

## **Your opinions matter to us!**

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

1. How many times did you visit the WIC program office while you were pregnant?  
\_\_\_\_\_ times

2. Have you ever breastfed any of your children?

<sub>1</sub> YES

<sub>2</sub> NO

3. Did you ever breastfeed your most recent child?

<sub>1</sub> YES

<sub>2</sub> NO

4. How long did you breastfeed your most recent child?

\_\_\_\_\_ weeks

<sub>999</sub> I DID NOT BREASTFEED MY MOST RECENT CHILD.

5. How old was your child when you gave him/her formula for the first time?

\_\_\_\_\_ WEEKS

<sub>999</sub> I DID NOT BREASTFEED MY MOST RECENT CHILD.

<sub>999</sub> I HAVE NOT YET GIVEN MY MOST RECENT CHILD ANY FORMULA.

6. How old was your child when you stopped breastfeeding?

\_\_\_\_\_ weeks

I DID NOT BREASTFEED MY MOST RECENT CHILD.

I HAVE NOT YET GIVEN MY MOST RECENT CHILD ANY FORMULA.

7. Why did you stop breastfeeding? (Check only one)

I DID NOT BREASTFEED MY MOST RECENT CHILD.

I AM STILL BREASTFEEDING.

I DID NOT HAVE ENOUGH MILK.

FORMULA FEEDING WAS MORE CONVENIENT.

I HAD SORE NIPPLES.

I RETURNED TO A JOB OR TO SCHOOL.

MY BABY WAS ILL AND UNABLE TO BREASTFEED.

I BREASTFED FOR AS LONG AS I PLANNED TO.

OTHER (WRITE IN: \_\_\_\_\_)

8. How satisfied were you with the information and advice about infant feeding that WIC employees gave you during your pregnancy?

VERY SATISFIED

SATISFIED

DISSATISFIED

VERY DISSATISFIED

9. During your pregnancy, did any of the following people encourage you to breastfeed? (Check all that apply)

THE FATHER OF THE BABY

YOUR MOTHER

YOUR HEALTH CARE PROVIDER

THE PEOPLE WHO WORK IN THE WIC PROGRAM

A FRIEND OR OTHER RELATIVE

10. Breastfeeding can be very enjoyable for the mother.

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

11. Babies who are breastfed are healthier than babies who have been fed with formula.

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

12. I wish I had been given more information about breastfeeding.

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

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

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

14. Breastfeeding gives the mother a very special feeling

- 1 STRONGLY DISAGREE
- 2 DISAGREE
- 3 AGREE
- 4 STRONGLY AGREE

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

- <sub>1</sub> NO
- <sub>2</sub> YES

16. During your pregnancy, did you hear anything about breastfeeding on the radio?

- <sub>1</sub> NO
- <sub>2</sub> YES

17. During your pregnancy, did you see anything about breastfeeding on a billboard?

- <sub>1</sub> NO
- <sub>2</sub> YES

18. During your pregnancy, did you read anything about breastfeeding in a pamphlet or brochure?

- <sub>1</sub> NO
- <sub>2</sub> YES

**The last questions are about you and your family.**

19. What is your marital status?

- <sub>1</sub> MARRIED
- <sub>2</sub> SEPARATED OR DIVORCED
- <sub>3</sub> WIDOWED
- <sub>4</sub> NEVER MARRIED
- <sub>5</sub> A MEMBER OF AN UNMARRIED COUPLE

20. Are you presently: (Check all that apply to you)

- <sub>1</sub> EMPLOYED FULL TIME OUTSIDE THE HOME
- <sub>2</sub> EMPLOYED PART TIME OUTSIDE THE HOME
- <sub>3</sub> EMPLOYED IN A TEMPORARY OR SEASONAL JOB
- <sub>4</sub> UNEMPLOYED
- <sub>5</sub> FULL TIME STUDENT
- <sub>6</sub> PART TIME STUDENT

21. How do you describe yourself? (Check all that apply to you)

- <sub>1</sub> BLACK OR AFRICAN AMERICAN
- <sub>2</sub> WHITE (NOT HISPANIC)
- <sub>3</sub> MEXICAN OR MEXICAN AMERICAN
- <sub>4</sub> PUERTO RICAN OR CUBAN
- <sub>5</sub> OTHER HISPANIC, LATINO OR LATIN AMERICAN
- <sub>6</sub> AMERICAN INDIAN/NATIVE AMERICAN
- <sub>7</sub> ASIAN AMERICAN
- <sub>8</sub> OTHER (WRITE IN: \_\_\_\_\_)

22. What is the last grade or year in school that you have completed?

- <sub>1</sub> EIGHTH GRADE OR LESS
- <sub>2</sub> GRADES 9 THROUGH 11
- <sub>3</sub> COMPLETED HIGH SCHOOL OR GED
- <sub>4</sub> SOME VOCATIONAL OR TECHNICAL SCHOOL
- <sub>5</sub> COMPLETED VOCATIONAL OR TECHNICAL SCHOOL
- <sub>6</sub> SOME COLLEGE OR UNIVERSITY
- <sub>7</sub> COMPLETED COLLEGE OR UNIVERSITY

23. How old are you now? \_\_\_\_\_ YEARS

24. How many children do you have? \_\_\_\_\_

25. What is your zip code? \_\_\_\_\_