

Appendix E. Survey documents

Covering letters

There were several different versions of covering letters depending on the stage of the survey, whether it was an initial approach or a reminder, and depending on which country the mother lived in. At Stage 1, when the initial approach was made from the respective registration offices, there were separate versions for each of England, Wales, Scotland and Northern Ireland. Within each of these countries, there were four letters – an initial letter and three reminders. At Stages 2 and 3 when the fieldwork in England, Wales, Scotland and Northern Ireland was handled fully by IFF Research, there were four letters (initial and three reminders) for all countries.

Three letters have been appended here:

- the initial letter at Stage 1 for sampled addresses in England
- the initial letter at Stage 2 for sampled addresses in England, Wales, Scotland and Northern Ireland
- the initial letter at Stage 3 for sampled addresses in England, Wales, Scotland and Northern Ireland

All mothers in Wales received a copy of the letters in English and Welsh.

At Stages 2 and 3, respondents who had completed the previous survey online (or had provided their email address at Stage 2) received a letter at the same time as the postal questionnaire to let them know that the online survey was ready to complete. A first reminder email was sent one week after the original invitation. For the second and third reminders, online responders received a paper questionnaire and a reminder letter in the same way as those who had responded to Stage 1 on paper. The content of the initial invitation and reminder emails were broadly similar to the letters, with some adaptation for the online approach.

Questionnaires

At Stage 1, there were three different versions of the questionnaire, one for each country. The only differences between the country versions was that the Northern Ireland questionnaire replaced the question asking about mother's ethnic background with a question about religion. At Stage 1 all mothers in Wales received two copies of the questionnaire, one in English and one in Welsh.

At Stages 2 and 3, there was no tailoring by country. Mothers who returned the Welsh language questionnaire at Wave 1 were sent both an English and Welsh copy of the questionnaire at Stages 2 and 3. At Stage 2, a multiple birth form was sent to mothers of multiple births identified at Stage 1.

Four questionnaires have been appended here:

- the Stage 1 questionnaire sent to all mothers in England, Wales and Scotland
- the Stage 2 questionnaire sent to all mothers
- the Stage 3 questionnaire sent to all mothers
- the multiple birth form sent to mothers of multiple births at Stage 2

Who are IFF Research?

IFF, who are carrying out the research on behalf of the Health Departments of England, Northern Ireland, Scotland and Wales, are an independent research agency established in 1965 that conduct high quality strategic research for a wide variety of private and public sector clients.

For more information please visit: www.iffresearch.com

Further Information

If you would like any further information about the Survey of Infant Feeding in the United Kingdom in 2010, please contact Lydia Reynolds or Madeline Nightingale at IFF Research on 0800 014 7351.

For further information about previous Infant Feeding studies, please visit the Department of Health website at: www.dh.gov.uk

Thank you very much for your help



IFF Research

Reference number:

November 2010



Dear New Mother,

I would like to ask for your help with the **2010 Survey of Infant Feeding**, which you can fill in either on paper or online.

The survey, which has been run every five years since 1975, is being carried out for the Health Departments of England, Northern Ireland, Scotland and Wales, by IFF Research, an independent research organisation. It asks about how mothers feed their babies and where they get advice. Over the page is more information about the research and how you can help.

We have drawn your name at random from the Register of Births for the months of August to September 2010. Any information you give will be treated in strict confidence and the results will be used for research purposes only.

If for any reason your baby is no longer with you, I apologise for any distress this letter may have caused you. Please tick the box on the front page of the questionnaire and return it in the envelope provided so that we do not trouble you further.

As a parent myself, I know that the arrival of a new baby does not leave much spare time! But I would be very grateful if you would spare half an hour or so to fill in the questionnaire. The success of this important research depends entirely on your help, and I do hope that you will be able to take part.

Many thanks,

A handwritten signature in black ink, appearing to read 'Sheela Reddy'. The signature is fluid and cursive, with a long, sweeping underline that extends to the right.

Dr Sheela Reddy

Principal Nutritionist, Department of Health

Survey of Infant Feeding in the United Kingdom in 2010

IFF Research has been commissioned by the Health Departments of England, Northern Ireland, Scotland and Wales to conduct an important national study – called the *Survey of Infant Feeding in the United Kingdom in 2010*.

The survey asks new mothers, such as yourself, about what they feed their babies throughout their first year. This leaflet contains more information about this survey and why we are carrying it out.

We depend on individuals' voluntary co-operation and hope that you are able to take part and will find the survey interesting.

What is the 2010 Survey of Infant Feeding?

This is the eighth time the Survey of Infant Feeding has been carried out in the UK. The first survey took place in 1975 and it has been conducted every five years since then. It is used, amongst other things, to monitor how infant feeding practices have changed over the years.

The survey is being carried out in order to find out how babies born in England, Wales, Northern Ireland and Scotland in 2010 are being fed at different times during their first year. In particular the survey aims to find out:

- How new mothers feed their babies
- When solid foods are introduced into a baby's diet
- What factors influence the feeding practices of new mothers, including any help or advice received
- Whether mothers have experienced any problems feeding their babies and what these problems were

Results from the Infant Feeding Survey are vital for developing policies which help and support mothers in feeding their babies.

Why have I been chosen?

You are one of more than 20,000 new mothers who have been randomly selected from all the births that were registered in the UK during August and September 2010. It is important that we have a strictly random selection so that the survey reflects the experiences and attitudes of all mothers.

Although your name has been selected from birth registration records, we have not passed on any of your details to IFF Research. Only when you return the questionnaire will your name and address be passed on to IFF so that they can contact you about later stages of the research.



What do I have to do?

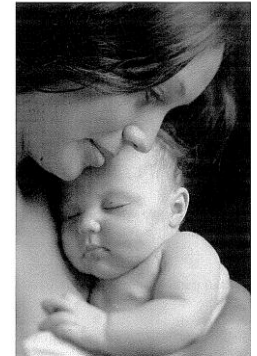
For the first time in 2010 you have the choice of filling in the questionnaire online or on paper – whichever is more convenient for you.

On paper: With this letter you should have received a blank questionnaire. Please complete this and return it to us in the reply paid envelope. **You do not need a stamp.** If you have lost the reply paid envelope, please return the completed questionnaire to the following address: Infant Feeding Survey 2010-11, IFF Research, FREEPOST ANG40150, GRAYS, RM20 3ZY.

OR online: You can access the survey at www.iffresearch.com/infantfeeding. You will be asked to log in using your reference number which can be found on the front page of this leaflet. You will be able to save your progress so that you can complete the questionnaire in more than one sitting if you need to.

Will I be contacted again?

As we would like to find out how you are feeding your baby as he or she gets older, IFF Research hope to contact you again in a few months time. This is why at the end of the survey we ask you to let us know if the address on the envelope was incomplete or if you are planning to move in the near future. If you do not want to be contacted again you should let IFF know when you return the questionnaire.



Is the information I give confidential?

It is entirely confidential. Your address details will be kept separately from your answers and no individual will be identifiable from the results. Your answers will be combined with the thousands of other people taking part in the survey.

Reference number:

Survey of Infant Feeding in the United Kingdom in 2010 / 2011

Dear

We hope that you and your baby are both well and that you enjoyed filling in the last questionnaire. We would really appreciate your help with this next stage of the Survey of Infant Feeding that IFF Research is carrying out on behalf of the Health Departments of England, Northern Ireland, Scotland and Wales.

You are one of almost 15,000 mothers taking part in the research in 2010/2011. For further information about previous Infant Feeding Surveys please visit the Department of Health website at www.dh.gov.uk

The first year after your baby is born is an exciting (and challenging!) time and we appreciate how quickly your baby must be growing up. Now your baby is a bit older we want to know how you are both doing since we last heard from you and I would be very grateful if you could spare some of your valuable time to complete the latest stage of the survey. You can either do this by filling in and returning the questionnaire enclosed in the envelope provided (you do not require a stamp). You can either do this by filling in and returning the questionnaire enclosed in the envelope provided (you do not require a stamp) or by completing the survey online at www.iffresearch.com/infantfeedingstage2 using the reference number at the top of this letter.



Any information that you give will be treated in confidence and the results will be used for research purposes only.

If, for any reason, your baby is no longer with you, please either tick the box on the front page of the questionnaire and return it in the envelope provided or select the box at the beginning of the online survey. We will not trouble you any further and I apologise for any distress this letter may have caused you.

The second questionnaire covers some of the same topics as the first survey so some questions will look familiar to you. This is so we can see if anything has changed in the weeks since you first took part. There are also some brand new sections including things like solid foods for your baby and any plans for returning to work.

The success of the survey depends on getting a reply from as many of the mothers we have written to as possible, and we do hope that you help us with the second part of this important study.

If you have any questions about the survey, please call Madeline Nightingale or Lydia Reynolds on 0800 014 7351 or email Madeline.Nightingale@iffresearch.com.

Thank you very much for your help.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Lydia Reynolds'. The signature is fluid and cursive.

Lydia Reynolds

If you have lost the reply paid envelope, please return the completed questionnaire to:

Infant Feeding Survey 2010-11, IFF Research,
FREEPOST ANG40150, GRAYS, RM20 3ZY

If, for whatever reason, you lose your questionnaire you can call us on 0800 014 7351 and we can send you another copy

Reference number:

May/June 2011

FINAL STAGE: Survey of Infant Feeding 2010/2011

Dear

I'd like to thank you for completing the second questionnaire of this important survey of Infant Feeding. This is the final stage of the Infant Feeding Survey. I would be very grateful if you would spare some of your valuable time to complete the enclosed questionnaire and return it in the envelope provided. You do not need a stamp. If you have lost the reply paid envelope provided you can return the completed questionnaire to the following freepost address (you do not need a stamp): Infant Feeding Survey 2010-11, IFF Research, FREEPOST ANG40150 GRAYS, RM20 3ZY

If you would prefer, you can complete the survey online (using the reference number at the top of this letter) at the following link www.iffresearch.com/infantfeedingfinal

You'll notice that quite a lot of the questionnaire is very similar to the previous two you filled out. Some of the questions need to be repeated so we can see how things have changed for you and your baby at different points in the first year since he/she was born. It would be really helpful if you would follow the instructions on the questionnaire.

This is the final stage of the survey and the last questionnaire we will be asking you to complete.

If, for any reason, your baby is no longer with you, please either tick the box on the front page of the questionnaire and return it to us or select the box at the beginning of the online survey so that we do not trouble you further. I apologise for the distress this letter may have caused you.

We do hope that you help us with the final part of this important study. If you have any questions about the survey, please call Rachel Whalley or Madeline Nightingale on 0800 014 7351 or email rachel.whalley@iffresearch.com.

Thank you very much for your help.

Yours sincerely,



Lydia Reynolds
Senior Research Executive
IFF Research



IFF Research



England / Wales / Scotland

Ref:

Survey of Infant Feeding 2010

September / October / November 2010

What is the questionnaire about?

This questionnaire asks about you and your new baby. If you have twins or triplets, please answer the questionnaire in relation to the baby who was born first.

If your baby is no longer with you, please cross the box below and return the questionnaire to us so we do not trouble you further.

My baby is no longer with me

Our guarantee of confidentiality

All information collected will be treated in the strictest confidence. Results will be reported in the form of statistics and your responses will not be linked back to you.

How to fill in the questionnaire

1. Please fill in the questionnaire in **black biro**.
2. Most questions on the following pages can be answered simply by putting a cross in the box next to the answer that applies to you.

Example:

Yes

No

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

3. Occasionally you may have more than one answer to a question. Please cross all the boxes next to the answers that apply to you if the instruction '**Please cross one or more boxes**' is printed on top of the boxes.

4. Sometimes you are asked to give an age or a length of time in weeks and days, or days and hours. Please follow the instructions very carefully.

Example:

How old is your baby?

If your baby is 6 weeks and 2 days old enter the number of whole weeks plus any additional days

Please enter numbers in both boxes:

and
weeks days

5. Usually after answering each question you go on to the next one unless a box you have crossed has an arrow next to it with an instruction to go to another question.

Example:

Yes ⇒ **Go to Q8**
No

By following the instructions carefully you will miss out questions which do not apply, so the questionnaire will be shorter than it looks.

6. If you cannot remember, do not know, or are unable to answer a particular question please write that in.

7. If you would like to give any further information on any of your answers you can write this in at the end of the survey.

8. When you have finished, please post the questionnaire to us as soon as possible in the reply-paid envelope provided, even if you were not able to answer all of it.

We are very grateful for your help.

Section 1: About your baby

First of all we would like to ask some general questions before finding out how you feed your baby at present.

Q1. What is your baby's first name?

Please write in below – one letter per box

--	--	--	--	--	--	--	--	--	--	--	--

Q2. How old is your baby?

Please write numbers in both boxes

Write in how many whole weeks plus any additional days:

<input type="text"/>	and	<input type="text"/>
weeks		days

Q3. Is this your first baby?

Yes ⇒ **Go to Q5**

No ⇒ **Go to Q4**

Q4. How many children do you have in total?

Please exclude stepchildren or foster children.

Write in number:

Q5. Is your baby one of twins, triplets or other multiple birth?

No

Yes, twin

Yes, triplets or other multiple birth

If you have twins or triplets:

- Please complete this questionnaire with respect to the baby who was born first.
- We are also interested in your other baby or babies and will ask you a few questions about them at a later date.

Section 2: About the milk that you give your baby

Please note that when we ask about 'breastfeeding' we also mean 'giving your baby expressed breast milk'.

Q6. Thinking about the milk that your baby has received over the last 7 days, has he/she had...

Please cross one box only

- | | | | |
|--------------------------------|--------------------------|---|------------------|
| Only breast milk | <input type="checkbox"/> | ⇒ | Go to Q7 |
| Only infant formula | <input type="checkbox"/> | ⇒ | Go to Q8 |
| Breast milk and infant formula | <input type="checkbox"/> | ⇒ | Go to Q13 |

Q7. Has your baby EVER been given infant formula, even if this was only once?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | ⇒ | Go to Q13 |
| No | <input type="checkbox"/> | ⇒ | Go to Q15 |

Q8. Has your baby EVER been given breast milk (via syringe, bottle or cup etc) or have you put your baby to the breast, even if this was only once?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | ⇒ | Go to Q9 |
| No | <input type="checkbox"/> | ⇒ | Go to Q15 |

Q9. How old was your baby when he/she was LAST given breast milk or you put them to your breast?

