

Infant Care Practices ***

Healthcare (infant) ³⁰

- Do you have health insurance or Medicaid for your new baby? ***
 - No
 - Yes

- Has your new baby gone as many times as you wanted for a well-baby checkup? ***
 - No
 - Yes

- Did any of these things keep your baby from having a well-baby checkup? Check ALL that apply. ***
 - I didn't have enough money or health insurance to pay for the visit(s)
 - I had no way to get my baby to the clinic or doctor's office
 - I didn't have anyone to take care of my other children
 - I couldn't get an appointment
 - My baby was too sick to go for a well-baby checkup
 - I was too sick to take my baby for a well-baby checkup
 - I was too tired to take my baby for a well-baby checkup
 - Other. Please tell us: [free text]

- How many times has your new baby gone for care when he or she was sick (not including well-baby checkups)? ***
 - Enter number _[] times
 - None
 - My baby has not been sick
 - My baby is still in the hospital

- Has your new baby gone for care as many times as you wanted when he or she was sick? ***
 - No
 - Yes

- Did any of these things keep you from taking your baby for care when he or she was sick? Check ALL that apply. ***
 - I didn't have enough money or health insurance to pay for the visit

³⁰ Adapted from [PRAMS 8 Standard Questionnaire](#)

- I couldn't get an appointment
- I didn't have a regular doctor for my baby
- I had no way to get my baby to the clinic or doctor's office
- I didn't have anyone to take care of my other children
- I was too sick to take my baby for care
- I was too tired to take my baby for care
- Other – please tell us _____

Breastfeeding ***

- Did you ever breastfeed or pump breast milk to feed your new baby, even for a short period of time?³¹ ***
 - No [skip remaining breastfeeding questions]
 - Yes
- Are you currently breastfeeding or feeding pumped milk to your new baby?³² ***
 - No
 - Yes [skip remaining breastfeeding questions]
- Did you breastfeed as long as you wanted to?³³ ***
 - No
 - Yes
- What were your reasons for stopping breastfeeding? Check ALL that apply.³⁴ ***
 - My baby had difficulty latching or nursing
 - Breast milk alone did not satisfy my baby
 - I thought my baby was not gaining enough weight
 - My nipples were sore, cracked, or bleeding or it was too painful
 - I thought I was not producing enough milk, or my milk dried up
 - I had too many other household duties
 - I felt it was the right time to stop breastfeeding
 - I got sick or I had to stop for medical reasons
 - I was too tired
 - I did not want to breastfeed anymore
 - I went back to work
 - I went back to school
 - My husband or partner did not support breastfeeding
 - My baby was jaundiced (yellowing of the skin or whites of the eyes)
 - Other→ Please tell us: [free text]

Infant Sleeping Habits ***

- In the last 2 weeks, what is the typical amount of time your baby sleeps at night without waking up?³⁵ ***
 - 2 hours or less
 - 3 – 4 hours
 - 5 – 6 hours
 - 7 – 8 hours
 - 8 hours or more

³¹ Adapted from [PRAMS Phase 8 Core Questionnaire](#)

³² Adapted from [PRAMS Phase 8 Core Questionnaire](#)

³³ [Infant Feeding Practices Survey \(IFPS – 3 Months\)](#)

³⁴ Adapted from [PRAMS Phase 8 Core Questionnaire](#)

³⁵ [Infant Feeding Practices Survey \(IFPS – 3 Months\)](#) | WG Modifications

START Brief Infant Sleep Questionnaire (BISQ)

- [Tier 2] The following questions relate to how your baby [youngest child] sleeps.³⁶ ***
 - Infant/child DOB: MM / DD / YYYY
 - Biological Sex at Birth: M / F / Don't know
- Sleeping arrangement: ***
 - Infant crib in a separate room
 - Infant crib in parents' room
 - In parents' bed
 - Infant crib in room with sibling
 - Other, Specify: _____
- In what position does your baby sleep most of the time? ***
 - On his/her belly
 - On his/her side
 - On his/her back
- How much time does your baby spend in sleep during the NIGHT (between 7 in the evening and 7 in the morning)? ***
 - Hours: _____ Minutes: _____
- How much time does your baby spend in sleep during the DAY (between 7 in the morning and 7 in the evening)? ***
 - Hours: _____ Minutes: _____
- Average number of night wakings per night: _____
- How much time during the night does your baby spend in wakefulness (from 10 in the evening to 6 in the morning)? ***
 - Hours: _____ Minutes: _____
- How long does it take to put your baby to sleep in the evening? ***
 - Hours: _____ Minutes: _____
- How does your baby fall asleep? ***
 - While feeding
 - Being rocked
 - Being held
 - In bed alone
 - In bed near parent
- When does your baby usually fall asleep for the night? ***
 - Hours: _____ Minutes: _____
- Do you consider your baby's sleep as a problem? ***
 - A very serious problem
 - A moderate problem
 - A small problem
 - A very small problem
 - Not a problem at all

END Brief Infant Sleep Questionnaire (BISQ)

³⁶ [Brief Infant Sleep Questionnaire \(BISQ\)](#)

[Tier 2] Feelings of Attachment to Newborn ***

Postpartum Only ***

- This is the Impaired Bonding subscale (Factor/Scale 1) of the full Postpartum Bonding Questionnaire (PBQ). Please indicate how often the following are true for you. There are no 'right' or 'wrong' answers. Choose the answer which seems right in your recent experience³⁷. ***

	Always	Very often	Quite often	Sometimes	Rarely	Never
I feel close to my baby						
I wish the old days when I had no baby would come back						
The baby doesn't seem to be mine						
My baby winds me up						
I love my baby to bits						
I feel happy when my baby smiles or laughs						
My baby irritates me						
My baby cries too much						
I feel trapped as a mother						
I resent my baby						
My baby is the most beautiful baby in the world						
I wish my baby would somehow go away						

³⁷ [Adapted from the Postpartum Bonding Questionnaire](#)

³⁸ [2020 COVID-19 Household Pulse Survey](#)

³⁹ [Environmental Influences on Child Health Outcomes \(ECHO\) COVID-19 Questionnaire](#)

⁴⁰ [Study of Pregnancy and Neonatal Health \(SPAN\)](#) – Attained measures via personal communication