

Scottish Government Maternal and Infant Nutrition Survey

Investigating health care and early feeding choices and experiences in the first 12 weeks following the birth of your new baby

This is a survey about your choices and experiences in the first 12 weeks following the birth of your new baby.

Please complete this questionnaire with respect to your baby who was born between March and April 2017.

The information you provide will help us to understand more about the choices new parents make and help health care professionals to better support new parents. **All of the answers you provide will be entirely confidential.**

Please read the enclosed letter for more information about this survey.

Instructions

The survey takes around 15-20 minutes to complete. Please answer all questions, unless the instructions ask you to skip a question.

For most questions, you will be asked to put a tick in the box next to the statement which most applies to you. For example, if your answer is yes, write in a tick as below:

\checkmark	Yes
	No

Don't worry if you make a mistake; just cross it out and tick the correct answer.

Sometimes you will be asked to write in a number. Please enter numbers as figures rather than words. For example:

2 Days

If you prefer, you can complete this survey online at: survey.natcen.ac.uk/MINS5

You will be asked to enter the User Code that can be found on the letter that came with this survey.

Alternatively, you can give your answers by calling the FREEPHONE survey helpline on **0800 652 4568**. The helpline is open Monday to Friday - 9am to 5pm.

Please return the survey in the pre-paid envelope provided, or to: NatCen Social Research, 103-105 Kings Road, Brentwood, Essex CM14 4LX.

The birth of your baby

First, we would like to ask you some questions about the birth of your baby.

2030 1. Is your new baby one of twins, triplets or another multiple birth? Yes → Please complete this questionnaire with respect to the baby who was born first. No 2. How old is your baby? Please write numbers in both boxes. Write in how many whole weeks, plus any additional days: 2031-2032 2033 Weeks Days 3. How many weeks pregnant were you when your baby was born (to the nearest whole week)? Weeks 2034-2035 4. Where was your baby born? (Please tick one box only) 2036-2037 At home 01 **NHS Ayrshire & Arran** Ayrshire Maternity Unit (University Hospital Crosshouse) 02 Arran War Memorial Hospital Community Maternity Unit 03 **NHS Borders** Borders General Hospital Maternity Unit (Melrose) 04 **NHS Dumfries & Galloway** Clenoch Birthing Centre (Galloway Community Hospital, Stranraer) 05 Cresswell Maternity Wing (Dumfries and Galloway Royal Infirmary) 06 **NHS Fife** Victoria Hospital Maternity Unit (Kirkcaldy) **NHS Forth Valley** Forth Valley Royal Hospital Women's and Children Unit (Larbert) 08 **NHS Grampian** Aberdeen Maternity Hospital 09 Dr Gray's Maternity Unit (Elgin) 10 Peterhead Maternity Unit 11

NHS Greater Glasgow & Clyde

12	Inverclyde Community Maternity Unit
13	Princess Royal Maternity Hospital (Glasgow Royal Infirmary)
14	Queen Elizabeth University Hospital Maternity Unit
15	Royal Alexandra Maternity Unit
16	Vale of Leven Community Maternity Unit

NHS Highland



NHS Lanarkshire

26 Wishaw General Hospital Maternity Unit

NHS Lothian

Simpson Centre for Reproductive Health (Royal Infirmary of Edinburgh)
 St John's Hospital (Livingston)

NHS Orkney

20

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34

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36

37

Balfour Hospital Maternity Unit

NHS Shetland

Gilbert Bain Hospital Community Maternity Unit

NHS Tayside

- Arbroath Infirmary Community Maternity Unit
 Montrose Royal Infirmary Community Maternity Unit
 Perth Royal Infirmary Community Maternity Unit
 - Ninewells Hospital

NHS Western Isles

- Western Isles Hospital Maternity Unit
- Uist and Barra Hospital Community Maternity Unit
 - Other location, please specify

5. How long after your baby was born did you stay in hospital or a Community Maternity Unit? Please give this time either in hours **or** in days.

Either in hours:

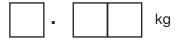
53
55
50
56
68

8. How much did your baby weigh when he/she was born? Please give his/her weight either in pounds/ ounces **or** in kilograms.

Either in pounds and ounces (for example, 7lb 11oz):



or in kilograms (for example, 3.50kg):



2069-2070 2071-2072 2073-2075 9. Did **you** have skin-to-skin contact with your baby within the first hour of him/her being born? (By skin-to-skin contact we mean you were holding the baby so that his/her bare skin was next to your bare skin.)

