

# 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)

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

Days \_\_\_\_\_

Weeks \_\_\_\_\_

Months \_\_\_\_\_

(Go to 6)

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Days + Weeks\*7 + Months\*30.417

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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)

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Days + Weeks\*7 + Months\*30.417

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

(Go to 8)

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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

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How often water

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How often sugarwater

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How often fruit juice

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How often Herbs in water

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How often tea no milk

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How often tea+milk

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How often diluted cows milk

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How often non-diluted cows milk

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How often infant formula

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How often other powdered milk

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How often dairy

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How often goats milk

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How often porridge/bread

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How often fruit/veg

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How often meat/fish

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How often eggs

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How often gripe water

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How often prescribed meds

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How often non-prescribed meds

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How often alcohol

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Other, specify

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How often other

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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

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Other\_medication\_specify

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