### 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**.

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 not fed the food at all during the past 7 days, write in 0 in the second column.

4. **Has your baby used a pacifier in the past 7 days?**

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 night bedtimes, but not naps
   - At most naptimes, but not night bedtimes
   - At most bedtimes, including naps
   - 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. *(Specify)_________________

---

**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. |  
Flouride |  
Iron |  
Vitamin D |  
Other vitamins |  
Medicine |  
Sweetener |  
Vitamins or minerals |  
Baby cereal |  
Sweetener |  
Other |  

---

**P.O. Box 5090 Chicago, IL 60680 • Toll Free: 1-800-745-4267 • Email: marie@synovate.net • www.GlobalOpinionPanels.com**
IF YOUR BABY WAS FED FORMULA IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 13 ON THIS PAGE.

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

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 .....  □ ➔ (GO TO QUESTION 25 ON PAGE 3)

   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 ON PAGE 3)
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 digestion
   - To help the baby relax
   - To ease an illness other than a cold or respiratory symptoms
   - To ease digestion
   - To stimulate the baby's immune system
   - Other (SPECIFY)

25. Whether or not you give your baby herbal or botanical preparations, please mark where you have gotten information about these products in the past few years. (PLEASE "X" ALL THAT APPLY)
   - A sales person at a store
   - Lactation consultant
   - Product labels or advertisements
   - Relative or friend
   - Doctor or physician assistant
   - Birthing, baby care, or breastfeeding class
   - Nurse, nurse midwife, or nurse practitioner
   - Books or videos
   - An alternative medicine practitioner,
   - herbalist or chiropractor
   - Newsletters
   - Pharmacist
   - A web site
   - Nutritionist or dietitian

26. 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

27. How would you describe your baby’s stool in the past 7 days? (PLEASE "X" ALL THAT APPLY)
   - Hard
   - Formed
   - Soft
   - Semi-watery
   - Watery

28. How much did your baby weigh the last time he or she was weighed at a doctor’s visit?
   _______ POUNDS _______ OUNCES Don’t know

29. What was the date of that weight? _______ MONTH _______ DAY Don’t know

30. How long was your baby the last time he or she was measured at a doctor’s visit?
   _______ INCHES Don’t know

31. What was the date of that measurement? _______ MONTH _______ DAY Don’t know

32. 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 34)

33. 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

34. How many teeth does your baby have now? (Write in 0 if none.) _______ NUMBER OF TEETH

SECTION B: STOPPED BREASTFEEDING

1. Did you ever breastfeed this baby (or feed this baby your pumped milk)?
   Yes
   No (GO TO SECTION H ON PAGE 5)

2. Have you completely stopped breastfeeding and pumping milk for your baby?
   Yes
   No (GO TO SECTION H ON PAGE 5)

3. Have you filled out SECTION B: Stopped Breastfeeding since you stopped breastfeeding?
   Yes
   No (GO TO SECTION H ON PAGE 5)

4. Did you breastfeed as long as you wanted to?
   Yes
   No

5. How old was your baby when you completely stopped breastfeeding and pumping milk?
   _______ DAYS (if younger than 2 weeks) OR _______ WEEKS
6. How important was each of the following reasons for your decision to stop breastfeeding your baby? (PLEASE ANSWER EACH ITEM)

<table>
<thead>
<tr>
<th>Reason</th>
<th>NOT AT ALL IMPORTANT</th>
<th>NOT VERY IMPORTANT</th>
<th>SOMEWHAT IMPORTANT</th>
<th>VERY IMPORTANT</th>
</tr>
</thead>
<tbody>
<tr>
<td>My baby had trouble sucking or latching on ..................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My baby became sick and could not breastfeed ................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My baby began to bite .....................................................................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My baby was old enough that the difference between breast milk and formula no longer mattered</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>I thought that my baby was not gaining enough weight .....................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>My baby became sick and could not breastfeed ................................</td>
<td>□</td>
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<tr>
<td>My baby began to bite .....................................................................</td>
<td>□</td>
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<tr>
<td>My baby was old enough that the difference between breast milk and formula no longer mattered</td>
<td>□</td>
<td>□</td>
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</tr>
<tr>
<td>I thought that my baby was not gaining enough weight .....................</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

7. 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.)