(Please tick one box only)

1	Yes
2	No
3	Don't know

10. Did your baby **feed** in the first two hours after his/her birth (breastfeed, expressed milk or formula feed)?

(Please tick one box only)



11. Immediately or shortly after the birth, did **you** have any health problems that affected your ability to feed your baby the way you wanted to?

1	Yes	→ Go to Q.1
2	Yes No	→ Go to Q.1

12. What were these health problems?

2 3

(Please tick all that apply)

2

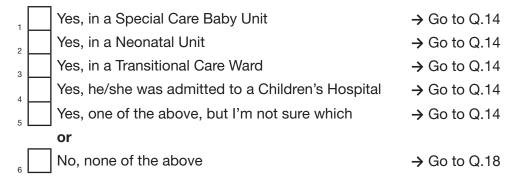
- ¹ Birth complications
 - I just didn't feel well

Other health complications

Babies admitted to Special Care Baby Units, Neonatal Units, Transitional Care Wards or to a Children's Hospital

13. Within the first week of his/her birth, was your baby cared for in a Special Care Baby Unit, a Neonatal Unit, a Transitional Care Ward or admitted to a Children's Hospital?

(Please tick all that apply)



2079-2081

2082-2086

2076

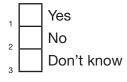
14. How long did your baby stay in the Special Care Unit, Neonatal Unit, Transitional Care Ward or Children's Hospital? (Please record the total number of days that your baby spent in these types of care, even if your baby moved between these types of care).

(Please tick one box only)

One day or less 1 2 - 3 days 2 4 - 7 days 3 More than a week (up to a month) 4 More than a month 5

15. Do you think that having your baby admitted for extra care affected your ability to feed him/her the way you wanted to?

(Please tick one box only)



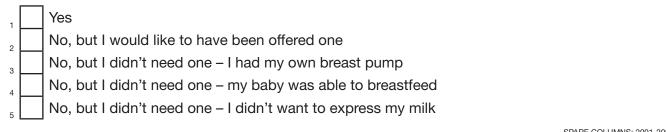
16. While your baby was in the Special Care Unit, Neonatal Unit, Transitional Care Ward or Children's Hospital, did you receive any information about methods of expressing breast milk?

(Please tick one box only)

Yes – I received information 1 No - information was offered, but I said I didn't need it 2 No - information was not offered, but I'd told staff that I intended to formula feed 3 No - information was not offered

17. Were you offered an electric breast pump to take home?

(Please tick one box only)



2090

SPARE COLUMNS: 2091-2099

2087

2088

Feeding choices

18. Before you had your new baby, had you ever breastfed or expressed breast milk before?

(Plea	ase	tick one box only)	2100
1		Yes	→ Go to Q.19
2		No, this is my first baby	→ Go to Q.20
3		No, this is not my first baby, but I haven't breastfed or expressed milk before	→ Go to Q.20

19. What is the longest period you have breastfed a baby or expressed breast milk for before? Please give this time either in days **or** in weeks **or** in months.

Either in days:

	Days	2101-2102
or in weeks:		
	Weeks	2103-2104

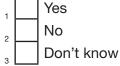
2105-2107

or in months:

Months

20. Are there any medical reasons why you are not able to breastfeed / express milk (for example breast surgery or medication)?





21. **Before your new baby was born**, how would you describe your intentions for feeding your baby? (Please tick the **one** box from the list below that best describes your thoughts **before** the birth) 2109

1	I intended to breastfeed only	→ Go to Q.22
2	I intended to express milk only	→ Go to Q.24
3	I intended to formula feed only	→ Go to Q.23
4	I intended to breastfeed and express milk	→ Go to Q.22
5	I intended to mix feed (breastfeed and/or express breast milk and give formula milk as well)	→ Go to Q.22
6	I had not decided how I was going to feed my baby	→ Go to Q.24

22. I intended to breastfeed...

(For each statement below, please tick the **one** box that best describes your thoughts **before** the birth)

	Agree strongly	Agree 2	Neither agree nor disagree 3	Disagree	Disagree strongly 5	
and I was really keen to continue breast feeding even if there were problems which made it harder for me or my baby						2110
but if there were problems which made it harder for me I would not continue to breastfeed (for example, sore nipples)						2111
but if there were problems which made it harder for my baby I would not con- tinue to breastfeed (for example, baby not settled or gaining weight)						2112
but if there were problems which made it harder for me or my baby I would not continue to breastfeed						2113

