



SANTÉ QUÉBEC

In
2002...
I'll be 5 years old!

« IN YEAR 2002... I'LL BE FIVE YEARS OLD! »

Longitudinal Study of the Development of Children in Québec
(ÉLDEQ) - VOLET 1998

INTERVIEWER COMPLETED PAPER QUESTIONNAIRE (ICPQ)

File no.:

2	-	9	8	-		-		-				-			
1		2	3		4		5		6	7		8	9	10	11

Questionnaire status:

Completed	1
Partially completed	2
Not completed	3

Interviewer No.:

--	--

Interview language:

2

Starting time of questionnaire:

Hour/s	

Minute/s	

Date received:

Day	

Month	

Year	

SANTÉ QUÉBEC

1200, McGill College Avenue
Suite 1620
Montréal (Québec)
H3B 4J8
Tel.: (514) 873-4749

BIP Bureau d'intervieweurs professionnels

630, West Sherbrooke Street
Suite 210
Montréal (Québec)
H3A 1E4
Tel. : (514) 288-1980

For consultation only

RESPONDENT STATUS:

BIOLOGICAL MOTHER OF THE BABY/TWINS1
CURRENT SPOUSE OR PARTNER OF THE BIOLOGICAL MOTHER OF THE BABY/TWINS
(NOT THE BIOLOGICAL FATHER).....2
BIOLOGICAL FATHER OF THE BABY/TWINS3
CURRENT SPOUSE OR PARTNER OF THE BIOLOGICAL FATHER OF THE BABY/TWINS
(NOT THE BIOLOGICAL MOTHER).....4
OTHER.....5

SINGLETONS/TWINS AGED ABOUT 5 MONTHS

**SECTION I - ABOUT THE GRANDPARENTS OF
THE BABY/TWIN OF ABOUT 5 MONTHS...**

**ABOUT THE *MATERNAL* GRANDMOTHER OF THE BABY/TWIN OF ABOUT 5 MONTHS,
NAMELY THE MOTHER OF THE RESPONDENT...**

1- How old is your mother? _____ years ➡ *(Go to Q.2)*
Deceased 002
Do not know 998 ➡ *(Go to Q.1b)*
Refusal 999 ➡ *(Go to Q.2)*

Interviewer: If the mother of the respondent is deceased ➡ Ask:

1a- How old was your mother when she died? _____ years ➡ *(Go to Q.1c)*
Do not know 998

1b- What year was she born? 19 _____ years ➡ *(Go to Q.2)*
Do not know 9998

1c- What year did she die? 19 _____ years
Do not know 9998

2- How old is the oldest of your brothers and sisters (including yourself)?

Interviewer: *We want to determine the age of the oldest NATURAL child in the family of the MOTHER of the baby/twin aged about 5 months, even if he/she has died.*

_____	years
Only child	002
Eldest child	003
Do not know	998
Refusal	999

ABOUT THE MATERNAL GRANDFATHER OF THE BABY/TWIN OF ABOUT 5 MONTHS, NAMELY THE FATHER OF THE RESPONDENT...

3- How old is your father?

_____	years	➡ (Go to Q.4)
Deceased	002	
Do not know	998	➡ (Go to Q.3b)
Refusal	999	➡ (Go to Q.4)

Interviewer: *If the father of the respondent is deceased ➡ Ask:*

3a- How old was your father when he died? _____ years ➡ (Go to Q.3c)
Do not know 998

3b- What year was he born? 19 _____ years ➡ (Go to Q.4)
Do not know 9998

3c- What year did he die? 19 _____ years
Do not know 9998

**ABOUT THE *PATERNAL* GRANDMOTHER OF THE BABY/TWIN OF ABOUT 5 MONTHS
(NAMELY THE MOTHER OF THE FATHER)...**

4- How old is the mother of the father of your baby/twin aged about 5 months?

_____	years ➡ (Go to Q.5)
Deceased	002
Do not know	998 ➡ (Go to Q.4b)
Refusal	999 ➡ (Go to Q.5)

Interviewer:

If the mother of the father of the baby/twin of about 5 months is deceased ➡ Ask:

4a- How old was she when she died?

_____	years ➡ (Go to Q.4c)
Do not know	998

4b- What year was she born?

19 _____	years ➡ (Go to Q.5)
Do not know	9998

4c- What year did she die?

19 _____	years
Do not know	9998

5- How old is the oldest brother and sister of the father of the baby/twin aged about 5 months (including the father himself)?