<table>
<thead>
<tr>
<th>Person</th>
<th>YES</th>
<th>NO</th>
<th>DON'T KNOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>The baby’s father</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Your mother</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Your mother-in-law</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Your grandmother</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Another family member</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>A doctor or other health professional</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Your employer or supervisor</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>FEELING</th>
<th>VERY UNFAVORABLE</th>
<th>VERY FAVORABLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>4</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th>LIKELIHOOD</th>
<th>NOT AT ALL LIKELY</th>
<th>VERY LIKELY</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>2</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>3</td>
<td>□</td>
<td>□</td>
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<tr>
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<td>□</td>
<td>□</td>
</tr>
<tr>
<td>5</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
SECTION H: SLEEPING ARRANGEMENTS, WORK, CHILD CARE, AND OTHER INFORMATION

Section H-1: Sleeping Arrangements

1. Please complete the information below for the times your baby was 2 weeks old, 1 month old, 2 months old, and now. Some of the questions ask you to think about “night.” If your major time for sleeping is some time other than at night (for example, if you work at night and sleep during the day), please think of your major sleep period when the question asks about “night.”

   a. What was the longest time your baby usually slept at night without waking?
      - 2 hours or less
      - 3 to 4 hours
      - 5 to 6 hours
      - 7 to 8 hours
      - 8 hours or more

   b. In what position did you most often lay your baby down for naps at each age?
      - Side
      - Stomach
      - Back

   c. In what position did you most often lay your baby down to sleep at night at each age?
      - Side
      - Stomach
      - Back

   d. Where did your baby usually sleep at night?
      - In your room
      - In a different room

   e. What did your baby usually sleep in at night?
      - Bassinet
      - Crib
      - Co-sleeper (attaches to the side of your bed)
      - In bed or other place with you
      - In something else

   f. Did you ever lie down with or sleep with your baby at night? (PLEASE “X” ALL THAT APPLY)
      - Yes, in a water bed
      - Yes, in a bed (standard mattress)
      - Yes, on a mattress on the floor
      - Yes, on a couch or other place that is not a bed

   (Answer g through j only for the time periods you lay down with your baby)

   g. On the nights you lay down with or slept with your baby, did you usually have the baby with you all night or part of the night? (Include time the baby was in a co-sleeper.)
      - All night
      - The first part of the night only
      - The last part of the night only
      - Several short times throughout the night

   h. How many nights per week did you and your baby usually lie down together or sleep together?
      - Baby did not usually lie down or sleep with me
      - Less than 1 night a week
      - 1 to 2 nights
      - 3 to 4 nights
      - 5 to 6 nights
      - 7 nights per week

   i. When you and your baby lay down together or slept together, did you usually:
      - Stay with the baby and also sleep
      - Keep awake until the baby was asleep or finished feeding, and then put the baby somewhere else while you slept

   j. On the nights when you and your baby lay down together or slept together, who else usually lay down with or slept with you? (PLEASE “X” ALL THAT APPLY)
      - Your husband or partner
      - Your other child or children
      - Other people
      - No one else

2. What are your reasons for bringing your baby to bed with you? (PLEASE “X” ALL THAT APPLY)
   - It is commonly done in my family
   - To bottle feed
   - To help with a blocked milk duct or other
   - To sleep better
   - I think it is safer if my baby sleeps with me or us
   - A doctor or nurse advised sleeping with my baby
   - To breastfeed
   - To be close or bond
   - To comfort when sick

IF YOU BROUGHT YOUR BABY TO BED WITH YOU, GO TO SECTION H-2 ON PAGE 6
3. What are your reasons for not bringing your baby to bed with you? (PLEASE "X" ALL THAT APPLY)
   It is not commonly done in my family.......................................................... ☐
   We wake each other up, or baby wakes me or others in the bed.................... ☐
   I think it is safer if my baby does not sleep with me or us............................ ☐
   I don't think the baby should sleep with me because I smoke, take sedative medicine, or other reason................................................................. ☐
   A doctor or nurse advised not sleeping with my baby..................................... ☐
   I think it will be too hard to get my baby to sleep in a crib when he or she is older...... ☐

