

LATCH Program Intake Form

Please fill out the following for each patient.

Campaign

English

Spanish

Intake Date

mm/dd/yy

Assigned Peer Counselor

Chart #/Family #

Location

Client Info

First

Last

Mother's DOB

mm/dd/yy

Street Address

City

State

CT

Postal Code

Primary Cell phone

###-###-####

Alternate Cell Phone

###-###-####

Land Line

###-###-####

Eligibility Criteria

Mother's Age
(must be >18yo)

years

Estimated Gestational Age at Enrollment
(must be less than 28 wks)

weeks

Unlimited Texting Plan?

yes/no

Do you plan to breastfeed this child?
¿Usted planea darle leche materna a este niño?

If yes, for how long?
-

If she says she doesn't know, ask:

"Do you think you will breastfeed for several months or just a couple of weeks?"

OR

"¿Cree que va a darle leche materna a su bebe durante varios meses o tan solo un par de semanas?"
This should spark a discussion. Then make sure to narrow it down to a number.

Breastfeeding Plans and Support

How old do you think your baby will be when you first feed him any other food or drink besides breast milk? ¿Qué edad cree usted que por primera vez le da a su bebe de comer cualquier otro alimento o bebida, además de la leche materna? / (in months)

If she says she doesn't know, ask:

"Do you think you will exclusively breastfeed for several months or just a couple of weeks?"

OR

"¿Cree que va a darle leche materna exclusivamente durante varios meses o tan solo un par de semanas?"
This should spark a discussion. Then make sure to narrow it down to a number.

Breastfed Previously? / ¿Ha amamantado previamente?

If yes, for how long?

Child1

Child2

Child3

Child4

If BF previously, "was breastfeeding a positive experience?"/ "¿En general, amamantar fue una experiencia positiva?"

Did you have any problems breastfeeding any of your other children? / ¿Tuvo algún problema dando leche materna a sus otros hijos?

If yes, what problems did you have breastfeeding? / Si 'si', ¿Cual fue el problema?

Do you have someone at home that supports your decision to breastfeed? / ¿Tiene a alguien en casa que apoye su decision de dar leche materna?

Support Person's name

Support Person Relationship

Pregnancy and Health Information

Estimated Due Date/ Fecha estimada de nacimiento

Hospital where you plan to deliver?/ ¿En que hospital planea dar a luz?

What was your last weight before you became pregnant?/ ¿Cual fue su ultimo peso antes de quedar embarazada?

How tall are you?/ ¿Cuanto mides?

Feet

Inches

Is this your first child?/ ¿Es este su primer hijo?

If No, how many other children do you have?/¿Cuantos otros hijo tienes?

What ages are they?/ ¿De que edades son?

Child 1

Child 2

Child 3

Child 4

Cell Phone and Other Contact Information

Cell phone plan

Do you have a smart phone?

Unlimited Data Plan (unlimited internet)?

How many times in the last year did your cell phone number change? / ¿Cuantas veces en el ultimo

¿Cambio de número de su teléfono celular?

¿Cuántas veces en el último año tuvo cortado el teléfono por más de 2 semanas?

Emergency Contact

Emergency contact phone

Emergency Contact Relationship

¿Nos da permiso para contactar a esta persona si no podemos comunicarnos con usted por su teléfono?

Food Insecurity

DURING THE LAST MONTH, have you or other adults in your household worried whether your food would run out before you got money to buy more? / ¿DURANTE EL MES PASADO, usted u otros adultos en su hogar se han preocupado de que la comida se puede acabar antes de tener dinero para comprar más?

Has the food you or other adults in your household BOUGHT just not lasted and you didn't have money to buy more DURING THE LAST MONTH? / ¿Le ha sucedido que la comida que usted u otros adultos en su hogar COMPRARON no duró mucho, y no tenía dinero para comprar más, DURANTE EL MES PASADO?

Demographics

Hispanic Ethnicity

Non-Hispanic Ethnicity

English Speaking?

Mother's Preferred Language

Marital Status

¿Está actualmente viviendo con un cónyuge o pareja? / ¿Ud. está viviendo con su cónyuge/pareja?

¿Cuál es el año o grado más alto que terminó en la escuela? / What is the highest year or grade you finished in school?

What is the highest year or grade your spouse/partner finished in school? ¿Cual es el grado mas alto que su conyuge termino en la escuela?

Number of other adults in Household (don't count yourself)

Number of children/youth in the household (under 19 yrs old)

Employment Status

Assistance Programs

SNAP or Food Stamps

Transitional Family Assistance?

Do you have any children enrolled in Head Start?

Food from food bank, food pantry, or soup kitchen?

Total household income last month in dollars, including government assistance? / ¿Ingreso total del hogar en el mes pasado en dólares, incluyendo ayudas del gobierno?

Submit

Appendix 4b. LATCH Baseline Survey - ENGLISH

Name Respondent Name (First, Last)

ID Respondents ID

Prompt1 Okay, great! We are going to start with some questions about your plans for breastfeeding. Some of these questions might sound the same to you, but each one is going to help us better understand your thoughts about breastfeeding. Ready to begin?

BFPlan Do you plan to breastfeed this child?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

Answer If Do you plan to breastfeed this child? Yes Is Selected

BFPlanMo If yes, for how long (in months)? Prompt: I know it's hard to know exactly how long, but do you have an idea? There are no right or wrong answers, so tell me anything that you are thinking. Until the baby wants - Prompt: Until when do you think the baby will want to breastfeed? Until my milk dries up - Prompt: Until when do you think your milk will last? Until the doctor tells me - Prompt: Until when do you think the doctor will tell you to? Remember, there are no right or wrong answers.

EBFPlan Do you plan to give only breast milk and nothing else?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan to give formula or other ...

Answer If Do you plan to give only breast milk and nothing else? Yes Is Selected

EBFPlanMo If yes, for how long (in months)? Prompt: I know it's hard to know exactly how long, but do you have an idea? There are no right or wrong answers, so tell me anything that you are thinking. Until the baby wants - Prompt: Until when do you think the baby will want to breastfeed? Until my milk dries up - Prompt: Until when do you think your milk will last? Until the doctor tells me - Prompt: Until when do you think the doctor will tell you to? Remember, there are no right or wrong answers.

MixPlan Do you plan to give formula or other milk and breast milk?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

Answer If Do you plan to give formula or other milk and breast milk? Yes Is Selected

MixPlanMo If Yes, for how long (in months)? Prompt: I know it's hard to know exactly how long, but do you have an idea? There are no right or wrong answers, so tell me anything that you are thinking.

Int Okay, now I am going to read you some statements about feeding your baby. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False.

