

WIC Birth Month Food Package Evaluation Participant Survey

OMB Clearance Number: 0584-NEW

Expiration Date: xx/xx/2011

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-NEW. The time required to complete this information collection is estimated to average 30 minutes per response. If you have any comments concerning the accuracy of time estimates or suggestions for improving this form, please contact: U. S. Department of Agriculture, Food and Nutrition Service, Office of Research & Analysis, Room 1014, Alexandria, VA 22302.

Hello, my name is [INTERVIEWER]. Thank you for taking time today to help us. I'm from Abt Associates Inc. and we are talking to mothers who recently gave birth to learn about their infant feeding practices and their experience receiving services from WIC. [A short time ago, you should have received a letter from your WIC agency about this study, stating that someone would be contacting you to participate in an interview.][A short time ago, I talked to you about the study and you consented to participate in the interview.]¹

The interview will take approximately 30 minutes. Your answers will help (STATE) improve its WIC services for parents and infants. Everything you tell me will be kept strictly confidential. As a way of saying thank you, we will give you a \$35 gift card when we are finished.

Your participation in this interview is voluntary. Your benefits will not be affected if you choose not to participate. If you take part, you may refuse to answer any question. If you take part, your answers won't change any benefits you may receive from any agency. If now is a good time for you and you are willing to participate, I'd like to begin my questions. Do you have any questions before I begin?

Infant Information and Feeding Practices

1. Infant date of birth: ___ / ___ / _____
(mm dd yyyy)
2. Infant birth weight: _____ pounds _____ ounces
3. Did you ever breastfeed or pump breastmilk to feed your baby after delivery?

¹ Some of the WIC participants will be sent a letter by their local agency indicating that unless they otherwise object, they will be contacted and asked to participate in the study. Others will be recruited in the WIC clinics by field staff, who will be responsible for conducting the interview.

- Yes
- No (SKIP TO Q6)

4. Are you still breastfeeding or feeding pumped milk to your new baby?

- Yes (GO TO Q5)
- No (ASK Q4a)

4a. How many weeks or months did you breastfeed or pump milk to feed your baby?
(SKIP TO Q6)

_____ Weeks
_____ Months

5. Which of the following best describes the kind of milk you fed your baby in the last 24 hours?

- Breastmilk only (SKIP TO Q8)
- Mostly breastmilk with some formula (GO TO Q5b)
- Breastmilk and formula about equally (GO TO Q5b)
- Mostly formula with some breastmilk (GO TO Q5b)
- Formula only (ASK Q5a)

5a. Earlier you indicated that you were still breastfeeding your baby. Is this correct?

- Yes (ASK Q5b)
- No (GO TO Q6)

5b. Thinking back over the last week, how frequently did you feed your baby breastmilk?

- Usually two times a day or more often
- Usually once a day
- Less than once a day

6. In the past 24 hours, how much formula did your baby drink in total?

_____ Ounces

7. In the last 24 hours, did you feed your baby anything else besides formula or breastmilk?

- Yes (ASK Q7a)
- No (GO TO Q8)

7a. Please indicate what else you fed your baby and approximately how much in the last 24 hours.

	YES	NO	IF YES: How much?
Baby cereal	<input type="checkbox"/>	<input type="checkbox"/>	_____

	YES	NO	IF YES: How much?
Cow's milk or any other milk	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces
Plain water	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces
Juice/sugar water	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces
Table/solid/adult food	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (SPECIFY): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

7b. How old was your baby the *first time* you fed him or her any of these things?

_____ Weeks

WIC Program Participation

8. Did you receive WIC while you were pregnant with your infant?

- Yes (ASK Q8a AND Q9)
 No (ASK Q8b AND SKIP TO Q10)

8a. How many months pregnant were you when you started getting WIC?

_____ Months

8b. When did you get on WIC?

____ / ____ / _____
(mm dd yyyy)

9. When you were pregnant did you take a class from WIC where they talked about breastfeeding?

- Yes (ASK Q9a AND Q9b)
 No (GO TO Q10)

9a. What did they talk about? (CHECK ALL THAT APPLY)

- Proper positioning for breastfeeding
 How to tell if your baby is getting enough breastmilk
 Differences in food packages depending upon whether or not you chose to breastfeed
 Who to call if you had any questions or issues about breastfeeding
 Other (SPECIFY): _____

9b. How many months pregnant were you when you took the class?

