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 week 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 0 in the second column.

   Breed 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 Question 7.
   Vitamins or minerals .................. ☐ ☐ ☐ ☐
   Baby cereal ................................. ☐ ☐ ☐ ☐
   Sweetener ................................. ☐ ☐ ☐ ☐
   Medicine ................................. ☐ ☐ ☐ ☐
   Other (Specify) ................... ☐ ☐ ☐ ☐

7. In the past 2 weeks, have you chewed up food and then given it to your baby, so the food was already chewed up before you fed it to your baby?
   Yes ........... ☐ No ............ ☐

IF YOUR BABY WAS FED FORMULA IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 14 ON PAGE 2.

8. How often does your baby drink all of his or her bottle of formula?
   Never ........... ☐ Rarely ........... ☐ Sometimes ........... ☐ Most of the time ........... ☐ Always ........... ☐

9. In the past 7 days, about how many ounces of formula did your baby drink at each feeding?
   1 to 2 oz. .... ☐ 3 to 4 oz. .... ☐ 5 to 6 oz. .... ☐ 7 to 8 oz. .... ☐ More than 8 oz. .... ☐

10. 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 ........... ☐
11. 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)

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
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12. 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 ☐

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

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

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

- Yes ☐
- No ☐
- Baby is only fed pumped milk ☐

(IF YOU BABY WAS BREASTFED OR FED BREAST MILK IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 21 ON THIS PAGE.)

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

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

16. About how long does an average breastfeeding last?

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

17. In an average 24-hour period, what is the LONGEST time for you, the mother, between breastfeeding 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 ☐
- MINUTES ☐

18. How often do you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the past 2 weeks?

- About 1 new food per week or less often ☐
- More than 1 new food every 2 days ☐

(IF 0, GO TO INSTRUCTION ABOVE QUESTION 21 ON THIS PAGE)

19. How important was each of the following reasons for feeding your baby solid food for the very first time? Solid foods are foods such as cereal, baby foods, or table food. (PLEASE "X" ALL THAT APPLY)

- My baby had a medical condition that might be helped by feeding solid food ☐
- My baby was old enough to begin eating solid foods ☐
- My baby wanted food I ate or in other ways showed an interest in solid food ☐
- A doctor or other health professional said my baby should begin eating solid foods ☐
- I wanted to feed my baby something in addition to breast milk or formula ☐
- I didn’t have enough milk ☐
- My baby was not gaining enough weight ☐
- My baby seemed hungry a lot of the time ☐
- My baby was drinking too much formula ☐
- My baby had a medical condition that might be helped by feeding solid food ☐
- I didn’t have enough milk ☐
- My baby had a medical condition that might be helped by feeding solid food ☐
- I wanted to feed my baby something in addition to breast milk or formula ☐
- It would help my baby sleep longer at night ☐
- My baby was old enough to begin eating solid foods ☐
- Friends or relatives said my baby should begin eating solid foods ☐
- My baby wanted food I ate or in other ways showed an interest in solid food ☐

20. 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 ☐

(IF YOUR BABY IS FED ANY FOODS OR DRINKS BESIDES BREAST MILK OR FORMULA, PLEASE CONTINUE. ALL OTHERS GO TO SECTION A.2 ON PAGE 3.)

21. How important was each of the following reasons for feeding your baby solid food for the very first time? Solid foods are foods such as cereal, baby foods, or table food. (PLEASE ANSWER EACH ITEM) If your baby has not been fed solid food, "X" here ☐ and go to Question 22.