IF YOU ANSWERED Q22, PLEASE NOW GO TO Q24 ONLY ANSWER Q23 IF YOU INTENDED TO FORMULA FEED ONLY

23. I intended to formula feed only...

(For each statement below, please tick the one box that best describes your thoughts before the birth)

	Agree strongly	Agree 2	Neither agree nor disagree 3	Disagree	Disagree strongly	
but I would breastfeed or express milk if my baby was born premature or was unwell at birth						2114
but I felt under pressure to breastfeed						2115
and I felt under pressure to formula feed						2116

24. Did a health professional discuss your experiences and thoughts about feeding your new baby with you **during your pregnancy**?

(Please tick one box only)

1

- Yes it was helpful and it influenced my choice
- ² Yes it was helpful, but it did not influence my choice
 - Yes it was not helpful, but it did influence my choice
- $_{4}^{3}$ Yes it was not helpful and it did not influence my choice
- No it was not discussed

25. While you were pregnant, did you receive a copy of the booklet "Off to a good start: all you need to know about breastfeeding"?

(Please tick one box only)

(Please lick one box only)		2118			
Yes and I have read it Yes, I have looked at it a bit	→ Go to Q.26 → Go to Q.26				
Yes, but I have not read it	→ Go to Q.27				
	→ Go to Q.27				
⁴ I can't remember	→ Go to Q.27				
	- G0 10 Q.27				
26. How useful was this booklet?					
(Please tick one box only)		2119			
₁ Very useful					
2 Quite useful					
3 Not sure / undecided					
^a Not very useful					
5 Not useful at all					
27. Are you aware of the feedgood.scot	website?				
(Please tick one box only)		2120			
$_{1}$ Yes and I have looked at it	→ Go to Q.28				
$\frac{1}{2}$ Yes, but I have not looked at it	→ Go to Q.29				
3 No	→ Go to Q.29				
28. How useful is this website?					
(Please tick one box only)		2121			
		2121			
1 Very useful					
2 Quite useful Not sure / undecided					
³ Not very useful					
Not useful at all					
		SPARE COLUMNS: 2122-2129			
Vour fooding experience as fo	۲ ۲	GEARLE GOEGWING, 2122-2129			
Your feeding experience so far					
The following questions ask about your	experience of feeding your baby.				
29. Have you ever breastfed or expresse	ed breast milk for your new baby?				

(Please tick one box only)

Yes \rightarrow Go to Q.30No \rightarrow Go to Q.47

2130

30. Are you still breastfeeding or expressing breast milk for your baby now?

(Please tick one box only)

1	Yes, I'm exclusively breastfeeding / expressing milk	→ Go to Q.32
2	Yes, I'm mix feeding (breastfeeding / expressing, plus formula feeding)	→ Go to Q.32
-	No	→ Go to Q.31

31. How old was your baby when he or she last had breast milk? Please give his/her age in either days **or** weeks.

Either in days:

Days

or in weeks:

Weeks

For mothers who have breastfed or expressed breast milk at any time since the birth of this baby

32. Which statement best describes how you were feeding your baby when you **left** the hospital / maternity unit? (If you had a home birth, please choose the statement that best describes how you were feeding your baby 48 hours after the birth).

(Please tick one box only)

I was only giving my baby breast milk

I was only giving my baby formula milk

I was giving my baby both breast milk and formula milk

33. Shortly after the birth of your baby, did anyone explain to you how to recognise that your baby was getting enough breast milk?

(Please tick one box only)

1 Yes

2

З

1

2

3

No – an explanation was offered, but I said I didn't need/want an explanation

No – no one explained this or offered an explanation

34. Shortly after the birth of your baby, did you feel that you could recognise whether your baby was getting enough breast milk?

(Please tick one box only)

Yes, definitely Yes, probably

Not sure / undecided

⁴ No, probably not

5 No, definitely not

I didn't breastfeed or express milk shortly after the birth of my baby

2138



2132-2133

2134-2135

2131

35. Have you had / did you have any problems breastfeeding or expressing breast milk for your baby? (Even if you are no longer breastfeeding or expressing milk, please indicate if you had any problems when you were breastfeeding / expressing milk).