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. I plan to breastfeed my baby (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I plan to breastfeed within 1 hour of giving birth (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. When my baby is 2 weeks old, I will be breastfeeding without using any formula or other milk. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. When my baby is 3 months old, I will be breastfeeding without using any formula or other milk. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. When my baby is 6 months old, I will be breastfeeding without using any formula or other milk. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RP Now I am going to ask you about your thoughts and feelings about breastfeeding. For each statement, please tell me whether you think it is Very True, Somewhat True, Somewhat False, or Very False. Not breastfeeding my baby is....

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1.... bad for his/her health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... bad for my health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OE Great, now for the next set of questions I am going to ask you about giving your baby breast milk only. This means no formula, other milk, other liquids, baby food, or even water. Do you have any questions about what it means to give your baby breast milk only? If yes, please ask participant what her question is and answer it based on the definition of exclusive breastfeeding. If not, please continue. Okay, for each question please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you think if you give your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. ...you will lose weight quickly after birth? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....your baby will be less likely to be obese later in life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...it will keep your baby from getting sick? (ear infections, diarrhea) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....it will lower your risk of breast cancer? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....it will lower your risk of diabetes? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6....others will not be able to help you feed your baby? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASE I'm now going to ask you some questions about how sure you are about breastfeeding your baby. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can give your baby breast milk only ...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...within 1 hour of giving birth. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...for the first 24 hours after giving birth. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...for the first 2 weeks after your baby is born. (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...for the first 3 months after your baby is born. (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...for the first 6 months after your baby is born. (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AP Now I am going to ask you some questions about your breastfeeding plans. To have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan* of... *Prompt: Have you thought specifically

about when you will begin breastfeeding? Or, Have you thought specifically about where you will breastfeed?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)	Not Applicable (use for questions 6 and 7 ONLY) (5)
1....when you will begin breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....where you will breastfeed? (the place you will start to BF, like hospital or home) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how you will breastfeed? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...when you will talk to your family and friends about your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...how to talk to your family and friends about your decision to breastfeed? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...when you will talk to your boss about your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...how to talk to your boss about your decision to breastfeed? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CP Now imagine breastfeeding is challenging. I am going to ask you some questions about how you might deal with these challenges. In this case, to have a breastfeeding plan means you have thought about specific things you need to do in order to continue breastfeeding. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan* of... *Prompt: Have you thought specifically about who to ask for help if you

are having trouble breastfeeding? Or, Have you thought specifically about how to check if your baby is getting enough breast milk?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...who to ask for help if you are having trouble breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...how to check whether your baby is getting enough breast milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to position your baby to attach to your breast successfully? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to involve your partner or other family in feeding your baby? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when to involve your partner or other family in feeding your baby? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to reach out to your peer counselor if you are having trouble breastfeeding? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MSE Now I am going to ask you some questions about how sure you are about being able to continue breastfeeding your baby. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. For each question, please tell me whether you

think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can continue giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even if you are given free formula. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...even if your milk doesn't come in right away. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...even if you are unsure you have enough milk to feed your baby (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if you experience pain while breastfeeding (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...even if your baby has trouble attaching to your breast right away (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...even if your family does not support your decision to breastfeed (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...even if it takes you some time to develop a routine (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSE Finally, imagine you stopped breastfeeding, started using formula, or are using a combination of breast milk and formula. Now I am going to ask you some questions about how confident you are that you can begin giving your baby breast milk only once again. For each question, please tell me whether

you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can go back to giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even after you have given your baby formula (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 even after you stopped breastfeeding because it was painful (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 ...even if you are unsure if your baby is getting enough milk (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if your family does not support your decision to breastfeed (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 ...even if you had to go back to work (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 4 c. 2Week Post Partum Breastfeeding (BF) Outcomes ENGLISH

Prompt1 To start, I just need to confirm some basic information with you...

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

BabyDOB Baby's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

BabyBW What was your baby's birth weight? Interviewer: Please enter baby's birth weight in pounds and ounces as follows: 7 pounds 8 ounces should be entered as 7.8

If What was your baby's bi... Is Less Than 5.0, Then Skip To End of Survey

NICU Did your baby spend any time in the neonatal intensive care unit (NICU)?

- Yes (1)
- No (2)

Answer If Did your baby spend any time in the neonatal intensive care unit (NICU)? <o:p></o:p>
Yes Is Selected

NICUa How many days did your baby spend in the NICU? Interviewer: Please enter the number of days below

If How many days did your baby... Is Greater Than 3, Then Skip To End of Survey

NICUb Did you or your baby have any illness or use any medications that did not allow you to breastfeed over the last two weeks? Interviewer: If yes, please ask: what was the problem?

- Yes (1) _____ (**nicu_text**)
- No (2)

If Yes Is Selected, Then Skip To End of Survey

Prompt2 Okay, great. The following questions will take 20 minutes to complete and you will receive a \$10 gift card for your time. We are going to start with some questions about your experience breastfeeding. Some of them might sound the same to you, but each one is going to help us better understand your breastfeeding experience. Are you ready to begin?

Behav1 Was your baby ever breastfed or fed breast milk?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Some of these questions might sound ...

Behav2 Is your baby still breastfeeding (drinking any breast milk)?

- Yes (1)
- No (2)

Behav3 Some of these questions might sound the same to you. Please reply Yes or No to each one. Over the last 24 hours, did you give your baby:

	Yes (1)	No (2)
Breast milk (1)	<input type="radio"/>	<input type="radio"/>
Formula (2)	<input type="radio"/>	<input type="radio"/>
Water (3)	<input type="radio"/>	<input type="radio"/>
Tea (4)	<input type="radio"/>	<input type="radio"/>
Juice (5)	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>

Behav4 Over the last 24 hours, what best describes your baby's feeding:

- Nothing but breast milk (no formula) (1)
- Breast milk and formula (2)
- Formula only (3)

Answer If Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Formula - Yes Is Selected Or Over the last 24 hours, what best describes your baby's feeding: Breast milk and formula Is Selected

Behav5 You mentioned you gave your baby formula in the past 24 hours. Were more than half of the feeds formula?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav6 When you give breast milk is it: Interviewer: Don't say last option, only choose it if mom tells you this.

- Always directly from the breast (1)
- Always from a pump (2)
- Sometimes from the breast and sometimes pumped (3)
- No longer giving breast milk (4)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav7 How long after birth did you first put your baby to the breast?