- My baby had a medical condition that might be helped by feeding solid food ☐
- My baby was old enough to begin eating solid foods ☐
- My baby wanted food I ate or in other ways showed an interest in solid food ☐
- A doctor or other health professional said my baby should begin eating solid foods ☐
- My baby had a medical condition that might be helped by feeding solid food ☐
- I wanted to feed my baby something in addition to breast milk or formula ☐
- I didn’t have enough milk ☐
- My baby was not gaining enough weight ☐
- My baby seemed hungry a lot of the time ☐
- My baby was drinking too much formula ☐

22. For each food category listed below, about how much of the food fed to your baby over the past 7 days was commercial baby food? Commercial baby foods are those sold especially for babies. Foods that are not commercial baby foods include fresh fruit, fruit juices other than those especially sold for babies, foods you prepare especially for the baby, and table food. (PLEASE "X" ONE ANSWER IN EACH ROW)

<table>
<thead>
<tr>
<th>COMMERCIAL BABY FOOD</th>
<th>MOSTLY BABY FOOD</th>
<th>SOME BABY FOOD</th>
<th>NO COMMERCIAL BABY FOOD</th>
<th>NOT FED IN PAST 7 DAYS</th>
</tr>
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<tbody>
<tr>
<td>Fruit and vegetable juice ☐</td>
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<td>Fruit ☐</td>
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<td>Vegetables ☐</td>
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<tr>
<td>Meat, chicken, combination dinners ☐</td>
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23. If you fed your baby fruit juice that was not sold especially for babies, how often was the juice fortified with calcium?

- Never ☐
- Rarely ☐
- Sometimes ☐
- Always ☐

(IF YOUR BABY WAS BREASTFED OR FED BREAST MILK IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 21 ON THIS PAGE.)

24. About how often did you introduce new foods (such as a specific type of cereal, fruit, vegetable, or meat) to your baby over the past 2 weeks?

- No new foods in the past 2 weeks ☐
- More than 1 new food every 2 days ☐

(IF YOUR BABY WAS BREASTFED OR FED BREAST MILK IN THE PAST 7 DAYS, PLEASE CONTINUE. ALL OTHERS GO TO INSTRUCTION ABOVE QUESTION 21 ON THIS PAGE.)
25. 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)........ ☐
   - Cough or wheeze .................................. ☐
   - Asthma..................................................... ☐
   - Ear infection........................................... ☐
   - Colic: ............................................. ☐
   - Food allergy........................................... ☐
   - Eczema (atopic dermatitis) ............ ☐
   - Reflux .......................................... ☐
   - None of these ....................................... ☐

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

   - Antibiotics ............................................ ☐
   - Other prescription medicines............ ☐
   - Non-prescription medicines............. ☐

27. 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 30)

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

29. Why was your baby given the preparations or teas listed in Question 28? (PLEASE "X" ALL THAT APPLY)

   - To ease diaper rash.............. ☐
   - To ease a cold or other respiratory symptoms ...... ☐
   - To ease an illness other than a cold or respiratory symptoms ........................................... ☐
   - To ease fussiness .............. ☐
   - To ease an illness other than a cold or respiratory symptoms ........................................... ☐
   - To ease digestion .............. ☐
   - To help the baby relax .......... ☐
   - Other (SPECIFY) ____________________________ ☐

30. 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

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

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

32. How much did your baby weigh the last time he or she was weighed at a doctor’s visit?

   _______ POUNDS ________ OUNCES Don’t know............ ☐

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

34. How long was your baby the last time he or she was measured at a doctor’s visit?

   _______ INCHES Don’t know........ ☐

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

36. 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 38)

37. 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

38. 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 ........ ☐ (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. Have you filled out SECTION B: Stopped Breastfeeding since you stopped breastfeeding?

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

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?

   ______ WEEKS OR _______ MONTHS
6.  How important was each of the following reasons for your decision to stop breastfeeding your baby?  (PLEASE ANSWER EACH ITEM)

My baby had trouble sucking or latching on………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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6. 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.”

<table>
<thead>
<tr>
<th>Food</th>
<th>Eat More</th>
<th>Eat Less</th>
<th>Eat About the Same</th>
<th>Did Not Eat Before or Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or other dairy foods</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Eggs</td>
<td></td>
<td></td>
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<tr>
<td>Canned tuna</td>
<td></td>
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<tr>
<td>Swordfish, shark, tile fish, or king mackerel</td>
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<tr>
<td>Any other type of fish</td>
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<tr>
<td>Shellfish</td>
<td></td>
<td></td>
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<tr>
<td>Luncheon meats</td>
<td></td>
<td></td>
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<tr>
<td>Nuts, peanuts, or peanut butter</td>
<td></td>
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<tr>
<td>Alcoholic drinks</td>
<td></td>
<td></td>
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<tr>
<td>Vitamin or mineral supplements</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Any herbal or botanical supplement</td>
<td></td>
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</tr>
</tbody>
</table>

For each food that you are eating less of, please indicate the reason.

