



## Questionnaire: Breastfeeding and Infant nutrition

Please *ONLY* answer the questions for the infant included with you in the study.

My Child was born on: \_\_\_\_ . \_\_\_\_ . \_\_\_\_ (dd/mm/yy)

---

### 1. How did you feed your child before you implemented the supplementary diet?

Before I implemented the supplementary diet I

- ☐ breastfed exclusively (only breast milk) → continue with question 3
- ☐ breastfed partially (breast milk + infant formula)
- ☐ did not breastfeed..... → continue with question 4
- ☐ breastfed for a very short period (< 1 week) ..... → continue with question 5
- ☐ am still breastfeeding

### 2. If you used to breastfeed partially after delivery, which of the following statements describes the ratio between breast milk and baby milk best?

- ☐ I mainly breastfed (approx. 75% breast milk and 25% infant formula)
- ☐ I equally fed breast milk and infant formula (approx. 50% breast milk and 50% infant formula)
- ☐ I mainly fed infant formula (approx. 25% breast milk and 75% infant formula)



**3. For how long have you been breastfeeding your infant in total?** (Please also consider the months you have been breastfeeding partially, e.g. during the start of supplementary diet)

- ☐ I have been breastfeeding my infant for   months in total
- ☐ During this time, I have been breastfeeding

months exclusively (only breast milk)

months partially (breast milk + infant formula / supplementary food))

**→ If you used to breastfeed exclusively or partially please continue with question 6**

---

**Please answer the next question only if you did not breastfeed your infant at all**

**4. What was the reason why you chose not to breastfeed your infant?** (multiple answers possible)

- ☐ I did not want to
- ☐ I was sick and / or had to take medication
- ☐ My baby had health issues (e.g. neonatal jaundice)
- ☐ I had problems with breastfeeding my infant (e.g. unfavorable nipples)
- ☐ I had a lack of knowledge about how to breastfeed correctly
- ☐ I was concerned about foreign substances in the breast milk
- ☐ I wanted the possibility to smoke / drink again
- ☐ I thought bottle feeding is more comfortable / handier
- ☐ I did not have enough time / I had too much stress
- ☐ I had to / wanted to go to work again
- ☐ My infant had problems with suckling / refuse to nurse/breastfeed
- ☐ I did not have enough breast milk
- ☐ I wanted to have my body back to myself
- ☐ I felt uncomfortable / embarrassed while breastfeeding
- ☐ Other reasons: \_\_\_\_\_



**Please answer the next question only if you breastfed for less than one week**

**5. What was your reason to quit breastfeeding? (multiple answers possible)**

- ☐ I got sick and / or had to take medication
- ☐ My child got health issues (e.g. neonatal jaundice)
- ☐ I had problems with breastfeeding my infant (e.g. mastitis)
- ☐ I was concerned about foreign substances in the breast milk
- ☐ I wanted the possibility to smoke / drink again
- ☐ I thought bottle feeding is more comfortable / handier
- ☐ I did not have enough time / I had too much stress
- ☐ I had to / wanted to go to work again
- ☐ My infant had problems with suckling / refuse to nurse
- ☐ My breast milk supply was not sufficient / my infant did not gain enough weight
- ☐ I wanted to have my body back to myself
- ☐ I felt uncomfortable / embarrassed while breastfeeding
- ☐ I did not feel advised sufficiently / I was too insecure how to breastfeed correctly
- ☐ I thought it was the right time to quit breastfeeding/ For me it was the right time to end breastfeeding
- ☐ Other reasons: \_\_\_\_\_

---

**6. Since I started the supplementary diet - besides breast milk/ infant formula and water - my child also got the following beverages in the first two years of life: (multiple answers possible)**

- ☐ unsweetened tea
- ☐ sweetened tea
- ☐ fruit juice
- ☐ nothing additional to breast milk/baby milk and water
- ☐ others: \_\_\_\_\_

**7. When did you implement supplementary diet?**

- ☐ I started feeding supplementary diet at the 

--	--

 months
- ☐ I used to breastfeed additionally during the start of supplementary diet:  
☐ Yes ☐ No

**8. Which of the following statements describes your ratio between homemade and store-bought baby food best?**

- ☐ I only fed homemade baby food
- ☐ I fed homemade baby food mainly (approx. 75% homemade baby food)
- ☐ I equally fed breast milk and infant formula (approx. 50% homemade and 50% store-bought baby food)
- ☐ I mainly fed store-bought baby food (ca. 75% baby food)
- ☐ I only fed store-bought baby food

**9. Did your child get additional „snacks“ (e.g. millet rings, squeeze pouches) in the first two years of life?**

- ☐ Yes ☐ No

If yes, what kind of snacks did they get? \_\_\_\_\_

If yes, how often did they get such snacks?

- ☐ daily
- ☐ 5-6 times per week
- ☐ 3-4 times per week
- ☐ 1-2 times per week
- ☐ rarely / only in special situations



**10. Did you actively change your lifestyle (your nutrition and / or activity) during the first two years after delivery in order to get fitter or reach your desired weight?**

☐ Yes    ☐ No

If yes: what did you change?

- ☐ I changed my general nutrition (e.g. started vegetarian / vegan diet)
- ☐ I started a diet (especially for weight reduction, e.g. low carb, weight watchers)
- ☐ I was more active (e.g. went for a walk more often)
- ☐ I was more active and changed my nutrition
- ☐ I started a new sport discipline
- ☐ others: \_\_\_\_\_

**Thank you for your participation!**