Section H-2: Employment

4. Did you work for pay at anytime from the 3 months before you became pregnant up to the end of your pregnancy?
   Yes...... ☐ No ..... ☐ (GO TO QUESTION 6)

5. How many months pregnant were you when you stopped working?
   I stopped working before I became pregnant ...... ☐ 8 months pregnant ......................... ☐
   Less than 3 months pregnant.............................. ☐ 9 months pregnant ......................... ☐
   3 to 5 months pregnant................................... ☐ Did not stop working before the birth....... ☐
   6 to 7 months pregnant................................... ☐

6. Did you work for pay any time during the past 4 weeks?
   Yes........ ☐ No ........... ☐ (GO TO SECTION H-3 ON PAGE 7)

7. How old was your baby when you began working after your delivery? (If you are not sure, give your best estimate.)
   ______________________ MONTHS AND __________ WEEKS

8. How many hours per week did you usually work at your job during the past 4 weeks? (Answer for whatever time you have been working if less than 4 weeks) (If you work at two or more jobs, answer for the total number of hours you work.)
   1 to 9 hours per week.............. ☐ 30 to 34 hours per week............ ☐
   10 to 19 hours per week......... ☐ 35 to 40 hours per week.......... ☐
   20 to 29 hours per week......... ☐ More than 40 hours per week..... ☐

9. What type of setting do you work in?
   A building (for example, office building, store or other retail building, restaurant, hospital, school)................................................................. ☐
   A private residence (for example, your home or someone else’s home) .................... ☐
   A vehicle (for example, transportation, delivery, flight attendant, pilot).................... ☐
   Outdoors (for example, farmer, outdoor repair, gardener) ................................... ☐
   Other ........................................................................................................... ☐

10. Using 1 to mean “None” and 5 to mean “Very much,” how much satisfaction do you get from your paid work?

<table>
<thead>
<tr>
<th>NONE</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>VERY MUCH</th>
</tr>
</thead>
</table>

11. What do you do with your baby while you are working? (PLEASE "X" ALL THAT APPLY)
   My baby is cared for by a family member.................. ☐ I keep my baby with me while I work outside my home................................................................. ☐
   My baby is cared for by someone not in my family.... ☐ I keep my baby with me while I work at home........ ☐

12. In your opinion, how supportive of breastfeeding is your place of employment?
   Not at all supportive............ ☐ Somewhat supportive .......... ☐
   Not too supportive .......... ☐ Very supportive ............... ☐

13. Did you breastfeed for any time in the past 4 weeks?
   Yes............ ☐ No ............. ☐ (GO TO SECTION H-3 ON PAGE 7)

14. Which of the following circumstances describe your situation during the past 4 weeks? (If you have stopped breastfeeding, please answer for the time you were breastfeeding) (PLEASE "X" ALL THAT APPLY)
   I keep my baby with me while I work and breastfeed during my work day............ ☐ I pump milk during my work day and save it for my baby to drink later............................ ☐
   I go to my baby and breastfeed him or her during my work day.......................... ☐ I pump milk during my work day, but I do not save it for my baby to drink later .................... ☐
   My baby is brought to me to breastfeed during my work day.............................. ☐ I neither pump milk nor breastfeed during my work day........................................... ☐
15. Have you had any of the following experiences during the past 4 weeks? Mark “No” if the item does not describe your circumstances, such as if you have no coworkers for the first item. (If you have stopped breastfeeding, please answer for the time you were breastfeeding.)

- A coworker made negative comments or complained to me about breastfeeding.
- My employer or my supervisor made negative comments or complained to me about breastfeeding.
- It was hard for me to arrange break time for breastfeeding or pumping milk.
- It was hard for me to find a place to breastfeed or pump milk.
- It was hard for me to arrange a place to store pumped breast milk.
- It was hard for me to carry the equipment I needed to pump milk at work.
- I felt worried about keeping my job because of breastfeeding.
- I felt worried about continuing to breastfeed because of my job.
- I felt embarrassed among coworkers, my supervisor, or my employer because of breastfeeding.

