

# Appendix A2: WIC Participant Follow-up Survey

<Revised, November 7, 2011>

Changes marked: Items A6a, B7a

## WIC Peer Counseling Study FOLLOW-UP SURVEY

OMB Clearance Number: 0584-0548

Expiration Date: mm/dd/20xx

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 0584-0548. The time required to complete this information collection is estimated to average 20 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 SRB, and on behalf of United States Department of Agriculture, Food and Nutrition Service we are talking to new mothers about how they are feeding their babies. We also are interested in their experiences receiving services from WIC. [IF BASELINE SURVEY COMPLETED: You may recall completing the first phone survey for this study several months ago. This is the second and final survey for the study.] [IF BASELINE SURVEY NOT COMPLETED: Someone from your WIC agency should have given you information about this study, stating that we would be contacting you to participate in a survey.]

The survey will take about 20 minutes. Your answers could help us learn how to make WIC better for mothers and their babies. Everything you tell me will be kept confidential, to the extent provided by law. We'd like to thank you by giving you a \$20 Postal Money Order when we are finished.

Your participation in this survey is voluntary. Your WIC 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 receive from WIC. If now is a good time for you and you are willing to participate, I'd like to begin my questions. First, do you have any questions? Are you willing to participate in this survey?

## Section A: Infant Information and Feeding Practices

**[INTERVIEWER: YOU MUST READ CONSENT TO THE RESPONDENT AND OBTAIN VERBAL CONSENT BEFORE BEGINNING.]**

A1. What is your baby's date of birth?

Infant date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ [GO TO A2.]  
(mm dd yyyy)

- REFUSED [GO TO A1a]
- DON'T KNOW [GO TO A1a]

A1a. Was your baby born on or after [DUE DATE]?

- YES
- NO
- REFUSED
- DON'T KNOW

A2. How much did your baby weigh at birth?

Infant birth weight: \_\_\_\_\_ pounds \_\_\_\_\_ ounces

- REFUSED
- DON'T KNOW

A3. What is your baby's first name? \_\_\_\_\_

- REFUSED
- DON'T KNOW

**[Let BABY'S NAME = Response on A3. IF A3 =REF or IF A3 = DK, let BABY'S NAME = "Your baby"]**

A4. Did you give [BABY's NAME] breastmilk at any point after delivery?

- YES [GO TO A5]
- NO [GO TO A4a]
- REFUSED [GO TO A4a]
- DON'T KNOW [GO TO A4a]

A4a. Did you attempt to breastfeed [BABY'S NAME] at any point after delivery, even if only one time?

- YES [GO TO A5]
- NO [GO TO B1]
- REFUSED [GO TO B1]
- DON'T KNOW [GO TO B1]

A5. Are you still giving [BABY'S NAME] breastmilk?

- YES [GO TO A6a]
- NO
- REFUSED
- DON'T KNOW

[IF A5 = 1 (YES), let variable STILLBF =1; else let variable STILLBF = 0]

A5a. About how many weeks or months did you give your baby breastmilk?

\_\_\_\_\_ Weeks

\_\_\_\_\_ Months

- REFUSED
- DON'T KNOW

A5b. What are the reasons that you decided to stop giving [BABY'S NAME] breastmilk?

[DO NOT READ LIST. MARK RESPONSE(S) GIVEN, THEN PROMPT:]

Were there any other reasons that you decided to stop giving your baby breastmilk?

[DO NOT READ LIST. MARK RESPONSE(S) GIVEN, THEN PROMPT:] Any other reasons?

- BABY WAS PREMATURE
- BABY WAS SICK OR I WAS SICK
- DIFFICULTY WITH LATCHING, POSITIONING BABY ON BREAST
- BREAST OR NIPPLE PAIN, DISCOMFORT, DRYNESS, CRACKING OR INFECTION
- BREASTS TOO FULL/SWOLLEN
- BABY NOT GETTING ENOUGH MILK
- BREASTFEEDING TAKES TOO LONG
- BREASTFEEDING WILL CHANGE BREAST APPEARANCE
- BREASTFEEDING CAUSES PROBLEMS WITH SEX LIFE
- CONCERN ABOUT BREAST MILK LEAKING ONTO CLOTHING
- BOTTLE-FEEDING LETS THE BABY'S FATHER/OTHER CAREGIVER BOND WITH BABY
- I HAD TO GO BACK TO WORK/SCHOOL
- UNCOMFORTABLE BREASTFEEDING IN PUBLIC
- PRESSURE FROM FAMILY OR FRIENDS TO STOP BREASTFEEDING
- I SMOKE AND A WOMAN WHO SMOKES SHOULD NOT BREASTFEED HER BABY
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