7. (PLEASE “X” ALL THAT APPLY) If you are not eating less of any food, go to Question 8.

<table>
<thead>
<tr>
<th>Food</th>
<th>Not Healthy for My Baby</th>
<th>To Prevent Food Allergy in My Baby</th>
<th>Recommended by a Health Professional</th>
<th>Recommended by a Friend or Relative</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or other dairy foods</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Eggs</td>
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<td>Canned tuna</td>
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<tr>
<td>Swordfish, shark, tile fish, or king mackerel</td>
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<tr>
<td>Any other type of fish</td>
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<td>Shellfish</td>
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<td>Luncheon meats</td>
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<tr>
<td>Nuts, peanuts, or peanut butter</td>
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<td>Alcoholic drinks</td>
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<td>Vitamin or mineral supplements</td>
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<td>Any herbal or botanical supplement</td>
<td></td>
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</table>

For each food that you are eating more of, please indicate the reason.

8. (PLEASE “X” ALL THAT APPLY) If you are not eating more of any food, go to Question 9.

<table>
<thead>
<tr>
<th>Food</th>
<th>Improves the Healthy Quality of My Milk</th>
<th>Craved the Food More</th>
<th>Recommended by a Health Professional</th>
<th>Recommended by a Friend or Relative</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or other dairy foods</td>
<td></td>
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<tr>
<td>Eggs</td>
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<td>Canned tuna</td>
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<td>Swordfish, shark, tile fish, or king mackerel</td>
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<tr>
<td>Any other type of fish</td>
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<tr>
<td>Shellfish</td>
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<td>Luncheon meats</td>
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<tr>
<td>Nuts, peanuts, or peanut butter</td>
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<tr>
<td>Alcoholic drinks</td>
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<tr>
<td>Vitamin or mineral supplements</td>
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<tr>
<td>Any herbal or botanical supplement</td>
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</table>

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

- Yes [ ]
- No [ ]

(IF YOU ANSWERED SECTION B - STOPPED BREASTFEEDING - GO TO QUESTION 11 ON THIS PAGE)

10. 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.
- I 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.
- My baby was old enough that the difference between breast milk and formula no longer mattered.
- My baby had trouble sucking or latching on.
- 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.
- I was not present to feed my baby.
- My baby became sick and could not breastfeed.
- Breastfeeding was too tiring.
- Breastfeeding was too inconvenient.
- Breastfeeding was too painful.
- 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.
- I did not want to breastfeed in public.
- My baby was not gaining enough weight.
- My baby was too fussy or irritable.
- I wanted to be able to pump more.
- I wanted to be able to breastfeed more.
- I was not present to feed my baby.
- I could not or did not want to breastfeed.
- 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.
- I did not want to breastfeed in public.

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

- Yes [ ]
- No [ ]

(PEASE “X” ALL THAT APPLY)

12. How important was each of the following reasons for feeding your baby formula? (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>
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<tr>
<td>My baby became sick and could not breastfeed</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>My baby lost interest in nursing or began to wean him or herself</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>My baby was too fussy or irritable</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A health professional said my baby was not gaining enough weight</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I didn’t have enough milk.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My nipples were sore, cracked, or bleeding</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My breasts were infected or abscessed</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding was too painful</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding was too tiring</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was sick or had to take medicine.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Breastfeeding was too inconvenient</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted to be able to leave my baby for several hours at a time</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I could not or did not want to pump or breastfeed at work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pumping milk no longer seemed worth the effort that it required</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I was not present to feed my baby for reasons other than work</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I wanted or needed someone else to feed my baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Someone else wanted to feed the baby</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I did not want to breastfeed in public</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
13. In the past 3 months, have you 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)

14. How old was your baby the first time you pumped or tried to pump milk?
   ________ DAYS OR ________ WEEKS OR ________ MONTHS

15. How have you pumped or expressed milk in the past 3 months? (PLEASE "X" ALL THAT APPLY)
   Electric breast pump.......................................................... □ Manual breast pump (no batteries, no cord to plug in)...... □
   Combination electric and battery operated breast pump...... □ By hand (without using a pump) ........................................ □
   Battery operated pump..................................................... □

IF YOU HAVE USED A BREAST PUMP IN THE PAST 3 MONTHS, PLEASE CONTINUE. ALL OTHERS GO TO SECTION D-3 ON PAGE 7.

