



# INTERVAL CONTACT FORM

Version 07 / June 12, 2019

## Form T08

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Study ID \_\_\_\_\_

Staff ID \_\_\_\_\_

Date Interview Completed

mm / dd / yyyy

### D. numMom2b Offspring Questions [FOR T08. READ THE INTRODUCTION, SKIP #D1 THROUGH #D3, AND ASK REMAINING ITEMS IN SECTION D ONLY IF THE numMom2b BABY IS KNOWN TO BE ALIVE. OTHERWISE SKIP TO SECTION E.]

First, we want to ask some questions about the baby you delivered at the end of your numMom2b pregnancy. We are not asking about any babies that you may have had since then.

1. Did you ever breastfeed this baby?

Yes ..... \_01 → CONTINUE TO #D1a  
 No ..... \_02 → SKIP TO #D2  
 Don't know ..... \_8 → SKIP TO #D2

**IF YES:**

a) Was there a period of time when you fed this baby only breast milk (no formula, milk, juice, or food)? This is called exclusive breastfeeding.

Yes ..... \_01 → CONTINUE TO #D1a  
 No ..... \_02 → SKIP TO #D1b  
 Don't know ..... \_8 → SKIP TO #D1b

**IF YES:**

1) About how old was this baby when exclusive breastfeeding stopped?

Less than 6 weeks ..... \_01  
 6 weeks to 11 weeks ..... \_02  
 3-6 months ..... \_03  
 More than 6 months ..... \_04  
 Still exclusively breastfeeding ..... \_05  
 Don't know ..... \_8

b) About how old was this baby when all breastfeeding stopped?

Less than 6 weeks ..... \_01  
 6 weeks to 11 weeks ..... \_02  
 3-6 months ..... \_03  
 More than 6 months ..... \_04  
 Still breastfeeding ..... \_05  
 Don't know ..... \_8

2. Has this baby started eating solid foods, for example cereal?

Yes ..... \_01 → CONTINUE TO #D2a  
 No ..... \_02 → SKIP TO #D3  
 Don't know ..... \_8 → SKIP TO #D3

**IF YES:**

a) About how many months old was this baby when you first began feeding solid foods? ..... \_01 months

3. How much did your baby weigh the last time weight was measured?

a) \_01 \_02 \_03 kilograms **OR** b) \_04 \_05 \_06 pounds

c) About how many months old was this baby when this weight was taken? ..... \_07 months

4. During the last 12 months, on average, what amount of their time did this child usually spend with you?

a) \_01 \_02 \_03 % of time **OR** b) \_04 \_05 \_06 hours per day **OR** c) Don't know ..... \_8 **OR** d) Refused ..... \_7

**IF D4a=0 OR D4b=0 THEN SKIP TO Section E. ELSE CONTINUE.**

5. Over the last 12 months, thinking about the time you spend with this child, do you think you spent too much time with your child, too little time, or about the right amount of time?

Too much time ..... \_01  
 Too little time ..... \_02  
 About the right amount of time ..... \_03  
 Don't know ..... \_8  
 Refused ..... \_7

6. In general, over the last 12 months, how would you describe this child's health?

Excellent ..... \_01  
 Very good ..... \_02  
 Good ..... \_03  
 Fair ..... \_04  
 Poor ..... \_05  
 Don't know ..... \_8  
 Refused ..... \_7