SECTION A: HEALTH AND HEALTH CARE

1. Are you currently pregnant and at least 18 years old?
   Yes .................. □ No .................. □ (THANK YOU, PLEASE RETURN QUESTIONNAIRE IN THE ENCLOSED POSTAGE PAID ENVELOPE)

2. When is your baby due? (PLEASE WRITE IN MONTH AND DAY)
   MONTH: ___________   DAY: __________

3. Who provides your prenatal care? (PLEASE "X" ALL THAT APPLY)
   An obstetrician ............................................................................................................ □
   A family doctor, general practitioner, internist, or other physician ......................... □
   A midwife or nurse midwife ..................................................................................... □
   Another type of health care provider ...................................................................... □
   I am not getting prenatal care from a health professional ................................... □ (GO TO QUESTION 5)

4. How many weeks pregnant were you when you went for your first prenatal visit?
   4 weeks or less ........................................ 13 to 18 weeks ....................... □
   5 to 12 weeks ........................................ 19 to 24 weeks ....................... □
   9 to 12 weeks ........................................ 25 weeks or more ................. □

5. Are you covered by any kind of health insurance or any kind of health care plan, such as insurance obtained through an employer or a government program like Medicaid?
   Yes ................ □ No .................. □

6. In the past month, were you enrolled in the WIC program or did you get WIC food or vouchers for yourself or for any of your children? (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 .................................................................................. □
   Yes, my child was enrolled or got WIC food ............................................................ □
   No ................................................. □

7. What was your weight just before you became pregnant? ___________ POUNDS

8. How tall are you? ___________ FEET     ___________ INCHES

9. What is your age? ___________ YEARS

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

11. How many people not including yourself smoke inside your home most days? (Include family members, friends, and anyone else.)
   0............. □ 1 ........... □ 2 ........... □ 3 ........... □ 4 or more ....... □

12. Have you had gestational diabetes with this pregnancy?
   Yes........ □ No........... □ Don't know .... □

13. As best you know, which of the following health conditions do you yourself or your baby’s other relatives have? (PLEASE "X" ALL THAT APPLY)

<table>
<thead>
<tr>
<th>YOU, THE BABY'S MOTHER</th>
<th>THE BABY'S FATHER</th>
<th>THE BABY'S GRANDPARENTS, AUNTS, OR UNCLE</th>
<th>NONE OF THESE RELATIVES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Juvenile onset diabetes (Type I) .............................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Adult onset diabetes (Type II) .................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Asthma ....................................................................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Eczema ..................................................................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Food allergy ............................................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Overweight or obesity ............................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

14. Since you learned that you were pregnant, have you eaten more, less, or about the same of the following foods? If you did not eat the food before you learned that you are pregnant and you don’t eat the food now, please mark “Did Not Eat Before or Now.”

<table>
<thead>
<tr>
<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>
<td>□</td>
</tr>
<tr>
<td>Eggs .................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Canned tuna ........................................................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Swordfish, shark, tile fish, or king mackerel ......................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Any other type of fish ............................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Shellfish .............................................................................. □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Luncheon meats ...................................................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Nuts, peanuts, or peanut butter ............................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Alcoholic drinks ...................................................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Vitamin or mineral supplements ............................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
<tr>
<td>Any herbal or botanical supplement .......................................... □</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>
15. For each food that you are eating less of, please indicate the reason. (PLEASE "X" ALL THAT APPLY)

<table>
<thead>
<tr>
<th>Food</th>
<th>UPSETS MY STOMACH OR MAKES ME FEEL SICK</th>
<th>MAY HARM MY BABY</th>
<th>TO PREVENT A FOOD ALLERGY IN MY BABY</th>
<th>OTHER REASON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Milk or other dairy foods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eggs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Canned tuna</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Swordfish, shark, tile fish, or king mackerel</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Any other type of fish</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Shellfish</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Luncheon meats</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuts, peanuts, or peanut butter</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Alcoholic drinks</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Vitamin or mineral supplements</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Any herbal or botanical supplement</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