- Less than 1 hour (1)
- Within the first 24 hours (record number of hours): (2) _____
- More than 24 hours (record number of days): (3) _____

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav8 Were you able to give breast milk ONLY and nothing else:

	Within 1 hour of giving birth? (1)	For the first 24 hours after giving birth? (2)	For the first 2 weeks after giving birth? (3)
Yes (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected

Behav9 Have you had any of the following problems breastfeeding: Interviewer: If NONE, select "NO" and ONLY that option; all other responses, select all that apply

	Yes (1)	No (2)
Latching problem (2)	<input type="radio"/>	<input type="radio"/>
Breast swelling/engorgement (3)	<input type="radio"/>	<input type="radio"/>
Milk supply (4)	<input type="radio"/>	<input type="radio"/>
Sore nipple(s) (5)	<input type="radio"/>	<input type="radio"/>
Positioning (6)	<input type="radio"/>	<input type="radio"/>
Mastitis (infection of the breast) (7)	<input type="radio"/>	<input type="radio"/>
Baby not gaining weight (8)	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>
NONE (1)	<input type="radio"/>	<input type="radio"/>

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected

Behav10 You just mentioned several breastfeeding problems (or a breastfeeding problem) that you had. Do you feel you got the help you needed for these problems?

- Yes (1)
- No (2)
- Not Sure (3)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav11 Were there times you needed help but didn't get it?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To When and Why? If No Is Selected, Then Skip To Do you feel like you are meeting your...

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav11a When was this and why?

- When: (1) _____
- Why: (2) _____

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav12 Do you feel like you are meeting your goals for breastfeeding?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To End of Block

Answer If Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

Behav12a What breastfeeding goals do you have?

Prompt3 Your baby was born on: _____(day of the week), _____(day), _____(month), _____(year): Example: Your baby was born on Wednesday, the 8th of October of 2014...

Behav13 What time was your baby born? Interviewer: Please enter hours and minutes, (e.g., 07:14)

Behav13a Interviewer: Please enter AM or PM below. If mom says "07:14" but not "in the morning" or "in the evening"; then ask: "was that 07:14 in the morning or in the evening?" AM or PM?

- AM (1)
- PM (2)

Behav14 When did your milk come in? Interviewer: If mom says "it came in on the first day" say, since your baby was born _____(day of the week) at ____:____AM/PM (time), do you mean

Monday? Example: Since your baby was born on Sunday at 07:02 AM, do you mean Monday? Day of the week (select one):

- Monday (1)
- Tuesday (2)
- Wednesday (3)
- Thursday (4)
- Friday (5)
- Saturday (6)
- Sunday (7)
- Don't Remember (8)

Behav14a Okay, and about what time did your milk come in? Interviewer Prompt: If mom says she “doesn’t know”, “doesn’t remember”, is “not sure”, etc, please ask: Was it in the morning or the afternoon/evening? Interviewer Prompt: If it was the morning ask only options 1 & 2; If it was the afternoon/evening ask only options 3 & 4 Was it between:

- Time (e.g. 07:14 PM make sure to add AM or PM!) (7) _____
- Midnight and 6 AM (1)
- 6 AM and Noon (2)
- Noon and 6 PM (4)
- 6 PM and Midnight (5)
- Don't Remember (3)

Behav14b Okay, please give me a moment before we continue... Interviewer: Do not ask mom this question! Use baby's DOB and the Day of the Week that she tells you her milk came in to look up this date on a calendar. Date when milk came in (MM/DD/YY):

Form1 Did your baby have formula in the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Has your baby been given any formula ...

Form2 When was the first time formula was given? Interviewer: Please enter number of days after birth

Form2a Why was formula given?

Form3 Who gave the baby formula?

- You (1)
- Nurse (2)
- Family member (3)
- Other (4) _____

Form4 How many days did the baby receive formula while in the hospital?

- Only one day (1)
- Some of the days (2)
- Every day (3)

Form5 Has your baby been given any formula since you left the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

Form5a Why was formula given?

Form6 How often is formula given?

- Every day (1)
- Every other day (2)
- A few times per week (3)
- Only a few times since birth (4)

Form7 When was the last time formula was given?

- Today (1)
- Yesterday (2)
- Within the last week (3)
- More than a week ago (4)

PC1 Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born?

- Yes (1)
- No (2)

Answer If Did you get in touch with your breastfeeding peer counselor after your baby was born? No Is Selected

PC1a What was the reason you did not contact her?

Answer If Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born? Yes Is Selected

PC2 How soon after your baby was born were you in touch with your peer counselor?

- Immediately when the baby was born (1)
- Within 48 hours of delivery (2)
- Within 1 week of delivery (3)
- Within 2 weeks of delivery (4)

PC3 Did you have a home visit by a peer counselor or a nurse to help with breastfeeding since the baby was born?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Have you seen the pediatrician since ...

PC3a Who came to the house to visit?

- WIC peer counselor (1)
- Nurse (2)
- Both (3)
- Other (4) _____

PC3b How many home visits were made? Interviewer: Please enter a number between 1 and 20

PC4 Have you seen the pediatrician since leaving the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

PC5 Did they provide any breastfeeding education?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

PC5a What kind of breastfeeding help did the pediatrician provide?

PC5b Did the education the pediatrician provide help?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

BFPlan1 Now that you had your baby, how long are you planning on breast feeding (in months)?

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

BFPlan2 Do you plan to give only breast milk and nothing else?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan to give formula or other ...

BFPlan2a For how long (in months)?

Answer If Do you plan to give only breast milk and nothing else? No Is Selected

BFPlan3 Do you plan to give formula or other milk AND breast milk?

- Yes (1)
- No (2)

Answer If Do you plan to give formula or other milk AND breast milk? Yes Is Selected

BFPlan3a For how long (in months)?

Appendix 4d. 2WkPP_ExclusiveBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

Prompt 1 IF EXCLUSIVELY BREASTFEEDING AT 2 WEEKS PP (EBF: BREAST MILK ONLY, ALLOWING ONLY FOR TOKEN AMOUNTS OF MEDICAL FLUIDS) Okay, now I am going to ask you some questions about your breastfeeding plans. Some of these questions might sound the same to you, but each one is different and is going to help us better understand your thoughts about breastfeeding and your breastfeeding experience.

Int2 I am going to read you some statements about feeding your baby. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False.

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. When my baby is 3 months old, I will be breastfeeding without using any formula or other milk. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When my baby is 6 months old, I will be breastfeeding without using any formula or other milk. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RP2 Now I am going to ask you about your thoughts and feelings about breastfeeding. For each statement, please tell me whether you think it is Very True, Somewhat True, Somewhat False, or Very False. If I don't breastfeed my baby it is....

