

Appendix A1: WIC Participant Baseline Survey

[text]

WIC Peer Counseling Study Participant Survey: BASELINE

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Hello, my name is [INTERVIEWER].

Thank you for taking time today to help us. I'm from Abt SRBI, and on behalf of United State Department of Agriculture, Food and Nutrition Service we are talking to women who recently signed up to receive WIC benefits and who will be having a baby soon. We are calling women to learn about their plans to feed their babies. A short time ago, someone from your WIC agency should have given you information about this study, stating that someone 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. Also, if you call a toll-free number within 2 weeks after your baby is born we will send you a \$5 gift card to [Target, Wal-Mart, OTHER NATIONAL CHAIN].

Your participation in this interview 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 may receive from WIC or any other agency. 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?

Introduction

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

A1. First, what is your baby's due date?

Infant due date: ____ / ____ / _____ [GO TO A3]
(mm dd yyyy)

- REFUSED [GO TO A3]
- DON'T KNOW [GO TO A3]

A2. About how many weeks or months pregnant are you?

Weeks pregnant: ____ weeks [GO TO A3]
(Months pregnant: ____ months)

- REFUSED [GO TO A3]
- DON'T KNOW [GO TO A3]

A2a. IF RESPONDENT SAYS "MONTHS" CONFIRM: Ok, so you are [] months pregnant?

- YES
- NO
- REFUSED
- DON'T KNOW]

A3. When did you most recently visit your local WIC office?

Date of most recent visit: ____ / ____ / _____
(mm dd yyyy)

- REFUSED
- DON'T KNOW

Section B: Family Members' And Friends' Breastfeeding Experiences & Attitudes

B1. Do you have any friends or relatives with children?

- YES
- NO [**GO TO B5**]
- REFUSED [**GO TO B5**]
- DON'T KNOW [**GO TO B5**]

B2. In general, what do most of your family members and friends feed their babies during the first 3 months after giving birth?

- Breastmilk only
- Both breastmilk and formula
- Formula only
- REFUSED
- DON'T KNOW

B3. Did any of your friends or relatives who breastfed their babies have problems with breastfeeding?

- Yes
- No [**GO TO B4**]
- None of my friends/relatives breastfed their babies [**GO TO B4**]
- REFUSED [**GO TO B4**]
- DON'T KNOW [**GO TO B4**]

B3a. What types of problems did they have? [**DO NOT READ LIST. CHECK ALL RESPONSES, THEN PROMPT:**] Any other problems?

- BREASTFEEDING WAS PAINFUL/UNCOMFORTABLE
- BREASTFEEDING WAS EMBARRASSING.
- BREASTFEEDING WAS DIFFICULT TO DO CORRECTLY.
- BREASTFEEDING WAS INCONVENIENT.
- BREASTFEEDING PREVENTED THE FATHER OR OTHER FAMILY MEMBER FROM FEEDING THE BABY.
- BREASTFEEDING PREVENTED THE FATHER OR OTHER FAMILY MEMBER FROM BONDING WITH THE BABY.
- BREASTFEEDING MADE IT MORE DIFFICULT TO GO BACK TO WORK OR SCHOOL.
- BREASTFEEDING MEANT THEY HAD TO BE CAREFUL WHAT THEY ATE AND DRANK.
- BREASTFEEDING DID NOT PROVIDE ENOUGH FOOD FOR THE BABY.
- BREASTFEEDING INTERFERED WITH THEIR SEX LIFE
- OTHER, SPECIFY _____
- REFUSED
- DON'T KNOW

B4. Did any of your friends or relatives who breastfed their babies stop breastfeeding before the baby reached 3 months of age?

- YES
- NO [**GO TO B5**]
- REFUSED [**GO TO B5**]
- DON'T KNOW [**GO TO B5**]

B4a. Why did they decide to stop breastfeeding? [**DO NOT READ LIST. CHECK ALL RESPONSES, THEN PROMPT:**] Any other reasons?