A6a. Thinking back over the last week, that is, since last **[DAY OF WEEK]**, which of the following best describes the kind of milk you fed your baby? **[READ LIST; MARK ONE ONLY.]**

- Breastmilk only **[GO TO A6a\_2]**
- Mostly breastmilk with some formula **[GO TO A6a\_2]**
- Breastmilk and formula about equally **[GO TO A6a\_2]**
- Mostly formula with some breastmilk **[GO TO A6a\_2]**
- Formula only **[GO TO A6a\_1]**
- REFUSED
- DON'T KNOW

A6a\_1. Earlier you indicated that you were still breastfeeding your baby. Is this correct?

- YES
- NO **[GO TO A7] [let variable STILLBF = 0]**
- REFUSED
- DON'T KNOW

A6a\_2. Thinking back over the last week, that is, since last **[DAY OF WEEK]**, how frequently did you feed your baby breastmilk?

- Usually 2 times a day or more often
- Usually once a day
- Less than once a day
- REFUSED
- DON'T KNOW

A6b. Which of the following best describes the kind of milk you fed your baby in the last 24 hours? **[READ LIST; MARK ONE ONLY.]**

- Breastmilk only **[GO TO B1]**
  - Mostly breastmilk with some formula **[GO TO A7]**
  - Breastmilk and formula about equally **[GO TO A7]**
  - Mostly formula with some breastmilk **[GO TO A7]**
  - Formula only **[GO TO A6b\_1]**
  - REFUSED
  - DON'T KNOW
- [IF A6b =1 let variable BFONLY = 1. Else BFONLY = 0]**

A6b\_1. Earlier you indicated that you were still breastfeeding your baby. Is this correct?

- YES
- NO **[GO TO A7] [let variable STILLBF = 0]**
- REFUSED
- DON'T KNOW

A7. Yesterday, about how many ounces of formula did your baby drink in total? By yesterday, I mean from the time your baby woke up yesterday morning to the time [he/she] woke this morning.

**[ENTER NUMBER OF OUNCES]** \_\_\_\_\_ Ounces **[GO TO A8]**

- REFUSED
- DON'T KNOW

**PROMPT:** if you can't tell me the number of ounces, can you tell me the number of bottles?

- YES
- NO **[GO TO A8]**
- REFUSED **[GO TO A8]**
- DON'T KNOW **[GO TO A8]**

A7a. How many bottles?

**[ENTER NUMBER OF BOTTLES]** \_\_\_\_\_ Bottles

A7b. How many ounces *are* in a bottle?

**[ENTER NUMBER OF OUNCES]** \_\_\_\_\_ Ounces

- REFUSED
- DON'T KNOW

A8. Yesterday, did you feed your baby anything else besides formula or breastmilk? By yesterday, I mean from the time your baby woke up yesterday morning to the time [he/she] woke this morning.

- YES
- NO [**GO TO B1**]
- REFUSED
- DON'T KNOW

A8a. Please tell me what else you fed your baby yesterday and approximately how much. Did you feed [**BABY'S NAME**]...

	YES	NO	IF YES: How much?	REF	DK
(i) Baby cereal	<input type="checkbox"/>	<input type="checkbox"/>	_____ Tbsp/Oz.	<input type="checkbox"/>	<input type="checkbox"/>
(ii) Cow's milk or any other milk	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Plain water	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Juice/sugar water	<input type="checkbox"/>	<input type="checkbox"/>	_____ Ounces	<input type="checkbox"/>	<input type="checkbox"/>
(v) Table/solid/adult food	<input type="checkbox"/>	<input type="checkbox"/>	_____ Tbsp/Oz.	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Other (SPECIFY): _____	<input type="checkbox"/>	<input type="checkbox"/>	_____ Tbsp/Oz.	<input type="checkbox"/>	<input type="checkbox"/>

**[IF ANYTHING OTHER THAN PLAIN WATER WAS FED, ASK A8b, ELSE GO TO A8c]**

A8b. How old was your baby the *first time* you fed [him/her] any of these things *other than plain water*? [**IF NEEDED**: I am referring to baby cereal, cow's milk or any other milk, juice or sugar water, and table/solid/adult food.]