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1.... bad for his/her health. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... bad for my health. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OE2 Great, now for the next set of questions I am going to ask you about giving your baby breast milk only. This means no formula, other milk, other liquids, baby food, or even water. Do you have any questions about what it means to give your baby breast milk only? Interviewer: If yes, please ask participant what her question is and answer it based on the definition of exclusive breastfeeding. If not, please continue. Okay, for each question please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you think if you give your baby breast milk only ...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. ...you will lose weight quickly after birth? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....your baby will be less likely to be obese later in life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...it will keep your baby from getting sick? (ear infections, diarrhea) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....it will lower your risk of breast cancer? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....it will lower your risk of diabetes? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6....others will not be able to help you feed your baby? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASE2 I'm now going to ask you some questions about how sure you are about giving your baby breast milk only. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can give your baby breast milk only ...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1....for the first 3 months after your baby is born? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....for the first 6 months after your baby is born? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AP2 Now I am going to ask you some questions about your breastfeeding plans. To have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about how

long you will breastfeed? Or, Have you thought specifically about the location you like to breastfeed?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)	Not Applicable (use for questions 5 and 6 ONLY) (5)
1....how long you would like to breastfeed? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... the location where you like to breastfeed? (i.e., baby's room, living room, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3... how to breastfeed? (i.e., how often and the best positions) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to get your family and friends to support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when you will talk to your boss about your decision to breastfeed? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to talk to your boss about your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CP2 Breastfeeding can be challenging. I am going to ask you some questions about how you might deal with these challenges. Remember, to have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. Please tell me whether you think each question is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about who to ask for help if you are having trouble

breastfeeding? Or, Have you thought specifically about how to check if your baby is getting enough breast milk?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...who to ask for help if you are having trouble breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...how to check whether your baby is getting enough breast milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to position your baby to attach to your breast successfully? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to involve your partner or other family in feeding your baby? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when to involve your partner or other family in feeding your baby? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to reach out to your peer counselor if you are having trouble breastfeeding? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MSE2 Now I am going to ask you some questions about how sure you are about being able to continue giving your baby breast milk only. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. Please tell me whether you think each

question is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can continue giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even if you are given free formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...even if your milk didn't come in right away? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...even if you are unsure you have enough milk to feed your baby? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if you experience pain while breastfeeding? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...even if your baby has trouble attaching to your breast right away? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...even if your family does not support your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...even if it takes you some time to develop a routine? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSE2 Finally, imagine you stopped breastfeeding, started using formula, or are using a combination of breast milk and formula. Now I am going to ask you some questions about how confident you are that you can begin giving your baby breast milk only again. Please tell me whether you think each question

is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can go back to giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even after you have given your baby formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2... even after you stopped breastfeeding because it was painful? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 ...even if you are unsure if your baby is getting enough milk? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4... even if your family does not support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 ...even if you had to go back to work? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 4e. 2WkPP_AnyBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

Prompt2 IF ANY BREASTFEEDING AT 2 WEEKS PP (ANY BF: BREAST MILK AS WELL AS FORMULA, TEAS, JUICES, OTHER WATER-BASED LIQUIDS, ETC., NO SOLIDS AT 2 WK PP INTERVIEW) Okay, now I am going to ask you some questions about your breastfeeding plans. Some of these questions might sound the same to you, but each one is going to help us better understand your thoughts about breastfeeding.

IntAny2 I am going to read you some statements about feeding your baby. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False.

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. When my baby is 3 months old, I will still be breastfeeding. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. When my baby is 6 months old, I will I will still be breastfeeding. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RPAny2 Now I am going to ask you about your thoughts and feelings about breastfeeding. For each statement, please tell me whether you think it is Very True, Somewhat True, Somewhat False, or Very False. If I don't breastfeed my baby it is....

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1.... bad for his/her health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... bad for my health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OEAny2 Great, now for the next set of questions I am going to ask you about giving your baby breast milk. For each question please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you think if you give your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. ...you will lose weight quickly after birth? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....your baby will be less likely to be obese later in life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...it will keep your baby from getting sick? (ear infections, diarrhea) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....it will lower your risk of breast cancer? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....it will lower your risk of diabetes? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6....others will not be able to help you feed your baby? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASEAny2 I'm now going to ask you some questions about how sure you are about breastfeeding your baby. Please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can give your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...for the first 3 months after your baby is born? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...for the first 6 months after your baby is born? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APAny2 Now I am going to ask you some questions about your breastfeeding plans. To have a breastfeeding plan means you have thought about specific things you need to do in order to

breastfeed. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about how long you will breastfeed? Or, Have you thought specifically about the location you like to breastfeed?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)	Not Applicable (use for questions 6 and 7 ONLY) (5)
1....how long you would like to breastfeed? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....the location where you like to breastfeed? (i.e., baby's room, living room, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to breastfeed? (i.e., how often and the best positions) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to get your family and friends to support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when you will talk to your boss about your decision to breastfeed? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to talk to your boss about your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CPAny2 Breastfeeding can be challenging. I am going to ask you some questions about how you might deal with these challenges. Remember, to have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. Please tell me whether you think each question is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by

asking: Have you thought specifically about who to ask for help if you are having trouble breastfeeding? Or, Have you thought specifically about how to check if your baby is getting enough breast milk?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...who to ask for help if you are having trouble breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...how to check whether your baby is getting enough breast milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to position your baby to attach to your breast successfully? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to involve your partner or other family in feeding your baby? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when to involve your partner or other family in feeding your baby? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to reach out to your peer counselor if you are having trouble breastfeeding? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MSEAny2 Now I am going to ask you some questions about how sure you are about being able to continue breastfeeding your baby. Please tell me whether you think each question is Very True,

Somewhat True, Somewhat False, or Very False. Are you sure that you can continue giving your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even if you are given free formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...even if your milk didn't come in right away? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...even if you are unsure you have enough milk to feed your baby? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if you experience pain while breastfeeding? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...even if your baby has trouble attaching to your breast right away? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...even if your family does not support your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...even if it takes you some time to develop a routine? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EBFAny2 Earlier you mentioned you are feeding your baby with a combination of breast milk and formula. Would you like to go back to giving your baby breast milk only?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Survey|If Yes Is Selected, Then Skip To Okay, now I am going to ask you some...

RSEAny2 Okay, now I am going to ask you some questions about how confident you are that you can begin giving your baby breast milk only once again. Are you sure that you can go back to giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1... even after you stopped breastfeeding because it was painful? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 ...even if you are unsure if your baby is getting enough milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3... even if your family does not support your decision to breastfeed? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 ...even if you had to go back to work? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 4 f. 2WkPP_NoBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

StopBF2 IF NO LONGER BREASTFEEDING AT 2 WEEKS PP Why did you stop breastfeeding? Interviewer: Don't read all the options, select all that apply

- Baby had trouble sucking or latching on (1)
- Baby choked (2)
- Baby wouldn't wake up to nurse regularly enough (3)
- Baby not interested in nursing (4)
- Baby got distracted (5)
- Baby nursed too often (6)
- Took too long for my milk to come in (7)
- I had trouble getting the milk flow to start (8)
- My baby didn't gain enough weight or lost too much weight (9)
- I didn't have enough milk (10)
- My nipples were sore, cracked, or bleeding (11)
- My breasts were overfull (engorged) (12)
- I had a yeast infection of the breast (13)
- I had a clogged milk duct (14)
- My breast were infected or abscessed (15)
- I did not have the support of my partner or family (16)
- I had to stop because I went back to work (17)
- Other (18) _____

Restart2 Once you stopped breastfeeding, did you try to begin again at any point?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan on re-starting? If Yes Is Selected, Then Skip To Were you able to resume breastfeeding...

