(If you had NO contacts please put a zero (0) in the first column (number of contacts/visits)

	YOUR BABY			YOU		
	Number of contacts/ visits	**Typical average length of visit/ contacts (in minutes)**	**Brief description of reason for contact/visit (e.g. not feeding well, not gaining weight, vomiting & diarrhoea)**	**Number of contacts/ visits**	**Total Duration of visits/ contacts (in minutes)**	**Brief description of reason for visit e.g. Difficulty in baby latching on to the nipple, pain in nipples, cracked nipples, infection)**
1. GP (during usual surgery hours)						
2. GP (telephone consultation during usual surgery hours)						
3. GP (home visit)						
4. GP out of hours service (visit)						
5. GP out of hours service(by telephone)						
6. Practice nurse (at surgery)						
7. Health visitor (at surgery)						
8. Health Visitor (telephone consultation)						
9. Health Visitor (home visit)						
10. Midwife (telephone consultation)						
11. Midwife (home visit)						

12. Midwifery care assistant (home visit)						
13. Health visitor assistant (home visit)						
14. Community nursery nurse (home visit **Not offered in Cardiff**)						
15. Breastfeeding counsellor						
16. Infant feeding coordinator						
17. Community pharmacist e.g pharmacist in a shop						
18. Other community health professional (please list whom in e.g. dietician, children community nurse) please list: _____						
19. Social worker						
20. NHS Direct by telephone (Wales only)						
21. NHS Direct web-site (Wales only)						
22. NHS 111 by telephone (England only)						
23. NHS 111 /choices web-site (England only)						

SECTION D: Contacts with hospital based health and social care professionals

Have you or your baby your baby had any contact with any hospital based health or social care professional regarding an issue with breast feeding or feeding or other health issue over the last 10 weeks?

No- Please go to section 3

YES **I will now go on to ask you whether you or your baby have had contact with various hospital services such as the out patients service, hospital tests or A&E . If you answer yes to any of these services I will then as you further questions about the type of contact you had with this service.**

	YOUR BABY			YOU		
	Number of contacts/ visits	**Duration of visit/ contact (in minutes)**	**Brief description of reason for visit**	**Number of contacts/ visits**	**Duration of visit/ contact (in minutes)**	**Brief description of reason for visit**
1. Attending an out-patient appointment to see a doctor						
2. Attending an out-patient appointment with a specialist e.g. children's doctor specialising in digestive [bowel] problems.						
3. Attending an out-patient appointment to see another health						

professional (please list below: _____)						
4. Attending hospital for tests or investigations: a) Blood test b) X-ray c) Ultrasound scan d) Other (please list) _____						
5. Admitted to hospital as a day-case						
6. Visited an Accident and Emergency Department						
7. Taken to accident and Emergency by ambulance (999 call made)						
8. Attendance at an assessment unit (direct referral) e.g. children's assessment unit						
9. Other attendance at hospital (please list) _____						

Has a) your baby or b) YOU been admitted to hospital e.g. had an in-patient stay (which was 1 night or more)? YES /NO

If YES, please complete the next section?

YOUR BABY	YOU

1. _____admission for ___ nights due to (please give brief reason)	1. _____admission for ___ nights due to (please give brief reason)
2. _____admission for ___ nights due to (please give brief reason)	2. _____admission for ___ nights due to (please give brief reason)
.3._____admission for ___ nights due to (please give brief reason)	.3._____admission for ___ nights due to (please give brief reason)

SECTION 3: MEDICATIONS and EQUIPMENT

Please can you tell me about any prescribed (i.e. medications or equipment <u>prescribed by a doctor or other health care professional</u>) since your baby was born for a) Your baby and b) You?
IF you can tell me the name of the medicine and then I can ask you some further questions on dose etc.

YOUR BABY				YOU			
Name of medicine/drug	**Dose**	**Number of times per day**	**Number of days of treatment**	**Name of medicine/drug**	**Dose**	**Number of times per day**	**Number of days of treatment**

Please can you tell me about any medicines (e.g. creams, painkillers that you have bought for a) your baby and b) you from the chemist or other shops to help with breast feeding issues?
Can you tell me the name of the medicine and how much it cost you to buy, if you can remember.

YOUR BABY		YOU	
Medication/ Preparation	**Cost (£)**	**Medication/ Preparation**	**Cost (£)**

Please can you tell me about any equipment (e.g. breast feeding pump, bottles) that you have bought to help with breast feeding issues during pregnancy or over the last 10 weeks?
Can you tell me the type of equipment brought, when you brought it and how much it cost you to buy, if you can remember.

YOUR BABY	YOU

Equipment bought	Ante or post natal?	Approximate cost (£)	Equipment bought	Ante or post natal?	Approximate cost (£)

SECTION 4: Other help received with breast feeding/feeding your baby

Have you received help from others to support breast feeding/feeding your baby over the last 10 weeks?

No- please go to section 5

Yes- I will now go on to ask you whether you have received help from people such as a friend, a family member or Facebook. If you answer yes to any of these services I will then as you further questions about the type of contact you had with this service.

	Time spent (in hours)	Number of times	Support given
Relative or friend			
Peer-support (e.g. other mum who gives support)			
Breastfeeding support group			
Alternative health practitioner e.g. homeopath			
Breast feeding organisation e.g. National Childbirth Trust coordinator			
Internet support e.g. MUMSnet or other parenting forum			
Social Media e.g. Facebook or Twitter			
Reading books/magazines /leaflets for advice			
Other (please list) _____			

SECTION 5: Time off from usual activities

Have you, your partner, relatives or friends had to reduce the amount of time on usual activities (e.g. paid work, looking after other children) as a result of breast feeding/feeding issues over the past 10 weeks?

NO- please go to section 6

YES- I will give you a list of usual activities that you, your partner, relatives or friends may have had to reduce the amount of time on spent on them. If you answer yes I will ask you the number of days this activity has been reduced by.

Usual activity	**You (number of days)**	**Your partner (number of days)**	**Relatives/friends (number of days)**
Paid work			
Caring for other children/relatives			
Housework			
Sleep			
Leisure Activities			
Other (please list)			

Section 6: Extra costs to you, your partner, relatives or friends

This is the final question. Have you, your partner, relatives or friends had to incur any other expenses as a result of breast feeding/ feeding issues over the past 10 weeks?

No- Thank you for your time and help

Yes- I will give you a list of expenses that you, your partner, relatives or friends may incurred as a result of breast feeding/ feeding issues over the past 10 weeks. If you answer yes to any on the list I will ask you to estimate how much it has cost you over the last 10 weeks, if you can remember.

	Extra /Additional Costs over the last 10 weeks (£)		
	You	**Your partner**	**Cost to relatives/friends**
Costs resulting from visits to non-hospital based professionals e.g. GP or Health Visitor Clinic			
Travel costs			
Lost earnings (excluding maternity leave, annual leave or where flexible time has meant			

work time is made up later)			
Childcare costs			
Other expenses (e.g. car parking)			
Costs resulting from visits to hospital			
Travel costs			
Lost earnings (excluding maternity leave, annual leave or where flexible time has meant work time is made up later)			
Childcare costs			
Other expenses (e.g. car parking)			
Other costs			
Help with housework			
Other expenses			

Thank you very much for taking part and answering these questions. I really appreciate you giving your time to answer these questions.