16. How many breast pumps have you used in the past 3 months? Count all the pumps you have used even if they are the same type and style.
   1............. □ 2............. □ 3............. □ 4 or more........... □

17. What type of breast pump do you use most often?
   Electric breast pump.......................................................... □ Battery operated pump .......................................... □
   Combination electric and battery operated breast pump.... □ Manual breast pump ........................................... □

18. How did you get the breast pump that you use most often?
   I bought it.......................... □ I borrowed it from a friend or relative........... □
   It was given to me as a gift............................................ □ I borrowed it from my place of work......................... □
   I rented it.................................. □ I use one provided by a hospital, my □
   I got it from WIC.............................................. □ place of work, or another place.................... □

19. Was the breast pump you use most often new or used when you got it or began using it?
   New............. □ Used ............. □ Not sure ............. □

20. 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 read the printed directions that came with the pump.................. □
   I figured it out without directions or being shown how.............. □

21. 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 1  2  3  4  5
   VERY SATISFIED

22. Have you been hurt by any breast pump that you used or tried to use to express milk in the past 3 months?
   Yes....... □ No........ □ (GO TO QUESTION 26 ON THIS PAGE)

23. 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 ........................................... □

24. In what way were you hurt? (PLEASE "X" ALL THAT APPLY)
   Nipple injury from the pump:....... □ Infection from a pump injury .... □ Other (SPECIFY) □
   Sore nipples from the pump: ...... □ Pressure bruise:................... □

25. Did you go to a medical doctor, lactation consultant, or other health professional because of the injury?
   Yes....... □ No........ □

26. Have you had any of the following problems with a breast pump that you used to express milk in the past 3 months?
   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 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 26, GO TO SECTION D-3 ON PAGE 7.

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

28. 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........ □

29. 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 PAGE 7)

30. 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**

31. 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 (GO TO SECTION E ON THIS PAGE)

32. Are you now pumping milk on a regular schedule? 
   Yes ....... □  No ....... □ (GO TO QUESTION 34)

33. How old was your baby when you first began pumping milk on a regular schedule?  
   DAYS OR   WEEKS OR   MONTHS

34. On average, in the past 2 weeks, how many ounces of milk did you pump each time? 
   1 ounce or less ............ □  3 to 4 ounces .... □  7 to 8 ounces .............. □  8 ounces ............. □
   2 ounces .......................... □  5 to 6 ounces .... □  More than 8 ounces ........ □

35. For what reasons have you pumped milk in the past 2 weeks? (PLEASE “X” ALL THAT APPLY)  
   To relieve engorgement.............................. □  To keep my milk supply up when my baby could
   Because my nipples were too sore to nurse....... □  not nurse (such as while you were away from your
   To separate my milk supply ........................................ □  baby or when your baby was too sick to nurse)... □
   To get milk for someone else to feed to my baby .. □  To mix with cereal or other food.......................... □
   For me to feed to my baby when I do not want to  
     breastfeed or when baby cannot breastfeed .... □  To have an emergency supply of milk............... □
   ............................................... □  To donate to a baby other than my own .......... □

36. How often do you collect milk from both breasts at the same time (double pumping)?  
   Never ........ □  Rarely ........ □  Sometimes ...... □  Most of the time.... □  Always ....... □

37. How long is your frozen milk usually stored?  
   Less than 1 week.... □  1 to 3 months .... □  I do not freeze my milk .... □
   1 to 4 weeks........ □  4 months or more...... □

38. How long was your milk usually kept at room temperature and then fed to your baby in the past 2 weeks?  
   1 day or less ..... □  4 to 5 days ... □  More than 8 days .................. □
   2 to 3 days ......... □  6 to 8 days .... □

39. How long was your milk usually stored in the refrigerator 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... □
   3 to 4 hours ...... □  12 to 16 hours .... □

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.  