Restart2a Were you able to resume breastfeeding successfully?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To For how many days of the past two wee...If No Is Selected, Then Skip To Do you plan on re-starting?

Restart2b For how many days of the past two weeks? Interviewer: Please enter a number between 1 and 14

PlanRstr2 Do you plan on re-starting?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of SurveyIf Yes Is Selected, Then Skip To Do you have any concerns about starti...

PlanRstr2a Do you have any concerns about starting to breastfeed again?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of SurveyIf Yes Is Selected, Then Skip To What are your concerns?

PlanRstr2b What are your concerns? (Select all that apply)

- Low milk supply (1)
- Lack of support of partner/family (2)
- Baby's medical problem(s) (3)
- Having to go back to work (4)
- Painful (5)
- Getting baby to latch (6)
- Other (7) _____

Appendix 4g. 3MoPP_BFOutcomes_ENGLISH

Prompt1 To start, I just need to confirm some basic information with you...

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

BabyDOB Baby's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

3moNICUb Did you or your baby have any illness or use any medications that did not allow you to breastfeed over the last 3 months? Interviewer: If yes, please ask: what was the problem?

- Yes (1) _____
- No (2)

Prompt2 Okay, great. The following questions will take 20 minutes to complete and you will receive a \$25 gift card for your time. We are going to start with some questions about your experience breastfeeding. Some of them might sound the same to you, but each one is going to help us better understand your breastfeeding experience. Are you ready to begin?

3moBehav1 Was your baby ever breastfed or fed breast milk?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Some of these questions might sound ...

3moBehav2 Is your baby still breastfeeding (drinking any breast milk)?

- Yes (1)
- No (2)

3moBehav3 Some of these questions might sound the same to you. Please reply Yes or No to each one. Over the last 24 hours, did you give your baby:

	Yes (1)	No (2)
Breast milk (1)	<input type="radio"/>	<input type="radio"/>
Formula (2)	<input type="radio"/>	<input type="radio"/>
Water (3)	<input type="radio"/>	<input type="radio"/>
Tea (4)	<input type="radio"/>	<input type="radio"/>
Juice (5)	<input type="radio"/>	<input type="radio"/>
Semi-solid food (e.g., baby cereal, pureed fruits/ veggies) (8)	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>

3moBehav4 Over the last 24 hours, what best describes your baby's feeding:

- Nothing but breast milk (no formula) (1)
- Breast milk and formula (2)
- Formula only (3)

Answer If Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Formula - Yes Is Selected Or Over the last 24 hours, what best describes your baby's feeding: Breast milk and formula Is Selected

3moBehav5 You mentioned you gave your baby formula in the past 24 hours. Were more than half of the feeds formula?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBehav6 When you give breast milk is it: Interviewer: Don't say last option, only choose it if mom tells you this.

- Always directly from the breast (1)
- Always from a pump (2)
- Sometimes from the breast and sometimes pumped (3)
- No longer giving breast milk (4)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected

3moBehav9 Have you had any of the following problems breastfeeding: Interviewer: If NONE, select "NO" and ONLY that option; all other responses, select all that apply

	Yes (1)	No (2)
Latching problem (2)	<input type="radio"/>	<input type="radio"/>
Breast swelling/engorgement (3)	<input type="radio"/>	<input type="radio"/>
Milk supply (4)	<input type="radio"/>	<input type="radio"/>
Sore nipple(s) (5)	<input type="radio"/>	<input type="radio"/>
Positioning (6)	<input type="radio"/>	<input type="radio"/>
Mastitis (infection of the breast) (7)	<input type="radio"/>	<input type="radio"/>
Baby not gaining weight (8)	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>
NONE (1)	<input type="radio"/>	<input type="radio"/>

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected

3moBehav10 You just mentioned several breastfeeding problems (or a breastfeeding problem) that you had. Do you feel you got the help you needed for these problems?

- Yes (1)
- No (2)
- Not Sure (3)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select "NO" and ONLY that option; all other responses, select all that apply NONE - No Is Not Selected

3moBehav11 Were there times you needed help but didn't get it?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To When and Why? If No Is Selected, Then Skip To Do you feel like you are meeting your...

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected

3mBehav11a When was this and why?

- When: (1) _____
- Why: (2) _____

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBehav12 Do you feel like you are meeting your goals for breastfeeding?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To End of Block

3mBehav12a What breastfeeding goals do you have?

3moForm1 Has your baby ever had formula?

- Yes (1)
- No (2)

Answer If Has your baby ever had formula? Yes Is Selected

3moForm2 When was the first time formula was given? Interviewer: Please enter number of weeks after birth

Answer If Has your baby ever had formula? Yes Is Selected

3moForm2a Why was formula given?

Answer If Has your baby ever had formula? Yes Is Selected

3moForm3 Who gave the baby formula?

- You (1)
- Nurse (2)
- Family member (3)
- Other (4) _____

Answer If Has your baby ever had formula? Yes Is Selected

3moForm6 How often is formula given?

- Every day (1)
- Every other day (2)
- A few times per week (3)
- Only a few times since birth (4)

Answer If Has your baby ever had formula? Yes Is Selected

3moForm7 When was the last time formula was given?

- Today (1)
- Yesterday (2)
- Within the last week (3)
- More than a week ago (4)

3moPC1 Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born?

- Yes (1)
- No (2)

Answer If Did you get in touch with your breastfeeding peer counselor after your baby was born? No Is Selected

3moPC1a What was the reason you did not contact her?

Answer If Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born? Yes Is Selected

3moPC2 How soon after your baby was born were you in touch with your peer counselor?

- Immediately when the baby was born (1)
- Within 48 hours of delivery (2)
- Within 1 week of delivery (3)
- Within 2 weeks of delivery (4)
- Within 1 month of delivery (5)
- Within 3 months of delivery (6)

3moPC3 Did you have a home visit by a peer counselor or a nurse to help with breastfeeding since the baby was born?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Have you seen the pediatrician since ...

3moPC3a Who came to the house to visit?

- WIC peer counselor (1)
- Nurse (2)
- Both (3)
- Other (4) _____

3moPC3b How many home visits were made? Interviewer: Please enter a number between 1 and 20

3moPC4 Have you seen the pediatrician since leaving the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

3moPC5 Did they provide any breastfeeding education?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

3moPC5a What kind of breastfeeding help did the pediatrician provide?