Interviewer: *We want to determine the age of the oldest NATURAL child in the family of the FATHER of the baby/twin aged about 5 months, even if he/she has died.*

_____	years
Only child	002
Eldest child	003
Do not know	998
Refusal	999

ABOUT THE *PATERNAL* GRANDFATHER OF THE BABY/TWIN OF ABOUT 5 MONTHS (NAMELY THE FATHER OF THE FATHER)...

6- How old is the father of the father of your baby/twin aged about 5 months?

_____	years	➡ (Go to Q.7)
Deceased	002	
Do not know	998	➡ (Go to Q.6b)
Refusal	999	➡ (Go to Q.7)

Interviewer: *If the father of the father of the baby/twin aged about 5 months is deceased ➡ Ask:*

6a- How old was he when he died? _____ years ➡ (Go to Q.6c)
Do not know 998

6b- What year was he born? 19 _____ years ➡ (Go to Q.7)
Do not know 9998

6c- What year did he die? 19 _____ years
Do not know 9998

SECTION II - ABOUT THE PERCEPTION OF SOCIO-ECONOMIC SITUATION...

THE FOLLOWING QUESTIONS FOCUS UPON YOUR ASSESSMENT OF THE FINANCIAL SITUATION OF YOUR HOUSEHOLD COMPARED WITH THAT OF YOUR PARENTS AND PEERS IN YOUR AGE GROUP.

- 7- Do you consider yourself better or worse off financially than your parents were at your age?
[Interviewer ➡ Read choices of answers]

Better off	1
Neither better nor worse off	2
Worse off	3
Do not know	8
Refusal	9

- 8- How do you perceive your financial situation compared with that of people in your age group?
[Interviewer ➡ Read choices of answers]

I feel comfortable financially	1
I feel that my income is sufficient to meet the basic needs of my family and myself	2
I consider myself poor	3
I consider myself very poor	4
Do not know	8
Refusal	9

9- How long has you felt this way? *[Interviewer ➡ Read choices of answers]*

Less than a year	1
Between 1 and 4 years	2
Between 5 and 9 years	3
10 years or more	4
Do not know	8
Refusal	9

10- Do you feel that your financial situation is likely to improve? *[Interviewer ➡ Read choices of answers]*

Yes, in the near future	1
Yes, I don't know when but I remain confident that it will improve	2
No, I don't think it's likely to change	3
No, I think it's likely to get worse	4
Do not know	8
Refusal	9

11- What was the total annual income of your household the year preceding your maternity leave? *[Interviewer ➡ Please ask the mother to add her income to that of the father of her baby/twin or to that of her spouse if she had a spouse at the time]*

	\$ (total annual income of the household)
Do not know	999998
Refusal	999999

SECTION III- ABOUT THE FEEDING PROFILE OF (BABY/TWIN OF ABOUT 5 MONTHS)...

(First name of baby/twin)

THIS SECTION FORMS A FEEDING PROFILE OF YOUR BABY/TWIN OF ABOUT 5 MONTHS. INCLUDED ARE QUESTIONS RELATING TO BREAST AND BOTTLE FEEDING, AS WELL AS TO THE INTRODUCTION OF OTHER BEVERAGE AND FOOD ITEMS.

12- Did you breast-feed (including the milk that you express for one or more bottles) _____
(baby/twin about 5 months)? **[Interviewer ➡ Indicate if she says she breast-fed ONLY ONCE]**

Yes and I am continuing to do so	1 ➡ (Go to Q.14)
Yes, but I have since ceased to do so	2 ➡ (Go to Q.13)
No, I never did	3 ➡ (Go to Q.19)
Refusal	9 ➡ (Go to Q.14)

13- How old was _____ when you ceased breast-feeding?

_____ month/s	1
_____ week/s	2
_____ day/s	3
Do not know	8
Refusal	9

INTERVIEWER ➡ Go to question 15

14- Does _____ drink anything other than just breast milk?

Yes	1 ➡ (Go to Q.16)
No	2 ➡ (Go to Q.17)
Refusal	3 ➡ (Go to Q.22)

15- What was the main reason for your ceasing to breast-feed _____? [Interviewer ➡ Do not read out choice of responses]

Baby sick	01
Mother short of time	02
Mother sick/fatigued	03
Baby unwilling to suck at breast	04
Insufficient milk or problems with breast-feeding	05
Advertising	06
Formula samples received from the hospital (or birthing centers)	07
Other (specify) _____	08
Do not know	98
Refusal	99

16- What other kind of milk has he/she been fed since birth?

