### Questionnaire

#### Socio Demography

|                          |                           |
|--------------------------|---------------------------|
| Age of mother            |                           |
| Age of father            |                           |
| Age of baby              |                           |
| Nationality              |                           |
| Educational level (Mother) | Primary / secondary / college / postgraduate |
| Occupation (M)           | House wife / part time / full time |
| Religion                 | Muslim / Christian / Others |

|                          |                           |
|--------------------------|---------------------------|
| Marital status           | Married / Divorced / others |
| Educational level (Father) | Primary / secondary / college / postgraduate |
| Occupation (F)           |                           |
| Income level             | < 5 k / 5-10 / 10-15 / 15-20 / > 20 |
| Address in Qatar         |                           |
| Family support           | Maternal / Paternal       |
| Comments                 |                           |

#### Maternal history

|                          |                           |
|--------------------------|---------------------------|
| Gravida                  | Primi / multi             |
| Medical illness          | Cardiac / renal / neuro / GIT / others |
| Pregnancy related        | PIH / GDD / Thyroid / others |
| Ante natal care          | Yes / No                 |
| Comments                 |                           |

#### Obstetric

|                          |                           |
|--------------------------|---------------------------|
| Mode of delivery         | Vaginal / LSCS / instrumental |
| Complications of delivery|                           |
| Comments                 |                           |
**Breast-feeding education**

| Question                                                        | Options                        |
|-----------------------------------------------------------------|--------------------------------|
| Did you receive any advice regarding breast feeding             | Yes / NO                       |
| If YES                                                          |                                |
| Who educated you regarding breast feeding                       | Doctor/ Nurse / others         |
| Where did you get first breast feeding education                | Antenatal clinic / delivery room/ post natal / NICU |
| When did you first receive information regarding breast feeding | Before delivery / after delivery |
| How did you receive information regarding breast feeding        | Verbal / written               |
| Did you understand the importance and concepts of breast feeding| Yes/ no / partially            |
| Did you receive any follow up education regarding breast feeding| Yes / no                       |
| How many times, health care provider visit you to tell you about importance and need for initiating and continuing breast feeding | Once/ twice / 3 or more / don’t remember |
| Which are the places were you received information regarding breast feeding | Clinic / Labour room / PNW / NICU / don’t know |
| Who all give you Support / encouragement for breast feeding    | Family / friends/ staff         |
| Did anyone visit you, while your baby was admitted to NICU and encouraged you to express breast milk and recommended to visit NICU at the earliest and prepare for breast feeding | Yes/ no Comments:             |
| Comments                                                        |                                |

**Breast-feeding practice**

| How do you feed at home | Exclusive breast feeding | Exclusively bottle | Both |
|-------------------------|-------------------------|-------------------|------|
|                         |                         |                   |      |

If exclusively breast-fed

| What made you decide to do exclusive breast feed | Education from hospital/ family belief / personal preference / |
|------------------------------------------------|---------------------------------------------------------------|
| Do you practice expression of breast milk at home? | Yes / No |
| If yes | Which all situations you do expression of milk How do you store it |

MRC-01-18-158 Validity: 17 10 2018 - 16 10 2019 E-stamped 30 October 2018
| Question                                                                 | Answer |
|-------------------------------------------------------------------------|--------|
| Who encouraged you to express breast milk                               |        |
| Comments                                                                |        |
| If giving both breast milk and formula,                                  |        |
| Number of feeds by breast milk per day                                  |        |
| If fed with milk other than breast milk                                  |        |
| What do you give                                                         |        |
| How is it given?                                                        | Nipple / Cup / Spoon |
| Do you give anything other than milk such as water or tea or herbals    | Yes / No |
| Why did you consider or started formula feeding                         | Not enough breast milk / baby was separated at birth / lack of family support / due to my friends and relatives / its better for baby / employment / others |
| Comments                                                                |        |
| Did you receive help from staff during your visits to NICU for breastfeeding especially to help with positioning, latching and burping? | Yes / No |
| Did you receive help and advices from NICU staff at the time of discharge regarding breastfeeding at home? | Yes / No |
| What advice was given at the time of discharge regarding feeding at home? |        |
| Encouraged to breast feeding                                            |        |
| Encouraged to express breast-feeding                                     |        |
| Encouraged to give formula feeding                                       |        |
| Encouraged to do all                                                    |        |
| How often are you advised to feed at home?                              |        |
| Whenever baby demands                                                   |        |
| Every 2 hours                                                           |        |
| Every 3 hours                                                           |        |
| Comments                                                                |        |
Have you been given any advice regarding whom to contact for help, if you have problems with feeding your baby after you return home?  Yes/ No

| If yes | What advice did you receive | To come to hospital / to call hotline number / To contact support group / others |
|--------|-----------------------------|--------------------------------------------------------------------------------|
| Comments |

