**Feeding Practices Questionnaire**

**Feeding Patterns of Infants and Toddlers at WIC in San Marcos, Texas**

***(To be completed during telephone interview: interviewer will ask the following questions)***

**Section A**

1. Was your child ever breastfed or fed breast milk?

Yes (go to section C) No (go to section B, skip C and D)

**Section B**

1. What reasons led to your decision not to breastfeed your child (check all that apply)?
   * My child was sick and could not breastfeed
   * I thought I would not have enough milk
   * A health professional said I should not breastfeed for medical reasons
   * I was sick or had to take medicine
   * I believe that formula is as good as breastfeeding or that formula is better
   * I thought that breastfeeding would be too inconvenient
   * I tried breastfeeding before and didn’t like it or it didn’t work out
   * I wanted to be able to leave my child for several hours at a time
   * I wanted to go on a weight loss diet
   * I wanted to go back to my usual diet
   * I wanted to smoke again or smoke more than I should while breastfeeding
   * I had too many household duties
   * I planned to go back to work or school
   * I wanted or needed someone else to feed my child
   * Someone else wanted to feed my child
   * I wanted my body back to myself
   * The child’s father didn’t want me to breastfeed
   * The child’s grandmother didn’t want me to breastfeed
   * I wanted to use contraception that can’t be used while breastfeeding
   * Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section C**

1. Did you breastfeed in the hospital after delivery?

Yes No

1. Are you currently breastfeeding or pumping milk?

Yes (go to section E) No (go to section D)

**Section D**

1. How old was your child when you completely stopped breastfeeding and pumping milk?

\_\_\_\_\_\_\_\_\_\_\_ days \_\_\_\_\_\_\_\_\_\_\_ weeks

1. What reasons led to your decision to stop breastfeeding (check all that apply)?
   * My child had trouble sucking or latching on
   * My child became sick and could not breastfeed
   * My child began to bite
   * My child lost interest in nursing and began to wean him/herself
   * My child was old enough that the difference between breast milk and formula no longer mattered
   * Breast milk alone did not satisfy my child
   * I thought that my child was not gaining enough weight
   * A health professional said my child was not gaining enough weight
   * I had trouble getting the milk flow to start
   * I didn’t have enough milk
   * My nipples were sore, cracked, or bleeding
   * My breasts were overfull or engorged
   * My breasts were infected or abscessed
   * My breasts leaked too much
   * Breastfeeding was too painful
   * Breastfeeding was too tiring
   * I was sick or had to take medicine
   * Breastfeeding was too inconvenient
   * I did not like breastfeeding
   * I wanted to be able to leave my child for hours at a time
   * I wanted to go on a weight loss diet
   * I wanted to go back to my usual diet
   * I wanted to smoke again or more than I did while breastfeeding
   * I had too many household duties
   * I could not or did not want to pump or breastfeed at work
   * Pumping milk no longer seemed worth the effort it required
   * I was not present to feed my child for reasons other than work
   * I wanted or needed someone else to feed my child
   * Someone else wanted to feed my child
   * I did not want to breastfeed in public
   * I wanted my body back to myself
   * I became pregnant or wanted to become pregnant again
   * Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Did any of the following people want you to stop breastfeeding (check all that apply)?
   * The child’s father
   * Your mother
   * Your mother-in-law
   * Another family member
   * A doctor or other health professional
   * Your employer or supervisor
   * None of these

**Section E**

1. How old was your child when he/she was first fed infant formula on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed cow’s milk, not breast milk or formula, on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed cereal, including baby cereal, on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed fruit on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed juice or sweetened beverages on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed vegetables on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed sweet foods or desserts on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed meats on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed dairy foods such as cheese, yogurt, or eggs on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. How old was your child when he/she was first fed salty snacks such as chips or popcorn on a daily basis?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ never fed this food

1. Did your child consume any foods before 4 months, including teas, water, juice, infant cereal besides breast milk or infant formula?

Yes No Don’t know

**Section F**

1. Were you breastfed when you were an infant or toddler?

Yes No Don’t know

1. If so, how long were you were breastfed?

\_\_\_\_\_\_\_\_\_\_\_ weeks \_\_\_\_\_\_\_\_\_\_\_\_ months or \_\_\_\_\_ don’t know