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

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

My baby is no longer with me □

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

How to fill in the questionnaire

1. Please fill in the questionnaire in black biro.

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

Example:

Yes □

No □

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

3. Occasionally you may have more than one answer to a question. Please cross all the boxes next to the answers that apply to you if the instruction ‘Please cross one or more boxes’ is printed on top of the boxes.
4. Sometimes you are asked to give an age or a length of time in weeks and days, or days and hours. Please follow the instructions very carefully.

Example:

How old is your baby?

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

Please enter numbers in both boxes:

6  and  2
weeks and days

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

Example:

Yes  ☒  ⇒  Go to Q8
No  ☐

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

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

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

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

We are very grateful for your help.
Section 1: About your baby

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

Q1. What is your baby’s first name?
*Please write in below – one letter per box*

[ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Q2. How old is your baby?
*Please write numbers in both boxes*
*Write in how many whole weeks plus any additional days:*

[ ] weeks and [ ] days

Q3. Is this your first baby?

Yes □ ⇔ Go to Q5
No □ ⇔ Go to Q4

Q4. How many children do you have in total?
*Please exclude stepchildren or foster children.*

Write in number: [ ] [ ]

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

No □
Yes, twin □
Yes, triplets or other multiple birth □

If you have twins or triplets:
- Please complete this questionnaire with respect to the baby who was born first.
- We are also interested in your other baby or babies and will ask you a few questions about them at a later date.
Section 2: About the milk that you give your baby

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

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

Please cross one box only

- Only breast milk
- Only infant formula
- Breast milk and infant formula

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

- Yes (even if only once)
- No

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

- Yes (even if only once)
- No

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

Please write the age in the appropriate box

Either in days: [ ] [ ]

OR

In whole weeks plus any additional days:

[ ] weeks and [ ] days
Q10. What were your reasons for stopping breastfeeding?  
*Please write in the reasons*

Q11. Which of the following best describes how long you breastfed for?  
*Please cross one box only*

- I would have liked to breastfeed for longer
- I breastfed for as long as I intended
- I breastfed for longer than I intended  

Go to Q12

Go to Q13

Q12. What would have helped you breastfeed for longer?  
*Please write in the reasons*
If you have only ever breastfed your baby, please go to Q15

Q13. How old was your baby when he/she FIRST received infant formula?
Please write the age in the appropriate box

Either in days: □ □
OR
In whole weeks plus any additional days:
□ weeks and □ days

Q14. Since your baby was born, how often has he/she been fed infant formula?
If your pattern of using infant formula has varied please select the answer you feel comes closest to describing your situation.

Please cross one box only

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

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

Yes □ ⇒ Go to Q16
No □ ⇒ Go to instruction before Q17

Q16. What did you see advertised?

Please cross one or more boxes

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

Don't know □
If you currently use infant formula AT ALL, please answer the following questions.
If not, please go to Q23

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

Q17. When making infant formula feeds do you USUALLY…

Please cross one box only

- Only make one feed at a time as you need it
- Make several feeds at a time and store them
- Only ever use ready to feed formula

Go to Q18

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

Please cross one box only

- Use water that has just boiled
- Use water that has boiled and been left to cool for 30 minutes
- Use water that has boiled and been left to cool between 30 and 45 minutes
- Use water that has boiled and been left to cool for more than 45 minutes

Q19. When making infant formula feeds do you USUALLY…

Please cross one box only

- Put the powder in the bottle first and then add the water
- OR
- Put the water in the bottle first and then add the powder

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

Please cross one box only

- Make up an infant formula feed before leaving home
- Make up an infant formula feed whilst you are out
- Take a ready to feed formula with you
- Take expressed breast milk with you
- Breastfeed
- Never feed your baby away from home

Go to Q21

Go to Q22

Go to Q23
Q21. When you are out, do you USUALLY keep the feeds you have made chilled?
Yes ☐  ☑ Go to Q23
No ☐  ☑  

Q22. When you are out do you USUALLY…
Make feeds with cold or cooled water ☐
OR
Make feeds with hot water (e.g. ask for hot water or use hot water from a flask) ☐