\_\_\_\_\_ Weeks

- REFUSED
- DON'T KNOW

**[IF PLAIN WATER WAS FED (A8a(iii)=YES), ASK A8c, ELSE GO TO B1]**

A8c. How old was your baby the *first time* you fed [him/her] plain water?

\_\_\_\_\_ Weeks

- REFUSED
- DON'T KNOW

## Section B: WIC Program Experiences During Pregnancy

**INTRO:** In this section of the interview, I am going to ask you about your experiences with the WIC program during your pregnancy, when you were in the hospital having your baby, and after you got home from the hospital.

B1. How many months pregnant with [BABY'S NAME] were you when you started getting WIC?

\_\_\_\_\_ Months

- REFUSED
- DON'T KNOW

B2. When you were pregnant with [BABY'S NAME], did you take a class from WIC that talked about breastfeeding?

- YES
- NO
- REFUSED
- DON'T KNOW

B3. While you were pregnant with [BABY'S NAME], did you talk about breastfeeding with a Breastfeeding Peer Counselor from WIC? Breastfeeding Peer Counselors are women who used to get WIC and who breastfed their own babies. WIC hires and trains them to help other women learn about breastfeeding. Did you talk with a Breastfeeding Peer Counselor while you were pregnant with [BABY'S NAME]?

- YES
- NO [GO TO B9]
- REFUSED
- DON'T KNOW

B4. While you were pregnant with [BABY'S NAME], how many times did you speak with a Breastfeeding Peer Counselor from WIC about breastfeeding? [READ LIST. MARK ONE ONLY.]

- Once
- Two or three times
- Four or more times
- REFUSED
- DON'T KNOW



B5. While you were pregnant with [BABY'S NAME], did you ever meet **in-person** with a Breastfeeding Peer Counselor from WIC to discuss breastfeeding?

- YES [GO TO B6]
- NO [GO TO B7]
- REFUSED [GO TO B7]
- DON'T KNOW [GO TO B7]

B6. Where did you meet in-person with this Breastfeeding Peer Counselor while you were pregnant with [BABY'S NAME]? [DO NOT READ LIST. MARK RESPONSE(S) THEN PROMPT:] Did you meet in any other places with a WIC Breastfeeding Peer Counselor while you were pregnant?

- AT WIC AGENCY OR CLINIC
- IN THE HOSPITAL
- IN MY HOME
- IN A RELATIVE'S HOME, A FRIEND'S HOME, OR A NEIGHBOR'S HOME
- IN THE WIC PERSON'S HOME
- IN A PUBLIC PLACE SUCH AS A RESTAURANT, STORE, COMMUNITY CENTER
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

B7. While you were pregnant with [BABY'S NAME], **how** did you speak with a Breastfeeding Peer Counselor from WIC about breastfeeding? Did you speak ... [READ LIST. MARK ALL THAT APPLY.]

- On the telephone
- Using text-messages or email
- Using a video telephone service such as Skype on a computer
- OTHER, SPECIFY:
- REFUSED
- DON'T KNOW

B7a. How strongly do you agree or disagree with the following statements about your Breastfeeding Peer Counselor from WIC? Do you Strongly Agree, Agree, Disagree, Strongly Disagree, or Don't know that:

	You and your breastfeeding peer counselor...	Strongly Agree	Agree	Disagree	Strongly Disagree	DK	REF
i.	...were alike in a number of ways.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii.	...saw things in much the same way.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii.	...had similar values and attitudes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B8. Have you ever received free text messages on your cellphone about things to do to keep you and your baby healthy?

