

The purpose of this research study is to explore how a variety of factors affect breastfeeding and mothers' perceptions of their milk supplies. We are doing this study because little is known about the factors that affect mothers' perceptions of their milk supply, and because gaining a better understanding these factors will ultimately improve support offered to breastfeeding mothers.

You will be asked questions about your pregnancy, your baby's health, your health, and your breastfeeding experience. Please read the questions carefully and select the answers you feel best describe your situation. You may skip any question you would prefer not to answer, and you may discontinue your participation in the study at any time without penalty simply by closing out of the survey.

This survey will not collect personally identifying information and your participation will be anonymous. Survey responses will be submitted via an encrypted Internet connection and will be stored securely by the survey provider until needed for analysis. The responses you submit will be available only to the investigators involved in the study.

If you have any questions or complaints, or if you feel you have been harmed by this research please contact Timothy Simmons, Department of Family and Preventive Medicine, University of Utah by phone at (801) 635-8489 or by email at milkssupplysurvey@gmail.com.

Contact the Institutional Review Board (IRB) if you have questions regarding your rights as a research participant. Also, contact the IRB if you have questions, complaints or concerns which you do not feel you can discuss with the investigator. The University of Utah IRB may be reached by phone at (801) 581-3655 or by e-mail at irb@hsc.utah.edu.

It should take approximately 15-20 minutes to complete the questionnaire. Participation in this study is voluntary. You can choose not to take part. You can choose not to finish the questionnaire or omit any question you prefer not to answer without penalty or loss of benefits.

By returning this questionnaire, you are giving your consent to participate.

Thank you for your interest in participating in this study. If you are ready to complete the survey, please click "Next" below.

Before We Get Started 1

The next three questions will determine whether you meet the pre-requisite criteria to participate in this study. You must answer all three of them.

***1. Are you male or female?**

- ☐ Male
- ☐ Female

Before We Get Started 2

*2. How old is your youngest child?

- ☐ 18-months-old or younger
- ☐ Older than 18-months-old

Before We Get Started 3

*3. Which of the following best describes you?

- ☐ Currently breastfeeding my youngest child
- ☐ Weaned my youngest child within the last 18 months
- ☐ Weaned my youngest child more than 18 months ago
- ☐ Never breastfed my youngest child

Thank you!

Thank you for your interest in completing this survey. In order to participate, you must be a woman whose youngest child is 18-months-old or younger. You must also either be fully or partially breastfeeding or have breastfed within the last year.

If you have any questions about this survey or our research, please don't hesitate to contact us at: EMAIL ADDRESS
(perhaps set up one for this purpose?)

General Health Questions

4. What is your height?

- ☐ under 4'11"
- ☐ 4'11"
- ☐ 5'0"
- ☐ 5'1"
- ☐ 5'2"
- ☐ 5'3"
- ☐ 5'4"
- ☐ 5'5"
- ☐ 5'6"
- ☐ 5'7"
- ☐ 5'8"
- ☐ 5'9"
- ☐ 5'10"
- ☐ 5'11"
- ☐ 6'0"
- ☐ 6'1"
- ☐ 6'2"
- ☐ 6'3"
- ☐ over 6'3"

5. What is your weight?

6. Do you regularly take any medications?

- ☐ No
- ☐ Yes (please list)

7. Have you ever taken Metformin?

- ☐ Yes
- ☐ No

8. Have you ever taken birth control pills?

- ☐ No
- ☐ Yes (How old were you when you first began taking birth control pills?)

9. Have you ever experienced either of the following (check all that apply):

- ☐ Heart surgery
- ☐ Chest injury

If you have had either or both, please enter the age(s) at which they occurred:

10. Have you ever needed a blood transfusion due to excess blood loss?

- ☐ Yes
- ☐ No

11. Have you ever been diagnosed with any of the following (check all that apply):

- ☐ Type 1 Diabetes
- ☐ Type 2 Diabetes
- ☐ Gestational Diabetes
- ☐ Polycystic Ovarian Syndrom
- ☐ Thyroid Disorder
- ☐ Depression
- ☐ None of the above

Are you taking medication that successfully controls one or more of these conditions? Please list medications.

