



**synovate**

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# Global Opinion Panels

Job No. R868-BS

OMB # 0910-0558

Expiration Date: 12/31/2007

## YOUR BABY'S BIRTH

Please answer these questions for your baby that was due last month or the month before. If you were not expecting a baby at that time, please check here  and return this questionnaire in the postage paid envelope enclosed.

1. Has your baby been born?

Yes .....

No.....

→ **(THANK YOU, PLEASE RETURN QUESTIONNAIRE IN THE ENCLOSED POSTAGE PAID ENVELOPE)**

2. What is the baby's birthday?

MONTH\_\_\_\_\_ DAY\_\_\_\_\_

3. How much did your baby weigh at birth?

POUNDS \_\_\_\_AND OUNCES\_\_\_\_\_

4. Did you have twins or more than one baby?

Yes, 2 or more .....

No .....

5. Did you have any medical problems that prevented you from feeding your baby for more than a week?

No .....

Yes .....

Please explain briefly \_\_\_\_\_

6. Did your baby have to stay in an intensive care unit?

No .....

Yes, 3 days or less .....

\_\_\_ Yes, more than 3 days.....

7. Does your baby have any special needs or medical problems that might affect his or her feeding?

No .....

Yes .....

Please explain briefly \_\_\_\_\_

**THANK YOU! PLEASE ALSO COMPLETE THE OTHER QUESTIONNAIRE ENCLOSED AND RETURN BOTH IN THE ENVELOPE PROVIDED.**