16. Was your baby cared for by someone other than you on a regular schedule during the past 4 weeks? That is, did someone else usually keep your baby at least once a week for 3 or more hours at a time? (Include arrangements in which the exact day or time may change if the child care usually occurred at least once a week.)

Please mark “yes” if your baby is regularly cared for by anyone other than you, including the baby’s father or other close relative.

- Yes
- No

17. Who usually kept your baby during the past 4 weeks? (PLEASE “X” ALL THAT APPLY)

- Baby’s father
- Other family member
- Baby’s grandparent(s)
- Someone not in your family

18. Where did the child care usually occur? (PLEASE “X” ALL THAT APPLY)

- Baby’s home with no other children
- Other private home
- Baby’s home with other children or baby’s brothers or sisters
- Day care or child care center
- Other

19. How many days in an average week was your baby cared for by your regularly scheduled child care provider(s)? (Include days your baby was cared for by family members if they regularly provide child care while you are away from the baby)

- ___________ DAYS PER WEEK

20. On an average day when your baby was with your regularly scheduled child care provider(s), how many hours was he or she with the child care provider(s)?

- ___________ HOURS

FOR QUESTIONS 21-23, IF YOUR ANSWER IS DIFFERENT FOR DIFFERENT CHILD CARE PROVIDERS, ANSWER FOR THE ONE WHO FED YOUR BABY THE MOST TIMES PER WEEK.

21. In your opinion, how supportive of breastfeeding is your child care provider?

- Not at all supportive
- Somewhat supportive
- Don’t know
- Not too supportive
- Very supportive

22. On an average day when your baby was with your child care provider, how many times did the child care provider feed him or her? Please include feedings of breast milk, formula, and all other foods, and include meals and snacks.

- ___________ TIMES PER DAY FED BABY

23. 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 PAGE 8.

ANSWER QUESTIONS 24-26 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.

24. 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)

<table>
<thead>
<tr>
<th>THE CHILD CARE PROVIDER</th>
<th>YOU, THE MOTHER</th>
<th>SOMEONE ELSE</th>
<th>BABY WAS NOT FED THIS ITEM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who provided the baby’s formula?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who provided the baby’s food for meals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Who provided the baby’s snacks?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
25. Does your child care provider:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Don’t Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feed a mother’s pumped breast milk to her baby?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Allow mothers to breastfeed at the child care place before or after work?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Allow mothers to come in and breastfeed during their lunch or other breaks?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Thaw and prepare bottles of pumped milk if needed?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Keep extra breast milk in a freezer for use if they run out during the day?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

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

| Fresh breast milk | Thaws milk out or keeps milk keeps milk keeps milk 3 nights or longer Don’t know |
|-------------------|---------------------------------------------|-----------------------------|-----------------------------|-----------------------------|
| Sends it home daily | Keeps milk over 1 night | Keeps milk over 2 nights | Keeps milk (such as over a weekend) | Know |
| ☐ | ☐ | ☐ | ☐ | ☐ |

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 kind of birth control are you or your husband or partner using now? (PLEASE “X” ALL THAT APPLY)

   Not using any kind of birth control ☐
   Not having sex (abstinence) ☐
   Shot once a month (Lunelle®) ☐
   Shot once every 3 months (Depo-Provera®) ☐
   Contraceptive patch (OrthoEvra®) ☐
   Diaphragm, cervical cap, or sponge ☐
   Mini-pill ☐
   Condoms ☐
   Male sterilization ☐
   Rhythm method or natural family planning ☐
   Pill ☐
   Female sterilization ☐
   IUD (including Mirena®) ☐

5. What is your weight now? __________ POUNDS

6. Which of the following statements is closest to your opinion? The best way to feed a 3-month old baby is:

   Breastfeeding ☐
   A mix of breast and formula feeding ☐
   Formula feeding ☐
   Breastfeeding and formula feeding are equally good ways to feed a baby ☐

7. 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 ☐

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

   No ☐ Yes ☐

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