

### Exploring pneumonia risk factors in Vietnamese infants - a post-partum questionnaire

**Child** Age: ..... day(s) Sex: Male  Female  Gestation age: .....w(s) P:.....gram  
Singleton: Y  N  Skin to skin contact: Y  N  HBV: Given  Not given   
Mode of delivery: C-section  Vaginal  PARA:

**Mother** Age: .....years Place: Urban  Rural  RVD status: Pos  Neg  Not tested

**Questions**

Work: Formally employed  Informally employed  Unemployed   
Education: None  Primary  Secondary  High school  College/ University

**A. Breastfeeding**

1. Are you currently breastfeeding? Y  → move to question 3 N

2. If no - what are the reasons for not breastfeeding? (check up to 2 replies for each column - ranked 1,2)

|  |                          |                              |                          |
|--|--------------------------|------------------------------|--------------------------|
| I don't want to breastfeed             | <input type="checkbox"/> | Husband's advice             | <input type="checkbox"/> |
| I believe formula milk is the best     | <input type="checkbox"/> | Mothers' advice              | <input type="checkbox"/> |
| I have tried unsuccessfully            | <input type="checkbox"/> | Health professional's advice | <input type="checkbox"/> |
| I am too tired to breastfeed           | <input type="checkbox"/> | Nanny's advice               | <input type="checkbox"/> |
| I am scared of cultural breast massage | <input type="checkbox"/> | Myself decision              | <input type="checkbox"/> |

Other (specify or elaborate).....  
→ move to question 9

3. If yes - what are the reasons that you are breastfeeding? (check up to 2 replies for each column - ranked 1,2)

|                                   |                          |                              |                          |
|-----------------------------------|--------------------------|------------------------------|--------------------------|
| It is convenient to breastfeed    | <input type="checkbox"/> | Husband's advice             | <input type="checkbox"/> |
| It enhances mother-infant bonding | <input type="checkbox"/> | Mothers' advice              | <input type="checkbox"/> |
| I believe breast milk is the best | <input type="checkbox"/> | Health professional's advice | <input type="checkbox"/> |
| It is economical to breastfeed    | <input type="checkbox"/> | Nanny's advice               | <input type="checkbox"/> |
| Breastfeeding is hygienic         | <input type="checkbox"/> | Myself decision              | <input type="checkbox"/> |

Other (specify or elaborate).....

4. How long after delivery did you first breastfeed?

Within 1 hour  1-6 hours  7-24 hours  >24 hours

5. Do you intend to breastfeed exclusively? Y  N  → move to question 7

6. How long do you intend to breastfeed exclusively?

<2 months       2-3 months       4-5 months       6 months or more       Not sure

→ [move to question 9](#)

7. If not breastfeeding exclusively, which of the following would you consider introducing during the first 6 months (check up to 3 – ranked 1,2,3)

Water       Vitamins & supplements       Herbal tea       Formula milk       Solids (rice porridge etc.)

8. Why would you consider mixed feeding in the first 6 months? (check all that apply – ranked 1,2,3)

I think my breast milk does not provide all the necessary vitamins & supplements

I think my breast milk is unlikely to be enough and my child will be hungry

I have to re-start work and cannot continue exclusive breastfeeding

Other (specify or elaborate).....

9. If you had previous children did you breast feed them exclusively?

Child 1: Y     N     If yes, how long did you breastfeed? .....months

Who influenced your breastfeeding decision with this pregnancy: .....

Child 2: Y     N     If yes, how long did you breastfeed? .....months

Who influenced your breastfeeding decision with this pregnancy: .....

10. Please answer the following questions:

Does breast milk contain all the nutrients an infant needs in the first 6 months?      Y     N     Unsure

Does breastfeeding increase the infant's risk of diarrhea?      Y     N     Unsure

Does breastfeeding protect an infant against HIV infection?      Y     N     Unsure

Does breastfeeding protect an infant against lung infections?      Y     N     Unsure

Does breastfeeding strengthen the bonding between a mother and her baby?      Y     N     Unsure

**B. Cigarette smoking and indoor air pollution**

11. Do you smoke cigarettes?      Y       N  → [move to question 14](#)

12. If yes - how many cigarettes do you smoke/day?      .....cigarette(s)

13. Where do you smoke?      Only outside the house       Inside and outside       Only inside

14. If no – what are your reasons of not smoking? (check all that apply – ranked 1,2,3)

Women should not smoke       Smoking is bad for my health       Smoking is bad for my baby

Others (specify).....

15. Does your husband smoke?      Y       N  → [move to question 18](#)

16. If yes - how many cigarettes does he smoke/day?      .....cigarette(s)

17. Where does he smoke?      Only outside the house       Inside and outside       Only inside

18. How do you cook your food at home? (check all that apply)

Wood  Charcoal  Gas  Electricity

19. If wood or charcoal - where do you cook? Only outside the house  Inside and outside  Only inside

20. Please answer the following questions:

Does smoke exposure strengthen a child's lungs? Y  N  Unsure

Is it best to cook outside if cooking with charcoal or wood? Y  N  Unsure

Does cigarette smoke protect a child against lung infections? Y  N  Unsure

Does smoke from cooking protect a child from lung infections? Y  N  Unsure

**C. Vaccination**

21. Would you ensure that your baby is fully vaccinated? Y  → [move to question 23](#) N

22. If no - what are the reasons for not vaccinating your child? (check up to 2 replies for each column - ranked 1,2)

|   |   |
|---|---|
| I do not believe that vaccines protect my baby <input type="checkbox"/> | Husband's advice <input type="checkbox"/>             |
| It is too difficult to access <input type="checkbox"/>                  | Mothers' advice <input type="checkbox"/>              |
| I do not have the time <input type="checkbox"/>                         | Health professional's advice <input type="checkbox"/> |
| I am scared of vaccine-related adverse effects <input type="checkbox"/> | Myself decision <input type="checkbox"/>              |

Other (specify or elaborate).....  
→ [move to question 24](#)

23. If yes - what are the reasons to fully vaccinate your child? (check up to 2 replies for each column - ranked 1,2)

|   |   |
|---|---|
| I believe that vaccines protect my baby <input type="checkbox"/>  | Husband's advice <input type="checkbox"/>             |
| Everyone should vaccinate their children <input type="checkbox"/> | Mothers' advice <input type="checkbox"/>              |
| It is free of charge <input type="checkbox"/>                     | Health professional's advice <input type="checkbox"/> |
| It is necessary to enter child care <input type="checkbox"/>      | Myself decision <input type="checkbox"/>              |

Other (specify or elaborate).....

24. Apart from the vaccines provided by the National Immunization Program, will you give your child any other vaccines?

Y  N  → [should not answer question 25](#)

25. Have you ever heard about these vaccines?

MMR Y  N  If yes do you intend to give this vaccine to your child? Y  N

Influenza: Y  N  If yes do you intend to give this vaccine to your child? Y  N

Pneumococcal (PCV) Y  N  If yes do you intend to give this vaccine to your child? Y  N

Other (specify or elaborate).....

Any additional comments?.....

Thank you so much!