Q23. Have you ever used a bottle to feed your baby?
Yes ☐  ⇔ Go to Q24
No ☐  ⇔ Go to Q25

Q24. What methods do/did you USUALLY use to sterilise the bottle?
Please cross one box only

Hot soapy water ☐
Boiling water ☐
Soaking in sterilising solution e.g. Milton ☐
Steam steriliser ☐
Dishwasher ☐
Microwave ☐
Other (Please cross and write in) ☐
Section 3: About Healthy Start

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

You are eligible for the scheme if you or your family receive ONE of the following:
- Income support
- Income-based Job Seeker’s Allowance
- Income-related Employment and Support Allowance
- Child Tax Credit, without working Tax Credit (except Working Tax run-on) and an annual family income of £16,190 or less

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

Yes □  ⇐  Go to Q26
No □  ⇐  Go to Q26
Don’t know □  ⇐  Go to Q32

Q26. Are you on the Healthy Start scheme?

Yes □  ⇐  Go to Q28
No □  ⇐  Go to Q27

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

Yes □  ⇐  Go to Q28
No □  ⇐  Go to Q32
Q28. How did you find out about the Healthy Start scheme?

Please cross one or more boxes

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

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

Yes ☐ ⇒ Go to Q30
No ☐ ⇒ Go to Q31

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

Please cross one or more boxes

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

Go to Q32
Q31. Why haven't you spent your Healthy Start vouchers?  
*Please write in the reasons*

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

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

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

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

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

Q34. How old was your baby when he or she was FIRST given something apart from milk to drink, such as water, fruit juice or herbal drink?  
*Please write the age in the appropriate box*

Either in days

OR

In whole weeks plus any additional days

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

Please cross one or more boxes

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

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

- Yes  
- No

Yes  ⇒ Go to Q37
No  ⇒ Go to Q40

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

Please write a number in the box

Please write in the age to the nearest whole week

[ ] [ ] weeks old

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

- Yes  
- No

Q39. There is no Q39.
Section 5: About vitamins for your baby and yourself

Q40. Do you give your baby any vitamin drops?

Yes ☐ ⇒ Go to Q41
No ☐ ⇒ Go to Q42

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

Please cross one box only

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

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

Yes ☐ ⇒ Go to Q43
No ☐ ⇒ Go to Q44

Q43. What type of supplements are you taking?

Please cross one or more boxes

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

............................................................................................................
Section 6: About when you were pregnant

Q44. Did you take folic acid before or during your pregnancy?  
*Please cross one or more boxes*

- Yes, before I was pregnant
- Yes, during first three months of pregnancy
- Yes, later on in pregnancy
- No, did not take folic acid

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

- Yes
- No

*Go to Q46 if Yes, Go to Q47 if No*

Q46. Why do you think pregnant women are recommended to increase their intake of folic acid?  
*Please write in the reasons*

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

- Yes
- No

*Go to Q48 if Yes, Go to Q49 if No*
Q48. What type of supplements did you take?

*Please cross one or more boxes*

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

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

*Please cross one box only*

- Infant formula
- Breastfeed
- Breastfeed and use infant formula
- Had not decided

*Go to Q50*

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

*Please give all your reasons and explain*

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

- Yes
- No

*Go to Q52 Go to Q54*
Q52. At the checkups did anyone discuss feeding your baby with you?

Yes ☐ ⇒ Go to Q53
No ☐ ⇒ Go to Q54

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

Please cross one or more boxes

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

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

Yes ☐ ⇒ Go to Q55
No ☐ ⇒ Go to Q57

Q55. Where were the sessions held?

Please cross one or more boxes

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

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

Yes ☐ ⇒ Go to Q57
No ☐ ⇒ Go to Q57
Q57. During this pregnancy were you taught how to position your baby for breastfeeding and how to attach your baby to your breast?

Yes   ☐
No    ☐

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

Yes   ☐
No    ☐

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

Yes   ☐  ⇒  Go to Q60
No    ☐  ⇒  Go to Q62

Q60. What information did you get?  

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

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

..........................................................
Q61. Where did you get this information?

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

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

Yes □ ⇒ Go to Q63
No □ ⇒ Go to Q65

Q63. What information did you get?