General Breast Health Questions

12. Have you ever experienced any of the following? Check all that apply:

- ☐ Breast biopsy, one side
- ☐ Breast biopsy, both sides
- ☐ Lumpectomy, one side
- ☐ Lumpectomy, both sides
- ☐ Breast reduction surgery
- ☐ Breast implant surgery
- ☐ Mastectomy, one side
- ☐ Mastectomy, both sides
- ☐ Radiation, one side
- ☐ Radiation, both sides
- ☐ Other breast surgery

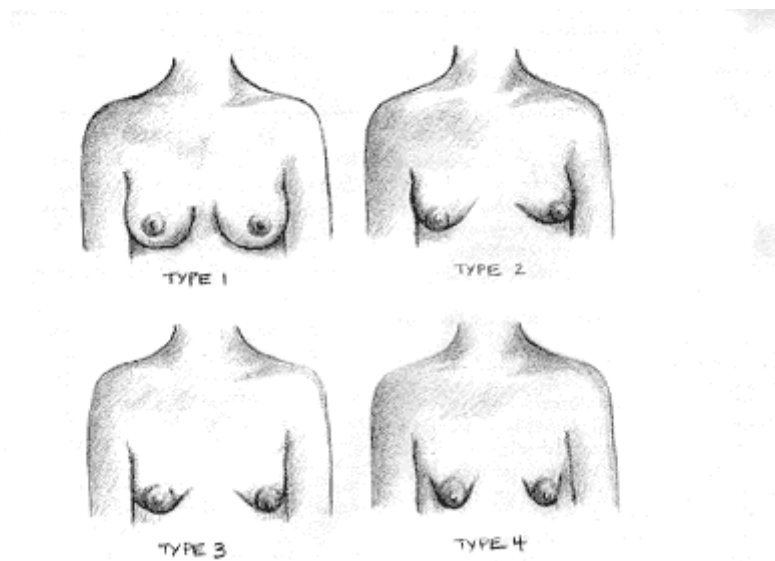
13. Have you ever been told that your nipples are flat or inverted?

- ☐ Yes
- ☐ No

***14. The following question will present you with sketches of four different types of breast and ask you to identify the type that most resembles your own. If you would prefer not to answer this question, select "skip" in the options below. Otherwise, select continue.**

- ☐ Skip
- ☐ Continue

General Breast Health Questions (continued)



15. Which picture above looks most like your breasts?

- ☐ Type 1
- ☐ Type 2
- ☐ Type 3
- ☐ Type 4
- ☐ If your breasts don't look like any of the pictures, please describe them. (eg. Like type 2 but smaller, or like type 4 but bigger.)

General Fertility/Pregnancy Questions

16. How old were you when you got your first menstrual period?

17. How old were you when you had your first pregnancy?

18. In the 5 years before your first pregnancy, were your periods regular or irregular?

- ☐ Regular
- ☐ Irregular

19. How old were you when you had your first child?

20. How many pregnancies have you had?

21. How many children have you had?

22. Have you experienced hemorrhaging or excessive bleeding after any birth?

- ☐ Yes
- ☐ No

23. Did your breasts change size during your pregnancy(ies)?

- ☐ No
- ☐ Yes

General Fertility/Pregnancy Questions 2

24. How many sizes did your breasts change during your pregnancies?

- ☐ Less than 1 cup size
- ☐ 1 cup size
- ☐ More than 1 cup size

Questions About Your Most Recent Birth

Please answer the following questions about your youngest child/most recent pregnancy and birth.

25. How did you conceive your baby?

- ☐ Naturally, and it took 1 year or less
- ☐ Naturally, but it took over a year
- ☐ Using Clomid
- ☐ By intrauterine insemination
- ☐ By In Vitro Fertilization (IVF)
- ☐ By other means (please specify)

26. How was your baby born?

- ☐ Vaginally - went into labor naturally
- ☐ Vaginally - induced
- ☐ Cesarean - after labor
- ☐ Cesarean - scheduled

27. Did you experience hemorrhaging or excessive bleeding after this birth?

- ☐ Yes
- ☐ No

28. Did you breastfeed during this pregnancy?

- ☐ No
- ☐ Yes
- ☐ If yes, did you wean during the pregnancy?

Questions About Your Youngest Child

Please answer the following questions about your youngest child.