16. Did you work for pay at any time from the 3 months before you became pregnant up to the present time?
   - Yes .............. ☐
   - No .............. ☐  ➔ (Go to Question 23)

17. Using 1 to mean "None" and 5 to mean "Very much," how much satisfaction do you get from your paid work?
   - 1 to 5 (1) (2) (3) (4) (5)

18. About how much of your family's income comes from the money you earn from work? (If you are no longer working, answer for the time you were working. If you have reduced your work hours because of your pregnancy, answer for the time before you reduced your hours.)
   - Less than half .............. ☐
   - About half .............. ☐
   - More than half .............. ☐

19. Do you work for pay now?
   - Yes, the same number of hours as before pregnancy .............. ☐
   - Yes, but with reduced hours ............................................ ☐
   - Yes, but on leave until after the baby's birth .................... ☐ ➔ (Go to Question 21)
   - No ................................................................. ☐  ➔ (Go to Question 23)

20. How many hours per week do you usually work at this job now? (If you work at two or more jobs, answer for the total number of hours you work.)
   - 1 to 9 hours per week .................................................. ☐
   - 10 to 19 hours per week ............................................... ☐
   - 20 to 29 hours per week .............................................. ☐
   - 30 to 34 hours per week .............................................. ☐
   - More than 30 hours per week ........................................ ☐

21. Thinking of work leave that you can use for maternity leave, how many weeks are you eligible for if you have no complications? (Please write in the number of weeks of leave you are eligible for in each of the categories listed below. If you have no leave that you can use for maternity leave, write 0 in all.)
   - _______ WEEKS OF FULLY PAID LEAVE
   - _______ WEEKS OF PARTIALLY PAID LEAVE
   - _______ WEEKS OF UNPAID LEAVE

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

23. Do you plan to work for pay during your baby's first year?
   - Yes .............. ☐
   - No .............. ☐  ➔ (Go to Section C)

24. How many weeks after the baby is born do you plan to return to work?
   - Fewer than 4 weeks .................................................... ☐
   - 4 to 6 weeks .................................................................. ☐
   - 7 to 9 weeks ................................................................... ☐
   - 10 to 12 weeks ............................................................ ☐

25. How many hours per week do you plan to work?
   - 1 to 9 hours per week .................................................... ☐
   - 10 to 19 hours per week ............................................... ☐
   - 20 to 29 hours per week .............................................. ☐
   - 30 to 34 hours per week .............................................. ☐
   - More than 30 hours per week ........................................ ☐

26. How many hours per week would you prefer to work when you return to work?
   - 1 to 9 hours per week .................................................... ☐
   - 10 to 19 hours per week ............................................... ☐
   - 20 to 29 hours per week .............................................. ☐
   - 30 to 34 hours per week .............................................. ☐
   - More than 30 hours per week ........................................ ☐

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

SECTION C: INFANT FEEDING

28. What method do you plan to use to feed your new baby in the first few weeks?
   - Breastfeed only (baby will not be given formula) .............. ☐
   - Formula feed only ....................................................... ☐ ➔ (Go to Question 34)
   - Both breast and formula feed ......................................... ☐ ➔ (Go to Question 30)
   - Don't know yet ............................................................. ☐ ➔ (Go to Question 33)
29. How old do you think your baby will be when you first feed him or her formula or any other food besides breast milk?

<table>
<thead>
<tr>
<th>Age (in months)</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
<th>□</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than one</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 to 2 months</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>2 to 4 months</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>5 to 6 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 to 9 months</td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>More than 9</td>
<td></td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>

30. Do you plan to continue breastfeeding after you return to work?

- Yes □
- No □
- Don't plan to work after the baby's birth □

31. How old do you think your baby will be when you completely stop breastfeeding?

- __________ MONTHS

32. Using 1 to mean "Not at all Confident" and 5 to mean "Very Confident," how confident are you that you will be able to breastfeed until the baby is the age you marked in Question 31?