Information on...
...the effects of drinking alcohol on your baby □
...stopping drinking alcohol in pregnancy □
...limiting the amount of alcohol you drank □
...continuing to drink alcohol with no information about limit □
...the dangers of sharing a bed with your baby and drinking alcohol □
Some other advice or information (Please cross and write in) □
Q64. Where did you get this information?

*Please cross one or more boxes*

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

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

- Yes  □  ⇒ Go to Q66
- No   □  ⇒ Go to Q67
Q66. Where did you get this information?

Please cross one or more boxes

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

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

Yes □ ⇒ Go to Q68
No □ ⇒ Go to Q69

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

Please cross one box only

Most of them gave infant formula only □
Most of them breastfed only □
Most of them breastfed and gave infant formula □
There was a real mixture of the above methods □
Don’t know □
Q69. Do you know whether you were breastfed or fed with infant formula when you were a baby?

Please cross one box only

- Breastfed entirely
- Fed entirely with infant formula
- Both breastfed and fed with infant formula
- Don’t know

Section 7: About the birth of your baby

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

[ ] [ ] weeks

Q71. Where was your baby born?

- In hospital – in a midwife-led unit
- In hospital – in a consultant-led unit
- In a midwife-led unit or birth centre separate from hospital
- At home
- Somewhere else (Please cross and write in)

Go to Q72

Go to Q74

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

Name of the hospital and/or unit ...........................................................

Town where this is located .................................................................

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

Please enter number in one box only

Either:

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

[ ] [ ] hours

OR

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

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

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

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

*Please cross one or more boxes*

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

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

Either in pounds and ounces:

- □ lb
- □ oz

Or in kilograms:

- □ kg

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

- Yes □ ⇒ Go to Q78
- No □ ⇒ Go to Q80
Q78. Were you able to have this skin-to-skin contact with your baby for as long as you wanted?

Yes ☐
No ☐

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

Please cross one box only

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

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

Yes ☐
No ☐

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

Please cross one or more boxes

- Yes, put into special care ☐
- Yes, put under a lamp ☐
- No, neither ☐ Go to Q82

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

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

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

Yes ☐
No ☐
Q84. During the first few days, did anyone help you put your baby to the breast?

Yes ☐  ⇒  Go to Q85  
No ☐  ⇒  Go to Q87  

Q85. Who was this?  

Please cross one or more boxes

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

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

Please cross one box only

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

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

Yes ☐  ⇒  Go to Q88  
No ☐  ⇒  Go to Q90  

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

Yes ☐
No ☐
Q89. How useful did you find this information at the time?

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

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

- Yes
- No

Section 8: About the times that you feed your baby

*If you ever breastfed your baby please answer Q91
*If your baby was completely fed on infant formula from birth go on to Section 9*

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

*Please cross one box only*

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

*If your baby was born in a hospital, birth centre or unit please answer Q92
If your baby was born at home please go on to Q101*

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

- Yes
- No
- Don’t know

Go to Q93

Go to Q94
Q93. Were you advised to give something else to your baby other than breast milk or did you want your baby to have something else?

- Advised to give something else
- I wanted my baby to have something else
- No, neither

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

If your baby was born at home please go to Q101

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

- Yes
- No

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

- Yes
- No

Q96. What problems were there?

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

Yes □ ⇒ Go to Q98
No □ ⇒ Go to Q99

Q98. Who helped or supported you?

Please cross one or more boxes

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

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

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

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

Please cross one box only

- Only giving breast milk □
- Only giving infant formula □
- Giving both breast milk and infant formula? □
Section 10: About help for you at home

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

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

[ ] [ ] days old

Q102. Since leaving the hospital, birth centre or unit has anyone given you the contact details of a voluntary organisation or community group which helps new mothers with infant feeding?
(If your baby was born at home, please base your answer from when your baby was born.)