29. Is your youngest child a singleton?

- ☐ Yes
- ☐ No

30. What was the gestational age of your youngest baby(ies) at birth?

	Baby 1 (or Singleton)	Baby 2	Baby 3	Baby 4
Less than 28 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28-32 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33-36 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37-39 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40-41 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
more than 42 weeks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

31. What was your youngest baby's birth weight?

	Baby 1 (or Singleton)	Baby 2	Baby 3	Baby 4
less than 2 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2-5 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
more than 10 pounds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. Did your baby spend any time in a Neonatal Intensive Care Unit (NICU)?

- ☐ No
- ☐ Less than 24 hours
- ☐ 1-2 days
- ☐ 3-5 days
- ☐ 6 days or longer
- ☐ Other (please specify)

33. Has your baby been diagnosed with any health problems?

- ☐ No
- ☐ Yes (please check all that apply)
- ☐ Cardiac issues
- ☐ Weight gain issues
- ☐ Metabolism problems
- ☐ Genetic diseases
- ☐ Chromosomal conditions
- ☐ Thyroid issues
- ☐ Other (please specify)

34. Has your baby ever been diagnosed with "tongue-tie" also known as a short frenulum?

- ☐ Yes, and it was clipped
- ☐ Yes, and it was not clipped
- ☐ No
- ☐ Don't know

Breastfeeding Questions

35. Are you achieving/have you achieved your breastfeeding goals?

- ☐ Yes
- ☐ No

36. Before you gave birth, how long did you plan or hope to breastfeed your baby?

- ☐ 3 months or less
- ☐ 3-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 13-18 months
- ☐ 19-24 months
- ☐ beyond 24 months

37. How soon after your baby's birth did your baby breastfeed for the first time?

- ☐ Within one hour
- ☐ Within 4 hours
- ☐ Within 12 hours
- ☐ Within 24 hours
- ☐ Other (please specify)

38. Did you pump or hand express milk during your baby's first 48 hours of life?

- ☐ Yes
- ☐ No

39. Did your youngest child receive formula supplementation in the hospital?

- ☐ Yes
- ☐ No

40. Did your youngest child ever receive formula supplementation?

- ☐ Yes
- ☐ No

41. If your youngest child received supplementation, which of the following best describes the duration of the supplementation?

- ☐ Short term (a few feedings)
- ☐ Medium term (a few weeks)
- ☐ Long term (1 month or more)

42. If your baby received supplementation, was your baby generally given supplements:

- ☐ One or fewer feedings each day
- ☐ 2-4 feedings each day
- ☐ 5 or more feedings each day

43. During your baby's first 6 months, was he or she fed:

- ☐ Exclusively breastmilk at the breast
- ☐ Exclusively breastmilk, some at the breast with one or more bottles of expressed milk each day
- ☐ Exclusively breastmilk via pumping and bottle-feeding (little or no at-breast feeding)
- ☐ Partially breastfed, partially supplemented (formula or donor milk)
- ☐ Some pumped milk, some supplement, all bottle-feeding

If none of the above choices reasonably describes your situation, or if you fed using other feeding devices, please explain.

44. At present, is your baby fed:

- ☐ Exclusively breastmilk at the breast
- ☐ Exclusively breastmilk, some at the breast with one or more bottles of expressed milk each day
- ☐ Exclusively breastmilk via pumping and bottle-feeding (little or no at breast feeding)
- ☐ Partially breastfed, partially supplemented (formula or donor milk)
- ☐ Some pumped milk, some supplement, all bottle-feeding

If none of the above choices reasonably describes your situation, or if you fed using other feeding devices, please explain.

45. During your baby's first 6 months, how many times did your baby generally feed between 10pm and 6am?

- ☐ No times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ More than 4 times

46. During your baby's second 6 months, how many times did your baby generally feed between 10pm and 6am?

- ☐ No times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ More than 4 times
- ☐ Does not apply (Baby younger than 6 months)

47. If you exclusively pumped when you were breastfeeding, how many times did you pump between 10pm and 6am?

- ☐ No times
- ☐ 1 time
- ☐ 2 times
- ☐ 3 times
- ☐ 4 times
- ☐ More than 4 times

48. During your baby's first 6 months, where did he/she generally start the night?

- ☐ In my bed
- ☐ Crib or bassinet in my room
- ☐ Crib or bassinet in another room
- ☐ Other (please specify)

49. During your baby's first 6 months, where did he/she generally end the night?

- ☐ In my bed
- ☐ Crib or bassinet in my room
- ☐ Crib or bassinet in another room
- ☐ Other (please specify)

