

Breastfeeding History- 2 Month

Study ID

First name

Last name

Your baby's birth date

Section 1: How You Feed Your Baby

First, tell us how you want to measure milk

- ☐ Ounces (oz)
☐ Milliliters (mL)

How do you give milk to your baby now?

- ☐ Nursing at the breast only
☐ Pumping only
☐ Both nursing and pumping
☐ I no longer make milk
☐ Other

For "other," please describe

How much milk do you make each day?

- ☐ None (less than 1 oz per day)
☐ A small amount (1-10 oz per day)
☐ Some, but less than typical (11-23 oz per day)
☐ Typical amount (24-35 oz per day)
☐ More than typical (more than 35 oz per day)
☐ I'm not sure

How much milk do you make each day?

- ☐ None (less than 30 mL per day)
☐ A small amount (30-300 mL per day)
☐ Some, but less than typical (301-690 mL per day)
☐ Typical amount (691-1050 mL per day)
☐ More than typical (more than 1050 mL per day)
☐ I'm not sure

Do you take any pills or supplements to help make more milk?

- ☐ Yes
☐ No

Please list any pills or supplements that you take

Section 2: Nursing Your Baby

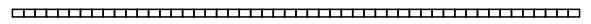
If you nurse your baby at the breast, how many times do you nurse in a day (24 hours)?

- ☐ I don't nurse my baby
☐ 1-3 times
☐ 4-7 times
☐ 8 or more times

Section 3: Pumping Your Milk

How many times do you pump in a day (24 hours)?

1 20



(Place a mark on the scale above)

How much milk do you usually get when you pump from both breasts?

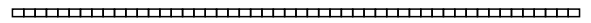
1 20oz



(Place a mark on the scale above)

How much milk do you usually get when you pump from both breasts?

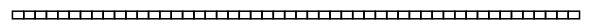
1 600mL



(Place a mark on the scale above)

How much milk do you pump total in a day (24 hours)?

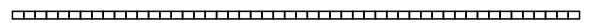
1 100oz



(Place a mark on the scale above)

How much milk do you pump total in a day (24 hours)?

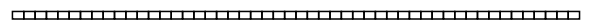
1 3000mL



(Place a mark on the scale above)

How much of your milk is in your freezer right now?

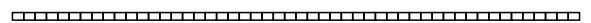
1 500oz



(Place a mark on the scale above)

How much of your milk is in your freezer right now?

1 1500mL



(Place a mark on the scale above)

In the past 2 weeks, what has your baby eaten? (Check all that apply)

- ☐ Only your breast milk (nursing or pumped)
☐ Formula
☐ Breast milk from another mother (donor milk)
☐ Solid foods
☐ Other drinks (water, juice, tea)

About what percent of their daily feeds are from other drinks such as water, juice, or tea?

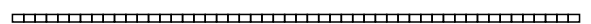
1% 100%



(Place a mark on the scale above)

About what percent of their daily feeds are from solid foods?

1% 100%

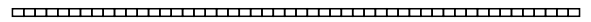


(Place a mark on the scale above)

About what percent of their daily feeds are from donor milk?

1%

100%

*(Place a mark on the scale above)*

About what percent of their daily feeds are formula?

1%

100%

*(Place a mark on the scale above)*

Is there anything else you want to tell us about feeding your baby?

Section 5: Breast Problems or Concerns

Have you had any of these problems while feeding your baby in the past 2 weeks? (Check all that apply)

- ☐ Pain in your nipples
- ☐ Rash on your nipples
- ☐ White spots on your nipples
- ☐ Breast infection that needed antibiotics
- ☐ A painful lump in your breast that needed to be drained
- ☐ Lumps in your breasts
- ☐ Other problems
- ☐ No problems

For "other problems," please describe

Have your family members supported you with breastfeeding/pumping?

- ☐ Yes
☐ No

If no, please tell us why

Have your doctors and nurses supported you with breastfeeding/pumping?

- ☐ Yes
☐ No

If no, please tell us why