A. Commercial infant formula?

Yes 1

No

2 ➡ (Go to Q.B, next page)

Iron added ?	Yes	1
	No	2
	Do not know	8

16a- How old was he/she when you started feeding him/her commercial infant formula?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

16b- If you are no longer using formula, how old was he/she when you stopped?

I am feeding him/her formula	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

B. Cow's milk?

Yes 1 No 2 ➡ (Go to Q.17)

% fat?	3,25%	1
	2,0 %	2
	1,0 %	3
	Skim	4

16c- How old was he/she when you started feeding him her cow's milk?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

16d- If you are no longer using cow's milk, how old was he/she when you stopped?

I am still feeding him/her cow's milk	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

17- When did you decide to breast-feed _____ ? [Interviewer ➡ **Do not read out choice of responses**]

Before pregnancy	1
During first 6 months of pregnancy	2
During last 3 months of pregnancy	3
In hospital before delivery	4
In hospital within hours of delivery (in the hours following delivery)	5
Other (specify) _____	6
Do not know	8
Refusal	9

18- What was the main reason why you decided to breast-feed _____ ? [Interviewer ➡ **Do not read out choice of responses**]

Baby's physical wellbeing	01
To experience breast-feeding	02
It's cheaper	03
Special bond created with baby	04
It's easy and practical	05
Following my mother's example	06
Other (specify) _____	07
Do not know	98
Refusal	99

Interviewer ➡ Go to question 22

19- When did you decide to bottle-feed _____ only? *[Interviewer: Do not read out choice of responses]*

Before pregnancy	1
During first 6 months of pregnancy	2
During last 3 months of pregnancy	3
In hospital before delivery	4
In hospital within hours of delivery (in the hours following delivery)	5
Other (specify) _____	6
Do not know	8
Refusal	9

20- What was the main reason why you decided to bottle-feed _____? *[Interviewer: Do not read out choice of responses]*

Baby sick	01
Mother short of time	02
Mother sick/fatigued	03
Practicle	04
Previous breast-feeding problems	05
Insufficient milk or problems with breast-feeding	06
Long hospital stay	07
Advertising	08
Formula samples received from the hospital (or birthing centers)	09
Other (specify) _____	10
Do not know	98
Refusal	99

21- What kind of milk has he/she been fed since birth?

A. Commercial infant formula? Yes 1 No 2 ➡ *(Go to Q.B, next page)*

Iron added ?	Yes	1
	No	2
	Do not know	8

21a- How old was he/she when you started feeding him/her commercial infant formula?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

21b- If you are no longer using formula, how old was he/she when you stopped?

I am still feeding him/her formula	1
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

B. Cow's milk?

Yes 1 No 2 ➡ (Go to Q.22)

% fat?	3,25%	1
	2,0 %	2
	1,0 %	3
	Skim	4

21c- How old was he/she when you started feeding him/her cow's milk?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

21d- If you are no longer using cow's milk, how old was he/she when you stopped?

I am still feeding him/her cow's milk	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

22. Do you receive the government allowance paid to some mothers for breast-feeding or for the purchase of commercial formulas?

Yes	1
No	2

23- How old was _____ when you first started giving him/her vitamin and/or mineral supplements?

When he/she was born	0
_____ day/s	1
_____ week/s	2
_____ month/s	3
I never gave him/her any	4 ➡ (Go to Q.25)
Do not know	8
Refusal	9

24- Are you currently giving him/her vitamin and/or mineral supplements?

Yes	1
No	2 ➡ (Go to Q.25)
Do not know	8 ➡ (Go to Q.25)
Refusal	9 ➡ (Go to Q.25)

24a- If yes, what vitamin and/or mineral supplements are you currently giving him/her?

A- Name on the package _____ **1**

Specify vitamin/s: _____

Specify mineral/s: _____

B- Name on the package: _____ **2**

Specify vitamin/s: _____

Specify mineral/s: _____

25- At what age did _____ begin eating or drinking the following items:

A- Water

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not drink water	7
Do not know	8
Refusal	9

B- Fruit juice

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not drink fruit juice	7
Do not know	8
Refusal	9

C- Infant pablum (cereals)

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat pablum (cereals)	7
Do not know	8
Refusal	9

Brand name (kind of grain): _____

Do not know	98
Refusal	99

Iron added?