Please write the age in the appropriate box

Either in days:

OR

In whole weeks plus any additional days:

weeks and days

Q10. What were your reasons for stopping breastfeeding?

Please write in the reasons

Q11. Which of the following best describes how long you breastfed for?

Please cross one box only

- | | | | |
|---|--------------------------|---|------------------|
| I would have liked to breastfeed for longer | <input type="checkbox"/> | ⇒ | Go to Q12 |
| I breastfed for as long as I intended | <input type="checkbox"/> | } | Go to Q13 |
| I breastfed for longer than I intended | <input type="checkbox"/> | | |

Q12. What would have helped you breastfeed for longer?

Please write in the reasons

If you have only ever breastfed your baby, please go to Q15

Q13. How old was your baby when he/she FIRST received infant formula?

Please write the age in the appropriate box

Either in days:

OR

In whole weeks plus any additional days:

 weeks and days

Q14. Since your baby was born, how often has he/she been fed infant formula?

If your pattern of using infant formula has varied please select the answer you feel comes closest to describing your situation.

Please cross one box only

- All or almost all feeds
- About half of all feeds
- One or two feeds a day
- A few feeds a week, but not every day
- A few feeds since they were born, but not every week
- Only once or twice since they were born

Q15. Have you ever seen an advertisement on television, radio or in a magazine or newspaper for baby milks?

- Yes ⇒ **Go to Q16**
- No ⇒ **Go to instruction before Q17**

Q16. What did you see advertised?

Please cross one or more boxes

- First Stage milks
- Follow on milks (sometimes known as stage 2/3)
- Other (***Please cross and write in***)

.....

- Don't know

If you currently use infant formula AT ALL, please answer the following questions.

If not, please go to Q23

The following questions are about how you make up infant formula feeds for your baby. Please try and think about how you usually make up the feeds. If this varies think about the way you do it most often.

Q17. When making infant formula feeds do you USUALLY...

Please cross one box only

- | | | | |
|---|--------------------------|---|------------------|
| Only make one feed at a time as you need it | <input type="checkbox"/> | } | Go to Q18 |
| Make several feeds at a time and store them | <input type="checkbox"/> | | |
| Only ever use ready to feed formula | <input type="checkbox"/> | ⇒ | Go to Q23 |

Q18. When making infant formula feeds for your baby do you USUALLY...

Please cross one box only

- | | |
|---|--------------------------|
| Use water that has just boiled | <input type="checkbox"/> |
| Use water that has boiled and been left to cool for 30 minutes | <input type="checkbox"/> |
| Use water that has boiled and been left to cool between 30 and 45 minutes | <input type="checkbox"/> |
| Use water that has boiled and been left to cool for more than 45 minutes | <input type="checkbox"/> |

Q19. When making infant formula feeds do you USUALLY...

Please cross one box only

- | | |
|---|--------------------------|
| Put the powder in the bottle first and then add the water | <input type="checkbox"/> |
| OR | |
| Put the water in the bottle first and then add the powder | <input type="checkbox"/> |

Q20. If you need to feed your baby when you are out do you USUALLY...

Please cross one box only

- | | | |
|--|--------------------------|--------------------|
| Make up an infant formula feed before leaving home | <input type="checkbox"/> | ⇒ Go to Q21 |
| Make up an infant formula feed whilst you are out | <input type="checkbox"/> | ⇒ Go to Q22 |
| Take a ready to feed formula with you | <input type="checkbox"/> | } Go to Q23 |
| Take expressed breast milk with you | <input type="checkbox"/> | |
| Breastfeed | <input type="checkbox"/> | |
| Never feed your baby away from home | <input type="checkbox"/> | |

Q21. When you are out, do you USUALLY keep the feeds you have made chilled?

Yes }
No } **Go to Q23**

Q22. When you are out do you USUALLY...

Make feeds with cold or cooled water

OR

Make feeds with hot water (e.g. ask for hot water or use hot water from a flask)

Q23. Have you ever used a bottle to feed your baby?

Yes ⇒ **Go to Q24**

No ⇒ **Go to Q25**

Q24. What methods do/did you USUALLY use to sterilise the bottle?

Please cross one box only

Hot soapy water

Boiling water

Soaking in sterilising solution e.g. Milton

Steam steriliser

Dishwasher

Microwave

Other (***Please cross and write in***)

.....

Section 3: About Healthy Start

The Healthy Start scheme provides pregnant women and children under 4 years old with vouchers which can be spent on milk, infant formula, fresh fruit or vegetables. Coupons are also available for free vitamins for pregnant women, mothers and babies.

You are eligible for the scheme if you or your family receive ONE of the following:

- Income support
- Income-based Job Seeker's Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, without working Tax Credit (except Working Tax run-on) **and** an annual family income of £16,190 or less

Q25. Based on the list above, are you eligible for the Healthy Start scheme?

Yes	<input type="checkbox"/>	⇒	Go to Q26
No	<input type="checkbox"/>	}	Go to Q32
Don't know	<input type="checkbox"/>		

Q26. Are you on the Healthy Start scheme?

Yes	<input type="checkbox"/>	⇒	Go to Q28
No	<input type="checkbox"/>	⇒	Go to Q27

Q27. Were you aware of the Healthy Start scheme before reading the description at the beginning of this section?

Yes	<input type="checkbox"/>	⇒	Go to Q28
No	<input type="checkbox"/>	⇒	Go to Q32

Q28. How did you find out about the Healthy Start scheme?

Please cross one or more boxes

- Local benefit office / Jobcentre Plus
- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start4Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Q29. Since the birth, have you used any 'Healthy Start vouchers' to buy milk, infant formula or fresh fruit and/or vegetables?

- Yes ⇒ **Go to Q30**
- No ⇒ **Go to Q31**

Q30. What did you spend your Healthy Start vouchers on?

Please cross one or more boxes

- Infant formula
 - Cow's milk
 - Fresh fruit
 - Fresh vegetables
 - Something else (***Please cross and write in below***)
- } **Go to Q32**

.....

Q31. Why haven't you spent your Healthy Start vouchers?

Please write in the reasons

Section 4: About other drinks and food that you may give to your baby

Q32. Over the last 7 DAYS has your baby had anything else to drink apart from milk, such as water, fruit juice, squash, or herbal drink?

- Yes ⇒ **Go to Q34**
No ⇒ **Go to Q33**

Q33. Has your baby EVER had anything else to drink apart from milk, such as water, fruit juice, squash or herbal drink?

- Yes (even if only occasionally) ⇒ **Go to Q34**
No ⇒ **Go to Q36**

Q34. How old was your baby when he or she was FIRST given something apart from milk to drink, such as water, fruit juice or herbal drink?

Please write the age in the appropriate box

Either in days

OR

In whole weeks plus any additional days

weeks and days

Q35. Apart from milk, do you give your baby drinks mainly...?

Please cross one or more boxes

- Because he/she is thirsty
 - To give him/her extra vitamins
 - To help his/her colic/wind
 - To help his/her constipation
 - To settle him/her
 - Some other reason (***Please cross and write in***)
-

Q36. Has your baby ever had any foods such as cereal, rusks, baby rice, fruit, vegetables or any other kind of solid food?

- Yes ⇒ **Go to Q37**
- No ⇒ **Go to Q40**

Q37. How old was your baby when he/she first had any food apart from milk?

Please write a number in the box

Please write in the age to the nearest whole week

weeks old

Q38. At present, are you regularly giving your baby cereal, rusks, baby rice or any other solid food?

- Yes
- No

N.B. There is no Q39.

Section 5: About vitamins for your baby and yourself

Q40. Do you give your baby any vitamin drops?

- Yes ⇒ **Go to Q41**
No ⇒ **Go to Q42**

Q41. How do you usually get the vitamin drops for your baby?

Please cross one box only

- Get free Healthy Start vitamins
Buy Healthy Start vitamins
Buy other vitamins from a supermarket, pharmacy or health food shop
Get vitamins on prescription
Other (***Please cross and write in***)
-

Q42. Are you taking any vitamin or iron supplements yourself?

- Yes ⇒ **Go to Q43**
No ⇒ **Go to Q44**

Q43. What type of supplements are you taking?

Please cross one or more boxes

- Iron only
Multi -vitamins only
Multi-vitamins and iron combined
Vitamin D supplement
Single vitamin supplement- other
Healthy Start vitamins
Something else (***Please cross and write in***)
-

Section 6: About when you were pregnant

Q44. Did you take folic acid before or during your pregnancy?

Please cross one or more boxes

- | | |
|---|--------------------------|
| Yes, before I was pregnant | <input type="checkbox"/> |
| Yes, during first three months of pregnancy | <input type="checkbox"/> |
| Yes, later on in pregnancy | <input type="checkbox"/> |
| No, did not take folic acid | <input type="checkbox"/> |

Q45. Do you know why increasing your intake of folic acid is recommended, either when planning or during pregnancy?

- | | | | |
|-----|--------------------------|---|------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q46 |
| No | <input type="checkbox"/> | ⇒ | Go to Q47 |

Q46. Why do you think pregnant women are recommended to increase their intake of folic acid?

Please write in the reasons

Q47. When you were pregnant, did you take any vitamin or iron supplements either in tablet, drop or liquid form (apart from folic acid)?

- | | | | |
|-----|--------------------------|---|------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q48 |
| No | <input type="checkbox"/> | ⇒ | Go to Q49 |

Q48. What type of supplements did you take?

Please cross one or more boxes

- Iron only
 - Multi-vitamins only
 - Multi-vitamins and iron combined
 - Vitamin D supplement
 - Single vitamin supplement- other
 - Healthy Start Vitamins
 - Something else (***Please cross and write in***)
-

Q49. Thinking back to before you had your baby, how did you plan to feed him/her?

Please cross one box only

- Infant formula
 - Breastfeed
 - Breastfeed and use infant formula
 - Had not decided
- } **Go to Q50**
- ⇒ **Go to Q51**

Q50. Why did you think you would feed your baby by that method?

Please give all your reasons and explain

Q51. While you were pregnant did you have any antenatal check ups?

- Yes ⇒ **Go to Q52**
- No ⇒ **Go to Q54**

Q52. At the checkups did anyone discuss feeding your baby with you?

- Yes ⇒ **Go to Q53**
No ⇒ **Go to Q54**

Q53. At the checkups, who discussed feeding your baby with you?

Please cross one or more boxes

- Doctor
Health visitor
Midwife
Nurse
Peer supporter (a mum who has breastfed themselves
and been trained to give support to other mums) / Volunteer
Someone else (***Please cross and write in***)
-

Q54. While you were pregnant with this baby, did you go to any sessions to prepare you for having the baby?

- Yes ⇒ **Go to Q55**
No ⇒ **Go to Q57**

Q55. Where were the sessions held?

Please cross one or more boxes

- In hospital / birth centre / midwifery led unit
Clinic / doctor's surgery / health centre
Children's Centre
Voluntary or charitable organisation
Somewhere else (***Please cross and write in***)
-

Q56. During this pregnancy did you attend any sessions that included talks or discussions about feeding babies?

- Yes ⇒ **Go to Q57**
No ⇒ **Go to Q57**

Q57. During this pregnancy were you taught how to position your baby for breastfeeding and how to attach your baby to your breast?

- Yes
No

Q58. During this pregnancy did you get any information about your diet during pregnancy?

- Yes
No

Q59. During this pregnancy did you get any information about smoking during pregnancy?

- Yes ⇒ **Go to Q60**
No ⇒ **Go to Q62**

Q60. What information did you get?

Please cross one or more boxes

Information on...

- ...the effects of smoking on your baby
- ...how to stop smoking
- ...how to cut down smoking
- ... how your partner could stop smoking
- ...the risks of continuing to smoke in pregnancy
- ...the dangers of sharing a bed with your baby and smoking

Some other advice or information (***Please cross and write in***)

.....

Q61. Where did you get this information?

Please cross one or more boxes

- Specialist smoking advisor
- NHS Pregnancy Smoking Helpline
- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start4Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (**Please cross and write in**)

.....

Q62. When you were pregnant did you get any information about drinking alcohol during pregnancy?

- Yes ⇒ **Go to Q63**
- No ⇒ **Go to Q65**

Q63. What information did you get?

Please cross one or more boxes

- Information on...
 - ...the effects of drinking alcohol on your baby
 - ...stopping drinking alcohol in pregnancy
 - ...limiting the amount of alcohol you drank
 - ...continuing to drink alcohol with no information about limit
 - ...the dangers of sharing a bed with your baby and drinking alcohol
- Some other advice or information (**Please cross and write in**)

.....

Q64. Where did you get this information?

Please cross one or more boxes

- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start4Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Q65. While you were pregnant with this baby, did you get any information about the HEALTH benefits of breastfeeding?

- Yes ⇒ **Go to Q66**
- No ⇒ **Go to Q67**

Q66. Where did you get this information?

Please cross one or more boxes

- SureStart or Children's Centre / Children's Health Clinic
 - Partner, friend or relative
 - Voluntary or charitable organisation
 - Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
 - Breastfeeding support group
 - Start4Life
 - Books / leaflets / magazines
 - Television / radio
 - The internet / web based resources
 - Doctor / GP
 - Health visitor
 - Midwife (including at antenatal sessions)
 - Nurse
 - Somewhere else (***Please cross and write in***)
-

Q67. Did you know any mothers with young babies before you had your baby?

- Yes ⇒ **Go to Q68**
- No ⇒ **Go to Q69**

Q68. Would you say that most of these mothers with young babies breastfed or gave infant formula?

Please cross one box only

- Most of them gave infant formula only
- Most of them breastfed only
- Most of them breastfed and gave infant formula
- There was a real mixture of the above methods
- Don't know

Q69. Do you know whether you were breastfed or fed with infant formula when you were a baby?