3moPC5b Did the education the pediatrician provide help?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBFPlan1 Now that you had your baby, how long are you planning on breast feeding (in months)?

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBFPlan2 Do you plan to give only breast milk and nothing else?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan to give formula or other ...

3mBFPlan2a For how long (in months)?

Answer If Do you plan to give only breast milk and nothing else? No Is Selected

3moBFPlan3 Do you plan to give formula or other milk AND breast milk?

- Yes (1)
- No (2)

Answer If Do you plan to give formula or other milk AND breast milk? Yes Is Selected

3mBFPlan3a For how long (in months)?

Appendix 4h. 3MoPP_ExclusiveBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

Prompt 1 IF EXCLUSIVELY BREASTFEEDING AT 3 MONTHS PP (EBF: BREAST MILK ONLY, ALLOWING ONLY FOR TOKEN AMOUNTS OF MEDICAL FLUIDS) Okay, now I am going to ask you some questions about your breastfeeding plans. Some of these questions might sound the same to you, but each one is different and is going to help us better understand your thoughts about breastfeeding and your breastfeeding experience.

Int3 I am going to read you some statements about feeding your baby. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False.

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. When my baby is 6 months old, I will be breastfeeding without using any formula or other milk. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RP3 Now I am going to ask you about your thoughts and feelings about breastfeeding. For each statement, please tell me whether you think it is Very True, Somewhat True, Somewhat False, or Very False. If I don't breastfeed my baby it is....

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1.... bad for his/her health. (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... bad for my health. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OE3 Great, now for the next set of questions I am going to ask you about giving your baby breast milk only. This means no formula, other milk, other liquids, baby food, or even water. Do you have any questions about what it means to give your baby breast milk only? Interviewer: If yes, please ask participant what her question is and answer it based on the definition of exclusive breastfeeding. If not, please continue. Okay, for each question please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you think if you give your baby breast milk only ...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. ...you will lose weight quickly after birth? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....your baby will be less likely to be obese later in life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...it will keep your baby from getting sick? (ear infections, diarrhea) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....it will lower your risk of breast cancer? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....it will lower your risk of diabetes? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6....others will not be able to help you feed your baby? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASE3 I'm now going to ask you some questions about how sure you are about giving your baby breast milk only. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can give your baby breast milk only ...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1....for the first 6 months after your baby is born? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

AP3 Now I am going to ask you some questions about your breastfeeding plans. To have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about how long you will breastfeed? Or, Have you thought specifically about the location you like to breastfeed?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)	Not Applicable (use for questions 5 and 6 ONLY) (5)
1....how long you would like to breastfeed? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... the location where you like to breastfeed? (i.e., baby's room, living room, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3... how to breastfeed? (i.e., how often and the best positions) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to get your family and friends to support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when you will talk to your boss about your decision to breastfeed? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to talk to your boss about your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CP3 Breastfeeding can be challenging. I am going to ask you some questions about how you might deal with these challenges. Remember, to have a breastfeeding plan means you have thought about specific

things you need to do in order to breastfeed. Please tell me whether you think each question is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about who to ask for help if you are having trouble breastfeeding? Or, Have you thought specifically about how to check if your baby is getting enough breast milk?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...who to ask for help if you are having trouble breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...how to check whether your baby is getting enough breast milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to position your baby to attach to your breast successfully? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to involve your partner or other family in feeding your baby? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when to involve your partner or other family in feeding your baby? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to reach out to your peer counselor if you are having trouble breastfeeding? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MSE3 Now I am going to ask you some questions about how sure you are about being able to continue giving your baby breast milk only. Remember, to give your baby breast milk only means you will not use formula, other milk, other liquids, baby food, or even water. Please tell me whether you think each

question is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can continue giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even if you are given free formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...even if your milk didn't come in right away? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...even if you are unsure you have enough milk to feed your baby? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if you experience pain while breastfeeding? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...even if your baby has trouble attaching to your breast? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...even if your family does not support your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...even if it takes you some time to develop a routine? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RSE3 Finally, imagine you stopped breastfeeding, started using formula, or are using a combination of breast milk and formula. Now I am going to ask you some questions about how confident you are that you can begin giving your baby breast milk only again. Please tell me whether you think each question

is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can go back to giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even after you have given your baby formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2... even after you stopped breastfeeding because it was painful? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3 ...even if you are unsure if your baby is getting enough milk? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4... even if your family does not support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5 ...even if you had to go back to work? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 4i. 3MoPP_AnyBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

Prompt2 IF ANY BREASTFEEDING AT 3 MONTHS PP (ANY BF: BREAST MILK AS WELL AS FORMULA, TEAS, JUICES, OTHER WATER-BASED LIQUIDS, ETC.) Okay, now I am going to ask you some questions about your breastfeeding plans. Some of these questions might sound the same to you, but each one is going to help us better understand your thoughts about breastfeeding.

IntAny3 I am going to read you some statements about feeding your baby. For each, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False.

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. When my baby is 6 months old, I will I will still be breastfeeding. (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

RPAny3 Now I am going to ask you about your thoughts and feelings about breastfeeding. For each statement, please tell me whether you think it is Very True, Somewhat True, Somewhat False, or Very False. If I don't breastfeed my baby it is....

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1.... bad for his/her health (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2.... bad for my health (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

OEAny3 Great, now for the next set of questions I am going to ask you about giving your baby breast milk. For each question please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you think if you give your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1. ...you will lose weight quickly after birth? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....your baby will be less likely to be obese later in life? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. ...it will keep your baby from getting sick? (ear infections, diarrhea) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4....it will lower your risk of breast cancer? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5....it will lower your risk of diabetes? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6....others will not be able to help you feed your baby? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

ASEAny3 I'm now going to ask you some questions about how sure you are about breastfeeding your baby. Please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Are you sure that you can give your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...for the first 6 months after your baby is born? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

APAny3 Now I am going to ask you some questions about your breastfeeding plans. To have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. For each question, please tell me whether you think the statement is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of*... *Interviewer: If you are

asked what a detailed plan is, you may respond by asking: Have you thought specifically about how long you will breastfeed? Or, Have you thought specifically about the location you like to breastfeed?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)	Not Applicable (use for questions 6 and 7 ONLY) (5)
1....how long you would like to breastfeed? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2....the location where you like to breastfeed? (i.e., baby's room, living room, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to breastfeed? (i.e., how often and the best positions) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to get your family and friends to support your decision to breastfeed? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when you will talk to your boss about your decision to breastfeed? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to talk to your boss about your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CPAny3 Breastfeeding can be challenging. I am going to ask you some questions about how you might deal with these challenges. Remember, to have a breastfeeding plan means you have thought about specific things you need to do in order to breastfeed. Please tell me whether you think each question is Very True, Somewhat True, Somewhat False, or Very False. Do you have a detailed plan of* ... *Interviewer: If you are asked what a detailed plan is, you may respond by asking: Have you thought specifically about who to ask for help if you are having trouble

breastfeeding? Or, Have you thought specifically about how to check if your baby is getting enough breast milk?