- YES [**GO TO B8a**]
- NO [**GO TO C1**]
- REFUSED
- DON'T KNOW

B8a. About when did you **start** receiving text messages about things to do to keep you and your baby healthy? [**READ LIST. MARK ONE.**]

- When you were between one and three months pregnant with [BABY'S NAME]
- When you were between 4-6 months pregnant with [BABY'S NAME]
- When you were between 7 to 9 months pregnant with [BABY'S NAME]
- During the first week after you delivered [BABY'S NAME]
- About 2 to 4 weeks after you delivered [BABY'S NAME]
- A month or more after you delivered [BABY'S NAME]
- REFUSED
- DON'T KNOW

B9b. About when did you **most recently** receive a text message about things to do to keep you and your baby healthy? [**READ LIST. MARK ONE.**]

- Today or yesterday
- A few days ago
- About one week ago
- About two to three weeks ago
- About one to three months ago but after you gave birth to [BABY'S NAME]
- Before you gave birth to [BABY'S NAME]
- REFUSED
- DON'T KNOW

## Section C: Breastfeeding and WIC Program Experiences at Delivery

**INTRO:** In this next section, I'm going to ask about your experiences with the WIC program when you were in the hospital having your baby.

C1. While you were in the hospital for delivery of [BABY'S NAME], did [BABY'S NAME] stay with you in your room or did [BABY'S NAME] stay in the hospital's nursery?

- In my room
- In the nursery
- OTHER, SPECIFY:
- REFUSED
- DON'T KNOW

C2. While you were in the hospital for delivery of [BABY'S NAME], did anyone besides a family member or friend help you with breastfeeding by showing you how or talking to you about breastfeeding?

- YES
- NO
- REFUSED
- DON'T KNOW

C3. While you were in the hospital for delivery of [BABY'S NAME], did you talk to a Breastfeeding Peer Counselor from WIC about breastfeeding?

- YES [GO TO C3a]
- NO [GO TO C4]
- REFUSED [GO TO C4]
- DON'T KNOW [GO TO C4]

C3a. While you were in the hospital for delivery of [BABY'S NAME], how did you talk to this Breastfeeding Peer Counselor : Did you talk... [READ LIST. MARK ALL RESPONSE(S).]

- On the phone
- In-person
- Using text messages or email
- OTHER, SPECIFY: \_\_\_\_\_
- REFUSED
- DON'T KNOW

C4. Did you have any questions or problems when you first tried to breastfeed [BABY'S NAME]?

- YES
- NO [GO TO C3a]
- REFUSED
- DON'T KNOW

C4a. What questions or problems did you have? [DO NOT READ LIST. CHECK ALL THAT APPLY, THEN PROMPT:] Any other questions or problems?

- MY BABY HAD TROUBLE SUCKING/LATCHING ON
- BREASTMILK ALONE DID NOT SATISFY MY BABY
- MY BABY WAS NOT GAINING ENOUGH WEIGHT
- I DIDN'T HAVE ENOUGH MILK/MY BABY WAS NOT GETTING ENOUGH TO EAT
- BREASTFEEDING WAS TOO PAINFUL OR UNCOMFORTABLE
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

C4b. Who did you talk to for help? [DO NOT READ LIST. CHECK ALL THAT APPLY, THEN PROMPT:] Anyone else?

- I WANTED TO TALK TO SOMEONE, BUT NEVER DID/DIDN'T KNOW WHO TO ASK
- A FRIEND
- A RELATIVE
- SOMEONE FROM WIC/BREASTFEEDING PEER COUNSELOR FROM WIC
- SOMEONE AT MY DOCTOR'S OFFICE
- SOMEONE AT THE HOSPITAL
- SOMEONE ON A HELPLINE
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

C5. When you left the hospital after the delivery of [BABY'S NAME], were you given any formula by someone who worked at the hospital?

- YES
- NO
- REFUSED
- DON'T KNOW

C6. About how long were you in the hospital after [BABY'S NAME] was born? [REPEAT AND CONFIRM ANSWER PROVIDED]

\_\_\_\_\_ DAYS  
\_\_\_\_\_ WEEKS  
\_\_\_\_\_ MONTHS  
REFUSED [GO TO C7]  
DON'T KNOW [GO TO C6a]

C6a. If you don't remember exactly, which of the following seems about right: After [BABY'S NAME] was born, were you in the hospital for: [READ LIST. CHECK ONE.]

- Less than 24 hours
- About 1 day
- About 2-3 days
- About 4-5 days
- About 1 week
- About 2 to 3 weeks
- About 1 month or longer

C7. Did [BABY'S NAME] come home with you when you left the hospital?

