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| Name of the patient Date of the call :/..../..... | |
| What was your occupation before pregnancy? | |
| Including (<i>name of the patient</i>), how many children do you have? | N= |
| How many children did you breastfeed before (<i>name of the patient</i>) ? | N= |
| How long did you breastfeed the elders ? | Cumulated length (month)=.... |
| Do you live as a couple with the father? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Do you smoke ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| When did you go back to work/ when will you go back to work? | Date/..../..... no going back to work scheduled <input type="checkbox"/> |
| If you did not get back to work yet, what type of break are you on? | Maternity break <input type="checkbox"/> Unemployment <input type="checkbox"/> Parental education break <input type="checkbox"/> Home mum <input type="checkbox"/> other |
| Before the bronchiolitis started, did you? | totally breastfeed <input type="checkbox"/> partially breastfeed <input type="checkbox"/> |
| Would you describe your breastfeeding as easy ? | From 1(not at all) to 5 (totally) =..... |
| Before the hospitalization, had you ever used a breast pump ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Did (<i>name of the patient</i>) have a single room in hospital ? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| Was there a bed available for you in (<i>name of the patient</i>)'s room? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| If there was no bed, was there an armchair or any other sleeping accommodation? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| Was there an armchair for breastfeeding in the room? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| Was there a written document about breastfeeding available for you during hospitalization ? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| Was there a breast pump available for you during hospitalization ? | Yes <input type="checkbox"/> No <input type="checkbox"/> only in some wards <input type="checkbox"/> |
| Did you feel supported with your breastfeeding during hospitalization ? | From 1(not at all) to 5 (totally) =..... |
| Did you have difficulties in breastfeeding during hospitalization ? | From 1(not at all) to 5 (totally) =..... |
| Do you feel hospitalization might have interfered with your breastfeeding ? | From 1(not at all) to 5 (totally) =..... |
| How was your breastfeeding just after hospitalization? | Exclusive / partial / stopped |
| <i>For mothers who stopped during hospitalization :</i> | From 1(not at all) to 5 (totally) =..... |
| Was it your intention to stop your breastfeeding at that moment? | |
| Was your breastfeeding modified by hospitalization ? | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If so, what was modified ? | Length ? <input type="checkbox"/> exclusivness ? <input type="checkbox"/> other..... |
| What do you feel were the reasons for this modification ? (multiple answers possible) | -severity of the bronchiolitis ? <input type="checkbox"/> -lack of support? <input type="checkbox"/> -personal organisation issues? <input type="checkbox"/> -logistic issues (breast pump, bedding, etc...) in hospital ward? <input type="checkbox"/> Other?..... |