Have you ever been given any leaflets promoting breast milk substitutes from the hospital? Yes / No

| If Yes | Specify |
|--------|---------|
| Leaflet of medical company with names of formula milk |
| Prescriptions for formula milk |
| Sample / bottle / Pacifier |
| Others - |

Are you employed? Yes / No

| If yes | Do you receive any considerations at work place for lactation |
|--------|-------------------------------------------------------------|
| If Yes | Specify |
| Extended leave for breast feeding |
| Permission between working hours for breast feeding |
| Facilities and support for expression and storage of breast milk |

Comments
**Attitudes and practices**

| Question                                                                 | Response Options |
|--------------------------------------------------------------------------|------------------|
| Breast feeding is beneficial to mother and baby                          | Yes / No         |
| Breast milk is the ideal and best milk for baby                         | Yes/ No          |
| Do you think that babies crying always mean insufficient breast milk     | Yes/ No          |
| Do you think that formula fed babies are healthier than breast fed babies| Yes/ No          |
| Do you know that formula fed babies are likely to be overfed than breast fed | Yes / No        |
| Do you think that formula feeding is the best option for working mothers | Yes / No         |
| Do you feel that working mothers should be given permission and extended leaves for exclusive breast feeding | Yes / No |
| Which milk do you prefer during travel                                  | Breast milk / formula feed |
| Do you feel that public spaces should offer place and privacy for breast feeding | Yes/ No |
| Do you feel that promotions and advertisements by milk formula companies influence your decision about feeding the baby | Yes/ No |
| Did you feel pressure from relatives to resort to formula feeding        | Yes/ No          |
| Do you feel that your mother or mother in law helps in exclusive breast feeding | Yes/ No |
| Do you read health information provided in leaflets from clinics         | Yes / No         |
| You prefer written or verbal education regarding breast feeding and its benefits | Written/ verbal / both / others - specify |
| Prefer to formula feed during the night times                           | Yes/ No          |
| What benefits do you know about breast feeding                          | ----------------- |
| Comments                                                                 |                  |
**Follow up at or before 8 weeks.**

| How do you feed at home | Exclusive breast feeding | Exclusively bottle | Both |
|-------------------------|--------------------------|-------------------|------|

If exclusively breast-fed

| What made you decide to do exclusive breast feed | Education from hospital/ family belief / personal preference / |
|--------------------------------------------------|-------------------------------------------------------------|

| Do you practice expression of breast milk at home? | Yes / No |
|----------------------------------------------------|----------|

| Comments |
|----------|

If giving both breast milk and formula,

| Number of feeds by breast milk per day |
|----------------------------------------|

| Do you given anything other than milk feeds- either formula or human milk | Complementary feed / water/ tea / herbals / Nil |
|--------------------------------------------------------------------------|-----------------------------------------------|

| Are you employed | Yes / No |
|------------------|----------|

| If yes |
|--------|

| Do you receive any considerations at work place for lactation | Yes / No |
|-------------------------------------------------------------|----------|

| If Yes |
|--------|

| Specify |
|---------|

- Extended leave for breast feeding
- Permission between working hours for breast feeding
- Facilities and support for expression and storage of breast milk

| Comments |
|----------|

Do you receive support at home | Yes/ No |

| Who supports at home if yes | Husband / mother/ in law/ servant/ relatives |
|----------------------------|---------------------------------------------|

| Do you feel that working mothers should be given permission and extended leaves for exclusive breast feeding | Yes / No |
|-----------------------------------------------------------------------------------------------------------|----------|

| Which milk do you prefer during travel | Breast milk / formula feed |
|----------------------------------------|-----------------------------|

| Comments |
|----------|

MRC-01-18-158  Validity: 17 10 2018 - 16 10 2019 E-stamped 30 October 2018