Yes	1
No	2
Do not know	8
Refusal	9

... cont'd next page...

D- Vegetables

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat vegetables	7
Do not know	8
Refusal	9

E- Fruits

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat fruits	7
Do not know	8
Refusal	9

F- Meat

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat meat	7
Do not know	8
Refusal	9

26a- Do you put your baby to bed **AT NIGHT** with a bottle to help him/her fall asleep?

Never	1 ➡ <i>(Go to Q.27a)</i>
1 to 3 nights a week	2
4 to 6 nights a week	3
Every night	4

26b- When you give him/her a bottle, do you him/her sleep with it?

Never	1
1 to 3 nights a week	2
4 to 6 nights a week	3
Every night	4

26c- What do you put in the bottle **MOST OFTEN**? [Interviewer ➡ Write just one response ➡ Do not read the choices of responses]

- | | |
|---------------------------|---|
| Water | 1 |
| Breast milk | 2 |
| Commercial infant formula | 3 |
| Cow's milk | 4 |
| Juice | 5 |
| Juice with water added | 6 |
| Other (specify) _____ | 7 |
-

27a- Do you put your baby down for a nap with a bottle **DURING THE DAY** to help him/her fall asleep?

- | | |
|----------------------|------------------|
| Never | 1 ➡ (Go to Q.28) |
| 1 to 3 nights a week | 2 |
| 4 to 6 nights a week | 3 |
| Every day | 4 |
-

27b- When you give him/her a bottle, do you leave it with him/her during the nap?

- | | |
|----------------------|---|
| Never | 1 |
| 1 to 3 nights a week | 2 |
| 4 to 6 nights a week | 3 |
| Every day | 4 |
-

27c- What do you put in the bottle **MOST OFTEN**? [Interviewer ➡ Write just one response ➡ Do not read the choices of responses]

- | | |
|---------------------------|---|
| Water | 1 |
| Breast milk | 2 |
| Commercial infant formula | 3 |
| Cow's milk | 4 |
| Juice | 5 |
| Juice with water added | 6 |
| Other (specify) _____ | 7 |
-

LINK BETWEEN THIS SECTION AND THE NEXT

➡ **Before concluding this feeding profile, there is one remaining question we would like to ask. This question deals with attitudes of certain individuals towards breast-feeding.**

28- How would you rate the attitude of _____ towards breast-feeding? [Interviewer ➡ Show “responses card no A”]

Use the following numbered scale to each of your answers:	Highly favourable	Favourable	Neutral	Unfavourable	Highly unfavourable	DNK	Refusal	NA
A. Your spouse or (common-in-law) partner	1	2	3	4	5	8	9	7
B. Your mother	1	2	3	4	5	8	9	7
C. Other members of your family	1	2	3	4	5	8	9	7
D. Your friends	1	2	3	4	5	8	9	7
E. The doctor who followed you during your pregnancy	1	2	3	4	5	8	9	7
F. Hospital nurses	1	2	3	4	5	8	9	7

CP ➡ Yes ☐ No ☐

Finishing time of questionnaire:
(singletons)

Hour/s	

Minute/s	

Our most sincere thanks for your cooperation!

INTERVIEWER ➡ For TWINS ONLY, go to the next section.

For consultation only

For twins only

For consultation only

SECTION III- ABOUT THE FEEDING PROFILE OF (BABY/TWIN OF ABOUT 5 MONTHS)...

(Firs name of baby/twin)

THIS SECTION FORMS A FEEDING PROFILE OF YOUR BABY/TWIN OF ABOUT 5 MONTHS. INCLUDED ARE QUESTIONS RELATING TO BREAST AND BOTTLE FEEDING, AS WELL AS TO THE INTRODUCTION OF OTHER BEVERAGE AND FOOD ITEMS.

12- Did you breast-food (including the milk that you express for one or more bottles) _____
(baby/twin of about 5 months)? *[Interviewer ➡ Indicate if she says she breast-fed ONLY ONCE]*

- | | | |
|---------------------------------------|-----|--------------|
| Yes and I am continuing to do so | 1 ➡ | (Go to Q.14) |
| Yes, but I have since ceased to do so | 2 ➡ | (Go to Q.13) |
| No, I never did | 3 ➡ | (Go to Q.19) |
| Refusal | 9 ➡ | (Go to Q.14) |

13- How old was _____ when you ceased breast-feeding?