- YES [GO TO D1]
- NO [GO TO C7a]
- REFUSED [GO TO D1]
- DON'T KNOW [GO TO C7a]

C7a. About how long was [BABY'S NAME] in the hospital after delivery? [REPEAT AND CONFIRM ANSWER PROVIDED]

\_\_\_\_\_ DAYS  
\_\_\_\_\_ WEEKS  
\_\_\_\_\_ MONTHS  
REFUSED [GO TO D1]  
DON'T KNOW [GO TO C7b]

C7b. If you don't remember exactly how long, which of the following seems about right: [BABY'S NAME] was in the hospital for [READ LIST. CHECK ONE.]

- Less than 24 hours
- About 1 day
- About 2-3 days
- About 4-5 days
- About 1 week
- About 2 to 3 weeks
- About 1 month or longer

## Section D: WIC Program Experiences after delivery

**INTRO:** In this next section, I'm going to ask about your experiences with the WIC program after you got home from the hospital with [BABY'S NAME].

D1. After [BABY'S NAME] was born, did you ever have a **telephone conversation about breastfeeding** with a Breastfeeding Peer Counselor from WIC? I'm not referring to any telephone calls about scheduling an appointment or about certifying your infant. I'm asking about a telephone conversation with a Breastfeeding Peer Counselor from WIC where you talked about breastfeeding.

- Yes [GO TO D2]
- No [GO TO D3]
- REFUSED [GO TO D3]
- DON'T KNOW [GO TO D3]

D2. About how long after [BABY'S NAME] was born did you **first have a telephone conversation about breastfeeding** with a Breastfeeding Peer Counselor from WIC?

- During the first week to 10 days after giving birth
- About two weeks after giving birth
- About two or three weeks after giving birth
- About one month after giving birth
- More than one month after giving birth
- REFUSED
- DON'T KNOW

D3. After [BABY'S NAME] was born, did you ever meet **in person** with a Breastfeeding Peer Counselor from WIC?

- YES [GO TO D4]
- NO [GO TO D5]
- REFUSED [GO TO D5]
- DON'T KNOW [GO TO D5]

D4. About how long after [BABY'S NAME] was born did you **first meet in-person** with a Breastfeeding Peer Counselor from WIC?

- During the first week to 10 days after giving birth [GO TO E1]
- About two weeks after giving birth [GO TO E1]
- About three weeks after giving birth [GO TO E1]
- About one month after giving birth [GO TO E1]
- More than one month after giving birth [GO TO E1]
- REFUSED [GO TO E1]
- DON'T KNOW [GO TO E1]

D5. Did a Breastfeeding Peer Counselor from WIC ever try to contact you after [BABY'S NAME] was born?

- YES [GO TO D5a]
- NO [GO TO F1]
- REFUSED [GO TO F1]
- DON'T KNOW [GO TO F1]

D5a. Were there any particular reasons you could not speak or did not want to speak with the Breastfeeding Peer Counselor from WIC who tried to contact you? **DO NOT READ LIST. CHECK ALL THAT APPLY. PROMPT:** Any other reasons?

- I WAS SICK
- MY BABY WAS SICK
- MY PHONE/DOORBELL WASN'T WORKING
- IT WASN'T A GOOD TIME
- I WAS SLEEPING/TOO TIRED TO TALK
- I WASN'T HAVING ANY PROBLEMS FEEDING THE BABY
- I HAD ALREADY DECIDED I DID NOT WANT TO BREASTFEED
- I WAS WORKING/IN SCHOOL WHEN THEY TRIED TO REACH ME
- I TRIED TO CALL THEM BACK UNSUCCESSFULLY
- OTHER, SPECIFY:
- REFUSED
- DON'T KNOW

**GO TO F1.**

## Section E: In-Person Meeting With Peer Counselor

E1. Where did you **first** meet in-person with the Breastfeeding Peer Counselor from WIC after [BABY'S NAME] was born?

- AT MY WIC AGENCY OR WIC CLINIC
- IN THE HOSPITAL
- IN MY HOME
- IN A RELATIVE'S HOME, A FRIEND'S HOME, OR A NEIGHBOR'S HOME
- AT A ANOTHER LOCATION: SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

E2. How long did that **first** in-person meeting last? [READ LIST. CHECK ONE REPONSE.]

- Less than 30 minutes
- Between 30 minutes and an hour
- About an hour
- About an hour and a half
- About two hours
- More than two hours
- REFUSED
- DON'T KNOW

E3. Did you breastfeed [BABY'S NAME] during this in-person meeting with the Breastfeeding Peer Counselor from WIC?