_____ Months

10. Have you or a family member ever participated in WIC previously?
- Yes
 - No
11. Were you encouraged to breastfeed by WIC?
- Yes
 - No
12. While you were in the hospital for delivery of your baby, did anyone help you with breastfeeding by showing you how or talking to you about breastfeeding?
- Yes
 - No
13. When you left the hospital after the delivery of your baby, were you given any formula?
- Yes
 - No
14. Did you have any questions or problems when you first tried to breastfeed?
- Yes (ASK Q14a)
 - No (GO TO Q15)
- 14a. Who did you talk to for help? (CHECK ALL THAT APPLY)
- A friend
 - A relative
 - Someone from WIC
 - Someone at my doctor's office
 - Someone at the hospital
 - Someone on a helpline
 - Other (SPECIFY): _____

Food Package Choices

15. What are the differences in a mother's food package if she fully breastfeeds compared to if she chooses to only feed her baby formula? (DO NOT PROMPT. CHECK IF ANY OF THESE RESPONSES ARE GIVEN.)
- Breastfeeding mothers get....
- More juice
 - More milk
 - More eggs
 - More money for fruits and vegetables

- Canned fish
- Peanut butter

15a. How did you learn about the differences between the food packages that you would get **for yourself, as a new mother**, depending upon whether you feed your baby breastmilk and no formula, breastmilk and some formula, or no breastmilk and only formula? From... (CHECK ALL THAT APPLY)

- WIC (ASK Q15b)
- Friend (GO TO Q16)
- Family (GO TO Q16)
- Other (SPECIFY): _____(GO TO Q16)

15b. Did you receive anything in writing from WIC about what was in the packages, like a brochure or pamphlet?

- Yes (ASK Q15c)
- No (GO TO Q16)

15c. When did you get information about these different packages?

- During pregnancy (IF YES: Which trimester? _____)
- After the baby was born

16. What is the difference between the full and partial formula amounts in the baby's first month? (DO NOT PROMPT. CHECK IF ANY OF THESE RESPONSES ARE GIVEN.)

- Only a small amount of formula is available for the partial formula option
- Only powder formula is available for the partial option
- Much more formula is given for the full formula option

16a. What is the difference between the full and partial formula amounts in the baby's months two through five? (DO NOT PROMPT. CHECK IF ANSWER IS GIVEN.)

- Half as much formula is given for the partial formula option than the full formula option

16b. How did you learn about the differences in the **amount of formula your infant would receive** depending upon whether you choose to feed your baby both breastmilk and formula or feed your baby formula and not feed your baby breastmilk? From... (CHECK ALL THAT APPLY)

- WIC (ASK Q16c)
- Friend (GO TO Q17)
- Family (GO TO Q17)
- Other (SPECIFY): _____(GO TO Q17)

- 16c. Did you receive anything in writing from WIC about what was in the packages, like a brochure or pamphlet?
- Yes (ASK 16d)
 - No (GO TO Q17)
- 16d. When did you first hear about these different packages?
- When I was pregnant (IF YES: Which trimester? _____)
 - After I gave birth
17. How important were the differences in the food packages for you and for your infant in your decisions about breastfeeding?
- Extremely important
 - Very important
 - Somewhat important
 - Somewhat unimportant
 - Not very important
 - Not important at all
18. (ASK IF ADMINISTRATIVE DATA INDICATE THAT WOMAN IS RECEIVING FULL-OR PARTIAL-FORMULA INFANT PACKAGES) Our records indicate you received [amount] of formula from WIC this month to feed your baby. Is this correct?
- Yes (ASK Q18a)
 - No (ASK Q18d)
 - Don't know (ASK Q18d)
- 18a. This month, did you have the right amount, too little, or too much formula for your baby?
- The right amount (SKIP TO Q19)
 - Too much (ASK Q18b)
 - Too little (GO TO Q18c)
- 18b. What did you do with the extra formula? (CHECK ALL THAT APPLY)
- Saved it for later
 - Gave it to someone who needed it
 - Traded it for something else that I needed
 - Sell it
- 18c. What did you do to feed your baby this month since you did not get enough formula from WIC? (CHECK ALL THAT APPLY)
- Used formula that I had from a previous month
 - Added water to the formula I have
 - Fed my baby (more) breastmilk

- Fed my baby other things as well as formula, such as cows' milk, juice or cereal
- Borrowed or was given formula from someone else
- Bought more formula
- Other (SPECIFY): _____

18d. How much formula did you receive this month?

- No formula from WIC (GO TO Q19)
- [Amount equal to partial formula package] (ASK 18a)
- [Amount equal to full formula package] (ASK 18a)

Breastfeeding History, Knowledge About, Attitudes Towards, Decisions

19. Please indicate if the following information is true, false, or you don't know:

	True	False	Don't know
You should follow a strict schedule for feeding the baby when breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving a baby solid food helps him/her sleep through the night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A baby should eat as many different types of food as soon as possible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Newborns need to be breastfed often (day and night)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding babies have fewer illnesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You feed your baby solid food with a spoon only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding even one week is better than not at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding provides complete nourishment for a baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

20. When did you decide what to first feed your baby?

- Before birth
- At hospital
- After arriving home from hospital

21. How important were the following in your decision about whether to breastfeed? Use a four-point scale where 1 = not at all important and 4 = very important.