Please cross one box only

- | | |
|--|--------------------------|
| Breastfed entirely | <input type="checkbox"/> |
| Fed entirely with infant formula | <input type="checkbox"/> |
| Both breastfed and fed with infant formula | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Section 7: About the birth of your baby

Q70. How many weeks pregnant were you when your baby was born?

<input type="text"/>	<input type="text"/>	weeks
----------------------	----------------------	-------

Q71. Where was your baby born?

- | | | |
|--|--------------------------|--------------------|
| In hospital – in a midwife-led unit | <input type="checkbox"/> | } Go to Q72 |
| In hospital – in a consultant-led unit | <input type="checkbox"/> | |
| In a midwife-led unit or birth centre separate from hospital | <input type="checkbox"/> | |
| At home | <input type="checkbox"/> | } Go to Q74 |
| Somewhere else (<i>Please cross and write in</i>) | <input type="checkbox"/> | |
-

Q72. Which hospital, birth centre or unit was your baby born in?

Name of the hospital and/or unit

Town where this is located

Q73. How long after the baby was born did you stay in the hospital, birth centre or unit?

Please enter number in one box only

Either:

How many **hours** did you spend in the hospital, birth centre or unit?

<input type="text"/>	<input type="text"/>	hours
----------------------	----------------------	-------

OR

How many **days** did you spend in the hospital, birth centre or unit?

<input type="text"/>	<input type="text"/>	days
----------------------	----------------------	------

Q74. Thinking about the birth of your baby, what kind of delivery did you have?

- Normal (vaginal) birth
- A caesarean (through a cut in the abdomen)
- Delivery using forceps
- Delivery using vacuum cap on the baby's head (ventouse)

Q75. During your labour, did you use any of the following to relieve the pain?

Please cross one or more boxes

- Natural methods (e.g. breathing, massage)
- Water or a birthing pool
- TENS machine (with pads on your back)
- Gas and air (breathing through a mask)
- Injection of pethidine or a similar painkiller
- Epidural (injection in your back)
- Something else (***Please cross and write in***)

.....

Q76. How much did your baby weigh when he/she was born?

Either in pounds and ounces:

lb oz

Or in kilograms:

. kg

Q77. Did you have skin-to-skin contact with your baby within the first 24 hours after he/she was born? (By skin-to-skin contact we mean you were holding the baby so that his/her bare skin was next to your bare skin.)

- Yes ⇒ **Go to Q78**
- No ⇒ **Go to Q80**

Q78. Were you able to have this skin-to-skin contact with your baby for as long as you wanted?

- Yes
No

Q79. About how long after your baby was born did you first have skin-to-skin contact?

Please cross one box only

- Immediately / within a few minutes
Within an hour
More than 1 hour, up to 12 hours
More than 12 hours later

Q80. After the birth did you have any health problems that affected your ability to feed your baby the way you wanted to?

- Yes
No

Q81. Was your baby put into special care at all, or put under a lamp for jaundice?

Please cross one or more boxes

- Yes, put into special care } **Go to Q82**
Yes, put under a lamp }
No, neither ⇒ **Go to Q84**

Q82. For how long was your baby in special care or put under a lamp?

- One day or less
Two or three days
Four days to one week
More than one week up to one month
More than one month

Q83. Did having your baby in special care or under a lamp affect your ability to feed your baby the way you wanted to?

- Yes
No

Q84. During the first few days, did anyone help you put your baby to the breast?

- Yes ⇒ **Go to Q85**
No ⇒ **Go to Q87**

Q85. Who was this?

Please cross one or more boxes

- Midwife
Midwifery Support Worker
Nurse
Nursery Nurse
Healthcare assistant
Health visitor
Doctor / GP
Voluntary or charitable organisation
Peer supporter (a mum who has breastfed themselves
and been trained to give support to other mums)
Breastfeeding support group
Partner, friend or relative
Someone else (***Please cross and write in***)
-

Q86. Did he/she stay with you while you were first breastfeeding?

Please cross one box only

- Left before baby had started feeding
Left once baby had started feeding
Left once baby was feeding but came back to check on you
Stayed the whole time until the baby finished feeding

Q87 Did anyone explain to you how to recognise that your baby is getting enough milk?

- Yes **Go to Q88**
No **Go to Q90**

Q88. Did you feel confident that you could recognise if your baby was getting enough breastmilk?

- Yes
No

Q89. How useful did you find this information at the time?

- Extremely useful
- Very useful
- Not very useful
- Not useful at all

Q90. Would you have liked any help or information on how to put your baby to the breast?

- Yes
- No

Section 8: About the times that you feed your baby

If you ever breastfed your baby please answer Q91

If your baby was completely fed on infant formula from birth go on to Section 9

Q91. How soon after your baby was born did you first put him/her to the breast?

Please cross one box only

- Immediately / within a few minutes
- Within half an hour
- More than ½ hour, up to 1 hour later
- More than 1 hour, up to 4 hours later
- More than 4 hours, up to 8 hours later
- More than 8 hours, up to 12 hours later
- More than 12 hours, up to 24 hours later
- More than 24 hours later

If your baby was born in a hospital, birth centre or unit please answer Q92

If your baby was born at home please go on to Q101

Q92. While you were in the hospital, birth centre or unit, as well as being breastfed, did your baby have infant formula, water or glucose water?

- Yes ⇒ **Go to Q93**
- No } **Go to Q94**
- Don't know }

Q93. Were you advised to give something else to your baby other than breast milk or did you want your baby to have something else?

Advised to give something else

I wanted my baby to have something else

No, neither

Section 9: About when you were in the hospital, birth centre or unit

If your baby was born at home please go to Q101

Q94. Did your baby stay beside you all the time you were in the hospital, birth centre or unit?

Yes

No

Q95. Were there any problems feeding your baby while you were in the hospital, birth centre or unit?

Yes ⇒ **Go to Q96**

No ⇒ **Go to Q99**

Q96. What problems were there?

Please write in

Q97. Did anyone give you any help or support with this/these problems?

- Yes ⇒ **Go to Q98**
No ⇒ **Go to Q99**

Q98. Who helped or supported you?

Please cross one or more boxes

- Midwife
Midwifery Support Worker
Nurse
Nursery Nurse
Healthcare assistant
Health visitor
Doctor / GP
Voluntary or charitable organisation
Peer supporter (a mum who has breastfed themselves
and been trained to give support to other mums)
Breastfeeding support group
Partner, friend or relative
Someone else (***Please cross and write in***)

.....

Q99. While you were in the hospital, birth centre or unit did you get enough help and support with feeding your baby?

- Yes – received enough help
No – would have liked more help

Q100. When you left the hospital, birth centre or unit, were you...

Please cross one box only

- Only giving breast milk
Only giving infant formula
Giving both breast milk and infant formula?

Section 10: About help for you at home

Q101. How old was your baby when you had the last visit or contact with the midwife or maternity support worker?

Please write in age in days - if you cannot remember exactly, please put in the approximate age.

<input type="text"/>	<input type="text"/>	days old
----------------------	----------------------	----------

Q102. Since leaving the hospital, birth centre or unit has anyone given you the contact details of a voluntary organisation or community group which helps new mothers with infant feeding?

(If your baby was born at home, please base your answer from when your baby was born.)

Please cross one or more boxes

Yes, in conversation	<input type="checkbox"/>	}	Go to Q103
Yes, in writing / in print	<input type="checkbox"/>		
No	<input type="checkbox"/>	⇒	Go to Q104

Q103. Have you used these contact details to seek any help or information?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

Q104. Are you aware of the National Breastfeeding Help line?

Yes and I have used it	<input type="checkbox"/>
Yes but I have not used it	<input type="checkbox"/>
No I was not aware of it	<input type="checkbox"/>

Q105. Since your baby was born has a health visitor been to see you?

Yes	<input type="checkbox"/>	⇒	Go to Q106
No	<input type="checkbox"/>	⇒	Go to Q107

Q106. How old was your baby when the health visitor first came?

Please write in the total number of days- if you cannot remember exactly, please put in the approximate age.

<input type="text"/>	<input type="text"/>	days old
----------------------	----------------------	----------

Q107. Since you left the hospital, birth centre or unit have you had any problems with feeding your baby?

(If your baby was born at home, please answer about any feeding problems since the birth.)

Yes ⇒ **Go to Q108**

No ⇒ **Go to Q111**

Q108. What problems were there?

Please write in

Q109. Did you get any help or information about this/these problems?

Yes ⇒ **Go to Q110**

No ⇒ **Go to Q111**

Q110. Where did you get this help or information?

Please cross one or more boxes

- | | |
|--|--------------------------|
| SureStart or Children's Centre / Children's Health Clinic | <input type="checkbox"/> |
| Voluntary or charitable organisation | <input type="checkbox"/> |
| Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums) | <input type="checkbox"/> |
| Breastfeeding support group | <input type="checkbox"/> |
| Partner, friend or relative | <input type="checkbox"/> |
| Start4Life | <input type="checkbox"/> |
| Books / leaflets / magazines | <input type="checkbox"/> |
| Television / radio | <input type="checkbox"/> |
| The internet / web based resources | <input type="checkbox"/> |
| Breastfeeding clinic | <input type="checkbox"/> |
| National Breastfeeding Helpline | <input type="checkbox"/> |
| Doctor / GP | <input type="checkbox"/> |
| Health visitor | <input type="checkbox"/> |
| Midwife | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> |
| Somewhere else (<i>Please cross and write in</i>) | <input type="checkbox"/> |
-

Q111. During your pregnancy or after the birth of your baby were you given a copy of any of the following?

Please cross one or more boxes

- | | |
|---|--------------------------|
| The Pregnancy Book | <input type="checkbox"/> |
| The Birth to Five book | <input type="checkbox"/> |
| Off to the best start (Start4Life) leaflet (<i>England only</i>) | <input type="checkbox"/> |
| Breastfeeding - off to a good start leaflet (<i>Scotland and Northern Ireland</i>) | <input type="checkbox"/> |
| Breastfeeding – the best start for your new baby leaflet (<i>Wales only</i>) | <input type="checkbox"/> |
| Bottle feeding leaflet (<i>England only</i>) | <input type="checkbox"/> |
| Ready Steady Baby leaflet (<i>Scotland only</i>) | <input type="checkbox"/> |
| Breastfeeding and work leaflet (<i>England only</i>) | <input type="checkbox"/> |
| Breastfeeding and returning to work leaflet (<i>Scotland, Wales and N. Ireland</i>) | <input type="checkbox"/> |
| “From Bump to Breastfeeding” DVD | <input type="checkbox"/> |
| Received items but don't remember names | <input type="checkbox"/> |
| Did not receive any of these | <input type="checkbox"/> |

Q112. In which position do you usually place your baby to sleep?

Please cross one box only

- | | |
|------------------|--------------------------|
| On his/her back | <input type="checkbox"/> |
| On his/her front | <input type="checkbox"/> |
| On his/her side | <input type="checkbox"/> |
| Varies | <input type="checkbox"/> |

Q113. How often, if at all, do you let your baby sleep in your bed with you?

Please cross one box only

- | | |
|--------------|--------------------------|
| All the time | <input type="checkbox"/> |
| Regularly | <input type="checkbox"/> |
| Sometimes | <input type="checkbox"/> |
| Rarely | <input type="checkbox"/> |
| Never | <input type="checkbox"/> |

Q114. Have you ever slept on a sofa with your baby?

- | | |
|-----|--------------------------|
| Yes | <input type="checkbox"/> |
| No | <input type="checkbox"/> |

Section 11: About smoking and drinking

Q115. Have you ever smoked cigarettes?

- | | | | |
|-----|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q116 |
| No | <input type="checkbox"/> | ⇒ | Go to Q121 |

Q116. Have you smoked at all in the last two years, that is since September 2008?

- | | | | |
|-----|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q117 |
| No | <input type="checkbox"/> | ⇒ | Go to Q121 |

Q117. Do you smoke cigarettes at all now?

- | | | | |
|-----|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q118 |
| No | <input type="checkbox"/> | ⇒ | Go to Q119 |

Q118. Did you smoke cigarettes at all during pregnancy, after you found out you were pregnant?

- Yes ⇒ **Go to Q120**
No ⇒ **Go to Q121**

Q119. When did you finally give up?

Please cross one box only

- Before you knew you were pregnant ⇒ **Go to Q121**
As soon as you found out you were pregnant }
Later on during your pregnancy } **Go to Q120**
After the birth }

Q120. Since you knew about your pregnancy, did you do any of the following?

Please cross one or more boxes

- Stopped smoking temporarily (for less than 1 month)
Stopped smoking temporarily (for more than 1 month)
Used nicotine replacement therapy (e.g. nicotine gum, patch or other), which was prescribed by my GP or other healthcare professional
Used nicotine replacement therapy (e.g. nicotine gum, patch or other) that I bought over the counter
Cut down the number of cigarettes I smoked each day
Increased the number of cigarettes I smoked
None of the above

Q121. During your pregnancy, did any of the people you lived with smoke cigarettes?

Please cross one or more boxes

- Yes, my partner smoked
Yes, someone else I lived with smoked
No, nobody else who I lived with smoked
Not applicable - I lived alone

Q126. For each type of drink you say that you had when you were pregnant, please write in the boxes the amount you usually drank each time that you had a drink.
(If none write '0')

Normal strength beer / lager / cider / shandy	<input type="text"/>	half pints	<input type="text"/>	pints		
Strong (6% or more) beer / lager / cider	<input type="text"/>	half pints	<input type="text"/>	pints		
Wine / champagne	<input type="text"/>	small glass (125ml)	<input type="text"/>	medium glass (175ml)	<input type="text"/>	large glass (250ml)
Sherry / martini / vermouth / port	<input type="text"/>	glasses				
Spirits / liqueurs (e.g. gin, whisky, rum, brandy, vodka)	<input type="text"/>	single measures (count double measures as 2)				
Alcopops	<input type="text"/>	bottles				
Low alcohol drinks (please write in - including type of measure)					
Other alcoholic drinks (please write in - including type of measure)					

Q127. Thinking about ALL kinds of alcoholic drinks, how often did you have an alcoholic drink of any kind during pregnancy?