- YES
- NO
- REFUSED
- DON'T KNOW



E4. What breastfeeding topics did you discuss with the Breastfeeding Peer Counselor during this first in-person meeting after [BABY'S NAME] was born? **[DO NOT READ LIST. MARK RESPONSES(S), THEN PROMPT:]** Any other topics?

- [BABY'S NAME]'S ABILITY TO SUCK OR LATCH-ON TO GET MILK FROM BREASTFEEDING
- [BABY'S NAME]'S HUNGER OR FEEDING SCHEDULE
- [BABY'S NAME]'S HEALTH OR WEIGHT GAIN
- MY MILK SUPPLY
- TECHNIQUES TO MAKE BREASTFEEDING EASIER
- BREASTFEEDING PAIN OR DISCOMFORT
- HOW TO BREASTFEED IF I WANT TO GO BACK TO WORK/SCHOOL
- USING A BREAST PUMP, OR STORING MILK THAT I HAVE PUMPED
- REASONS I SHOULD TRY NOT TO USE FORMULA
- BELIEFS AND ATTITUDES OF [BABY'S NAME]'S FATHER, MY FAMILY MEMBERS, OR MY FRIENDS ABOUT BREASTFEEDING
- MY ATTITUDES OR BELIEFS ABOUT BREASTFEEDING
- EMBARRASSMENT, ANXIETY, OR OTHER EMOTIONS THAT I FELT ABOUT BREASTFEEDING
- OTHER, SPECIFY: \_\_\_\_\_
- REFUSED
- DON'T KNOW

E5. Was your Breastfeeding Peer Counselor able to answer your questions about breastfeeding?

- YES
- NO
- REFUSED
- DON'T KNOW

E6. How comfortable did you feel talking about breastfeeding with the Breastfeeding Peer Counselor from WIC during this in-person meeting? Very comfortable, somewhat comfortable, somewhat uncomfortable, or very uncomfortable?

- Very comfortable
- Somewhat comfortable
- Somewhat uncomfortable
- Very uncomfortable
- REFUSED
- DON'T KNOW

## Section F. Final Questions about Infant Feeding

[IF BFOONLY=1 SKIP TO F2. ELSE GO TO F1]

F1. Why did you start feeding your baby formula? [**DO NOT READ LIST. MARK RESPONSE(S) GIVEN, THEN PROMPT:**] Were there any other reasons that you decided to start feeding your baby formula? [**DO NOT READ LIST. MARK RESPONSE(S) GIVEN, THEN PROMPT:**] Any other reasons?

- BABY WAS PREMATURE
- BABY WAS SICK OR I WAS SICK
- DIFFICULTY WITH LATCHING, POSITIONING BABY ON BREAST
- BREAST OR NIPPLE PAIN, DISCOMFORT, DRYNESS, CRACKING OR INFECTION
- BREASTS TOO FULL/SWOLLEN
- BABY NOT GETTING ENOUGH MILK
- BREASTFEEDING TAKES TOO LONG
- BREASTFEEDING WILL CHANGE BREAST APPEARANCE
- BREASTFEEDING CAUSES PROBLEMS WITH SEX LIFE
- CONCERN ABOUT BREAST MILK LEAKING ONTO CLOTHING
- BOTTLE-FEEDING LETS THE BABY'S FATHER/OTHER CAREGIVER BOND WITH BABY
- I HAD TO GO BACK TO WORK/SCHOOL
- UNCOMFORTABLE BREASTFEEDING IN PUBLIC
- PRESSURE FROM FAMILY OR FRIENDS TO STOP BREASTFEEDING
- I SMOKE AND A WOMAN WHO SMOKES SHOULD NOT BREASTFEED HER BABY
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

## Section G: Employment

Now I'm going to ask you some general questions about work, child care, and about people in your household.

G1. Are you currently employed?

- YES
- NO [**GO TO H1**]
- REFUSED
- DON'T KNOW

G2. What is the average number of hours you work per week?

\_\_\_\_\_ Hours per week

- VARIABLE
- REFUSED
- DON'T KNOW

G3. In your opinion, how supportive is your workplace of breastfeeding?

- Not at all supportive
- Not too supportive
- Somewhat supportive
- Very supportive
- REFUSED
- DON'T KNOW

G4a. Does your worksite have a breastfeeding room available to you?

