

Additional file 2 - Client Exit Interview Questionnaire 2021 (English)

Background: This validation study was nested within a larger parent study that designed and evaluated a behavior-centered approach to improving breastfeeding-friendly practices of primary health care providers in Kosovo. Therefore the questionnaire asks questions outside the scope of the validation study. The full questionnaire for the parent study endline data collection (2021) is presented below.

DO NOT ASK MOTHER THESE QUESTIONS:

1. Date: _____ 2. FMC number: _____ 3. Patient number: _____ 4. Staff number: _____
5. Interviewer name: _____ 6. Interview duration: _____ minutes (start: _____ end: _____)
7. Visit type: _____ postnatal check mother _____ postnatal check baby _____ immunization visit baby
_____ routine check baby _____ acute care baby _____ acute care mother _____ other
8. Baby's age: _____ months 9. Others present: _____ yes (who: _____) _____ no
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START OF INTERVIEW

10. What is your age? _____(years)
11. What is the highest level of school you have attended?
_____pre-primary _____primary _____lower secondary _____upper secondary _____higher
12. To what ethnic group do you belong? _____Albanian _____Serbian _____Other _____Did not answer
13. Do you have any other children? _____ yes _____ no
14. If yes, were they ever breastfed? _____ yes _____ no
15. How would you rate your overall experience at the FMC today? (show response card #1)
1 = very bad, 2 = bad, 3 = average, 4 = good, 5 = very good, 6 = don't know/didn't answer
1 2 3 4 5 6
16. During your consultation today did the healthcare provider:
1= yes, 2=no, 3=don't know, 4=N/A
- | | | | | |
|---|---|---|---|---|
| a. Talk about infant feeding or breastfeeding or how your baby is being fed? | 1 | 2 | 3 | 4 |
| b. Explain the benefits of breastfeeding (exclusive BF under six months or continued BF until baby is 2+ years) | 1 | 2 | 3 | 4 |
| c. Explain that most women are able to breastfeed (physiological ability) | 1 | 2 | 3 | 4 |
| d. Ask if you had any questions or concerns related to breastfeeding | 1 | 2 | 3 | 4 |
| e. Tell you about where to get information/support for breastfeeding | 1 | 2 | 3 | 4 |
| f. Give you any information to take home about breastfeeding | 1 | 2 | 3 | 4 |
| g. Ask if people around you support you to breastfeed | 1 | 2 | 3 | 4 |
| h. Promote or provide samples of breastmilk substitutes | 1 | 2 | 3 | 4 |

- i. Give you an explanation of follow up visits required 1 2 3 4
- j. Observe you breastfeeding 1 2 3 4
17. During your consultation today do you feel like the healthcare provider: *(show response card #2)*
1 = not at all, 2 = a little, 3 = a moderate amount, 4 = a lot, 5 = a great deal, 6 = didn't answer/don't know
- a. Really listened to you and understood your concerns 1 2 3 4 5 6
- b. Made you feel comfortable to express your opinions, feelings and concerns 1 2 3 4 5 6
- c. Explained things well and gave practical help in a way you could understand 1 2 3 4 5 6
18. Before today, did a health care provider or community worker talk with you about breastfeeding:
1=yes, 2=no, 3=don't know/didn't answer/not applicable
- a. During your pregnancy 1 2 3
- b. During the first two days after baby's birth 1 2 3
- c. Anytime within the first month of baby's birth (3-30 days after birth) 1 2 3
19. Do you currently breastfeed your baby?
 ___ yes exclusive ___ yes mixed (BM + formula/other) ___ no but previously did ___ no never
20. Do you believe that you can successfully breastfeed your baby? *(show response card #2)*
1 = not at all, 2 = a little, 3 = a moderate amount, 4 = a lot, 5 = a great deal, 6 = don't know/not applicable
 1 2 3 4 5 6
21. After your consultation today have your feelings changed about: *(show response card #2)*
1 = not at all, 2 = a little, 3 = a moderate amount, 4 = a lot, 5 = a great deal, 6 = don't know or N/A
- a. The value of breastfeeding for your baby's health 1 2 3 4 5 6
- b. The length of time you will breastfeed your baby 1 2 3 4 5 6
- c. Your ability to overcome breastfeeding challenges (current or future) 1 2 3 4 5 6

END OF INTERVIEW

22. Other comments/observations
(Interviewer: 1) specifically note if the mother gives her opinion on the impact of COVID-19 on her breastfeeding experience, including if she feels like she had more or less counselling/support at the FMC before or after birth, and/or at the hospital during the birth period. 2) Try to record any interesting 'quotes' from mothers about breastfeeding support at the FMC.)