50. During the timeframe when you were breastfeeding your youngest child, did he/she use a pacifier?

- ☐ Never
- ☐ Seldom
- ☐ Sometimes
- ☐ Often
- ☐ Most of the time

51. Did you swaddle your youngest child at night? If so, at what age did you stop swaddling?

- ☐ Did not swaddle
- ☐ Swaddled until 1 month
- ☐ Swaddled until 2 months
- ☐ Swaddled until 3 months
- ☐ Swaddled until 4 months
- ☐ Swaddled until 5 months
- ☐ Swaddled until 6 months
- ☐ Swaddled beyond 6 months

52. At what age did your baby first begin eating solid foods?

- ☐ 3 months or younger
- ☐ 4 months
- ☐ 5 months
- ☐ 6 months
- ☐ 7 months
- ☐ 8-9 months
- ☐ 10-12 months
- ☐ older than 12 months

53. Which of the following best describes what your milk supply was like when you were breastfeeding your youngest child?

- ☐ More than my baby needed
- ☐ Exactly what my baby needed
- ☐ Slightly less than my baby needed
- ☐ A lot less than my baby needed

Natural Family Planning

54. Have you used Natural Family Planning since the birth of your youngest child?

☐ Yes

☐ No

Natural Family Planning

55. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

56. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

57. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

58. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

59. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

60. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

61. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Barrier Methods (e.g., condoms, diaphragm, sponge)

62. Have you used one or more barrier method of birth control (e.g., condoms, diaphragm, sponge) since the birth of your youngest child?

☐ Yes

☐ No

Barrier Methods (e.g., condoms, diaphragm, sponge)

63. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

64. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

65. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

66. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

67. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

68. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

69. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Copper IUD

70. Have you used a Copper IUD since the birth of your youngest child?

☐ Yes

☐ No

Copper IUD

71. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

72. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

73. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

74. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

75. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

76. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

77. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Hormonal IUD

78. Have you used a Hormonal IUD since the birth of your youngest child?

☐ Yes

☐ No

Hormonal IUD

79. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

80. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

81. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

82. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

83. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

84. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

85. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Progestin-only Birth Control Pill

86. Have you used a Progestin-only Birth Control Pill since the birth of your youngest child?

☐ Yes

☐ No

Progestin-only Birth Control Pill

87. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

88. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

89. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

90. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

91. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

92. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

93. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Combination Birth Control Pill

94. Have you used a Combination Birth Control Pill since the birth of your youngest child?

☐ Yes

☐ No

Combination Birth Control Pill

95. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

96. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

97. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

98. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

99. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

100. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

101. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Birth Control Patch

102. Have you used a Birth Control Patch since the birth of your youngest child?

☐ Yes

☐ No

Birth Control Patch

103. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

104. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

105. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

106. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

107. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

108. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

109. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Birth Control Implant

110. Have you used a Birth Control Implant since the birth of your youngest child?

☐ Yes

☐ No

Birth Control Implant

111. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

112. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

113. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

114. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

115. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

116. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

117. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Birth Control Shot

118. Have you used a Birth Control Shot since the birth of your youngest child?

☐ Yes

☐ No

Birth Control Shot

119. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

120. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

121. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

122. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

123. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

124. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

125. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Birth Control Vaginal Ring

126. Have you used a Birth Control Vaginal Ring since the birth of your youngest child?

☐ Yes

☐ No

Birth Control Vaginal Ring

127. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

128. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

129. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

130. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

131. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

132. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

133. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Other Form of Birth Control

134. Have you used another form of birth control since the birth of your youngest child?

☐ No

☐ Yes (please specify)

Other Form of Birth Control

135. How old was your baby when you started using this form of birth control?

- ☐ Less than 6 weeks
- ☐ 6 to 12 weeks
- ☐ 3 to 6 months
- ☐ 6 to 12 months
- ☐ Over 12 months

136. Are you still using this form of birth control?

- ☐ Yes
- ☐ No. When and why did you stop?