Please cross one or more boxes

- [ ] Yes, in conversation
- [ ] Yes, in writing / in print
- [ ] No

[ ] Go to Q103

[ ] Go to Q104

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

- [ ] Yes
- [ ] No

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

- [ ] Yes and I have used it
- [ ] Yes but I have not used it
- [ ] No I was not aware of it

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

- [ ] Yes
- [ ] No

[ ] Go to Q106

[ ] Go to Q107

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

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

[ ] [ ] days old
Q107. Since you left the hospital, birth centre or unit have you had any problems with feeding your baby?  
(If your baby was born at home, please answer about any feeding problems since the birth.)

Yes □ ⇒ Go to Q108  
No □ ⇒ Go to Q111

Q108. What problems were there?  
Please write in

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

Yes □ ⇒ Go to Q110  
No □ ⇒ Go to Q111
Q110. Where did you get this help or information?

Please cross one or more boxes

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

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

Please cross one or more boxes

- The Pregnancy Book
- The Birth to Five book
- Off to the best start (Start4Life) leaflet (England only)
- Breastfeeding - off to a good start leaflet (Scotland and Northern Ireland)
- Breastfeeding – the best start for your new baby leaflet (Wales only)
- Bottle feeding leaflet (England only)
- Ready Steady Baby leaflet (Scotland only)
- Breastfeeding and work leaflet (England only)
- Breastfeeding and returning to work leaflet (Scotland, Wales and N. Ireland)
- “From Bump to Breastfeeding” DVD
- Received items but don’t remember names
- Did not receive any of these
Q112. In which position do you usually place your baby to sleep?

Please cross one box only

- On his/her back
- On his/her front
- On his/her side
- Varies

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

Please cross one box only

- All the time
- Regularly
- Sometimes
- Rarely
- Never

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

- Yes
- No

Section 11: About smoking and drinking

Q115. Have you ever smoked cigarettes?

- Yes
- No

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

- Yes
- No

Q117. Do you smoke cigarettes at all now?

- Yes
- No
Q118. Did you smoke cigarettes at all during pregnancy, after you found out you were pregnant?

Yes □ ⇒ Go to Q120
No □ ⇒ Go to Q121

Q119. When did you finally give up?

Please cross one box only

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

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

Please cross one or more boxes

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

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

Please cross one or more boxes

Yes, my partner smoked □
Yes, someone else I lived with smoked □
No, nobody else who I lived with smoked □
Not applicable - I lived alone □
Q122. Do any of the people who live with you now smoke cigarettes?

Please cross one or more boxes

Yes, my partner smokes ☐
Yes, someone else I live with smokes ☐
No, nobody else who I live with smokes ☐
Not applicable - I live alone with my baby ☐

Q123. Do you ever drink alcohol at all now? (including low alcohol drinks)

Yes ☐ ⇒ Go to Q125
No ☐ ⇒ Go to Q124

Q124. Have you drunk alcohol at all during the past two years?

Yes ☐ ⇒ Go to Q125
No ☐ ⇒ Go to Q130

Q125. Thinking back to when you were pregnant, please cross the box that best describes how often you usually drank each of the alcoholic drinks listed below.

During pregnancy I usually drank:

Please cross one box on each line

<table>
<thead>
<tr>
<th>Alcohol Type</th>
<th>Most days</th>
<th>3-4 times a week</th>
<th>Once or twice a week</th>
<th>Once or twice a month</th>
<th>Very occasionally</th>
<th>Not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer / lager / cider / shandy</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Strong (6% or more) beer / lager / cider</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Wine / champagne</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Sherry / martini / vermouth / port</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Spirits / liqueurs (e.g. gin, whisky, rum, brandy, vodka)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Alcopops</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Low alcohol drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Other alcoholic drinks</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
Q126. For each type of drink you say that you had when you were pregnant, please write in the boxes the amount you usually drank each time that you had a drink. (If none write '0')

Normal strength beer / lager / cider / shandy

- half pints
- pints

Strong (6% or more) beer / lager / cider

- half pints
- pints

Wine / champagne

- small glass (125ml)
- medium glass (175ml)
- large glass (250ml)

Sherry / martini / vermouth / port

- glasses

Spirits / liqueurs (e.g. gin, whisky, rum, brandy, vodka)

- single measures (count double measures as 2)

Alcopops

- bottles

Low alcohol drinks


Other alcoholic drinks


(please write in - including type of measure)