Please cross one box only

Most days	<input type="checkbox"/>
3-4 times a week	<input type="checkbox"/>
Once or twice a week	<input type="checkbox"/>
Once or twice a month	<input type="checkbox"/>
Less than once a month	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

Q128. During your pregnancy would you say you drank more, less or about the same amount of alcohol than before you were pregnant?

Please cross one box only

I drank much more during pregnancy than before	<input type="checkbox"/>	} Go to Q129
I drank more during pregnancy than before	<input type="checkbox"/>	
I drank about the same during pregnancy as before	<input type="checkbox"/>	⇒ Go to section 12
I drank less during pregnancy than before	<input type="checkbox"/>	} Go to Q129
I drank much less during pregnancy than before	<input type="checkbox"/>	

Q129. Why did you change your drinking habits during pregnancy?

Please cross one or more boxes

- Drinking alcohol made me feel sick / unwell
- I disliked the taste of alcohol when I was pregnant
- Alcohol cheered me up and made me feel better
- Alcohol might harm my baby
- I had personal / family problems
- Some other reasons (***Please cross and write in***)

.....

Section 12: And finally...

If this is your first baby, please go on to Q131

Q130. If this is not your first baby, we would like to know how you fed your previous children.

Please fill in the details below, but DO NOT INCLUDE YOUR LATEST BABY as you have already told us about him/her.

Previous children:	Q130a Was he/she breastfed at all?	Q130b If breastfed, how long did you continue breastfeeding?
Eldest child:	Yes <input type="checkbox"/> ⇒ Go to Q130b No <input type="checkbox"/>	<input type="checkbox"/> days OR <input type="checkbox"/> weeks OR <input type="checkbox"/> months
Second eldest child:	Yes <input type="checkbox"/> ⇒ Go to Q130b No <input type="checkbox"/>	<input type="checkbox"/> days OR <input type="checkbox"/> weeks OR <input type="checkbox"/> months
Third eldest child:	Yes <input type="checkbox"/> ⇒ Go to Q130b No <input type="checkbox"/>	<input type="checkbox"/> days OR <input type="checkbox"/> weeks OR <input type="checkbox"/> months
Fourth eldest child:	Yes <input type="checkbox"/> ⇒ Go to Q130b No <input type="checkbox"/>	<input type="checkbox"/> days OR <input type="checkbox"/> weeks OR <input type="checkbox"/> months

Q131. Thinking about all the help and information you received on how to feed your baby, who or what had the MOST influence on you?

Please cross one box only

- Own experience
- Friends / other mothers
- Partner
- Mother / grandmother
- Other relatives
- Health professional (e.g. doctor, midwife)
- SureStart or Children's Centre / Children's Health Clinic
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- National Breastfeeding Helpline
- Start4Life
- Books / leaflets / magazines
- Television / radio
- The internet / web resources
- Someone / something else (**Please cross and write in**)

.....

***If you are now completely feeding your baby infant formula, go to Q133
If you are breastfeeding your baby, answer Q132***

Q132. For how long do you think you will continue breastfeeding your baby?

Until my baby is:

Either weeks old

Or months and weeks old

Don't know / have not decided (*Please cross if appropriate*)

Q133. Are you aware of any health benefits in breastfeeding, either for the mother or the baby?

- Yes ⇒ **Go to Q134**
- No ⇒ **Go to Q136**

Q134. What health benefits, if any, are you aware of for the MOTHER?

Please write in

Q135. What health benefits, if any, are you aware of for the BABY?

Please write in

To finish with, a few questions about yourself...

Q136. What age are you now?

Please cross one box only

- | | |
|--------------|--------------------------|
| Under 20 | <input type="checkbox"/> |
| 20, up to 24 | <input type="checkbox"/> |
| 25, up to 29 | <input type="checkbox"/> |
| 30, up to 34 | <input type="checkbox"/> |
| 35, up to 39 | <input type="checkbox"/> |
| 40 or over | <input type="checkbox"/> |

Q137. How old were you when you finished full-time education? This might be school or college, whichever you last attended full-time)

(If you are still in full time education please cross the box for the age you are intending to leave it)

Please cross one box only

- | | |
|-------------|--------------------------|
| 16 or under | <input type="checkbox"/> |
| 17 | <input type="checkbox"/> |
| 18 | <input type="checkbox"/> |
| 19 or over | <input type="checkbox"/> |

Q138. Are you doing any paid work at the moment?

Please cross one box only

- | | | | |
|---------------------------|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q141 |
| On paid maternity leave | <input type="checkbox"/> | } | Go to Q139 |
| On unpaid maternity leave | <input type="checkbox"/> | | |
| No | <input type="checkbox"/> | | |

Q139. Do you intend to start or return to work within the next year?

Please cross one box only

- | | |
|----------------|--------------------------|
| Yes, full-time | <input type="checkbox"/> |
| Yes, part-time | <input type="checkbox"/> |
| No | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Please skip question 140 if you are on maternity leave

Q140. Have you EVER done any paid work?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | ⇒ Please answer Q141-147 for the job you did most recently |
| No | <input type="checkbox"/> | ⇒ Go to Q148 |

Q141. What is the title of your job? Please write in (If you have/had more than one job please give details of your main job.)

Q142. What do you mainly do in your job?

Please write in

Q143. What does the firm or organisation you work for make or do at the site where you work?

Please write in

Q144. Are you...

- an employee ⇒ **Go to Q145**
or self-employed? ⇒ **Go to Q146**

Q145. Do you have any managerial duties or do you supervise any other employees?

- Yes, manager
Yes, supervisor
No, neither

Q146. Do you work mainly at home or do you go out to work?

- Mainly at home ⇒ **Go to Q148**
Go out to work ⇒ **Go to Q147**

Q147. How many employees are there at the place where you work?

- 1-24
25 - 499
500 or more
On own / with partners but no employees

Q148. Are you...

- Married or in a civil partnership
- Living together
- Single
- Widowed, divorced or separated

Q149. What is your ethnic group?

Please cross one box only

White

- British
- Irish
- Any other white background (***Please cross and write in***)

.....
Mixed

- White and Black Caribbean
- White and Black African
- White and Asian
- Any other mixed background (***Please cross and write in***)

.....
Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Any other Asian background (***Please cross and write in***)

.....
Black or Black British

- Caribbean
- African
- Any other black background (***Please cross and write in***)

.....
Chinese or Other ethnic group

- Chinese
 - Any other (***Please cross and write in***)
-

Q150. Is there anything else you would like to say about feeding your baby?

Yes



Please write in below

No

Please give the date when you filled in this questionnaire

day

month

year

***Was there anything you intended to go back and complete?
Please check.***



IFF Research



Ref:

Survey of Infant Feeding 2010/11

January/February 2011

What is the questionnaire about?

Thank you for filling in the first questionnaire we sent you. This questionnaire asks some more questions about you and your baby.

If you have twins or triplets, please answer the questionnaire in relation to the baby who was born first.

If your baby is no longer with you, please cross the box below and return the questionnaire to us so we do not trouble you further.

My baby is no longer with me

Our guarantee of confidentiality

All information collected will be treated in the strictest confidence. Results will be reported in the form of statistics and your responses will not be linked back to you, unless you give us your permission.

How to fill in the questionnaire

1. Please fill in the questionnaire in **black biro**.

2. Most questions on the following pages can be answered simply by putting a cross in the box next to the answer that applies to you.

Example:

Yes
No

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

3. Occasionally you may have more than one answer to a question. Please cross all the boxes next to the answers that apply to you if the instruction '**Please cross one or more boxes**' is printed on top of the boxes.

4. Sometimes you are asked to give an age or a length of time in weeks and days, or days and hours. Please follow the instructions very carefully.

Example:

How old is your baby?

If your baby is 15 weeks and 2 days old enter the number of whole weeks plus any additional days.

Please enter numbers in both boxes:

<input type="text" value="1"/>	<input type="text" value="5"/>	and	<input type="text" value="2"/>
weeks			days

5. Usually after answering each question you go on to the next one unless a box you have crossed has an arrow next to it with an instruction to go to another question.

Example:

Yes	<input checked="" type="checkbox"/>	⇒	Go to Q8
No	<input type="checkbox"/>		

By following the instructions carefully you will miss out questions which do not apply, so the questionnaire will be shorter than it looks.

6. If you cannot remember, do not know, or are unable to answer a particular question please write that in.

7. If you would like to give any further information on any of your answers you can write this in at the end of the questionnaire.

8. When you have finished, please post the questionnaire to us as soon as possible in the reply-paid envelope provided, even if you were not able to answer all of it.

We are very grateful for your help.

Section 1: About your baby

Q1. Can I check, what is your baby's first name?

Please write in below – one letter per box

--	--	--	--	--	--	--	--	--	--	--	--

Q2. How old is your baby?

Please write numbers in both boxes

Write in how many whole weeks plus any additional days:

<input type="text"/>	<input type="text"/>	and	<input type="text"/>
weeks			days

Section 2: About the milk that you give your baby

Please note that when we ask about 'breastfeeding' we also mean 'giving your baby expressed breast milk'.

Q3. Thinking about the milk that your baby has received over the last 7 days, has he/she had...

Please cross one box only

- | | | | |
|---|--------------------------|---|------------------|
| Only breast milk | <input type="checkbox"/> | ⇒ | Go to Q4 |
| Only infant formula / other milk | <input type="checkbox"/> | ⇒ | Go to Q5 |
| Breast milk and infant formula / other milk | <input type="checkbox"/> | ⇒ | Go to Q10 |

Q4. Has your baby **EVER** been given any kind of milk other than breast milk, such as infant formula or cow's milk (even if this was only once)?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | } | Go to Q10 |
| No | <input type="checkbox"/> | | |

Q5. Has your baby **EVER** been given breast milk (via syringe, bottle or cup etc) or have you put your baby to the breast, even if this was only once?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | ⇒ | Go to Q6 |
| No | <input type="checkbox"/> | ⇒ | Go to Q13 |

Q6. How old was your baby when he/she was LAST given breast milk or you put them to your breast?

If you cannot remember exactly, please put in the approximate age.

Write in how many whole weeks plus any additional days

Please write numbers in both boxes

<input type="text"/>	<input type="text"/>	and	<input type="text"/>
weeks			days

Q7. What were your reasons for stopping breastfeeding?

Please write in the reasons

Q8. Which of the following best describes how long you breastfed for?

Please cross one box only

- | | | | |
|---|--------------------------|---|------------------|
| I would have liked to breastfeed for longer | <input type="checkbox"/> | ⇒ | Go to Q9 |
| I breastfed for as long as I intended | <input type="checkbox"/> | } | Go to Q10 |
| I breastfed for longer than I intended | <input type="checkbox"/> | | |

Q9. What would have helped you breastfeed for longer?

Please write in the reasons

Q10. Is/was your baby being breastfed on demand or generally fed at set feeding times?

- On demand
- Generally keep to set times
- It depends on the circumstances

Q11. How often has your baby been given breast milk over the last 7 days?

- Not at all
- Once a day
- Twice a day
- 3-4 times a day
- 5-6 times a day
- 7-8 times a day
- More than 8 times a day

OR

Please write in number of times in the last 7 days

Q12. Since your baby was born, have you ever experienced any pain as a result of breastfeeding?

Please cross one or more boxes

- Yes – sore nipples (no obvious damage)
- Yes – sore nipples (damaged / cracked / bleeding)
- Yes – painful breasts
- No (only very mild or no pain)

Q12a Since your baby was born, have you experienced any of the following problems as a result of breastfeeding?

Please cross one or more boxes

- Abscess
- Mastitis
- Engorgement (very full and tender breasts)
- Blocked milk ducts
- Thrush
- Tongue tie (a piece of skin under the tongue that restricts its movement)
- Baby having difficulty taking the breast / not sucking effectively
- Worry about having enough milk
- Any other problems (***Please cross and write in***)

.....

- None of these

If your baby has ever been given any sort of milk other than breast milk (even if only once) please go to Q13

If you have only ever breastfed your baby please go to Q21

Q13. Which of the following kinds of milk has your baby EVER been given, even if this was only once?

Please cross one or more boxes

- Infant formula (or “first” milk)
- Follow-on formula
- Cow’s milk
- Another kind of milk (***Please cross and write in***)

.....

Q14. How old was your baby when he/she was FIRST given any kind of milk other than breast milk such as infant formula or cow's milk?

If you cannot remember exactly, please put in the approximate age.

Please write in the age to the nearest whole week

weeks old

Q15. Excluding breast milk, which one of the following kinds of milk has your baby been given MOST OFTEN over the last 7 days?

Please cross one box only

- | | | |
|--|--------------------------|--------------------|
| Infant formula (or "first" milk) | <input type="checkbox"/> | } Go to Q16 |
| Follow-on formula | <input type="checkbox"/> | |
| Cow's milk | <input type="checkbox"/> | |
| Another kind of milk (<i>Please cross and write in</i>) | <input type="checkbox"/> | |

.....

- None of these ⇒ **Go to Q18**

Q16. If your baby is given cow's milk, is it USUALLY whole milk, semi-skimmed or skimmed?

Please cross one box only

- | | |
|---------------------------|--------------------------|
| Whole | <input type="checkbox"/> |
| Semi-skimmed | <input type="checkbox"/> |
| Skimmed | <input type="checkbox"/> |
| Baby not given cow's milk | <input type="checkbox"/> |

Q17. Excluding breast milk, thinking of the milk that your baby has been given most over the last 7 days, does he / she NORMALLY have powdered milk, ready to feed milk or both?

Please cross one box only

- | | |
|---------------|--------------------------|
| Powdered | <input type="checkbox"/> |
| Ready to feed | <input type="checkbox"/> |
| Both | <input type="checkbox"/> |

The next few questions are about types of baby milk that can be given as your baby starts to get older. These are often called FOLLOW-ON formula.

Q18. Which (if any) of the following types of FOLLOW-ON formula has your baby ever been given (ready-made and powdered)?