1	Yes	→ Go to Q.36
2	No	→ Go to Q.39

36. Have you had any of the following problems breastfeeding or expressing breast milk for your baby and, if so, when did these problems arise?

(For each problem listed, please tick all that apply)

	No, never 1	Yes, while in hospital 2	Yes, in the first two weeks at home ₃	Yes, after the first two weeks at home	
My baby wouldn't attach at the breast					2140
I had difficulty attaching the baby to the breast myself					2141
My baby attached, but wouldn't suck					2142
My baby had a tongue tie that was causing problems					2143
My baby had to be tested for hypoglycaemia (low blood sugar)					2144
My baby was premature, small or unwell					2145
My baby lost a lot of weight					2146
My baby's weight gain was very slow					2147
My baby was sleepy and wouldn't feed					2148
My baby wouldn't settle after feeds					2149
I had full or engorged breasts					2150
I had sore nipples					2151
I had sore breasts					2152
I had mastitis					2153
I didn't produce enough milk					2154
I was worried about how much milk my baby was getting					2155
Prolonged or frequent feeds					2156
Other problems, please specify					2157
Other problems, please specify					
Other problems, please specify					2158
					2109

37. Did anyone give you any information about and/or help with this/these problem(s)?

2160

1 Yes 2 No → Go to Q.38
 → Go to Q.39

SPARE COLUMNS: 2161-2169

38. Who gave you information about and/or help with these breastfeeding problems? For each time you select 'Yes' for section A, please also answer section B and C.

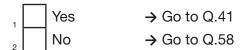
(a) Who gave information or help?					(b) How easy was it to (c) How helpful was						_
					ge	et this information or h	elp?		thi	s information or help	?
Midwives and	1	Yes	\rightarrow	1		Very easy	2171	1		Very helpful	2172
maternity staff	2	No	2170	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Your Health Visiting	1	Yes	\rightarrow	1		Very easy	2174	1		Very helpful	2175
team	2	No	2173	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Your GP	1	Yes	\rightarrow	1		Very easy	2177	1		Very helpful	2178
	2	No	2176	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Local breastfeeding	1	Yes	\rightarrow	1		Very easy	2180	1		Very helpful	2181
support group	2	No	2179	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Breastfeeding counsello	or,	Yes	\rightarrow	1		Very easy	2183	1		Very helpful	2184
lactation consultant or	2	No	2182	2		Quite easy		2		Quite helpful	
a peer supporter from a				3		Not sure / undecided		3		Not sure / undecided	
voluntary organisation				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Breastfeeding	1	Yes	\rightarrow	1		Very easy	2186	1		Very helpful	2187
telephone helpline	2	No	2185	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
NHS Infant Feeding	1	Yes	\rightarrow	1		Very easy	2189	1		Very helpful	2190
Advisor	2	No	2188	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
NHS tongue tie clinic	1	Yes	\rightarrow	1		Very easy	2192	1		Very helpful	2193
	2	No	2191	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
NHS breastfeeding	1	Yes	\rightarrow	1		Very easy	2195	1		Very helpful	2196
support worker	2	No	2194	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	
Family member,	1	Yes	\rightarrow	1		Very easy	2198	1		Very helpful	2199
partner or friend	2	No	2197	2		Quite easy		2		Quite helpful	
				3		Not sure / undecided		3		Not sure / undecided	
				4		Not very easy		4		Not very helpful	
				5		Not easy at all		5		Not helpful at all	

39. Are you aware of the National Breastfeeding Helpline?

(Please tick one box only)

Yes and I have used it Yes, but I have not used it No

40. Has your baby ever been given infant formula milk?



SPARE COLUMNS: 2202-2209

For mothers who have breastfed and also given infant formula milk

41. Plea	ase indicate when your baby was first given infant formula milk:	
(Please	tick one box only)	2210
1	While in hospital (or, if you had a home birth, within the first 48 hours) At home, within two weeks of his/her birth At home, more than two weeks after his/her birth	
42. Wha	at were the reasons you decided to give infant formula?	
(Please	tick all that apply)	2211-2232
1	I always intended to mix feed (breastfeed or express milk plus formula feeds)	
2	A health professional advised me to (e.g. nurse, doctor, midwife or health visitor)	
3	My partner, friend and/or relative advised me to	
4	Previous experience with another baby	
5	It allowed my partner to be involved	
6	To make breastfeeding more manageable	
7	To help my baby to sleep longer	
8	I had problems breastfeeding	
9	I was anxious about how much milk my baby was getting and decided to give a formula supplement	
10	I was attending a social event and it was easier to give formula	
11	Other reason, please specify	
	SPARE COLUMNS	2233 S: 2234-2239

43. How often has your baby been fed infant formula? If your pattern of using infant formula has varied, please select **one** statement that best describes your current situation.