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

Please cross one box only

Most days

3-4 times a week

Once or twice a week

Once or twice a month

Less than once a month

Not at all

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

Please cross one box only

I drank much more during pregnancy than before

I drank more during pregnancy than before

I drank about the same during pregnancy as before

I drank less during pregnancy than before

I drank much less during pregnancy than before

Go to Q129

Go to section 12

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

*Please cross one or more boxes*

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

---

**Section 12: And finally...**

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

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

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

<table>
<thead>
<tr>
<th>Previous children:</th>
<th>Q130a Was he/she breastfed at all?</th>
<th>Q130b If breastfed, how long did you continue breastfeeding?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eldest child:</td>
<td>Yes  [ ]  ⇒ Go to Q130b</td>
<td>□ days OR □ weeks OR □ months</td>
</tr>
<tr>
<td></td>
<td>No  [ ]</td>
<td></td>
</tr>
<tr>
<td>Second eldest child:</td>
<td>Yes  [ ]  ⇒ Go to Q130b</td>
<td>□ days OR □ weeks OR □ months</td>
</tr>
<tr>
<td></td>
<td>No  [ ]</td>
<td></td>
</tr>
<tr>
<td>Third eldest child:</td>
<td>Yes  [ ]  ⇒ Go to Q130b</td>
<td>□ days OR □ weeks OR □ months</td>
</tr>
<tr>
<td></td>
<td>No  [ ]</td>
<td></td>
</tr>
<tr>
<td>Fourth eldest child:</td>
<td>Yes  [ ]  ⇒ Go to Q130b</td>
<td>□ days OR □ weeks OR □ months</td>
</tr>
<tr>
<td></td>
<td>No  [ ]</td>
<td></td>
</tr>
</tbody>
</table>
Q131. Thinking about all the help and information you received on how to feed your baby, who or what had the MOST influence on you?

Please cross one box only

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

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

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

Until my baby is:

- Either [ ] [ ] weeks old
- Or [ ] [ ] months and [ ] weeks old

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

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

- Yes [ ] Go to Q134
- No [ ] Go to Q136
Q134. What health benefits, if any, are you aware of for the MOTHER? 
*Please write in*

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

To finish with, a few questions about yourself…

Q136. What age are you now? 

*Please cross one box only*

- Under 20
- 20, up to 24
- 25, up to 29
- 30, up to 34
- 35, up to 39
- 40 or over
Q137. How old were you when you finished full-time education? This might be school or college, whichever you last attended full-time)  
(If you are still in full time education please cross the box for the age you are intending to leave it)

Please cross one box only

- 16 or under
- 17
- 18
- 19 or over

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

Please cross one box only

- Yes  
- On paid maternity leave  
- On unpaid maternity leave  
- No

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

Please cross one box only

- Yes, full-time
- Yes, part-time
- No
- Don’t know

Please skip question 140 if you are on maternity leave

Q140. Have you EVER done any paid work?  

Yes  
No  

⇒ Please answer Q141-147 for the job you did most recently

⇒ Go to Q148

Q141. What is the title of your job? Please write in (If you have/had more than one job please give details of your main job.)
Q142. What do you mainly do in your job?
Please write in

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

Q144. Are you…

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

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

Yes, manager ☐
Yes, supervisor ☐
No, neither ☐

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

Mainly at home ☐ ⇒ Go to Q148
Go out to work ☐ ⇒ Go to Q147

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

1-24 ☐
25 - 499 ☐
500 or more ☐
On own / with partners but no employees ☐
Q148. Are you…

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

Q149. What is your ethnic group?  

Please cross one box only

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

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

Asian or Asian British
Indian
Pakistani
Bangladeshi
Any other Asian background (Please cross and write in)

Black or Black British
Caribbean
African
Any other black background (Please cross and write in)

Chinese or Other ethnic group
Chinese
Any other (Please cross and write in)
Q150. Is there anything else you would like to say about feeding your baby?

Yes ☐ ⇒ Please write in below

No ☐

Please give the date when you filled in this questionnaire

☐ ☐ ☐ day ☐ ☐ ☐ month ☐ ☐ ☐ year

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