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 □ and return this questionnaire in the postage paid envelope enclosed.

1. Has your baby been born?
   Yes ................ □  No ..................... □  ➔ (THANK YOU, PLEASE RETURN QUESTIONNAIRE IN THE ENCLOSED POSTAGE 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?
   No ........................... □  Yes, 3 days or less ....................... □  __ Yes, more than 3 days........... □

7. Does your baby have any special needs or medical problems that might affect his or her feeding?
   No ........................... □  Yes ................ □  Please explain briefly _______________________

THANK YOU! PLEASE ALSO COMPLETE THE OTHER QUESTIONNAIRE ENCLOSED AND RETURN BOTH IN THE ENVELOPE PROVIDED.