(Please tick one box only)

At every feed

2

7

Almost all feeds

³ About half of all feeds

- 4 One or two feeds a day
- $_{5}$ A few feeds a week, but not every day
- 6 A few feeds since he/she was born, but not every week
 - Only once or twice since he/she was born

2240

2200

For mothers who have stopped breastfeeding / expressing breast milk

If you have stopped breastfeeding \rightarrow Go to Q.44 If you are still breastfeeding \rightarrow Go to Q.47

44. Which of the following statements best describes how long you breastfed / expressed breast milk for your new baby?

(Please tick one box only)

1

2

3

- I would have liked to have breastfed / expressed breast milk for longer
- I breastfed / expressed breast milk for as long as I intended
- I breastfed / expressed breast milk for longer than I intended

45. What were the reasons you decided to stop breastfeeding / expressing breast milk?	
(Please tick all that apply)	

1	I breastfed or expressed milk for as long or longer than I intended to	
2	I returned to work	
3	I just didn't like breastfeeding	
4	I didn't like using the breast pump	
5	I was embarrassed feeding in front of other people	
6	I didn't feel confident	
7	I found it too difficult	
8	I had feeding problems	
9	I didn't think the baby was getting enough milk	
10	I was too tired	
11	I was unwell	
12	I had to take medication that wasn't compatible with breastfeeding	
13	A health professional advised me to stop (e.g. nurse, doctor, midwife or health visitor)	
14	I didn't get enough help and/or support from my doctor / midwife / health visitor	
15	My partner felt left out	
16	My partner, family and/or friends thought I should stop	
17	I have other children and I couldn't manage to breastfeed my baby and care for them	
18	Other reason, please specify	

SPARE COLUMNS: 2288-2299

2250

2251-2286

46. Would access to any of the following have helped and encouraged you to breastfeed or express breast milk for longer?

(For each of the following, please tick one box only)

A voluntary organisation (e.g. the National Childbirth Trust or Breastfeeding Network), peer supporter or counsellor - someone who gives you emotional support or teaches breastfeeding skills.	Yes, definitely Yes, probably Not sure / undecided No, probably not No, definitely not I had access to a voluntary organisation	2300
A NHS Specialist Infant Feeding Advisor (usually trained Midwives, Health Visitors, Dieticians or Doctors with additional training. They help you to manage more complicated breastfeeding problems. Sometimes they are called Lactation Consultants).	Yes, definitely Yes, probably Not sure / undecided No, probably not No, definitely not I had access to a NHS Specialist Infant Feeding Advis	2301 SOT
An NHS breastfeeding support worker - someone who gives you emotional support or teaches basic breastfeeding skills.	Yes, definitely Yes, probably Not sure / undecided No, probably not No, definitely not I had access to a NHS breastfeeding support worker	2302
A free-to-borrow electric breast pump	Yes, definitely Yes, probably Not sure / undecided No, probably not No, definitely not I had access to an electric breast pump	2303

For families who are giving their baby infant formula milk

The following questions are about how you make up infant formula feeds for your baby. Please try and think about how you usually make up the feeds. If this varies think about the way you do it most often.

47. When making infant formula feeds do you usually...

(Please tick one box only)

1	Only make one feed at a time	→ Go to Q.48
2	Make several feeds at a time	→ Go to Q.48
3	Only ever use ready to feed formula	→ Go to Q.51

48. When making infant formula feeds for your baby do you usually...

(Please tick one box only)

Use water that has just boiled 1 Use water that has boiled and been left to cool for less than 30 minutes 2 Use water that has boiled and been left to cool for 30 minutes 3 Use water that has boiled and been left to cool for more than 30 minutes 4 Use water that has not been boiled at all (including tap or bottled water) 49. When making infant formula feeds do you usually... (Please tick one box only) 2312 Put the water in the bottle first and then add the powder Put the powder in the bottle first and then add the water 50. If you need to feed your baby with infant formula milk when you are out do you usually... (Please tick one box only) 2313 Make up an infant formula feed before leaving home Make up an infant formula feed whilst you are out with cold (tap or bottled) or

