



QUANTITATIVE SURVEY ON BREASTFEEDING

Interview Schedule for Mothers

(3 - 5 months + 29 days)

Section 1

- 1 1 State/Country/Province: _____ 2 District _____
- 3 3 Block: _____ 4. Village/Ward _____
- 5 Name of the Mother _____
- 5 6 Age of the mother _____
- 7 Level of Education: _____
- 6 1. Illiterate 2. Just Literate/No formal education 3. Upto Primary
4. Upto Middle 5. Upto Higher Secondary 6. Upto Graduation
7. Post Graduation and above
- 7 8 Does the mother work outside the house? 1. Yes 2. No
If yes, What is her job? _____
- 8 9 Number of living children of the mother: Total _____,
9 Male _____, Female _____
- 10 Name of the last born Child _____
- 11 11 Age of [Name] in months _____
- 12 12 Sex [Name] 1. Male 2. Female
- 13 Religion
- 13 1. Hindu 2. Muslim 3. Sikh 4. Others (please specify) _____
- 14 Caste
- 14 1. SC 2. ST 3. OBC 4. Other (please specify) _____
- 15 Family income per month
- 15 1. Rs. 1000 2. 1000-2000 Rs. 3. 2000-5000 Rs. 4. above 5000 Rs.

Section 2

- 16 1 Did you have checkup during pregnancy?
1. Yes 2. No
- 17 2 If yes, By whom?
1. Doctor 2. ANM/Nurse 3. TBA 4. Other (specify) _____
- 18 3. Did anybody give you advice/guidance counseling on breastfeeding during checkup?
1. Yes 2. No
- 19 If yes, What was the content of this? _____
- 20 4. Where was the child [Name] born?
1. Home 2. PHC/CHC 3. Govt. Hospital 4. Pvt. Hospital
5. Other (Specify) _____
- 21 5. Type of delivery?
1. Normal 2. Caesarian 3. Forceps

Section 3

- 22 1. After how much time after the birth of the child you started breastfeeding?
1. Within one hour 2. 1-4 hours 3. 5-12 hours
4. 13-24 hours 5. More than 24 hours.
- 23 2. Was anything given to the child [name] before starting the breastfeeding?
1. Yes 2. No
- 24 3 If yes, what was given: (*More than one answer could be possible*)
1. Water 2. Artificial milk 3. Powder/tinned milk
- 25 4. Sugar Water 5. Tea/Coffee 6. Gutti
- 26 7. Honey 8. Glucose 9. Gur
- 27 10. Other (Specify) _____
- 28 4 If No in question 2, who told you not to give?
1. Doctor 2. ANM/AWW/Nurse 3. Mother-in-law
4. Dai 5. Husband 6. Other (Specify) _____
- 29 5 How many times did you breastfeed yesterday during the day? _____
- 30 6 How many times did you breastfeed last night? _____
- 31 7 For how many months you plan to breastfeed [name]? _____

8. **Since this time yesterday**, did [name] receive any of the following items of food? (**read out every item and record**)

	ITEM	Yes	No
32	<input type="checkbox"/> Mother's Milk	1	2
33	<input type="checkbox"/> Plain Water	1	2
34	<input type="checkbox"/> Sweetened Water with Sugar/Gur/Glucose/Honey	1	2
35	<input type="checkbox"/> Fruit Jice/Aereated Drinks	1	2
36	<input type="checkbox"/> Tea/Coffee	1	2
37	<input type="checkbox"/> Cow/Goat/Buffalo Milk	1	2
38	<input type="checkbox"/> Powder/tinned milk	1	2
39	<input type="checkbox"/> Others medicated fluids	1	2
40	<input type="checkbox"/> Solid or semi-solid (mushy) food	1	2
41	<input type="checkbox"/> Any other (Specify)_____	1	2

9 Did [name] receive any of the following item of food or drink from birth to up till now? **Read out every item and ask**

	ITEM	Starting Age (Month)	Yes	No	Regularly	Sometimes
42	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Mother's Milk		1	2	1	2
45	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Plain Water		1	2	1	2
48	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Sweetened Water with Sugar/ Gur/Glucose/Honey		1	2	1	2
51	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Fruit Juice/Aereated Drinks		1	2	1	2
54	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Tea/Coffee		1	2	1	2
57	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Cow/Goat/Buffalo Milk		1	2	1	2
60	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Powder/tinned Milk		1	2	1	2
63	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Others medicated fluide		1	2	1	2
66	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Solid or semi-solid (mushy) food		1	2	1	2
69	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Any other (Specify)_____		1	2	1	2

- 73 10. Did [name] drink anything from a bottle with a nipple since birth?
1. Yes 2. No
- 74 11. At what age did [name] start receiving solid/semi-solid/mushy foods on a regular basis, i.e. daily/ _____ (in months)
- 75 12. If the child [name] is taking solid/semi-solid/mushy foods, please tell how many times during the last 24 hours? _____

Section-4

- 76 1) Should mother take extra diet while breastfeeding?
1. Yes 2. No
- 77 2) Does breastfeeding help in reducing the weight of mother?
1. Yes 2. No
- 78 3) Does the practice of giving prelacteal feeding like Ghutti, Gur, water delay starting of breastfeeding?
1. Yes 2. No
- 79 4) Should mother start feeding the child every time from different breast?
1. Yes 2. No
- 80 5) How should mother feed the child
i) On time schedule
ii) On demand day and night
- 81 6) Should mother continue to feed the child even when she is pregnant again?
1. Yes 2. No
- 82 7) In situations like cracked nipple/engorgement how you will feed your child?
i) By expressing milk from breast through spoon
ii) Give some other milk
- 83 8) Does breastfeeding help in delaying the next pregnancy?
1. Yes 2. No

Name of the Interviewer _____

Date of Interview _____