- | | |
|---------------|---|
| _____ month/s | 1 |
| _____ week/s | 2 |
| _____ day/s | 3 |
| Do not know | 8 |
| Refusal | 9 |

INTERVIEWER ➡ Go to question 15

14- Does _____ drink anything other than just breast milk?

Yes	1 ➡	(Go to Q.16)
No	2 ➡	(Go to Q.17)
Refusal	3 ➡	(Go to Q.22)

15- What was the main reason for your ceasing to breast-feed _____?) [Interviewer ➡ Do not read out choice of responses]

Baby sick	01
Mother short of time	02
Mother sick/fatigued	03
Baby unwilling to suck at breast	04
Insufficient milk or problems with breast-feeding	05
Advertising	06
Formula samples received from the hospital (or birthing centers)	07
Other (specify) _____	08
Do not know	98
Refusal	99

16- What other kind of milk has he/she been fed since birth?

A. Commercial infant formula?
page)

Yes 1

No

2 ➡

(Go to Q.B, next

Iron added ?	Yes	1
	No	2
	Do not know	8

16a- How old was he/she when you started feeding him/her commercial infant formula?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

16b- If you are no longer using formula, how old was he/she when you stopped?

I am still feeding him/her formula	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

B. Cow's milk?

Yes 1 No 2 ➡ (Go to Q.17)

% fat?	3,25%	1
	2,0 %	2
	1,0 %	3
	Skim	4

16c- How old was he/she when you started feeding him/her cow's milk?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

16d- If you are no longer using cow's milk, how old was he/she when you stopped?

I am still feeding him/her cow's milk	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

17- When did you decide to breast-feed _____? [Interviewer ➡ ***Do not read out choice of response***]

Before pregnancy	1
During first 6 months of pregnancy	2
During last 3 months of pregnancy	3
In hospital before delivery	4
In hospital within hours of delivery (in the hours following delivery)	5
Other (specify) _____	6
Do not know	8
Refusal	9

18- What was the main reason why you decided to breast-feed _____? [Interviewer ➡ ***Do not read out choice of responses***]

Baby's physical wellbeing	01
To experience breast-feeding	02
It's cheaper	03
Special bond created with baby	04
It's easy and practical	05
Following my mother's example	06
Other (specify) _____	07
Do not know	98
Refusal	99

INTERVIEWER ➡ Go to question 22

19- When did you decide to bottle-feed _____ only? *[Interviewer ➡ Do not read out choice of responses]*

Before pregnancy	1
During first 6 months of pregnancy	2
During de last 3 months of pregnancy	3
In hospital before delivery	4
In hospital within hours of delivery (in the hours following delivery)	5
Other (specify) _____	6
Do not know	8
Refusal	9

20- What was the main reason why you decided to bottle-feed _____? *[Interviewer ➡ Do not read out choice of response]*

Baby sick	01
Mother short of time	02
Mother sick/fatigued	03
Practical	04
Previous breast-feeding problems	05
Insufficient milk or problems with breast-feeding	06
Long hospital stay	07
Advertising	08
Formula samples received from the hospital (or birthing centers)	09
Other (specify) _____	10
Do not know	98
Refusal	99

21- What kind of milk has he/she been fed since birth?

A. Commercial infant formula?
page)

Yes 1

No

2 ➡

(Go to Q.B, next

Iron added ?	Yes	1
	No	2
	Do not know	8

21a- How old was he/she when you started feeding him/her commercial infant formula?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

21b- If you are no longer using formula, how old was he/she when you stopped?

I am still feeding him/her formula	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

B. Cow's milk?

Yes 1 No 2 ➡ (Go to Q.22)

% fat?	3,25%	1
	2,0 %	2
	1,0 %	3
	Skim	4

21c- How old was he/she when you started feeding him/her cow's milk?

When he/she was born	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

21d- If you are no longer using cow's milk, how old was he/she when you stopped?

I am still feeding him/her cow's milk	1
_____ month/s	2
_____ week/s	3
_____ day/s	4
Do not know	8
Refusal	9

22. Do you received the government allowance paid to some mothers for breast-feeding of for the purchase of commercial formulas?

Yes	1
No	2

23- How old was _____ when you first started giving him/her vitamin and/or mineral supplements?