	Not at all important			Very important
	1	2	3	4
My own past experiences with breastfeeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice from family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice from friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice from my doctor or a nurse at my doctor's office	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information and advice from someone at WIC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

22. For each of the following items, please indicate how important they were when you made your decision about how you feed your baby. Would you say it was extremely important, very important, somewhat important, somewhat unimportant, not very important, or not important at all?

	Extremely important	Very important	Somewhat important	Somewhat unimportant	Not important at all
How convenient it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How close it makes you feel to your baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much it helps you lose weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How important it is for the baby's health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much it allows the baby's father or other family member to be involved in feeding the baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much it makes you feel embarrassed when in public	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy it is to go out socially	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How easy it is to go to work or school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How trouble free it is	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How it allows you to see exactly how much the baby has eaten	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much you have to watch what you eat or drink	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. (ASK IF STOPPED BREASTFEEDING OR ARE PARTIALLY BREASTFEEDING—Q4 AND Q5) How important were each of these issues in your decision to [stop breastfeeding/ supplement breastfeeding with formula]? Use a four-point scale where 1 = not at all important and 4 = very important.

	Not at all important			Very important
	1	2	3	4
My baby (has) had trouble sucking/latching on	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby is old enough so the difference between breastmilk and formula no longer mattered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastmilk alone did not satisfy my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby was not gaining enough weight	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I didn't have enough milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding was too painful or uncomfortable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding was too inconvenient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I started a job or returned to work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Although I didn't return to work I needed to leave my baby for several hours at a time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I wanted someone else to feed my baby too	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. Have you breastfed any babies before this infant?

Yes (ASK Q24A AND Q24b)

No (GO TO Q25)

24a. How many other babies did you breastfeed? _____

24b. How long did you breastfeed each baby? _____

25. On a scale of 1 (very uncomfortable) to 5 (very comfortable), how would you rate the following situations?

	Very un- comfortable				Very comfortable
	1	2	3	4	5
A woman breastfeeding her baby in the presence of close women friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A woman breastfeeding her baby in the presence of men and women who are close friends	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A woman breastfeeding her baby in the presence of men and women who are not close friends (such as at a shopping mall or restaurant)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A woman breastfeeding her baby in the presence of family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26. How do your friends and family feed their babies? (CHECK ALL THAT APPLY)

Breastfeed from breast

Breastfeed from bottle (pumped or expressed milk)

Formula feed

Employment

27. Did you work for pay outside of the home in the past 4 weeks?

Yes

No (SKIP TO Q32)

28. Are you currently employed?

Yes

No

29. What is the average number of hours you work per week?

_____ Hours per week

30. In your opinion, how supportive of breastfeeding is your current [or last if no longer working—Q28] place of employment?
- Not at all supportive
 - Not too supportive
 - Somewhat supportive
 - Very supportive
31. (ASK ONLY IF BREASTFEEDING—Q4 AND Q5) Which of the following circumstances describe your situation during the past 4 weeks?
- I breastfeed my baby during my work day
 - I pump milk during my work day and (CHECK ONE)
 - dump it OR
 - save it for my baby to drink later
 - I neither pump nor breastfeed during my work day

Childcare

32. Did someone other than you care for your baby for more than 3 hours last week?
- Yes (ASK Q32a)
 - No (SKIP TO Q35)
- 32a. Does the person who took care of your baby do so on a regular basis? This could be for work or non-work related reasons (for example, you had classes or other activities).
- Yes
 - No (SKIP TO Q35)
33. How many days in the last week was your baby cared for by someone else?
- _____ Days per week
34. On an average day when someone else was caring for your baby, how many hours was he or she with a care provider?
- _____ Hours per day

Demographic Characteristics

35. How many people are living in your household?
- _____ People
36. How many children do you have under 18 including your baby?

_____ Children

37. What is your current marital status?

- Never married
- Married/living with partner
- Divorced
- Legally separated
- Widowed
- Refused/NA

38. What was the highest grade/level of school you completed?

- Did not graduate high school
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

39. Please choose one or more categories to describe your race.

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

40. What is your ethnic background? Are you...

- Hispanic or Latino
- Not Hispanic or Latino

41. Where were you born?

- One of the 50 US states or the District of Columbia
- One of the US Territories (PROBE: Puerto Rico, Guam, American Samoa, US Virgin Islands, Mariana Islands, or Solomon Islands)
- Some other country (SPECIFY): _____

42. When were you born?

____ / ____ / _____
(mm dd yyyy)

43. Please indicate your total household income.

- Less than \$10,000
- Between \$10,001 – \$15,000
- Between \$15,001 - \$20,000
- Between \$20,001 – \$25,000
- Between \$25,001 - \$30,000
- Between \$30,001 – \$35,000
- Between \$35,001 - \$40,000
- More than \$40,000

44. Do you receive any of the following? (CHECK ALL THAT APPLY)

- Food stamps
- TANF or cash assistance
- Medicaid
- Welfare