Please cross one or more boxes

- Cow & Gate Next Steps
 - Cow & Gate Step-Up
 - Cow & Gate Omneo Comfort Follow-on
 - Cow & Gate Organic Follow-on
 - Cow & Gate Organic Second Milk
 - SMA Progress
 - SMA Follow-on
 - Milupa Aptamil Forward
 - Farley's Second
 - Farley's Follow-On Milk
 - Hipp Organic Follow-On Milk
 - Another kind of Follow-on milk
- (Please cross and write in**

Go to Q19

.....
None of these ⇒ **Go to Q21**

Q19. How old was your baby when he/she was first given FOLLOW-ON formula?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole week

weeks old

Q20. Why did you start to give this kind of milk to your baby?

Please cross one or more boxes

- Doctor / health visitor / other health professional advised me to
 - Friend or relative advised me to
 - Previous experience (with another baby)
 - Read leaflets / seen information that advised me to
 - Baby was not gaining enough weight
 - It is better for my baby / contains more nutrition
 - Start4Life
 - Saw TV advert
 - Some other reason (*Please cross and write in*)
-

Q21. Do you know what the difference is between first infant formula and follow-on formula?

- Yes
- No

Q22. Has your baby ever used a dummy?

Please cross one box only

- Yes, using now
 - Yes, used in past but not now
 - No, never used
- } **Go to Q23**
- ⇒ **Go to Q24**

Q23. What age did your baby start using the dummy?

*If you cannot remember exactly, please put in the approximate age.
Write in how many whole weeks plus any additional days*

Please write numbers in both boxes

and
weeks days

Section 3: About Healthy Start

Q24. As mentioned on the previous questionnaire, you are eligible for the Healthy Start scheme if you or your family receive ONE of the following:

- Income support
- Income-based Job Seeker's Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit without Working Tax Credit (except Working Tax run-on) and an annual family income of £16,190 or less

People's circumstances may change over time. Based on the list above, are you currently eligible for the Healthy Start Scheme?

Yes ⇒ **Go to Q25**
No } **Go to Q29**
Don't know }

Q25. Have you registered with the Healthy Start Scheme?

Yes ⇒ **Go to Q26**
No ⇒ **Go to Q29**

Q26. Since the birth, have you used any 'Healthy Start vouchers' to buy milk, infant formula or fresh fruit and/or vegetables?

Yes ⇒ **Go to Q27**
No ⇒ **Go to Q29**

Q27. What did you spend your 'Healthy Start vouchers' on?

Please cross one or more boxes

Infant formula
Cow's milk
Fresh fruit
Fresh vegetables
Something else (*Please cross and write in*)

.....

Q28. Where have you spent the 'Healthy Start vouchers'?

Please cross one or more boxes

- With the milkman
 - At a supermarket
 - At a pharmacy
 - At another type of shop
 - Somewhere else (*Please cross and write in*)
-

Section 4: About other drinks and food that you may give to your baby

Q29. Over the last 7 DAYS has your baby had anything else to drink apart from milk such as water, fruit juice, squash or herbal drink?

- Yes ⇒ **Go to Q31**
- No ⇒ **Go to Q30**

Q30. Has your baby EVER had anything else to drink apart from milk such as water, fruit juice, squash or herbal drink?

- Yes (even if only occasionally) ⇒ **Go to Q31**
- No ⇒ **Go to Q33**

Q31. How old was your baby when he or she was FIRST given something apart from milk, such as water, fruit juice, squash or herbal drink?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole week

weeks

Q32. Apart from milk, do you give your baby drinks mainly...?

Please cross one or more boxes

- Because he/she is thirsty
 - To give him/her vitamins
 - To help his/her colic/wind
 - To help his/her constipation
 - To settle him/her
 - Some other reason (***Please cross and write in***)
-

Q33. Has your baby ever had any solid foods such as cereal, rusks, baby rice, fruit, vegetables or any other kind of solid food?

- Yes ⇒ **Go to Q34**
- No ⇒ **Go to Q48**

Q34. How old was your baby when he/she first had any food apart from milk?

*If you cannot remember exactly, please put in the approximate age.
Please write number in the box to nearest whole week*

weeks

Q35. Why did you start giving your baby solid foods?

Please cross one or more boxes

- Doctor / health visitor / other health professional advised me to
 - Friend or relative advised me to
 - Read leaflets / seen information that advised me to
 - Start4Life
 - Previous experience (with another baby)
 - Baby was not satisfied with milk
 - Baby was not gaining enough weight
 - Baby was waking up during the night
 - Baby able to sit up and hold food in hand
 - Some other reason (***Please cross and write in***)
-

Q36. What was the first solid food given to your baby?

Please cross one box only

- | | |
|---|--------------------------|
| Ready made baby food | <input type="checkbox"/> |
| Homemade foods | <input type="checkbox"/> |
| Rusk | <input type="checkbox"/> |
| Baby rice | <input type="checkbox"/> |
| Fruit | <input type="checkbox"/> |
| Vegetables | <input type="checkbox"/> |
| Any other food (for example, yoghurt,
fromage frais or breakfast cereal) | <input type="checkbox"/> |

Q37. Was it mashed, pureed or finger foods?

Please cross one box only

- | | |
|------------------|--------------------------|
| Mashed or pureed | <input type="checkbox"/> |
| Finger food | <input type="checkbox"/> |

Q38. What sort of solid foods has your baby ever had?

Please cross one or more boxes

- | | |
|---|--------------------------|
| Ready made baby food | <input type="checkbox"/> |
| Homemade foods | <input type="checkbox"/> |
| Rusk | <input type="checkbox"/> |
| Baby rice | <input type="checkbox"/> |
| Fruit | <input type="checkbox"/> |
| Vegetables | <input type="checkbox"/> |
| Any other food (for example, yoghurt,
fromage frais or breakfast cereal) | <input type="checkbox"/> |

Q39. What sort of solid foods did your baby eat yesterday?

Please cross one or more boxes

- | | |
|---|--------------------------|
| Ready made baby food | <input type="checkbox"/> |
| Homemade foods | <input type="checkbox"/> |
| Rusk | <input type="checkbox"/> |
| Baby rice | <input type="checkbox"/> |
| Fruit | <input type="checkbox"/> |
| Vegetables | <input type="checkbox"/> |
| Any other food (for example, yoghurt,
fromage frais or breakfast cereal) | <input type="checkbox"/> |
| Didn't have solids yesterday | <input type="checkbox"/> |

Q40. Was it mashed, pureed or finger foods?

Please cross one or more boxes

- Mashed or pureed
- Finger food

Q41. Do you EVER use milk to mix up your baby's food?

- Yes ⇒ **Go to Q42**
- No ⇒ **Go to Q43**

Q42. When you mix up your baby's solid food do you USUALLY use...?

Please cross one box only

- Infant formula
 - Cow's milk
 - Breast milk
 - Follow on formula
 - Or something else (*Please cross and write in*)
-

Q43. How many meals of solid food does your baby usually have a day?

Please cross one box only

- 0 meals
 - 1 meal
 - 2 meals
 - 3 meals (or more) ⇒ **Go to Q44**
- } **Go to Q45**

Q44. How old was your baby when he/she regularly started having three (or more) meals of solid foods a day?

*If you cannot remember exactly, please put in the approximate age.
Please write number in the box to nearest whole week*

weeks

Q45. Did you get any information about when to start giving solid foods to your baby?

Yes

No

Q46. Did you get any information about the types of solid foods to give your baby?

Yes

No

***If you answered Yes at Q45 or Q46 please go to Q47
Otherwise go to Section 5, Q48***

Q47. Where did you get this information?

Please cross one or more boxes

- | | |
|---|--------------------------|
| SureStart or Children's Centre / Children's Health Clinic | <input type="checkbox"/> |
| Partner, friend or relative | <input type="checkbox"/> |
| Voluntary or charitable organisation | <input type="checkbox"/> |
| Peer supporter (a mum who has breastfed themselves
and been trained to give support to other mums) | <input type="checkbox"/> |
| Breastfeeding support group | <input type="checkbox"/> |
| Start 4 Life | <input type="checkbox"/> |
| Books / leaflets / magazines | <input type="checkbox"/> |
| Television / radio | <input type="checkbox"/> |
| The internet / web based resources | <input type="checkbox"/> |
| Breastfeeding Clinic | <input type="checkbox"/> |
| National Breastfeeding Helpline | <input type="checkbox"/> |
| Doctor / GP | <input type="checkbox"/> |
| Health visitor | <input type="checkbox"/> |
| Midwife (including at antenatal sessions) | <input type="checkbox"/> |
| Nurse | <input type="checkbox"/> |
| Somewhere else (<i>Please cross and write in</i>) | <input type="checkbox"/> |

.....

Section 5: About vitamins for your baby and yourself

Q48. Do you give your baby any vitamin drops?

- Yes ⇒ **Go to Q49**
No ⇒ **Go to Q50**

Q49. How do you usually get the vitamin drops for your baby?

Please cross one box only

- Get free Healthy Start vitamins
Buy Healthy Start vitamins
Buy other vitamins from a supermarket,
pharmacy or health food shop
Get vitamins on prescription
Other (***Please cross and write in***)
-

Q50. Are you taking any vitamin or iron supplements yourself?

- Yes ⇒ **Go to Q51**
No ⇒ **Go to Q53**

Q51. What type of supplements are you taking?

Please cross one box only

- Iron only
Multi -vitamins only
Multi-vitamins and iron combined
Vitamin D supplement
Single vitamin supplement- other
Healthy Start vitamins
Something else (***Please cross and write in***)
-

Q52. How do you usually get the vitamins or iron supplements?

Please cross one box only

- | | |
|--|--------------------------|
| Get free Healthy Start vitamins | <input type="checkbox"/> |
| Buy Healthy Start vitamins | <input type="checkbox"/> |
| Buy other vitamins from a supermarket,
pharmacy or health food shop | <input type="checkbox"/> |
| Get vitamins on prescription | <input type="checkbox"/> |
| Other (<i>Please cross and write in</i>) | <input type="checkbox"/> |
-

Section 6: About check-ups for your baby and your baby's health

Q53. Do you take your baby to a Child Health Clinic, Children's Centre or GP for health information, to be weighed, or for regular check ups?

- | | | | |
|-----|--------------------------|---|------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q54 |
| No | <input type="checkbox"/> | ⇒ | Go to Q55 |

Q54. About how often do you take your baby to a child health clinic or GP?

Please cross one box only

- | | |
|------------------------|--------------------------|
| Once a week | <input type="checkbox"/> |
| Once a fortnight | <input type="checkbox"/> |
| Once a month | <input type="checkbox"/> |
| Less than once a month | <input type="checkbox"/> |

Q55. Has your baby ever suffered from any of the following problems?

Please cross one or more boxes

- | | | | |
|---|--------------------------|---|------------------|
| Sickness or vomiting | <input type="checkbox"/> | } | Go to Q56 |
| Diarrhoea | <input type="checkbox"/> | | |
| Constipation | <input type="checkbox"/> | | |
| Chest problems / infection | <input type="checkbox"/> | | |
| Ear problems / infection | <input type="checkbox"/> | | |
| Urinary tract infection | <input type="checkbox"/> | | |
| Colic / painful wind | <input type="checkbox"/> | | |
| Thrush | <input type="checkbox"/> | | |
| Not gaining enough weight | <input type="checkbox"/> | | |
| Gaining too much weight | <input type="checkbox"/> | | |
| Something else (<i>please write in</i>) | <input type="checkbox"/> | | |

.....

- | | | | |
|---------------|--------------------------|---|------------------|
| None of these | <input type="checkbox"/> | ⇒ | Go to Q57 |
|---------------|--------------------------|---|------------------|

Q56. For which, if any, of these problems has your baby stayed overnight in hospital?

Please cross one or more boxes

- | | |
|---|--------------------------|
| Sickness or vomiting | <input type="checkbox"/> |
| Diarrhoea | <input type="checkbox"/> |
| Constipation | <input type="checkbox"/> |
| Chest problems / infection | <input type="checkbox"/> |
| Ear problems / infection | <input type="checkbox"/> |
| Urinary tract infection | <input type="checkbox"/> |
| Colic / painful wind | <input type="checkbox"/> |
| Thrush | <input type="checkbox"/> |
| Not gaining enough weight | <input type="checkbox"/> |
| Gaining too much weight | <input type="checkbox"/> |
| Something else (<i>please write in</i>) | <input type="checkbox"/> |

.....

- | | |
|---------------|--------------------------|
| None of these | <input type="checkbox"/> |
|---------------|--------------------------|

Section 7: Help and information for you about feeding your baby

Q57. Have you had any problems with feeding your baby since the time you filled in the previous questionnaire?

- Yes ⇒ **Go to Q58**
No ⇒ **Go to Q61**

Q58. What problems were there?

Please write in

Q59. Did you get any help or information about this/these problems?

- Yes ⇒ **Go to Q60**
No ⇒ **Go to Q61**

Q60. Where did you get this help or information?

Please cross one or more boxes

- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start 4 Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Breastfeeding Clinic
- National Breastfeeding Helpline
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Q61. Has anyone given you help or information on breastfeeding since the time you filled in the previous questionnaire?

- Yes ⇒ **Go to Q62**
- No ⇒ **Go to Q63**

Q62. Where did you get help or information on breastfeeding from?

Please cross one or more boxes

- SureStart or Children’s Centre / Children’s Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start 4 Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Breastfeeding Clinic
- National Breastfeeding Helpline
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Section 8: About feeding your baby in public places

Q63. Have you ever felt uncomfortable feeding your baby in front of others?

Please cross one or more boxes per column

	Feeding from the breast	Feeding from a bottle
Yes – in my own home	<input type="checkbox"/>	<input type="checkbox"/>
Yes – in public places	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Q64. Which of the following, if any, do you NOT feel confident to feed your baby in front of?

Please cross one or more boxes for each

	<i>Feeding from the breast</i>	<i>Feeding from a bottle</i>
Your partner	<input type="checkbox"/>	<input type="checkbox"/>
Some male relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>
Some female relatives or friends	<input type="checkbox"/>	<input type="checkbox"/>
Doctor/GP	<input type="checkbox"/>	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor	<input type="checkbox"/>	<input type="checkbox"/>
Nurse	<input type="checkbox"/>	<input type="checkbox"/>
Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)	<input type="checkbox"/>	<input type="checkbox"/>
Someone else	<input type="checkbox"/>	<input type="checkbox"/>
No one, feel confident in front of everyone	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Q65. Since your baby was born have you ever fed him / her in a public place?