- | | |
|--------------------------|------------------|
| When he/she was born | 0 |
| _____ day/s | 1 |
| _____ week/s | 2 |
| _____ month/s | 3 |
| I never gave him/her any | 4 ➡ (Go to Q.25) |
| Do not know | 8 |
| Refusal | 9 |

24- Are you currently giving him/her vitamin and/or mineral supplements?

- | | |
|-------------|------------------|
| Yes | 1 |
| No | 2 ➡ (Go to Q.25) |
| Do not know | 8 ➡ (Go to Q.25) |
| Refusal | 9 ➡ (Go to Q.25) |

24a- If yes, what vitamin and/or mineral supplements are you currently giving him/her?

A- Name on the package _____ **1**

Specify vitamin/s: _____

Specify mineral/s: _____

B- Name on the package _____ **2**

Specify vitamin/s: _____

Specify mineral/s: _____

25- At what age did _____ begin eating or drinking the following items:

A- Water

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not drink water	7
Do not know	8
Refusal	9

B- Fruit juice

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not drink fruit juice	7
Do not know	8
Refusal	9

C- Infant pablum (cereals)

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat pablum (cereals)	7
Do not know	8
Refusal	9

Brand name (kind of grain): _____

Do not know	98
Refusal	99

Iron added?

Yes	1
No	2
Do not know	8
Refusal	9

... cont'd next page

D- Vegetables

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat vegetables	7
Do not know	8
Refusal	9

E- Fruits

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat fruits	7
Do not know	8
Refusal	9

F- Meat

_____ day/s	1
_____ week/s	2
_____ month/s	3
Does not eat meat	7
Do not know	8
Refusal	9

26a- Do you put your baby to be **AT NIGHT** with a bottle to help him/her fall asleep?

Never	1 ➡ <i>(Go to Q.27a)</i>
1 to 3 nights a week	2
4 à 6 nights a week	3
Every night	4

26b- When you give him/her a bottle, do you let him/her sleep with it?

Never	1
1 to 3 nights a week	2
4 à 6 nights a week	3
Every night	4

26c- What do you put in the bottle **MOST OFTEN**? [Interviewer ➡ Write just one response ➡ Do not read the choices of responses]

- | | |
|---------------------------|---|
| Water | 1 |
| Breast milk | 2 |
| Commercial infant formula | 3 |
| Cow's milk | 4 |
| Juice | 5 |
| Juice with water added | 6 |
| Other (specify) _____ | 7 |
-

27a- Do you put your baby down for a nap with bottle **DURING THE DAY** to help him/her fall asleep?

- | | |
|----------------------|------------------|
| Never | 1 ➡ (Go to Q.28) |
| 1 to 3 nights a week | 2 |
| 4 à 6 nights a week | 3 |
| Every day | 4 |
-

27b- When you give him/her a bottle, do you leave it with him/her during the nap?

- | | |
|----------------------|---|
| Never | 1 |
| 1 to 3 nights a week | 2 |
| 4 à 6 nights a week | 3 |
| Every day | 4 |
-

27c- What do you put in the bottle **MOST OFTEN** [Interviewer ➡ Write just one response ➡ Do you not read the choices of responses]

- | | |
|---------------------------|---|
| Water | 1 |
| Breast milk | 2 |
| Commercial infant formula | 3 |
| Cow's milk | 4 |
| Juice | 5 |
| Juice with added water | 6 |
| Other (specify) _____ | 7 |
-

LINK BETWEEN THIS SECTION AND THE NEXT

➡ ***Before concluding this feeding profile, there is one remaining question we would like to ask. This question deals with attitudes of certain individuals towards breast-feeding.***

28- How would you rate the attitude of _____ toward breast-feeding? [Interviewer ➡ Show "response card no A »]

Use the following numbered scale to each of your answers:

	Highly favourable	Favourable	Neutral	Unfavourable	Highly unfavourable	DKN	Refusal	NA
A. Your spouse or (common-in-law) partner	1	2	3	4	5	8	9	7
B. Your mother	1	2	3	4	5	8	9	7
C. Other members of your family	1	2	3	4	5	8	9	7
D. Your friends	1	2	3	4	5	8	9	7
E. The doctor who followed you during your pregnancy	1	2	3	4	5	8	9	7
F. Hospital nurses	1	2	3	4	5	8	9	7

CP ➡

Yes

☐

No

☐

Finishing time of questionnaire:
(twins)

--	--

Hour/s

--	--

Minute/s

Our most sincere thanks for your cooperation!