- BREASTFEEDING WAS PAINFUL/UNCOMFORTABLE
- BREASTFEEDING WAS EMBARRASSING.
- BREASTFEEDING WAS DIFFICULT TO DO CORRECTLY.
- BREASTFEEDING WAS INCONVENIENT.
- BREASTFEEDING PREVENTED THE FATHER OR OTHER FAMILY MEMBER FROM FEEDING THE BABY.
- BREASTFEEDING PREVENTED THE FATHER OR OTHER FAMILY MEMBER FROM BONDING WITH THE BABY.
- BREASTFEEDING MADE IT MORE DIFFICULT TO GO BACK TO WORK OR SCHOOL.
- BREASTFEEDING MEANT THEY HAD TO BE CAREFUL WHAT THEY ATE AND DRANK.
- BREASTFEEDING DID NOT PROVIDE ENOUGH FOOD FOR THE BABY.
- BREASTFEEDING INTERFERED WITH THEIR SEX LIFE
- OTHER, SPECIFY _____
- REFUSED
- DON'T KNOW

B5. Has a family member or friend ever encouraged you to breastfeed your baby?

- YES
- NO
- REFUSED
- DON'T KNOW

B6. Has a family member or friend ever suggested that you should not breastfeed your baby after you give birth?

- YES
- NO
- REFUSED
- DON'T KNOW

B7. Now I'd like you to think about one friend or family member whose opinion you trust the most. Which of the following best describes what this one friend or family member thinks that you should feed your baby: [READ LIST. CHECK ONE ONLY]

- Breastmilk only
- Mostly breastmilk with some formula
- Breastmilk and formula about equally
- Mostly formula with some breastmilk
- Formula only

B8. When you were a baby, did your mother breastfeed you?

- YES
- NO
- REFUSED
- DON'T KNOW

Section C: Breastfeeding Knowledge, Attitudes, and Decisions

INTRO C1. Now I'm going to ask you some questions about factors that might affect how you plan to feed your baby.

- C1. Are you planning to breastfeed your baby for the first three months? During this period of time, you may be planning to feed your baby only breastmilk or some breastmilk and some formula.
- YES
 - NO
 - REFUSED
 - DON'T KNOW

- C2. I'd like to know whether you agree or disagree with each of the following statements. Please tell me if you agree, disagree, or don't know:

| | Agree | Disagree | REF | DK |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| a. You should allow a breastfeeding baby to feed "on demand," that is, whenever the baby wants to breastfeed. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Newborns need to be breastfed often, during the day and during the night) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Breastfeeding babies have fewer illnesses | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Breastfeeding even one week is better than not at all | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. Breastfeeding provides complete nourishment for a baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Feeding a baby formula interferes with a mother's ability to make breastmilk | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Bottle feeding is more convenient than breastfeeding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. Breastfeeding helps a woman feel close to her baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. Breastfeeding means that the baby's father and other people cannot bond with the baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. If you smoke cigarettes, you should not breastfeed your baby. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

INTRO C3. I want to know how important each of these factors are for how you plan to feed your baby. For each of the following factors, please tell me how important it is: not at all important, somewhat important, important, very important, or not applicable for how you plan to feed your baby:

C3. How important are each of the following for how you plan to feed your baby:

- (a) How important are information and advice about breastfeeding **from family members** for how you plan to feed your baby? Not at all important, somewhat important, important, very important, or not applicable?
- (b) How important are information and advice about breastfeeding **from friends** for how you plan to feed your baby? Not at all important, somewhat important, important, very important, or not applicable?
- (c) How important are information and advice about breastfeeding **from a nurse, doctor, or health care provider** for how you plan to feed your baby?
- (d) How important are information and advice about breastfeeding **from someone at WIC** for how you plan to feed your baby?
- (e) How important is your own knowledge about breastfeeding and other women's breastfeeding experiences for how you plan to feed your baby?

