

1998 Questionnaire

Your opinions matter to us!

We would like your opinions about feeding your baby. Please check [] the box next to your answer.

The first questions are about the time when you were pregnant with your youngest child.

1. Were you enrolled in the WIC program when you were pregnant with your **youngest** child?

- 1 Yes
- 2 No
- 3 I Do Not Remember

2. Are you or your children enrolled in the WIC program now?

- 1 Yes
- 2 No
- 3 I Am Not Sure

3. When you were pregnant with your **youngest** child, how satisfied were you with the information and advice that WIC employees gave you about infant feeding?

- 1 Very Satisfied
- 2 Somewhat Satisfied
- 3 Somewhat Dissatisfied
- 4 Very Dissatisfied
- 5 I Was Not Enrolled in WIC During My Last Pregnancy

4. Did any of the employees who work in the WIC program encourage you to breastfeed your **youngest** child?

- 1 Yes
- 2 No
- 3 I Do Not Remember
- 4 I Was Not Enrolled In WIC During My Last Pregnancy

5. Did any of the health professionals who gave you prenatal care check-ups encourage you to breastfeed your **youngest** child?

- 1 Yes
- 2 No
- 3 I Do Not Remember

6. Did the father of your baby encourage you to breastfeed your **youngest** child?

1 Yes

2 No

3 I Do Not Remember

4 I Was Not in Contact With Him During My Last Pregnancy

7. Did your mother encourage you to breastfeed your **youngest** child?

1 Yes

2 No

3 I Do Not Remember

4 My Mother is Not Living

5 I Was Not in Contact With Her During My Last Pregnancy

8. Did any of your friends encourage you to breastfeed your **youngest** child

1 Yes

2 No

3 I Do Not Remember

9. During your pregnancy, did you see anything about **breastfeeding** on **television**?

1 Yes

2 No

3 I Do Not Remember

10. During your pregnancy, did you hear anything about breastfeeding on the **radio**?
- ₁ Yes
 ₂ No
 ₁ Do Not Remember
11. During your pregnancy, did you see anything about breastfeeding on a **billboard**?
- ₁ Yes
 ₂ No
 ₃ I Do Not Remember
12. During your pregnancy, did you read anything about breastfeeding in a **pamphlet** or **brochure**?
- ₁ Yes
 ₂ No
 ₃ I Do Not Remember
13. During your pregnancy, did you see anything about breastfeeding in the **newspaper**?
- ₁ Yes
 ₂ No
 ₃ I Do Not Remember

The next questions ask for your opinions about breastfeeding. Please tell us how strongly you agree or disagree with each of the statements about breastfeeding. It does not matter if you have ever breastfed or not.

14. Breastfeeding can be very enjoyable for the mother.
- ₁ Strongly Agree
 ₂ Somewhat Agree
 ₃ No Opinion
 ₄ Somewhat Disagree
 ₅ Strongly Disagree
15. Babies who are breastfed are healthier than babies who have been fed formula.
- ₁ Strongly Agree
 ₂ Somewhat Agree
 ₃ No Opinion
 ₄ Somewhat Disagree
 ₅ Strongly Disagree
16. I wish I had been given more information about breastfeeding.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 No Opinion
- 4 Somewhat Disagree
- 5 Strongly Disagree

17. I have someone I can go to for advice about breastfeeding.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 No Opinion
- 4 Somewhat Disagree
- 5 Strongly Disagree

18. Breastfeeding gives the mother a very special feeling.

- 1 Strongly Agree
- 2 Somewhat Agree
- 3 No Opinion
- 4 Somewhat Disagree
- 5 Strongly Disagree

The next questions are about how you fed your youngest child.

19 Did you ever breastfeed your **youngest child**?

1 Yes

2 No

3 I Do Not Remember

20. How old was your **youngest child** when you gave him/her infant formula for the first time?

_____ Weeks Old

99 I Have Never Given my **Youngest Child** any Formula

21. How old was your **youngest child** when you stopped giving him or her any breast milk?

_____ Weeks Old

99 I still Give My Child Some Breast Milk

22. When you were **in the hospital**, what type of milk(s) was your **youngest child** fed? (Check **all** the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

23. When your **youngest** child was 1 week old, what type of milk(s) was he or she fed? (Check **all** the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

24. When your **youngest child** was **1 month old**, what type of milk(s) was he or she fed? (Check all the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

25. When your **youngest child** was **3 months old**, what type of milk(s) was he or she fed? (Check **all** the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

26. When your **youngest child** was **6 months old**, what type of milk(s) was he or she fed? (Check **all** the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

27. When your **youngest child** was **1 year old**, what type of milk(s) was he or she fed? (Check **all** the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

28. During the **last week**, what type of milk(s) was your **youngest child** fed? (Check all the milks your baby was fed)

1 Breast Milk

2 Formula

3 Cow's Milk (whole, skim, lowfat)

4 Other (please write the type of milk): _____

29. If you ever breastfed your **youngest child**, but do not now, why did you stop breastfeeding? (Check only one)

1 I Did Not Breastfeed My Youngest Child

2 I Am Still Breastfeeding

3 I Breastfed As Long As I Planned To

4 I Got Sick

5 I Had Sore Nipples

6 I Returned to A Job or To School

7 Formula Feeding Was More Convenient

8 I Did Not Have Enough Milk

9 My Baby Was Too Sick

10 My Baby Was Biting Me

11 My Baby Weaned Him/Herself

12 Other (please write the reason):

The last questions are about you and your family.

30. How old is your **youngest** child right now? _____ months

31. How many children have you given birth to? _____
(number of children)

32. How many of these children did you give any breast milk? _____
(number of children)

33. Did your mother breastfeed you?

1 Yes

2 No

3 I Am Not Sure

34. What is your marital status?

1 Married

2 Separated or Divorced

3 Widowed

4 Never Married

35. At this time, are you: (check **all** that apply)

1 Employed Full-Time Outside the Home

2 Employed Part-Time Outside the Home

3 Employed in A Temporary or Seasonal Job

4 Unemployed

5 Full-Time Student

6 Part-Time Student

36. What is your ethnicity (what ethnic group do you belong to)?

1 Black or African American

2 White (Not Hispanic)

3 Mexican or Mexican American

4 Puerto Rican or Cuban

5 Other Hispanic, Latino, or Latin American

6 Native American or American Indian

7 Asian American

8 Other (Write In): _____

37. What is the last grade or year in school that you have completed?
(Check only one)

1 Grade 8 or Less

2 Grades 9 Through 11

3 Completed High School or GED

4 Some Vocational or Technical School

5 Completed Vocational or Technical School

6 Some College or University

7 Completed College or University

38. How old are you now? _____ Years Old

39. What is your zip code? _____

Please fill in the blanks in the statement below.

40. Breastfeeding makes me feel _____
because _____

Other Comments: