include meals and snacks. (PLEASE "X" ALL THAT APPLY). If your child provider does not feed your baby, "X" here and go to Question 32.

	THE CHILD CARE PROVIDER	YOU, THE MOTHER	SOMEONE ELSE	BABY WAS NOT FED THIS ITEM
Who provided the baby's formula?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who provided the baby's food for meals?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Who provided the baby's snacks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Does your child care provider:

	YES	NO	DON'T KNOW
Feed a mother's pumped breast milk to her baby?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allow mothers to breastfeed at the child care place before or after work?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Allow mothers to come in and breastfeed during their lunch or other breaks?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thaw and prepare bottles of pumped milk if needed?.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keep extra breast milk in a freezer for use if they run out during the day?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

33. How long does your child care provider keep fresh and thawed breast milk in the refrigerator?

	THROWS MILK OUT OR SENDS IT HOME DAILY	KEEPS MILK OVER 1 NIGHT	KEEPS MILK OVER 2 NIGHTS	KEEPS MILK 3 NIGHTS OR LONGER (SUCH AS OVER A WEEKEND)	DON'T KNOW
Fresh breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thawed breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION J: OTHER INFORMATION

1. During the past 2 weeks, have you had any health conditions which made it hard or impossible for you to take care of your baby? Yes No

2. On the average, how many cigarettes do you smoke a day now? (Write in 0 if you do not smoke). _____ CIGARETTES PER DAY

3. How many people including yourself smoke inside your home most days? (Include yourself, family members, friends, and anyone else.) 0..... 1..... 2..... 3..... 4 or more.....

4. What is your weight now? _____ POUNDS

5. 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.....

6. On a typical day over the past 7 days, how many minutes per day was your baby outside? Please think about all of the times your baby was outside with you or with anyone else.

None..... <input type="checkbox"/>	30 to 39 minutes..... <input type="checkbox"/>
Less than 10 minutes..... <input type="checkbox"/>	40 to 49 minutes..... <input type="checkbox"/>
10 to 19 minutes..... <input type="checkbox"/>	50 to 59 minutes..... <input type="checkbox"/>
20 to 29 minutes..... <input type="checkbox"/>	An hour or more..... <input type="checkbox"/>

7. What was your baby usually wearing when he or she was outside over the past 7 days? Please mark one answer for each category.

a. What was your baby usually wearing on his or her head?

Hat or hood..... Nothing.....

b. What was your baby usually wearing on his or her upper body?

No top..... Short sleeved top.....
Sleeveless top..... Long sleeved top, jacket, coat, or blanket.....

c. What was your baby usually wearing on his or her lower body?

Diaper only.....
Shorts, skirt, or dress (legs bare).....
Long pants, tights, blanket (legs covered).....

d. While outside over the past week, was your baby usually in a stroller? My baby was not usually in a stroller

With canopy/sun shade..... Without canopy/sun shade..... My baby was not usually in a stroller.....

8. When you take your baby outside, do you usually put sunscreen on him or her?

Yes..... No.....

9. Does your baby have any serious, long-term medical problems?

No..... Yes..... →(PLEASE EXPLAIN BRIEFLY) _____

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