137. Did you notice any changes in your baby's behavior after beginning this form of birth control?

- ☐ No changes
- ☐ More calm
- ☐ More fussy
- ☐ Fed less frequently
- ☐ Fed more frequently
- ☐ Other (please specify)

138. Since beginning this form of birth control, has your baby's weight:

- ☐ Remained on the same curve of the growth chart
- ☐ Gone up on the growth chart
- ☐ Gone down on the growth chart
- ☐ Don't know

139. Within the first month of beginning this form of birth control, did your milk supply:

- ☐ increase a lot
- ☐ increase a bit
- ☐ remain the same
- ☐ decrease a bit
- ☐ decrease a lot
- ☐ not sure

140. After the first month of using this form of birth control, was your milk supply:

- ☐ Higher than before beginning
- ☐ The same as before beginning
- ☐ Lower than before beginning
- ☐ Not sure

141. Do you feel that using this form of birth control influenced your milk supply?

- ☐ No, it stayed the same
- ☐ Yes, it went up
- ☐ Yes, it went down
- ☐ Not sure

Breastfeeding Support and Environment Questions

142. Have you contacted a breastfeeding support person since your baby was born?

- ☐ Lactation consultant
- ☐ La Leche League Leader
- ☐ Other (please specify)

143. Have you had a visit with a breastfeeding support person since your baby was born?

- ☐ Lactation consultant
- ☐ La Leche League Leader
- ☐ Other (please specify)

144. If you have been in contact with a breastfeeding support person, which best describes the issue?

- ☐ sore nipples
- ☐ over supply
- ☐ low supply
- ☐ fussy baby
- ☐ flat or inverted nipples
- ☐ baby not gaining enough weight
- ☐ Other (please specify)

145. Have you ever taken measures to increase your milk supply?

- ☐ Pumping during or after feedings
- ☐ Taking medications or herbs to increase milk supply
- ☐ If you have taken herbs or medications, or taken other measures to increase milk supply, please list or describe.

146. Did you take a breastfeeding class or attend a breastfeeding support group before the birth of your baby?

- ☐ Class
- ☐ Support group
- ☐ Other (please specify)

147. Did you breastfeed one or more babies before this baby?

- ☐ Yes
- ☐ No

148. Did you breastfeed an older child while breastfeeding this baby?

- ☐ Yes
- ☐ No

149. While breastfeeding, did you ever take Sudafed (not Sudafed PE)?

- ☐ Yes
- ☐ No
- ☐ Not sure

150. How often do you/did you drink alcohol while breastfeeding?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Rarely (Special Occasions)
- ☐ Never

151. While you were breastfeeding, do you/did you smoke?

- ☐ One or more times each day
- ☐ One or more times each week
- ☐ Rarely
- ☐ Never

152. Did any major stressful events occur while you were breastfeeding this baby (e.g., natural disaster, death in family, etc.)?

- ☐ No
- ☐ Yes

General Information

153. In what year were you born? (enter 4-digit birth year; for example, 1976)

154. Where do you live?

- ☐ USA
- ☐ Canada
- ☐ Europe
- ☐ Australia
- ☐ New Zealand

Other (please specify)

155. What is your marital status?

- ☐ Married
- ☐ Widowed
- ☐ Divorced
- ☐ Separated
- ☐ Never married

156. What is the highest level of school you have completed or the highest degree you have received?

- ☐ Less than high school degree
- ☐ High school degree or equivalent (e.g., GED)
- ☐ Some college but no degree
- ☐ Associate degree
- ☐ Bachelor degree
- ☐ Graduate degree

157. Which of the following categories best describes your employment status?

- ☐ Employed, working 1-39 hours per week
- ☐ Employed, working 40 or more hours per week
- ☐ On maternity leave
- ☐ Not employed, looking for work
- ☐ Not employed, NOT looking for work
- ☐ Homemaker
- ☐ Self-employed
- ☐ Student
- ☐ Disabled, not able to work

158. What is your total annual household income?

- ☐ Less than \$10,000
- ☐ \$10,000 to \$19,999
- ☐ \$20,000 to \$29,000
- ☐ \$30,000 to \$39,000
- ☐ \$40,000 to \$49,000
- ☐ \$50,000 to \$59,000
- ☐ \$60,000 to \$69,000
- ☐ \$70,000 to \$79,000
- ☐ \$80,000 to \$89,000
- ☐ \$90,000 to \$99,000
- ☐ \$100,000 to \$149,000
- ☐ \$150,000 or more

159. What is your ethnicity?

- ☐ Hispanic or Latino
- ☐ Not Hispanic or Latino

160. Are you White, Black or African-American, American Indian or Alaskan Native, Asian, Native Hawaiian or other Pacific islander, or some other race?

- ☐ White
- ☐ Black or African-American
- ☐ American Indian or Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ From multiple races