Please cross one or more boxes

- Yes – breastfed in a public place ⇒ **Go to Q66**
- Yes – bottlefed in a public place }
- No – never fed in a public place } **Go to Q71**

Q66. When you are out and about in a public place and want to breastfeed do you usually:

(N.B. If you are no longer breastfeeding please answer for when you were)

Please cross one box only

- Prefer to use a mother and baby room if one is available
- Prefer to breastfeed where you are but look for a quiet place to sit
- Prefer to breastfeed where you are without going to a special place
- No preference

Q67. Have you ever had problems finding somewhere to breastfeed your baby when you were out in a public place?

- Yes
- No

Q68. Have you ever been stopped from or made to feel uncomfortable about breastfeeding in a public place?

- Yes ⇒ **Go to Q69**
- No ⇒ **Go to Q70**

Q69. Where were you stopped from or made to feel uncomfortable about breastfeeding in a public place?

Please write in

Q70. Have any of the following things put you off or discouraged you from breastfeeding in a public place?

Please cross one or more boxes

- | | | | |
|--|--------------------------|---|------------------|
| Not feeling confident enough | <input type="checkbox"/> | } | Go to Q73 |
| Being stopped / asked not to breastfeed | <input type="checkbox"/> | | |
| Being made to feel uncomfortable by other people | <input type="checkbox"/> | | |
| Lack of suitable places available to breastfeed | <input type="checkbox"/> | | |
| Concerns about hygiene in public places | <input type="checkbox"/> | | |
| Baby won't always feed when you try | <input type="checkbox"/> | | |
| Some other reason (<i>please write in</i>) | <input type="checkbox"/> | | |
-

Even though you may not have breastfed your baby in a public place, there may have been times when you wanted to or tried to....

Q71. Since your baby was born have you ever wanted to or tried to breastfeed him / her in a public place?

- Yes ⇒ **Go to Q72**
No ⇒ **Go to Q73**

Q72. Why have you not breastfed your baby in a public place even though you wanted to or tried to?

Please cross one or more boxes

- | | |
|--|--------------------------|
| Did not feel confident enough | <input type="checkbox"/> |
| Someone stopped you / asked you not to | <input type="checkbox"/> |
| Someone made you feel uncomfortable | <input type="checkbox"/> |
| No suitable place available to breastfeed | <input type="checkbox"/> |
| Concerns about hygiene in public places | <input type="checkbox"/> |
| Baby would not feed when you tried | <input type="checkbox"/> |
| Just prefer to breastfeed at home | <input type="checkbox"/> |
| Some other reason (<i>please write in</i>) | <input type="checkbox"/> |
-

Now thinking about both breastfeeding AND bottle feeding in public places...

Q73. Where do you think that it is important to have facilities for feeding babies (including both breast and bottle feeding)?

Please cross one or more boxes

- | | |
|--|--------------------------|
| Shops / shopping centres | <input type="checkbox"/> |
| Restaurants | <input type="checkbox"/> |
| Public toilets | <input type="checkbox"/> |
| Pubs / bars | <input type="checkbox"/> |
| Cinemas | <input type="checkbox"/> |
| Libraries | <input type="checkbox"/> |
| Leisure centres | <input type="checkbox"/> |
| Public transport (e.g. on trains, buses/
in train and bus stations) | <input type="checkbox"/> |
| SureStart or Children's Centre / Children's Health Clinic | <input type="checkbox"/> |
| Doctors' surgeries | <input type="checkbox"/> |
| Other places (<i>please cross and write in</i>) | <input type="checkbox"/> |

.....

Q74. Are you aware of legislation protecting your right to breastfeed in public?

- Yes
No

Q75. Have you seen stickers or leaflets promoting locations in your area where breastfeeding is welcome?

- Yes
No

Section 9: About smoking and drinking

Q76. Do you smoke cigarettes at all now?

- Yes ⇒ **Go to Q77**
No ⇒ **Go to Q81**

Q77. About how many cigarettes a day do you usually smoke now?

Please write a number in the box

Q78. Do you ever smoke inside your home?

- Yes
No

Q79. Did you smoke cigarettes at all during your pregnancy, after you found out you were pregnant?

- Yes ⇒ **Go to Q81**
No ⇒ **Go to Q80**

Q80. How old was your baby when you started to smoke again?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole week

 weeks

Q81. Do any of the people who live with you now smoke cigarettes?

- Yes, my partner smokes ⇒ **Go to Q82**
Yes, someone else I live with smokes ⇒ **Go to Q83**
No, nobody else I live with smokes } **Go to Q84**
Not applicable - I live alone with my baby }

Q82. About how many cigarettes a day does your husband/partner usually smoke?

Please write the number in the box

Q83. Does anyone you live with ever smoke inside your home?

Yes

No

Section 10: About your plans for work

Q84. Are you doing any paid work at the moment?

Yes ⇒ **Go to Q86**

On paid maternity leave }
On unpaid maternity leave } **Go to Q93**

No ⇒ **Go to Q85**

Q85. Do you intend to start or return to work within the next year?

Yes ⇒ **Go to Q94**

No ⇒ **Go to Q99**

Don't know ⇒ **Go to Q99**

Q86. How many hours a week do you work on average?

Less than 15

Between 15 and 30

31 or more hours

Varies

Q87. What age was your baby when you returned to work?

1 month, less than 2 months

2 months, less than 3 months

3 months, less than 4 months

4 months, less than 5 months

5 months, less than 6 months

6 months, or older

Q88. How is your baby cared for while you are at work?

Please cross one or more boxes

- Childminder/Nanny
- Work-place crèche or nursery
- Other crèche or nursery
- Husband or partner
- The child's grandparent(s)
- Another relative
- Friend
- Other person/place (***Please write in***)

.....

- Do not use any childcare

Q89. Has your return to work affected the way in which you are feeding your baby at all?

- Yes ⇒ **Go to Q90**
- No ⇒ **Go to Q91**

Q90. How has this affected the way in which you feed your baby?

Please write in

Q91. Does your employer provide facilities at work for you to express and store your breast milk, or breastfeed your baby?

Please cross one or more boxes

- Yes – to express and store breast milk
- Yes – to breastfeed
- No - neither

Q92. Does your employer offer any of the following to you? (If you are self-employed please answer in terms of which options are feasible for you)

Please cross one or more boxes

- | | | |
|--|--------------------------|--------------------|
| Part-time working hours | <input type="checkbox"/> | } Go to Q99 |
| Flexi-time | <input type="checkbox"/> | |
| Shorter working days | <input type="checkbox"/> | |
| Longer / extended breaks (which may include time to express milk / breastfeed) | <input type="checkbox"/> | |
| Additional leave / holiday | <input type="checkbox"/> | |
| Extra leave if your baby is ill | <input type="checkbox"/> | |
| Different shift patterns | <input type="checkbox"/> | |
| Other support or advice (<i>please write in</i>) | <input type="checkbox"/> | |
| | | |
| None of these | <input type="checkbox"/> | |

Q93. Do you intend to return to work when your maternity leave has come to an end?

- | | | |
|------------|--------------------------|--------------------|
| Yes | <input type="checkbox"/> | ⇒ Go to Q94 |
| No | <input type="checkbox"/> | } Go to Q99 |
| Don't know | <input type="checkbox"/> | |

Q94. What age will your baby be when you return to work?

- | | |
|------------------------------|--------------------------|
| 4 months, less than 5 months | <input type="checkbox"/> |
| 5 months, less than 6 months | <input type="checkbox"/> |
| 6 months, less than 9 months | <input type="checkbox"/> |
| 9 months, less than 1 year | <input type="checkbox"/> |
| 1 year or older | <input type="checkbox"/> |
| Don't know | <input type="checkbox"/> |

Q95. How many hours do you intend to work?

- | | |
|-------------------|--------------------------|
| Less than 15 | <input type="checkbox"/> |
| Between 15 and 30 | <input type="checkbox"/> |
| 31 or more hours | <input type="checkbox"/> |
| Varies | <input type="checkbox"/> |

Q96. What type of childcare do you intend to use?

Please cross one or more boxes

- Childminder/Nanny
- Work-place crèche or nursery
- Other crèche or nursery
- Husband or partner
- The child's grandparent(s)
- Another relative
- Friend
- Other person/place (***Please write in***)

.....

- Not yet decided
- Do not intend to use any childcare

Q97. Do you think your return to work will affect the way in which you feed your baby?

- Yes ⇒ **Go to Q98**
- No ⇒ **Go to Q99**

Q98. How do you think that this will affect the way in which you feed your baby?
Please write in

Q99. Is there anything else you would like to say about feeding your baby?

Yes ⇒ **Please write in below**
No

Please give the date when you filled in this questionnaire

day month year

***Was there anything you intended to go back and complete?
Please check.***

We hope to contact you again later to see how you are feeding your baby when he/she is older. If the address on the envelope was not complete or if you expect to move house in the near future and know your new address, it would help us if you could write it below:

Please also write in your email address if you are happy for us to use it to contact you. We will not pass this on to anyone else or use it for any purpose other than inviting you to the next stage of the research.

.....

We may wish to contact you by telephone in relation to the 2010 Infant Feeding Survey. Please enter your telephone number in the box below if you are willing to be contacted by telephone in relation to this survey.

Please enter your landline number – 1 number per box

--	--	--	--	--	--	--	--	--	--	--	--

Please enter your mobile number – 1 number per box

--	--	--	--	--	--	--	--	--	--	--	--

Thank you very much for your help.

Your answers will be very important in helping us to improve care for new mothers and babies in the future.

We hope to contact you again later to see how you are feeding your baby when he/she is older. If the address on the envelope was not complete or if you expect to move house in the near future and know your new address, it would help us if you could write it below:

We may wish to contact you by telephone in relation to the 2010 Infant Feeding Survey. Please enter your telephone number in the box below if you are willing to be contacted by telephone in relation to this survey.

Please enter your landline number – 1 number per box

--	--	--	--	--	--	--	--	--	--	--	--

Please enter your mobile number – 1 number per box

--	--	--	--	--	--	--	--	--	--	--	--

Thank you very much for your help.

Your answers will be very important in helping us to improve care for new mothers and babies in the future.



IFF Research



Ref:

FINAL STAGE

Survey of Infant Feeding 2010/11

The final questionnaire

Thank you for filling in the two previous questionnaires. This is the third and final questionnaire for the Infant Feeding Survey.

If you have twins or triplets, please answer the questionnaire in relation to the baby who was born first.

If your baby is no longer with you, please cross the box below and return the questionnaire to us so we do not trouble you further.

My baby is no longer with me

Our guarantee of confidentiality

All information collected will be treated in the strictest confidence. Results will be reported in the form of statistics and your responses will not be linked back to you, unless you give us your permission.

How to fill in the questionnaire

1. Please fill in the questionnaire in **black biro**.
2. Most questions on the following pages can be answered simply by putting a cross in the box next to the answer that applies to you.

Example:

Yes
No

Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

3. Occasionally you may have more than one answer to a question. Please cross all the boxes next to the answers that apply to you if the instruction ‘**Please cross one or more boxes**’ is printed on top of the boxes.

4. Sometimes you are asked to give an age or a length of time in weeks and days, or days and hours. Please follow the instructions very carefully.

Example:

How old is your baby?

If your baby is 32 weeks and 2 days old enter the number of whole weeks plus any additional days

Please enter numbers in both boxes:

<input type="text" value="3"/>	<input type="text" value="2"/>	and	<input type="text" value="2"/>
weeks			days

5. Usually after answering each question you go on to the next one unless a box you have crossed has an arrow next to it with an instruction to go to another question.

Example:

Yes	<input checked="" type="checkbox"/>	⇒	Go to Q8
No	<input type="checkbox"/>		

By following the instructions carefully you will miss out questions which do not apply, so the questionnaire will be shorter than it looks

6. If you cannot remember, do not know, or are unable to answer a particular question please write that in.

7. If you would like to give any further information on any of your answers you can write this in at the end of the questionnaire

8. When you have finished, please post the questionnaire to us as soon as possible in the reply-paid envelope provided, even if you were not able to answer all of it.

We are very grateful for your help.

Section 1: About your baby

Q1. May I just check, what is your baby's first name?

Please write in below – one letter per box

--	--	--	--	--	--	--	--	--	--	--	--

Q2. How old is your baby?

Please write numbers in both boxes

Write in how many whole weeks plus any additional days:

<input type="text"/>	<input type="text"/>	and	<input type="text"/>
weeks			days

Section 2: About the milk that you give your baby

Please note that when we ask about 'breastfeeding' we also mean 'giving your baby expressed breast milk'.

Q3. Thinking about the milk that your baby has received over the last 7 days, has he/she had...

Please cross one box only

- | | | | |
|---|--------------------------|---|------------------|
| Only breast milk | <input type="checkbox"/> | ⇒ | Go to Q4 |
| Only infant formula / other milk | <input type="checkbox"/> | ⇒ | Go to Q5 |
| Breast milk and infant formula / other milk | <input type="checkbox"/> | ⇒ | Go to Q10 |

Q4. Has your baby EVER been given any kind of milk other than breast milk, such as infant formula or cow's milk (even if this was only once)?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | } | Go to Q10 |
| No | <input type="checkbox"/> | | |

Q5. Has your baby EVER been given breast milk (via syringe, bottle or cup etc) or have you put your baby to the breast, even if this was only once?

- | | | | |
|-------------------------|--------------------------|---|------------------|
| Yes (even if only once) | <input type="checkbox"/> | ⇒ | Go to Q6 |
| No | <input type="checkbox"/> | ⇒ | Go to Q14 |

Q6. How old was your baby when he/she was LAST given breast milk or you put them to your breast?

- 10 weeks or less
- More than 10 weeks, up to 4 months
- More than 4 months, up to 5 months
- More than 5 months, up to 6 months
- More than 6 months, up to 7 months
- More than 7 months, up to 8 months
- More than 8 months, up to 9 months
- More than 9 months

Q7. What were your reasons for stopping breastfeeding?