- YES
- NO
- REFUSED
- DON'T KNOW

G4b. Does your worksite have other places where women can breastfeed? What kinds of places?  
[**READ LIST. CHECK ALL THAT APPLY.**]

- Ladies/women's restroom
- A lunchroom
- A staff lounge, meeting room, or unoccupied office
- My own office
- No places where women can breastfeed
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

**[IF STILLBF=1, THEN ASK G5, ELSE GO TO H1]**

G5. Which of the following circumstances describe your situation during the past (4) weeks? Tell me all that apply: **[READ LIST. CHECK ALL THAT APPLY.]**

- I breastfeed my baby during my work day
- I pump milk during my work day and dump it
- I pump milk during my work day and save it for my baby to drink later
- I neither pump nor breastfeed during my work day
- REFUSED
- DON'T KNOW

## Section H: Child Care

H1. Did someone other than you care for your baby for more than 3 hours at one time in the last week?

- YES
- NO [**GO TO K1**]
- REFUSED
- DON'T KNOW

H2. 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 [**GO TO K1**]
- REFUSED
- DON'T KNOW

H3. How many days in the last week was your baby cared for by someone else?

\_\_\_\_\_ Days per week [**IF ZERO, GO TO K1**]

- REFUSED
- DON'T KNOW

H4. On an average day in the last week, how many hours was [he/she] cared for by someone else?

\_\_\_\_\_ Hours per day

- REFUSED
- DON'T KNOW

## Section K: Demographic Characteristics

- K1. How many people currently live in your household? That is, how many adults and children who stay with you all or most of the time are part of your household? Please include yourself in the total.

TOTAL HOUSEHOLD MEMBERS \_\_\_\_\_

- REFUSED  
 DON'T KNOW

- K2. How many of the persons who live in your household are under the age of 18? Please include all of the persons under age 18, including [BABY'S NAME], who stay with you all or most of the time.

TOTAL HOUSEHOLD MEMBERS UNDER AGE 18 \_\_\_\_\_

- REFUSED  
 DON'T KNOW

- K3. What is your current marital status? **[READ LIST. CHECK ONE ONLY.]**

- Never married  
 Married/living with partner  
 Divorced  
 Legally separated  
 Widowed  
 REFUSED  
 DON'T KNOW

- K4. What was the highest grade/level of school you completed? **[DO NOT READ LIST. CHECK ONE ONLY.]**

- 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  
 REFUSED  
 DON'T KNOW

**[PREFILL K5 TO K8 WITH DATA FROM BASELINE SURVEY IF AVAILABLE]**

K5. What is your ethnic background? Are you...

- Hispanic or Latino
- Not Hispanic or Latino
- REFUSED
- DON'T KNOW

K6. 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
- OTHER, SPECIFY \_\_\_\_\_
- REFUSED
- DON'T KNOW

K7. 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) \_\_\_\_\_
- REFUSED
- DON'T KNOW

K8. When were you born?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_  
(mm dd yyyy)

- REFUSED
- DON'T KNOW

K9. Please indicate your total annual household income. **[READ LIST. CHECK ONE ONLY.]**

- 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
- REFUSED
- DON'T KNOW

K10. Do you currently receive any of the following? [**READ LIST. CHECK ALL THAT APPLY.**]

- SNAP Benefits (formerly Food Stamps)
- TANF or cash assistance
- Medicaid
- Welfare
- REFUSED
- DON'T KNOW

**GO TO CLOSING**

**CLOSING**

Thank you.

As I mentioned earlier, we'd like to thank you by giving you a \$20 Postal Money Order in appreciation of your participation. So that we can mail it to you, please give me the correct spelling of your name and your address.

Respondent name \_\_\_\_\_

Street Address \_\_\_\_\_

Apartment or building number, etc. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

As part of a routine check on the quality of the work that I am doing, my supervisor also may contact you by phone. I'd like to verify that the number I've reached you at now is the correct number for us to call. The number I have is

**NUMBER DIALED:** \_\_\_\_\_

Is this correct?

- YES
- NO [**IF NO, ENTER IN CORRECT NUMBER BELOW**]

**CORRECT NUMBER** \_\_\_\_\_

Thank you. We will mail your money order to the address you provided.  
Thanks again for your time and your participation.