<table>
<thead>
<tr>
<th>Reason for Cleaning</th>
<th>Rarely or Never</th>
<th>Some of the Time</th>
<th>Most of the Time</th>
<th>All of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rinsed with water only</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Washed in an automatic dish washer</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Washed by hand with dish detergent</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Boiled or sterilized</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Not cleaned between uses — used to feed more milk without rinsing or washing</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

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?  

<table>
<thead>
<tr>
<th>Item</th>
<th>After Each Use</th>
<th>Once a Day</th>
<th>Every 2 to 6 Days</th>
<th>About Once a Week</th>
<th>About Once in 2 Weeks</th>
<th>Never</th>
<th>Item is Disposable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pump collection kit, including container used to collect the milk</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
<tr>
<td>Container used to store the milk</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

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 prepared (mixed up) formula or
   Added formula concentrate to breast milk.......................... □  ready-to-feed formula to breast milk........ □

---

**SECTION E: INFANT FORMULA**

1. 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)

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

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

4. 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 ....... □  Bottled water .................................................. □
   Warm tap water from the hot faucet .... □  No water used; baby is fed only ready-to-feed formula .... □ (GO TO QUESTION 6)
5. **Was the water you used to mix the formula boiled?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Not Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tap water</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bottled water</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

|                  | Never | Sometimes, but less than half the time | About half the time | Most of the time |
|------------------|-------|----------------------------------------|--------------------|-----------------|-----------------|
| Boiled or sterilized |      |                                        |                    |                 |                 |
| Washed in an automatic dish washer | |                          |                   |                 |                 |
| Washed by hand with dish detergent | |                      |                   |                 |                 |
| Not cleaned between uses – used to feed more formula without rinsing or washing | |                      |                   |                 |                 |

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.

7. **During the past 2 weeks, how often were the bottle nipples used to feed formula cleaned in the following ways before being used again? If you don’t use bottle nipples, “X” here and go to **Question 8**.

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOME OF THE TIME</th>
<th>MOST OF THE TIME</th>
<th>ALL OF THE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rinsed with water only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washed in an automatic dish washer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washed by hand with dish detergent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boiled or sterilized</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not cleaned between uses – used to feed more formula without rinsing or washing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>NEVER</th>
<th>SOME OF THE TIME</th>
<th>MOST OF THE TIME</th>
<th>ALL OF THE TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rinsed my hands with water only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wiped my hands only</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Washed with soap</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Used hand sanitizer (such as gel or wipes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prepared formula without cleaning my hands</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th></th>
<th>Less than 1 hour</th>
<th>5 to 8 hours</th>
<th>More than 16 hours</th>
<th>9 to 11 hours</th>
<th>12 to 16 hours</th>
<th>Formula at room temperature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. **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 used the formula given by WIC. ☐
I heard that the formula is better for my baby in some way... ☐
I chose the formula I received samples or coupons for... ☐
Friends or relatives recommended the formula. ☐
I saw an advertisement for the formula and wanted to try it. ☐
I chose a formula based on low price. ☐

11. **Did you discuss your choice of formula with the baby’s doctor?**

Yes ☐ No ☐

12. **During the past 2 weeks, how many times have you switched the formula you feed your baby?**

None ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 or more ☐

13. **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)**

<table>
<thead>
<tr>
<th>Group 1</th>
<th>Group 2</th>
<th>Group 3</th>
<th>Group 4</th>
<th>Group 5</th>
<th>Group 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

14. **Did you switch formula because your baby had a problem with the formula you were using?**

Yes ☐ No ☐

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

An allergic reaction or intolerance... ☐
Too much gas... ☐
Constipation... ☐
Too much spit up... ☐
Diarrhea... ☐
Vomiting... ☐
Too much mucus... ☐
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 ☐ 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 ________