| How important are information and advice about breastfeeding from [select a, b, c, or d, below] for how you plan to feed your baby? | Not at all important | Somewhat important | Important | Very important | N/A | REF | DK |
|--|-----------------------------|---------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. a nurse, doctor, or health care provider | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. someone at WIC | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How important is your own knowledge about breastfeeding and other women's breastfeeding experiences for how you plan to feed your baby | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C4. Now I'll ask you about several things that might affect how you plan to feed your baby. For each one, please tell me how much it affects how you plan to feed your baby: Not at all, a little, somewhat, or very much. **[READ LIST]**.

| | Not at all | A little | Somewhat | Very much | REF | DK |
|---|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. How much do the conveniences of breastfeeding or the conveniences of formula feeding affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. How much does how much breastfeeding or formula feeding is trouble-free affect how you plan to feed your baby? (IF NEEDED: Some people think breastfeeding is more trouble-free and some people think that formula feeding is more trouble-free. How much does this affect how you plan to feed your baby?) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. How much does how close you will feel to your baby while breastfeeding or formula feeding affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. How much does the possibility that how you choose to feed your baby could help you lose weight affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. How much do the benefits of breastfeeding or formula feeding for your baby's health affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. How much does the ability of the baby's father or others to bond with the baby affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| g. How much does how comfortable you would feel breastfeeding in public affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| h. How much does how easily you could go out socially without your baby if you were breastfeeding or formula feeding affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| i. How much does how easily you could go to work or school if you were breastfeeding or formula feeding affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| j. How much does wanting to know exactly how much your baby has eaten affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| k. How much does the idea that you might have to be careful about what you eat or drink if you are breastfeeding affect how you plan to feed your baby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

C5. In general, how comfortable do you feel about the following situations? For each situation do you feel very uncomfortable, uncomfortable, comfortable, very comfortable?

| A woman breastfeeding her baby in the presence of: | Very uncomfortable | Uncomfortable | Comfortable | Very comfortable | N/A | REF | DK |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| a. Close female friends | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Men and women | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Strangers, such as at a shopping mall or restaurant | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Family members | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Section D: Employment, Child Care, and Demographics

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

D1. Are you currently employed?

- YES
- NO [**GO TO INTRO D8**]
- REFUSED
- DON'T KNOW

D2. After your baby is born, do you plan to go back to work?

- YES
- NO [**GO TO D3**]
- REFUSED [**GO TO D3**]
- DON'T KNOW [**GO TO D3**]

D2a. If you plan to return to work after your baby is born, do you also plan to leave your baby in someone else's care during your working hours?

- YES
- NO
- REFUSED
- DON'T KNOW

D3. What is the average number of hours you work per week (currently)?

- _____ Hours per week
- REFUSED
 - DON'T KNOW

D4. After your baby is born, do you plan to work the same number of hours per week as you do now?

- YES
- NO
- REFUSED
- DON'T KNOW

D5. 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

D6. Does your worksite have a breastfeeding room available to mothers?

- YES
- NO
- REFUSED
- DON'T KNOW

D7. Does your worksite have other places where mothers can breastfeed? What kinds of places?

- 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

INTRO D8: Now I'm going to ask you some questions about yourself. This is the last part of the interview.

D8. 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

D9. 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 who stay with you all or most of the time.

TOTAL HOUSEHOLD MEMBERS UNDER AGE 18 _____

- REFUSED
- DON'T KNOW

D10. What is your current marital status?

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

D11. 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
- REFUSED
- DON'T KNOW

D12. What is your ethnic background? Are you...

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

D13. 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

D14. 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

D15. When were you born?

____ / ____ / _____
(mm dd yyyy)

- REFUSED
- DON'T KNOW

D16. 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
- REFUSED
- DON'T KNOW

D17. Do you 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

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 _____

Also, we would like to offer you an additional \$5 gift card [**Target or Wal-Mart**] if you call our toll-free number after your baby is born to let us know your baby's birthdate. If you call our toll-free number within 2 weeks after your baby is born we will send you this \$5 gift card. This toll-free number is: **(xxx) xxx-xxxx**.

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.