

ATTACHMENT 3F

Postpartum Survey- 2, 6, & 9 months

Participant Number: _____

Form Approved:
OMB No. 0923-xxxx
Exp. Date xx/xx/20xx

**SURVEY at 2, 6, & 9
Months**

INTERVIEWERS: PLEASE PRINT CLEARLY]

Date of Interview: _____

Interviewer Name: _____

Location of Interview: _____

Is there any change in your contact information since we last spoke to you?

Yes

No

Don't Know

UPDATED CONTACT INFORMATION

Mailing Address _____

Telephone Number – Home _____ Cell _____ Message _____

Has the person who is providing care for your baby changed since we last spoke to you?

Yes

No

Don't know

Refused

If yes, may we contact them to do baby's growth and development questionnaires if you are unavailable?

If you don't mind if we contact them please provide their name and contact information below:

Name _____

Phone number _____

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

CURRENT BREASTFEEDING PRACTICES

- Are you **currently** breastfeeding your baby?
 No, [**skip to 3.**] Refused
 Yes **If yes,1a.** Number of times **breastfeed** baby per day _____
- Do you currently feed your baby **exclusively (ONLY) with** breast milk?
 No Refused
 Yes [**stop here**]

USE AND PREPARATION OF INFANT FORMULA

- Do you use **baby formula** to feed your baby?
 No, [**skip to 5.**] Refused
 Yes **If yes,** specify below:
3a. Brand of baby formula _____
3b. Number of times per day _____
- Do you use water **to mix or prepare** baby formula?
 No Refused
 Yes **If yes,** specify type of water below:
4a. Type of water used to prepare baby formula
 Unfiltered tap water
 Filtered tap water
 Bottled water
 Other → **4b.** Specify _____

CESSATION OF BREASTFEEDING

- Have you completely stopped breastfeeding?
 No Refused
 Yes **If Yes, 5a.** How old was your baby when you completely stopped breastfeeding?
_____ months _____ weeks

INTRODUCTION OF FOODS

- Has your baby ever been fed **milk** (other than breast milk or formula), like cow’s milk, whole milk, soy milk, or Lactaid milk? This includes drinking milk or putting milk in cereal. This **does not** include using milk in recipes.
 No Refused
 Yes → **6a. If yes,**What type of other milk? _____
- Has your baby ever been fed **cereal**, including baby cereal, on a daily basis?
 No Refused
 Yes → **7a. If yes,** on a daily basis since he/she was _____ months _____ weeks old
- Has your baby ever been fed **pureed** food on a daily basis? This includes commercial or homemade baby food.
 No Refused
 Yes → **8a. If yes,** on a daily basis since he/she was _____ months _____ weeks old

9. Has your baby ever been fed **solid foods**?

- No Refused
- Yes → **If yes**, on a daily basis since he/she was _____ months _____ weeks old

FOOD SOURCES

10. Do you participate in the WIC program?

- No Refused
- Yes → **10a. If yes**, which foods do you obtain for your baby using WIC coupons?

HOME QUESTIONS AND OBSERVATIONS

Questions 11 through 20 should be asked of Mom or care giver. 21 through 29 are observations and should be recorded by the interviewer.

11. About how often does your child have a chance to get out of the house?

- Not at all
- About once a month or less
- A few times a month
- About once a week
- 4 or more times a week
- Every day

12. About how many children’s books does your child have?

- None
- 1 or 2 books
- 3 to 9 books
- 10 or more books

13. How often do you get a chance to read stories to your child?

- Never
- Several times a year
- Several times a month
- Once a week
- About 3 times a week
- Every day

14. About how often do you take your child to the grocery store?

- Twice a week or more
- Once a week
- Once a month
- Hardly ever

15. About how many, if any, **cuddly, soft, or role-playing toys** (like a doll) does your child have? (May be shared with sister or brother.)

NUMBER OF TOYS

16. About how many, if any, **push or pull toys** does your child have? (May be shared with sister or brother.)

NUMBER OF TOYS

17. Some parents spend time teaching their children new skills while other parents believe that children learn best on their own. Which of the following best describes **your** attitude?

- "Parents should **always spend time** teaching their children."
- "Parents should **usually spend time** teaching their children."
- "Parents should **usually allow** their children learn on their own."
- "Parents should **always allow** their children learn on their own."

18. How often does your child eat a meal with both mother and father (step-father or father-figure)?

- More than once a day
- Once a day
- Several times a week
- About once a week
- About once a month
- Never
- No father, step-father, or father-figure

19. Children seem to demand attention while their parents are busy, doing housework, for example. How often do you talk to your child while you are working?

- Always** talk to child when I'm working
- Often** talk to child when I'm working
- Sometimes** talk to child when I'm working
- Rarely** talk to child when I'm working
- Never** talk to child when I'm working

20. Sometimes kids mind pretty well and sometimes they don't. About how many times, if any, have you had to spank your child in the past week?

NUMBER OF TIMES

- Did not spank last week

OBSERVATIONS

21. Mom / care giver spontaneously vocalized to/conversed with child at least twice.

- Yes
- No

22. Mom / care giver responded verbally to child.

- Yes
- No

23. Mom / care giver showed physical attention to child.

- Yes
- No

24. Mom / care giver did not spank child.

- Yes
- No

25. Mom / care giver did not interfere/restrict child more than 3 times.

- Yes
- No

26. Mom / care giver provided appropriate toys/activities to child.

- Yes No

27. Mom / care giver kept child in view.

- Yes No

28. Play environment is safe (home or building).

- Yes No

PERCEIVED STRESS SCALE

The following questions ask about Mom's feelings and thought during the last month.

29. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

30. In the last month, how often have felt confident about your ability to handle your personal problems?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

31. In the last month, how often have you felt that things were going your way?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

32. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- Never
- Almost never
- Sometimes
- Fairly often
- Very often
- No answer