Please write in the reasons

Q8. Which of the following best describes how long you breastfed for?

Please cross one box only

- I would have liked to breastfeed for longer ⇒ **Go to Q9**
- I breastfed for as long as I intended }
- I breastfed for longer than I intended } **Go to Q10**

Q9. What would have helped you breastfeed for longer?

Please write in the reasons

Q10. Is/was your baby being breastfed on demand or generally fed at set feeding times?

- On demand
- Generally keep to set times
- It depends on the circumstances

Q11. How often has your baby been given breast milk over the last 7 days?

- Not at all
- Once a day
- Twice a day
- 3-4 times a day
- 5-6 times a day
- 7-8 times a day
- More than 8 times a day

OR

Please write in number of times in the last 7 days

Q12. Since your baby was born, have you ever experienced any pain as a result of breastfeeding?

Please cross one or more boxes

- Yes – sore nipples (no obvious damage)
- Yes – sore nipples (damaged / cracked / bleeding)
- Yes – painful breasts
- No (only very mild or no pain)

Q13. Since your baby was born, have you experienced any of the following problems as a result of breastfeeding?

Please cross one or more boxes

- Abscess
- Mastitis
- Engorgement (very full and tender breasts)
- Blocked milk ducts
- Thrush
- Tongue tie (A piece of skin under the tongue that restricts its movement)
- Baby having difficulty taking the breast / not sucking effectively
- Worry about having enough milk
- Any other problems (***Please cross and write in***)
-
- None of these

If your baby has ever been given any sort of milk other than breast milk (even if only once) please go to Q14

If you have only ever breastfed your baby please go to Q22

Q14. Which of the following kinds of milk has your baby EVER been given to drink, even if this was only once?

Please cross one or more boxes

- Infant formula (or “first” milk)
- Follow-on formula (sometimes known as stage 2/3)
- Cow’s milk
- Another kind of milk (***Please cross and write in***)
-

Q15. How old was your baby when he/she was first given FOLLOW-ON formula?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole month

months

Q16. If your baby has ever been given any COW'S MILK, how old was he/she when this was first given?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole month

months

Q17. How old was your baby when he/she was first given ANY KIND OF MILK OTHER THAN BREAST MILK, such as infant formula or cow's milk?

- 10 weeks or less
- More than 10 weeks, up to 4 months
- More than 4 months, up to 5 months
- More than 5 months, up to 6 months
- More than 6 months, up to 7 months
- More than 7 months, up to 8 months
- More than 8 months, up to 9 months
- More than 9 months

Q18. Excluding breast milk, which one of the following kinds of milk has your baby been given MOST OFTEN over the last 7 days?

Please cross one box only

- Infant formula (or "first" milk) ⇒ **Go to Q21**
- Follow-on formula ⇒ **Go to Q21**
- Cow's milk ⇒ **Go to Q19**
- Another kind of milk (***Please cross and write in***) ⇒ **Go to Q21**
-
- None of these ⇒ **Go to Q22**

Q19. How old was your baby when he/she was first given cow's milk as their MAIN FEED?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole month

months

Q20. If your baby is given cow's milk, is it USUALLY whole milk, semi-skimmed or skimmed?

Please cross one box only

- | | |
|---------------------------|--------------------------|
| Whole | <input type="checkbox"/> |
| Semi-skimmed | <input type="checkbox"/> |
| Skimmed | <input type="checkbox"/> |
| Baby not given cow's milk | <input type="checkbox"/> |

Q21. Excluding breast milk, thinking of the milk that your baby has been given most often over the last 7 days does he/she NORMALLY have powdered milk, ready to feed milk or both?

Please cross one box only

- | | |
|---------------|--------------------------|
| Powdered | <input type="checkbox"/> |
| Ready to feed | <input type="checkbox"/> |
| Both | <input type="checkbox"/> |

Section 3: About Healthy Start

Q22. As mentioned on the previous questionnaire, you are eligible for the Healthy Start scheme if you or your family receive ONE of the following:

- **Income support**
- **Income-based Job Seeker's Allowance**
- **Income-related Employment and Support Allowance**
- **Child Tax Credit, without Working Tax Credit (except Working Tax run-on) and an annual family income of £16,190 or less**

People's circumstances may change over time. Based on the list above, are you currently eligible for the Healthy Start Scheme?

- | | | | |
|------------|--------------------------|---|------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q23 |
| No | <input type="checkbox"/> | } | Go to Q27 |
| Don't know | <input type="checkbox"/> | | |

Q23. Have you registered with the Healthy Start Scheme?

- | | | | |
|-----|--------------------------|---|------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q24 |
| No | <input type="checkbox"/> | ⇒ | Go to Q27 |

Q24. Since the time you filled in the previous questionnaire, have you used any 'Healthy Start vouchers' to buy milk, infant formula or fresh fruit and/or vegetables?

- Yes ⇒ **Go to Q25**
No ⇒ **Go to Q27**

Q25. What did you spend your 'Healthy Start vouchers' on?

Please cross one or more boxes

- Infant formula
Cow's milk
Fresh fruit
Fresh vegetables
Something else (*Please cross and write in*)
-

Q26. Where have you spent the 'Healthy Start vouchers'?

Please cross one or more boxes

- With the milkman
At a supermarket
At a pharmacy
At another type of shop
Somewhere else (*Please cross and write in*)
-

Section 4: About other drinks and food that you may give to your baby

Q27. Is there a history of allergy in your baby's immediate family? (i.e. Have you, your child, your child's father or any brothers and sisters of the child been diagnosed with any of the following: eczema, asthma, an allergy including a food allergy, or hay-fever?)

- Yes
No

Q28. Over the last 7 DAYS has your baby had anything else to drink apart from milk such as water, fruit juice, squash or herbal drink?

- Yes ⇒ **Go to Q30**
No ⇒ **Go to Q29**

Q29. Has your baby EVER had anything else to drink apart from milk such as water, fruit juice, squash or herbal drink?

- Yes (even if only occasionally) ⇒ **Go to Q30**
No ⇒ **Go to Q33**

Q30. How old was your baby when he or she was FIRST given something apart from milk, such as water, fruit juice, squash or herbal drink?

- 10 weeks or less
More than 10 weeks, up to 4 months
More than 4 months, up to 5 months
More than 5 months, up to 6 months
More than 6 months, up to 7 months
More than 7 months, up to 8 months
More than 8 months, up to 9 months
More than 9 months

Q31. Over the last 7 DAYS apart from milk which of the following drinks has your baby been given?

Please cross one or more boxes

- Water
Water with something added (not including squash)
Squash
Fruit juice
Herbal juice
Something else (***Please cross and write in***)

.....

- Not given anything

Q32. Apart from milk, do you give your baby drinks mainly...?

Please cross one or more boxes

- Because he/she is thirsty
 - To give him/her vitamins
 - To help his/her colic/wind
 - To help his/her constipation
 - To settle him/her
 - Some other reason (***Please cross and write in***)
-

Q33. Has your baby ever drunk from a cup or beaker with a spout?

- Yes ⇒ **Go to Q34**
- No ⇒ **Go to Q35**

Q34. How old was your baby when he/she first began to use the cup or beaker?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole month

months

Q35. Has your baby ever had any solid foods such as cereal, rusks, baby rice, fruit, vegetables or any other kind of solid food?

- Yes ⇒ **Go to Q36**
- No ⇒ **Go to Q59**

Q36. How old was your baby when he/she first had any food apart from milk?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole week

weeks

Q37. Why did you start giving your baby solid foods?

Please cross one or more boxes

- Doctor / Health visitor / Other Health
 - Professional advised me to
 - Friend or relative advised me to
 - Read leaflets / seen information that advised me to
 - Start4Life
 - Previous experience (with another baby)
 - Baby was not satisfied with milk
 - Baby was not gaining enough weight
 - Baby was waking up during the night
 - Baby able to sit up and hold food in hand
 - Some other reason (***Please cross and write in***)
-

Q38. What was the first solid food given to your baby?

Please cross one box only

- Ready made baby food
- Homemade foods
- Rusk
- Baby rice
- Fruit
- Vegetables
- Any other food (for example, yoghurt, fromage frais or breakfast cereal)

Q39. Was it mashed, pureed or finger foods?

Please cross one box only

- Mashed or pureed
- Finger food

Q45. Do you EVER use milk to mix up your baby's food?

Yes ⇒ **Go to Q46**

No ⇒ **Go to Q47**

Q46. When you mix up your baby's solid food do you USUALLY use...?

Please cross one box only

Infant formula

Cow's milk

Breast milk

Follow on formula

Or something else (*Please cross and write in*)

.....

Q47. Did you get any information about when to start giving solid foods to your baby?

Yes

No

Q48. Did you get any information about the types of solid foods to give your baby?

Yes

No

If you answered Yes at Q47 or Q48 please go to Q49, otherwise go to Q50

Q49. Where did you get this information?

Please cross one or more boxes

- SureStart or Children's Centre / Children's Health Clinic
 - Partner, friend or relative
 - Voluntary or charitable organisation
 - Peer Supporter (a mum who has breastfed themselves and been trained to give support to other mums)
 - Breastfeeding support group
 - Start 4 Life
 - Books / leaflets / magazines
 - Television / radio
 - The internet / web based resources
 - Breastfeeding clinic
 - National Breastfeeding Helpline
 - Doctor / GP
 - Health visitor
 - Midwife (including at antenatal sessions)
 - Nurse
 - Somewhere else (***Please cross and write in***)
-

Q50. Do you ever add salt to your baby's solid food, including adding salt when the food is being cooked?

- Yes, often
- Yes, sometimes
- Never

Q51. How would you describe the variety of solid foods that your baby generally eats? Does he/she...

Please cross one box only

- Eat most things
- Eat a reasonable variety of things
- Or is he/she a fussy or faddy eater

Q52. Do you avoid giving your baby solid foods with particular ingredients?

- Yes ⇒ **Go to Q53**
No ⇒ **Go to Q54**

Q53. Which ingredients do you avoid and why?

Please write in the ingredient(s) and the reason you avoid it below

Ingredient	Reason for avoiding

Q54. Has it been difficult to introduce your baby to solid foods?

- Yes ⇒ **Go to Q55**
No ⇒ **Go to Q56**

Q55. In what way has it been difficult?

Please cross one or more boxes

- Baby would not take solids
Baby would only take certain solids
Baby was disinterested in food
Baby prefers drinks to food
Baby vomiting
Baby doesn't like eating from a spoon
Other reason (***Please cross and write in***)

.....

Q56. Did you consume peanuts or peanut products (e.g. peanut butter) *during pregnancy?*

- Yes
No

Q57. Did you consume peanuts or peanut products (e.g. peanut butter) *whilst breastfeeding*?

- Yes
- No
- I did not breastfeed my baby

Q58. Has your child eaten peanuts or peanut products (e.g. peanut butter)?

- Yes
- No

Section 5: About vitamins for your baby and yourself

Q59. Do you give your baby any vitamin drops?

- Yes ⇒ **Go to Q60**
- No ⇒ **Go to Q61**

Q60. How do you usually get the vitamin drops for your baby?

Please cross one box only

- Get free Healthy Start vitamins
- Buy Healthy Start vitamins
- Buy other vitamins from a supermarket,
pharmacy or health food shop
- Get vitamins on prescription
- Other (***Please cross and write in***)
-

Q61. Are you taking any vitamin or iron supplements yourself?

- Yes ⇒ **Go to Q62**
- No ⇒ **Go to Q63**

Q62. What type of supplements are you taking?

Please cross one or more boxes

- Iron only
 - Multi -vitamins only
 - Multi-vitamins and iron combined
 - Vitamin D supplement
 - Single vitamin supplement - other
 - Healthy Start vitamins
 - Something else (***Please cross and write in***)
-

Section 6: About check-ups for your baby and your baby's health

Q63. Do you take your baby to a child health clinic, children's centre or GP for health information, to be weighed, or for regular check ups?

- Yes ⇒ **Go to Q64**
- No ⇒ **Go to Q65**

Q64. About how often do you take your baby to a child health clinic or GP?

Please cross one box only

- Once a week
- Once a fortnight
- Once a month
- Less than once a month

Q65. Has your baby ever suffered from any of the following problems?

Please cross one or more boxes

- | | | | |
|--|--------------------------|---|------------------|
| Sickness or vomiting | <input type="checkbox"/> | } | Go to Q66 |
| Diarrhoea | <input type="checkbox"/> | | |
| Constipation | <input type="checkbox"/> | | |
| Chest problems / infection | <input type="checkbox"/> | | |
| Ear problems / infection | <input type="checkbox"/> | | |
| Urinary tract infection | <input type="checkbox"/> | | |
| Colic / painful wind | <input type="checkbox"/> | | |
| Thrush | <input type="checkbox"/> | | |
| Not gaining enough weight | <input type="checkbox"/> | | |
| Gaining too much weight | <input type="checkbox"/> | | |
| Something else (<i>Please cross and write in</i>) | <input type="checkbox"/> | | |

.....
None of these ⇒ **Go to Q67**

Q66. For which, if any, of these problems has your baby stayed overnight in hospital?

Please cross one or more boxes

- | | |
|--|--------------------------|
| Sickness or vomiting | <input type="checkbox"/> |
| Diarrhoea | <input type="checkbox"/> |
| Constipation | <input type="checkbox"/> |
| Chest problems / infection | <input type="checkbox"/> |
| Ear problems / infection | <input type="checkbox"/> |
| Urinary tract infection | <input type="checkbox"/> |
| Colic / painful wind | <input type="checkbox"/> |
| Thrush | <input type="checkbox"/> |
| Not gaining enough weight | <input type="checkbox"/> |
| Gaining too much weight | <input type="checkbox"/> |
| Something else (<i>please cross and write in</i>) | <input type="checkbox"/> |

.....
None of these

Section 7: Help and information for you about feeding your baby

Q67. Have you had any problems with feeding your baby since the time you filled in the previous questionnaire?

- Yes ⇒ **Go to Q68**
No ⇒ **Go to Q71**

Q68. What problems were there?