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...who to ask for help if you are having trouble breastfeeding? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...how to check whether your baby is getting enough breast milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...how to position your baby to attach to your breast successfully? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...how to involve your partner or other family in feeding your baby? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...when to involve your partner or other family in feeding your baby? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...how to reach out to your peer counselor if you are having trouble breastfeeding? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

MSEAny3 Now I am going to ask you some questions about how sure you are about being able to continue breastfeeding your baby. Please tell me whether you think each question is Very True,

Somewhat True, Somewhat False, or Very False. Are you sure that you can continue giving your baby breast milk...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1...even if you are given free formula? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2...even if your milk didn't come in right away? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3...even if you are unsure you have enough milk to feed your baby? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4...even if you experience pain while breastfeeding? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5...even if your baby has trouble attaching to your breast? (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6...even if your family does not support your decision to breastfeed? (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7...even if it takes you some time to develop a routine? (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EBFAny3 Earlier you mentioned you are feeding your baby with a combination of breast milk and formula. Would you like to go back to giving your baby breast milk only?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Survey|If Yes Is Selected, Then Skip To Okay, now I am going to ask you some...

RSEAny3 Okay, now I am going to ask you some questions about how confident you are that you can begin giving your baby breast milk only once again. Are you sure that you can go back to giving your baby breast milk only...

	Very True (1)	Somewhat True (2)	Somewhat False (3)	Very False (4)
1... even after you stopped breastfeeding because it was painful? (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2 ...even if you are unsure if your baby is getting enough milk? (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3... even if your family does not support your decision to breastfeed? (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4 ...even if you had to go back to work? (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Appendix 4j. 3MoPP_NoBF_ENGLISH

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

StopBF3 IF NO LONGER BREASTFEEDING AT 3 MONTHS PP Why did you stop breastfeeding? Interviewer: Don't read all the options, select all that apply

- Baby had trouble sucking or latching on (1)
- Baby choked (2)
- Baby wouldn't wake up to nurse regularly enough (3)
- Baby not interested in nursing (4)
- Baby got distracted (5)
- Baby nursed too often (6)
- Took too long for my milk to come in (7)
- I had trouble getting the milk flow to start (8)
- My baby didn't gain enough weight or lost too much weight (9)
- I didn't have enough milk (10)
- My nipples were sore, cracked, or bleeding (11)
- My breasts were overfull (engorged) (12)
- I had a yeast infection of the breast (13)
- I had a clogged milk duct (14)
- My breast were infected or abscessed (15)
- I did not have the support of my partner or family (16)
- I had to stop because I went back to work (17)
- Other (18) _____

Restart3 Once you stopped breastfeeding, did you try to begin again at any point?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan on re-starting? If Yes Is Selected, Then Skip To Were you able to resume breastfeeding...

Restart3a Were you able to resume breastfeeding successfully?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To For how many days of the past two wee...If No Is Selected, Then Skip To Do you plan on re-starting?

Restart3b For how many days of the past two weeks? Interviewer: Please enter a number between 1 and 14

PlanRstr3 Do you plan on re-starting?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of SurveyIf Yes Is Selected, Then Skip To Do you have any concerns about starti...

PlanRstr3a Do you have any concerns about starting to breastfeed again?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of SurveyIf Yes Is Selected, Then Skip To What are your concerns?

PlanRstr3b What are your concerns? (Select all that apply)

- Low milk supply (1)
- Lack of support of partner/family (2)
- Baby's medical problem(s) (3)
- Having to go back to work (4)
- Painful (5)
- Getting baby to latch (6)
- Other (7) _____

Appendix 4k. 3MoPP_NO2WK_BFOutcomes_ENGLISH

Prompt1 To start, I just need to confirm some basic information with you...

Name Respondent Name (First Last):

ID Respondent ID #:

MomDOB Mother's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

BabyDOB Baby's Date of Birth (DOB): Interviewer: Please enter DOB as MM/DD/YYYY

BabyBW What was your baby's birth weight? Interviewer: Please enter baby's birth weight in pounds and ounces as follows: 7 pounds 8 ounces should be entered as 7.8

If What was your baby's bi... Is Less Than 5.0, Then Skip To End of Survey

3moNICU Did your baby spend any time in the neonatal intensive care unit (NICU)?

- Yes (1)
- No (2)

Answer If Did your baby spend any time in the neonatal intensive care unit (NICU)? <o:p></o:p>
Yes Is Selected

3moNICUa How many days did your baby spend in the NICU? Interviewer: Please enter the number of days below

If How many days did your baby... Is Greater Than 3, Then Skip To End of Survey

3moNICUb Did you or your baby have any illness or use any medications that did not allow you to breastfeed over the last two weeks? Interviewer: If yes, please ask: what was the problem?

- Yes (1) _____
- No (2)

Prompt2 Okay, great. The following questions will take 20 minutes to complete and you will receive a \$10 gift card for your time. We are going to start with some questions about your experience

breastfeeding. Some of them might sound the same to you, but each one is going to help us better understand your breastfeeding experience. Are you ready to begin?

3moBehav1 Was your baby ever breastfed or fed breast milk?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Some of these questions might sound ...

3moBehav2 Is your baby still breastfeeding (drinking any breast milk)?

- Yes (1)
- No (2)

3moBehav3 Some of these questions might sound the same to you. Please reply Yes or No to each one. Over the last 24 hours, did you give your baby:

	Yes (1)	No (2)
Breast milk (1)	<input type="radio"/>	<input type="radio"/>
Formula (2)	<input type="radio"/>	<input type="radio"/>
Water (3)	<input type="radio"/>	<input type="radio"/>
Tea (4)	<input type="radio"/>	<input type="radio"/>
Juice (5)	<input type="radio"/>	<input type="radio"/>
Other (7)	<input type="radio"/>	<input type="radio"/>

3moBehav4 Over the last 24 hours, what best describes your baby's feeding:

- Nothing but breast milk (no formula) (1)
- Breast milk and formula (2)
- Formula only (3)

Answer If Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Formula - Yes Is Selected Or Over the last 24 hours, what best describes your baby's feeding: Breast milk and formula Is Selected

3moBehav5 You mentioned you gave your baby formula in the past 24 hours. Were more than half of the feeds formula?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3moBehav6 When you give breast milk is it: Interviewer: Don't say last option, only choose it if mom tells you this.

- Always directly from the breast (1)
- Always from a pump (2)
- Sometimes from the breast and sometimes pumped (3)
- No longer giving breast milk (4)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3moBehav7 How long after birth did you first put your baby to the breast?

