

BABY BEHAVIOR STUDY SURVEY

FOR STUDY USE ONLY:

Date:	Baby's DOB:	Baby's Gender:	Male	Female					
Appointment type:		FP:	B	BE	BC1	BC2	Accept	Decline	
Class		Baby Enroll		Voucher					
Recert		BF Support							
N		IB		IF		IC		IT	
Reason for Decline:	Too busy		Not interested		Too difficult		Other children		
Privacy		Refuse to answer		Too tired		Other:_____			

WELCOME TO OUR STUDY! This WIC site is participating in a study with UC Davis. You have been asked to fill out this survey because you care for a baby who is less than 1 year of age. Please answer all of the questions thinking about this baby even if you care for other children. The answers to these questions will be completely confidential and only shared with the UC Davis study staff.

PART 1: Questions about you:

1. What is your age? _____	2. Are you (circle one)	Male	Female																
3. Are you the baby's (circle one)	Mother	Father	Grandparent	Foster parent	Other														
4. How many children (under 18 years old) live in your home including your baby? _____																			
5. How much education did you finish? (circle one)																			
Less than High School		High school		Some college		College degree													
6. What is your race/ethnicity? (circle all that apply)																			
Asian/Pacific Islander		Black		Latino		Native American		White/Caucasian		Other									
7. What languages are spoken in your home other than English? (circle all that apply)																			
Arabic		Chinese		Korean		Punjabi		Russian		Spanish		Vietnamese		Other					
8. In what country were you born? (circle one)						United States		Mexico		Other_____									
9. Before your baby was born, what did you plan to feed him/her? (circle one)						Breast milk only						Formula only		Both breast milk and formula		I wasn't sure		Not applicable	
10. How old do you think babies should be when they start sleeping through the night? _____																			
11. Are you currently employed outside the home?						Yes						No							
If yes, how many hours do you work per week?_____																			
12. In the past 12 months, how many times have you visited this WIC clinic? _____																			
13. In the past 6 months, how many WIC classes have you attended? _____																			
14. Have you learned anything about your baby's behavior from WIC?						Yes						No							

PART 2: Questions about your baby:

15. Who watches the baby during the day?																	
Mother		Father		Grandparent		Other family member		Babysitter/ daycare		Other_____							
16. Has your baby ever been breastfed or given breast milk? (circle one)						Yes						No (skip to #18)					
17. Is your baby still being breastfed or fed breast milk? (circle one)						Yes (skip to #18)						No					
17a. How old was your baby when he or she completely stopped being fed breast milk? (Please give us your answer in days or weeks, whichever is easier for you)																	
_____Days						_____Weeks											

Please turn the page over to finish the survey

17b. Why did you decide to stop breastfeeding or giving your baby breast milk? (check all that apply)													
Went back to work		Latch problems		Baby not satisfied		Mother sick		Baby sick		Other _____			
18. How often does your baby get formula? (circle one)													
Every day			4-6 days each week (skip to #19)			1-3 days each week (skip to #19)			Never (skip to #19)				
18a. How old was your baby when he/she started getting formula every day? (Please give us your answer in days or weeks)													
_____ Days						_____ Weeks							
18b. Why did you decide to start giving formula every day? (circle all that apply)													
Baby not gaining enough weight		Mother or baby sick		Chose not to breastfeed		Latch problems		Went back to work		Baby not satisfied		Other _____	
19. What has your baby been given other than breast milk or formula? (circle all that apply)													
Nothing else (skip to #20)		Juice	Cow's milk		Water	Sugar water	Kool-Aid	Tea	Sports drinks	Cereal	Baby Food		
Other _____													
19a. How old was your baby the first time he/she was given anything other than breast milk or formula? (Please give us your answer in days or weeks, whichever is easier for you)													
_____ Days						_____ Weeks							
19b. Why did your baby get something other than breast milk or formula that first time? (circle one)													
Baby was old enough			Baby was still hungry			To give a little taste			Baby wanted it		Other _____		

PART 3: Please circle the best answer for each statement.

20. I can tell what my baby needs by the way he/she acts.	Always	Almost Always	Sometimes	Never
21. I know what to do when my baby cries.	Always	Almost Always	Sometimes	Never
22. I feed my baby to get him/her to go to sleep.	Always	Almost Always	Sometimes	Never
23. If my baby cries, the first thing I do is feed him/her.	Always	Almost Always	Sometimes	Never
24. I feel comfortable asking questions about my baby at WIC.	Always	Almost Always	Sometimes	Never
25. I get good advice from WIC about feeding my baby.	Always	Almost Always	Sometimes	Never
26. I follow the infant feeding advice I get at WIC.	Always	Almost Always	Sometimes	Never
27. I exercise 3 or more times per week.	Always	Almost Always	Sometimes	Never
28. I like going to WIC classes.	Always	Almost Always	Sometimes	Never

PART 4: Please circle the best answer for each statement.

29. Babies less than 3 months old need to be active.	Agree	Disagree	Not Sure
30. Babies need to be big to be healthy.	Agree	Disagree	Not Sure
31. Babies dream more than adults.	Agree	Disagree	Not Sure
32. I am happy with my current weight.	Agree	Disagree	Not Sure
33. Babies have cues to show parents what they need.	Agree	Disagree	Not Sure
34. I am interested in learning about my baby's behavior.	Agree	Disagree	Not Sure
35. Crying babies are calmed by repeated sounds or movements.	Agree	Disagree	Not Sure

Thank You! Please turn this survey in to receive your raffle ticket!