Please write in

Q69. Did you get any help or information about this/these feeding problems?

- Yes ⇒ **Go to Q70**
No ⇒ **Go to Q71**

Q70. Where did you get this help or information?

Please cross one or more boxes

- SureStart or Children’s Centre / Children’s Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer Supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start 4 Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- Breastfeeding clinic
- National Breastfeeding Helpline
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Section 8: About feeding your baby in public places

Q71. Have you ever felt uncomfortable feeding your baby in front of others?

Please cross one or more boxes per column

	Feeding from the breast	Feeding from a bottle
Yes – in my own home	<input type="checkbox"/>	<input type="checkbox"/>
Yes – in public places	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>
Not applicable	<input type="checkbox"/>	<input type="checkbox"/>

Q72. Since your baby was born have you ever fed him / her in a public place?

Please cross one or more boxes

- | | | | |
|-----------------------------------|--------------------------|---|------------------|
| Yes – breastfed in a public place | <input type="checkbox"/> | ⇒ | Go to Q73 |
| Yes – bottlefed in a public place | <input type="checkbox"/> | } | Go to Q77 |
| No – never fed in a public place | <input type="checkbox"/> | | |

Q73. Have you ever had problems finding somewhere to breastfeed your baby when you were out in a public place?

- Yes
No

Q74. Have you ever been stopped from or made to feel uncomfortable about breastfeeding in a public place?

- Yes ⇒ **Go to Q75**
No ⇒ **Go to Q76**

Q75. Where were you stopped from or made to feel uncomfortable about breastfeeding in a public place? *Please write in*

Q76. Have any of the following things put you off or discouraged you from breastfeeding in a public place?

Please cross one or more boxes

- | | | | |
|--|--------------------------|---|------------------|
| Not feeling confident enough | <input type="checkbox"/> | } | Go to Q79 |
| Being stopped / asked not to breastfeed | <input type="checkbox"/> | | |
| Being made to feel uncomfortable by other people | <input type="checkbox"/> | | |
| Lack of suitable places available to breastfeed | <input type="checkbox"/> | | |
| Concerns about hygiene in public places | <input type="checkbox"/> | | |
| Baby won't always feed when you try | <input type="checkbox"/> | | |
| Some other reason (<i>Please cross and write in</i>) | <input type="checkbox"/> | | |

.....

Even though you may not have breastfed your baby in a public place, there may have been times when you wanted to or tried to....

Q77. Since your baby was born have you ever wanted to or tried to breastfeed him / her in a public place?

- Yes ⇒ **Go to Q78**
No ⇒ **Go to Q79**

Q78. Why have you not breastfed your baby in a public place even though you wanted to or tried to?

Please cross one or more boxes

- Did not feel confident enough
Someone stopped you / asked you not to
Someone made you feel uncomfortable
No suitable place available to breastfeed
Concerns about hygiene in public places
Baby would not feed when you tried
Just prefer to breastfeed at home
Some other reason (***Please cross and write in***)
-

Section 9: About smoking and drinking

Q79. Do you smoke cigarettes at all now?

- Yes ⇒ **Go to Q80**
No ⇒ **Go to Q84**

Q80. About how many cigarettes a day do you usually smoke now?

Please write a number in the box

Q81. Do you ever smoke inside your home?

- Yes
No

Q82. Did you smoke at all during your pregnancy, after you found out you were pregnant?

- Yes ⇒ **Go to Q84**
No ⇒ **Go to Q83**

Q83. How old was your baby when you started to smoke again?

If you cannot remember exactly, please put in the approximate age.

Please write number in the box to nearest whole week

weeks

Q84. Do any of the people who live with you now smoke cigarettes?

- Yes, my partner smokes ⇒ **Go to Q85**
Yes, someone else I live with smokes ⇒ **Go to Q86**
No, nobody else I live with smokes } **Go to Q87**
Not applicable - I live alone with my baby }

Q85. About how many cigarettes a day does your husband/partner usually smoke?

Please write the number in the box

Q86. Does anyone you live with ever smoke inside your home?

- Yes
No

Q87. Have you ever used a nicotine patch whilst breastfeeding?

- Yes
No
Not applicable - I did not breastfeed

Q88. Since you had the baby have you got any information about smoking?

- Yes ⇒ **Go to Q89**
No ⇒ **Go to Q91**

Q89. What information did you get?

Please cross one or more boxes

Information on...

- ...the effects of smoking on your baby
- ...how to stop smoking
- ...how to cut down smoking
- ... how your partner could stop smoking
- ...the dangers of sharing a bed with your baby and smoking
- ...using a nicotine patch to help you stop smoking

Some other advice or information (***Please cross and write in***)

.....

Q90. Where did you get this information?

Please cross one or more boxes

- Specialist smoking advisor
- NHS Pregnancy Smoking Helpline
- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start 4 Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- National Breastfeeding Helpline
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Q91. Since you had your baby have you got any information about drinking alcohol?

Yes ⇒ **Go to Q92**

No ⇒ **Go to Q94**

Q92. What information did you get?

Please cross one or more boxes

Information on...

- ...the effects of drinking alcohol whilst breastfeeding on your baby
- ...stopping drinking alcohol whilst breastfeeding
- ...limiting the amount of alcohol you drank
- ...continuing to drink alcohol with no information about limit
- ...the dangers of sharing a bed with your baby and drinking alcohol

- Some other advice or information (***Please cross and write in***)

.....

Q93. Where did you get this information?

Please cross one or more boxes

- SureStart or Children's Centre / Children's Health Clinic
- Partner, friend or relative
- Voluntary or charitable organisation
- Peer supporter (a mum who has breastfed themselves and been trained to give support to other mums)
- Breastfeeding support group
- Start 4 Life
- Books / leaflets / magazines
- Television / radio
- The internet / web based resources
- National Breastfeeding Helpline
- Doctor / GP
- Health visitor
- Midwife (including at antenatal sessions)
- Nurse
- Somewhere else (***Please cross and write in***)

.....

Section 10: About your plans for work

Q94. Are you doing any paid work at the moment?

- | | | | |
|---------------------------|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q96 |
| On paid maternity leave | <input type="checkbox"/> | } | Go to Q103 |
| On unpaid maternity leave | <input type="checkbox"/> | | |
| No | <input type="checkbox"/> | ⇒ | Go to Q95 |

Q95. Do you intend to start or return to work within the next year?

- | | | | |
|------------|--------------------------|---|-------------------|
| Yes | <input type="checkbox"/> | ⇒ | Go to Q104 |
| No | <input type="checkbox"/> | } | Go to Q117 |
| Don't know | <input type="checkbox"/> | | |

Q96. How many hours a week do you work on average?

- | | |
|-------------------|--------------------------|
| Less than 15 | <input type="checkbox"/> |
| Between 15 and 30 | <input type="checkbox"/> |
| 31 or more hours | <input type="checkbox"/> |
| Varies | <input type="checkbox"/> |

Q97. What age was your baby when you returned to work?

- | | |
|------------------------------|--------------------------|
| Less than 3 months | <input type="checkbox"/> |
| 3 months, less than 4 months | <input type="checkbox"/> |
| 4 months, less than 5 months | <input type="checkbox"/> |
| 5 months, less than 6 months | <input type="checkbox"/> |
| 6 months, less than 9 months | <input type="checkbox"/> |
| 9 months or older | <input type="checkbox"/> |

Q98. How is your baby cared for while you are at work?

Please cross one or more boxes

- Childminder / Nanny
- Work-place crèche or nursery
- Other crèche or nursery
- Husband or partner
- The child's grandparent(s)
- Another relative
- Friend
- Other person/place (***Please cross and write in***)

.....
Do not use any childcare

Q99. Has your return to work affected the way in which you are feeding your baby at all?

- Yes ⇒ **Go to Q100**
- No ⇒ **Go to Q101**

Q100. How has this affected the way in which you feed your baby?

Please write in

Q101. Does your employer provide facilities at work for you to express and store your breast milk, or breastfeed your baby?

Please cross one or more boxes

- Yes – to express and store breast milk
- Yes – to breastfeed
- No - neither

Q102. Does your employer offer any of the following to you? (If you are self-employed please answer in terms of which options are feasible for you)

Please cross one or more boxes

- Part-time working hours
 - Flexi-time
 - Shorter working days
 - Longer / extended breaks (which may include time to express milk / breastfeed)
 - Additional leave / holiday
 - Extra leave if your baby is ill
 - Different shift patterns
 - Other support or advice (***Please cross and write in***)
-
- None of these

If you are currently working please now go to Q109

Q103. Do you intend to return to work when your maternity leave has come to an end?

- Yes ⇒ **Go to Q104**
- No }
- Don't know } **Go to Q117**

Q104. What age will your baby be when you return to work?

- 6 months, less than 9 months
- 9 months, less than 1 year
- 1 year, less than 2 years
- 2 years or older
- Don't know

Q105. How many hours do you intend to work?

- Less than 15
- Between 15 and 30
- 31 or more hours
- Varies

Q106. What type of childcare do you intend to use?

Please cross one or more boxes

- Childminder/Nanny
- Work-place crèche or nursery
- Other crèche or nursery
- Husband or partner
- The child's grandparent(s)
- Another relative
- Friend
- Other person/place (***Please cross and write in***)

.....

- Not yet decided
- Do not intend to use any childcare

Q107. Do you think your return to work will affect the way in which you feed your baby?

- Yes ⇒ **Go to Q108**
- No ⇒ **Go to Q109**

Q108. How do you think that this will affect the way in which you feed your baby?

Please write in

Q109. What is the title of your job (or the job you are on maternity leave from)? *Please write in (If you have/had more than one job please give details of your main job.)*

Q110. What do you mainly do in your job (or the job you are on maternity leave from)?

Please write in

Q111. What does the firm or organisation you work for make or do at the site where you work?

Please write in

Q112. Are you . . .

An employee ⇒ **Go to Q113**

Or self employed? ⇒ **Go to Q115**

Q113. Do you have any managerial duties or do you supervise any other employees?

Yes, manager

Yes, supervisor

No, neither

Q114. How many employees are there at the place where you work?

1-24

25 - 499

500 or more

On own/with partners but no employees

} **Go to Q117**

Q115. Do you work on your own or do you have any employees?

On own/with partners but no employees ⇒ **Go to Q117**

With employees ⇒ **Go to Q116**

Q116. How many people do you employ at the place where you work?

- 1-24
- 25 - 499
- 500 or more

Q117. Did your partner take any paternity or parental leave?

Please cross one or more boxes and write in number of weeks where applicable

Yes – paid paternity/parental leave weeks

Yes – unpaid paternity/parental leave weeks

No, he didn't have the right to paternity leave

No, we couldn't afford it

No, my partner is not working

No, I don't have a partner

No, other reason (***Please cross and write in***)

.....

Q118. Is there anything else you would like to say about feeding your baby?

Yes ⇒ **Please write in below**
No

Please give the date when you filled in this questionnaire

day month year

***Was there anything you intended to go back and complete?
Please check.***

This was the third and final part of the Infant Feeding Survey 2010/11 and we would like to thank you very much for taking part!

Survey of Infant Feeding 2010

REF: XXX

Mothers of twins, triplets or other multiple births

Although the main questionnaire asks about the baby who was born first, we are also interested in hearing about how you feed your other baby or babies. Few large-scale surveys of mothers of multiple births have ever been carried out in the UK so your answers here will be especially important in ensuring that the right support is available for future mothers of twins and triplets.

Please answer the following questions about your twins, triplets or quadruplets who were not born first (but include information about your first born twin, triplet or quadruplet where specified).

Please skip any questions which are not relevant for you.

NB. If you prefer, you can complete the questions at the end of the online survey.

Q1. Thinking about the milk that your baby has been given over the last 7 days has he/she had...?

Please cross one box only for each baby

	Second born baby	Third born baby <i>(If applicable)</i>	Fourth born baby <i>(If applicable)</i>
Only breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Only infant formula / other milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast milk AND infant formula / other milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q2. Has your baby EVER been given any kind of milk other than breast milk, such as infant formula or cow's milk, even if this was only once?

	Second born	Third born	Fourth born
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q3. How old was your baby when he/she FIRST received infant formula?

If you cannot remember exactly, please put in the approximate age.

	Second born	Third born	Fourth born
Either in days	<input type="text"/>	<input type="text"/>	<input type="text"/>
OR			
In whole weeks <i>(to the nearest whole week)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Q4. Has your baby EVER been given breast milk or have you put them to the breast, even if this was only once? Please include your first born baby in your answer.

Please cross one or more boxes for each baby

	First born	Second born	Third born <i>(If applicable)</i>	Fourth born
Yes – breast milk by a breastfeed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes – your own expressed breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yes – banked donor breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No – never given breast milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q5. Which of the following best describes how long you breastfed for?

Please cross one box only for each baby

	Second born	Third born <i>(If applicable)</i>	Fourth born <i>(If applicable)</i>
I would have liked to breastfeed for longer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I breastfed for as long as I intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I breastfed for longer than I intended	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q6. Has your baby ever had any solid foods such as cereal, rusks, baby rice, fruit, vegetables or any other kind of solid food?

	Second born	Third born	Fourth born
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Q7. How old was your baby when he/she first had any food apart from milk?

Please write a number in the box to the nearest whole week. If you cannot remember exactly, please put in the approximate age.

Second born	Third born	Fourth born
<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>	<input style="width: 40px; height: 30px;" type="text"/>
<i>weeks</i>	<i>weeks</i>	<i>weeks</i>

Q8. If you have fed your babies differently from each other (e.g. if there was a difference in the type or amount of different types of milk they received at any time or a difference in when they were first given solids), please could you explain why.

Q9. Did you get all the help and support with feeding that you needed as a mother of multiple births?

- Yes
- No

Q10. Where, if anywhere, did you get any help and support from?

Q11. What further support or information, if any, would have helped you?

Q12. As this is the first time the Infant Feeding Survey has included a separate questionnaire for mothers of multiple births, if you have any comments about how you have found completing it - including any suggestions for improvement - it would be very helpful if you could write these in below.

Thank you.

Please send this form back, along with the main questionnaire, in the pre-paid envelope provided.

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