

Infant Feeding Practices (hospital)

Record ID

Breastfeeding Questions (except from the WHO IYCF Questionnaire)

1.1 Was your baby put to your breast within the first hour of giving birth?

Yes
 No

(Go to 1.2)

1. 2 Are you currently Breastfeeding your baby?

Yes
 No

(Yes: Go to 3, No: Go to 2)

2. At what age did you stop breastfeeding your baby?

____ Days
____ Weeks
____ Months
(Go to 4)

Days + Weeks*7 + Months*30,417

3. Have you ever giving your baby anything other than breastmilk?

Yes
 No

(Yes: Go to 5, No: Go to 9)

4. What were your reasons for stopping to breastfeed / not breastfeed your baby?

(Go to 5)

Work
 Education
 Illness
 Lactation problems
 Child not growing well
 Child crying a lot
 Not enough breast milk
 Did not want to give my baby HIV infection
 Advice/pressure from others
 Other

Specify

5.1 Have you ever Formula Fed your baby?

Yes
 No

(Yes: Go to 5.2, No: Go to 6)

5.2 Are you currently Formula Feeding your baby?

Yes
 No

(Yes: Go to 6, No: Go to 5.3)

5.3 How old was the Baby when you stopped giving him / her formula milk?

Days _____

Weeks _____

Months _____

(Go to 6)

Days + Weeks*7 + Months*30.417

6. How old was the baby when you FIRST gave him / her anything other than breast milk or medicine. In other words, how old when he/she first had any water or food or formula milk

Days _____

Weeks _____

Months _____

(Go to 7)

Days + Weeks*7 + Months*30.417

7. What was the first food/drink, other than Breastmilk that you gave your baby?

(Go to 8)

8. From the time you woke up yesterday morning, to the time you woke up this morning, did you give any of the following items to the child?

If so, how often did you give each of these items (from the time you woke up yesterday morning to the time you woke up this morning)?

(Go to 9)

- Water
- Water with sugar
- Fruit juice
- Herbs in water
- Tea without milk
- Tea with milk
- Diluted cows milk
- Non-diluted cows milk
- Infant formula
- Other powdered milk
- Dairy products like yoghurt, cheese, cream
- Goats milk
- Cereals, porridge or bread
- Any fruits / vegetables
- Any meat or fish
- Eggs
- Gripe Water
- Any prescribed medicine
- Any non-prescribed medicine
- Any alcohol like beer or brew
- None of the above
- Other

How often water

How often sugarwater

How often fruit juice

How often Herbs in water

How often tea no milk

How often tea+milk

How often diluted cows milk

How often non-diluted cows milk

How often infant formula

How often other powdered milk

How often dairy

How often goats milk

How often porridge/bread

How often fruit/veg

How often meat/fish

How often eggs

How often gripe water

How often prescribed meds

How often non-prescribed meds

How often alcohol

Other, specify

How often other

9. Which of these medicines is your baby currently receiving:

Tick all that apply

- Multivitamins
- Iron Drops
- Zinc Syrup
- Nevirapine
- Co-Trimoxazole (or Bactrim / Trimethoprim-Sulphamethoxazole / Resmed / Iantibiotic)
- TB Drugs
- Antibiotics
- Other - specify
- Baby is not currently receiving any medicine

Other_medication_specify