Make up an infant formula feed whilst you are out with cold (up of bottled) of colled boiled water
 Make up an infant formula feed whilst you are out with freshly boiled water
 Make up an infant formula feed whilst you are out with boiled water from a flask
 Take a ready to feed formula with you
 Never feed your baby away from home
 Other, please specify

51. What method(s) do you usually use to clean bottles and teats?

(Please tick all that apply)

Hot soapy water Dishwasher Rinse under the tap **or** None of the above

SPARE COLUMNS: 2315-2319

2320-2322

2314

2310

52. What method(s) do you usually use to sterilise bottles and teats?

(Please tick all that apply)



53. Which of the following kinds of milk has your baby been given over the last 7 days? (Please tick all that apply)



54. Has your baby ever been given a second milk or follow-on formula?

1	Yes	→ Go to Q.55
2	No	→ Go to Q.58

55. How old was your baby when he/she was first given the second milk or follow-on formula? If you cannot remember exactly, please give the approximate age to the nearest whole week.

	Weeks				2341-2362

56. What were the reasons you decided to give second milk or follow-on formula to your baby? (Please tick all that apply) 2343-2362

01	A health professional advised me to (e.g. nurse, doctor, midwife or health visitor)
02	My partner, friend and/or relative advised me to
03	Previous experience with another baby
04	My baby was not gaining enough weight
05	My baby was waking up during the night
06	I believed that it would be better for my baby / contain more nutrition
07	I read leaflets / saw information that advised me to (e.g. on the Internet)
08	I saw a TV advert
09	I saw a different type of advert (magazine etc.)
10	Other reason, please specify
10	2363 SPARE COLUMNS: 2364-2369

57. Has your midwife or health visitor talked to you about the difference between first infant formula and second milk or follow-on formula?

1	Yes
2	No

2323-2327

2328-2331

About You

58. What age were you on your last birthday?

(Please tick one box only)

1	19 or under
2	20-24
3	25-29
4	30-34
5	35 or over

59. What is your ethnic group?

(Please tick one box that best describes your ethnic group)

	 White
01	White Scottish
02	White Other British
03	White Irish
04	White Gypsy/Traveller
05	White Polish
06	Other White
	Mixed or multiple ethnic groups
07	Any mixed or multiple ethnic groups
	 Asian, Asian Scottish or Asian British
08	Pakistani, Pakistani Scottish or Pakistani British
09	Indian, Indian Scottish or Indian British
10	Bangladeshi, Bangladeshi Scottish or Bangladeshi British
11	Chinese, Chinese Scottish or Chinese British
12	Other Asian
	 African
13	African, African Scottish or African British
14	Other African
	 Caribbean or Black
15	Caribbean, Caribbean Scottish or Caribbean British
16	Black, Black Scottish or Black British
17	Other Caribbean or Black
	 Other ethnic groups
18	Arab, Arab Scottish or Arab British
19	Other ethnic group
20	Prefer not to answer

2372-2373

We would like your permission to add your survey responses to other information held about your health and care by NHS Scotland (for example the weight of your baby at birth). Your information will be used only for research and we will never give out your contact details. If you give your permission to add your survey responses to other health and care information held about you it will not be shared with the people who look after you and will not affect your current or future treatment or care.

60. Do you give your permission for NHS Scotland Statisticians to add your survey responses to other information about your health and care for the purpose of further research?

Yes \rightarrow Go to Q.61No \rightarrow You have now finished this survey

61. What is your date of birth?

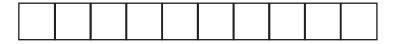
We are asking you to provide your date of birth so that we can add your survey responses to other information held about your health and care by NHS Scotland. Your date of birth will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.



62. What is your Community Health Index (CHI) number?

We are asking you to provide your CHI number so that we can add your survey responses to other information held about your health and care by NHS Scotland. Everyone who is registered with a Scottish GP practice has their own unique CHI number. Please note that your CHI number also contains your date of birth. This number uniquely identifies you within NHS Scotland and is attached to all of your health records. Your CHI number will not be shared with anyone and it will not be possible for anyone to identify you in the survey results.

Your CHI number is 10 digits long and should be printed on the front page of your maternity record or on your hospital appointment cards.



2383-2392

Thank you for taking the time to complete this survey

{MAILMERGE BARCODE}