- Less than 1 hour (1)
- Within the first 24 hours (record number of hours): (2) _____
- More than 24 hours (record number of days): (3) _____

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3moBehav8 Were you able to give breast milk ONLY and nothing else:

	Within 1 hour of giving birth? (1)	For the first 24 hours after giving birth? (2)	For the first 2 weeks after giving birth? (3)	For the first 3 months after giving birth (4)
Yes (1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No (2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected

3moBehav9 Have you had any of the following problems breastfeeding: Interviewer: If NONE, select "NO" and ONLY that option; all other responses, select all that apply

	Yes (1)	No (2)
Latching problem (2)	<input type="radio"/>	<input type="radio"/>
Breast swelling/engorgement (3)	<input type="radio"/>	<input type="radio"/>
Milk supply (4)	<input type="radio"/>	<input type="radio"/>
Sore nipple(s) (5)	<input type="radio"/>	<input type="radio"/>
Positioning (6)	<input type="radio"/>	<input type="radio"/>
Mastitis (infection of the breast) (7)	<input type="radio"/>	<input type="radio"/>
Baby not gaining weight (8)	<input type="radio"/>	<input type="radio"/>
Other (9)	<input type="radio"/>	<input type="radio"/>
NONE (1)	<input type="radio"/>	<input type="radio"/>

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Some of these questions might sound the same to you. Please reply Yes or No to each one. O... Breast milk - Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected

3moBehav10 You just mentioned several breastfeeding problems (or a breastfeeding problem) that you had. Do you feel you got the help you needed for these problems?

- Yes (1)
- No (2)
- Not Sure (3)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3moBehav11 Were there times you needed help but didn't get it?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To When and Why? If No Is Selected, Then Skip To Do you feel like you are meeting your...

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Have you had any of the following problems breastfeeding: Interviewer: If NONE, select... NONE - No Is Not Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3mBehav11a When was this and why?

- When: (1) _____
- Why: (2) _____

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected And Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3moBehav12 Do you feel like you are meeting your goals for breastfeeding?

- Yes (1)
- No (2)

If Yes Is Selected, Then Skip To End of Block

Answer If Over the last 24 hours, what best describes your baby's feeding: Formula only Is Not Selected

3mBehav12a What breastfeeding goals do you have?

Prompt3 Your baby was born on: _____(day of the week), _____(day), _____(month), _____(year): Example: Your baby was born on Wednesday, the 8th of October of 2014...

3moBehav13 What time was your baby born? Interviewer: Please enter hours and minutes, (e.g., 07:14)

3mBehav13a Interviewer: Please enter AM or PM below. If mom says "07:14" but not "in the morning" or "in the evening" then ask: "was that 07:14 in the morning or in the evening?" AM or PM?

- AM (1)
- PM (2)

3moBehav14 When did your milk come in? Interviewer: If mom says "it came in on the first day" say, since your baby was born _____(day of the week) at ____:____AM/PM (time), do you mean

Monday? Example: Since your baby was born on Sunday at 07:02 AM, do you mean Monday? Day of the week (select one):

- Monday (1)
- Tuesday (2)
- Wednesday (3)
- Thursday (4)
- Friday (5)
- Saturday (6)
- Sunday (7)
- Don't Remember (8)

3mBehav14a Okay, and about what time did your milk come in? Interviewer Prompt: If mom says she "doesn't know", "doesn't remember", is "not sure", etc, please ask: Was it in the morning or the afternoon/evening? Interviewer Prompt: If it was the morning ask only options 1 & 2; If it was the afternoon/evening ask only options 3 & 4 Was it between:

- Time (e.g. 07:14 PM make sure to add AM or PM!) (7) _____
- Midnight and 6 AM (1)
- 6 AM and Noon (2)
- Noon and 6 PM (4)
- 6 PM and Midnight (5)
- Don't Remember (3)

3mBehav14b Okay, please give me a moment before we continue... Interviewer: Do not ask mom this question! Use baby's DOB and the Day of the Week that she tells you her milk came in to look up this date on a calendar. Date when milk came in (MM/DD/YY):

3moForm1 Did your baby have formula in the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Has your baby been given any formula ...

3moForm2 When was the first time formula was given? Interviewer: Please enter number of days after birth

3moForm2a Why was formula given?

3moForm3 Who gave the baby formula?

- You (1)
- Nurse (2)
- Family member (3)
- Other (4) _____

3moForm4 How many days did the baby receive formula while in the hospital?

- Only one day (1)
- Some of the days (2)
- Every day (3)

3moForm5 Has your baby been given any formula since you left the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

3moForm5a Why was formula given?

3moForm6 How often is formula given?

- Every day (1)
- Every other day (2)
- A few times per week (3)
- Only a few times since birth (4)

3moForm7 When was the last time formula was given?

- Today (1)
- Yesterday (2)
- Within the last week (3)
- More than a week ago (4)

3moPC1 Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born?

- Yes (1)
- No (2)

Answer If Did you get in touch with your breastfeeding peer counselor after your baby was born? No Is Selected

3moPC1a What was the reason you did not contact her?

Answer If Did you get in touch with your WIC peer counselor (or name of PC) after your baby was born? Yes Is Selected

3moPC2 How soon after your baby was born were you in touch with your peer counselor?

- Immediately when the baby was born (1)
- Within 48 hours of delivery (2)
- Within 1 week of delivery (3)
- Within 2 weeks of delivery (4)

3moPC3 Did you have a home visit by a peer counselor or a nurse to help with breastfeeding since the baby was born?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Have you seen the pediatrician since ...

3moPC3a Who came to the house to visit?

- WIC peer counselor (1)
- Nurse (2)
- Both (3)
- Other (4) _____

3moPC3b How many home visits were made? Interviewer: Please enter a number between 1 and 20

3moPC4 Have you seen the pediatrician since leaving the hospital?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

3moPC5 Did they provide any breastfeeding education?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To End of Block

3moPC5a What kind of breastfeeding help did the pediatrician provide?

3moPC5b Did the education the pediatrician provide help?

- Yes (1)
- No (2)

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBFPlan1 Now that you had your baby, how long are you planning on breast feeding (in months)?

Answer If Was your baby ever breastfed or fed breast milk? Yes Is Selected

3moBFPlan2 Do you plan to give only breast milk and nothing else?

- Yes (1)
- No (2)

If No Is Selected, Then Skip To Do you plan to give formula or other ...

3mBFPlan2a For how long (in months)?

Answer If Do you plan to give only breast milk and nothing else? No Is Selected

3moBFPlan3 Do you plan to give formula or other milk AND breast milk?

- Yes (1)
- No (2)

Answer If Do you plan to give formula or other milk AND breast milk? Yes Is Selected

3mBFPlan3a For how long (in months)?