

Global Opinion Panels

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

YOUR BABY'S BIRTH

Please answer these questions for your baby that was due last month or the month before. If you were not expecting a baby at that time, please check here \Box and return this questionnaire in the postage paid envelope enclosed.

1. Has your baby been born? No..... □ → (THANK YOU, PLEASE RETURN QUESTIONNAIRE IN THE ENCLOSED POSTAGE Yes PAID ENVELOPE) 2. What is the baby's birthday? MONTH_____ DAY_____ 3. How much did your baby weigh at birth? POUNDS AND OUNCES 4. Did you have twins or more than one baby? Yes, 2 or more No 5. Did you have any medical problems that prevented you from feeding your baby for more than a week? No Yes Please explain briefly _____ 6. Did your baby have to stay in an intensive care unit? Yes, 3 days or less No 7. Does your baby have any special needs or medical problems that might affect his or her feeding? Yes Please explain briefly _____ No THANK YOU! PLEASE ALSO COMPLETE THE OTHER QUESTIONNAIRE ENCLOSED AND RETURN BOTH IN THE

ENVELOPE PROVIDED.