- Not At All Confident
- Very Confident

<table>
<thead>
<tr>
<th>Very Uncomfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

33. Using 1 to mean "Very Uncomfortable" and 5 to mean "Very Comfortable," how comfortable would you be in the following situations?

<table>
<thead>
<tr>
<th>Situation</th>
<th>Very Uncomfortable</th>
<th>Very Comfortable</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td></td>
</tr>
</tbody>
</table>

34. Which of the following statements is closest to your opinion? The best way to feed a baby is:

- Breastfeeding
- A mix of breast and formula feeding
- Formula feeding

35. How strongly do you agree or disagree with the following statements?

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Somewhat Disagree</th>
<th>Neither Agree Nor Disagree</th>
<th>Somewhat Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

36. How do the following people think your baby should be fed in the first few weeks?

- Baby's father
- Baby's mother-in-law
- Baby's pediatrician or other doctor

37. How important are the following people's opinions in your decision about how to feed your baby?

<table>
<thead>
<tr>
<th>Person</th>
<th>Very Important</th>
<th>Somewhat Important</th>
<th>Not Very Important</th>
<th>Not At All Important</th>
</tr>
</thead>
<tbody>
<tr>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
<td>□</td>
</tr>
</tbody>
</table>

38. About how many of your friends and relatives have breastfed their babies?

- One or two □
- Three to five □
- More than five □
- None have breastfed □
- None have children □

39. About how many of your friends and relatives have never breastfed their infants at all?

- One or two □
- Three to five □
- More than five □
- None have breastfed □
- None have children □

40. When you were babies, were you and the baby's father ever breastfed?

- You, the baby's mother □
- Baby's father □

41. How many other babies have you had or adopted when younger than 12 months old? Do not include the baby you are expecting.

- OTHER BABIES HAD □
- BABIES ADOPTED □

IF YOU HAVE NOT GIVEN BIRTH TO A BABY, GO TO SECTION D.
42. Have you ever given birth by cesarean?
   Yes □ No □

43. Did you breastfeed, for any time at all, any of your other babies?
   Yes □ No □ (Go to section D)

44. How old was your baby when you stopped breastfeeding? (If you have breastfed more than one baby, answer for the youngest one.)
   Less than one month □
   1 to 2 months □
   3 to 4 months □
   5 to 6 months □
   7 to 9 months □
   10 to 12 months □
   More than 12 months □

SECTION D: OTHER INFORMATION

45. Have you heard about any problems in food related to:
   Listeria □
   Mercury □
   Dioxins or PCB’s □

IF YOU HAVE NOT HEARD OF ANY OF THESE PROBLEMS, GO TO QUESTION 47.

46. For each problem in Question 45 that you have heard of, do you remember what kind of food was related to the problem? (Please "X" all that apply)

47. Have you recently seen the ads shown on the Ad Insert? Have you recently seen an ad...

48. Have you recently seen, heard, or read anything about breastfeeding or about infant formula from the following places?

FOR QUESTION 49, PLEASE LOOK AT THE PICTURES ON THE AD INSERT INCLUDED WITH THIS QUESTIONNAIRE.

49. Have you recently seen the ads shown on the Ad Insert? Have you recently seen an ad...

50. Have you recently heard any ads on the radio that feature a man singing a song about breastfeeding? One ad is a song set to soul music and another is a song set to country western music. Have you recently heard either of these ads?
   Yes, the soul music ad □
   Yes, the country western music ad □

51. Date you completed this form: MONTH __ DAY ___ YEAR ___

52. As mentioned in the brochure, we need your current telephone number in order to ensure that you are involved at every step of Project FIRST.

   My current telephone number is:
   Area code Telephone number

53. Are you the Synovate Consumer Opinion Panel Member?
   Yes □ No □ Not sure □

THANK YOU.

PLEASE RETURN THIS QUESTIONNAIRE AND THE AD INSERT AS SOON AS POSSIBLE IN THE POSTAGE PAID ENVELOPE PROVIDED.