

## Infant Feeding Questionnaire

Dear Parents,

We are trying to see how we can better support breast feeding for mothers who choose to breast feed. Please answer our anonymous short survey below to help us understand how we can better help breast feeding couplets. Thank you!

1. Prior to having your baby or at delivery, did you plan to breastfeed? YES / NO

If **NO**, you do not need to answer any further questions

2. Did you attend any prenatal lactation classes? YES / NO

If **NO**, please check all that apply below:

- I was not aware of the classes offered.       I had difficulty enrolling in the class.  
 I could not attend the classes at the time offered.

3. Do you feel you received adequate lactation support when you were in the hospital after delivery? YES / NO

If **NO**, please check the all that apply below:

- No support was offered.       I was discharged too soon.  
 Other \_\_\_\_\_

4. Did you have breastfeeding problems after discharge from the hospital? YES / NO

a. If so, did you request lactation services at that time? YES / NO

If **NO**, please check all that apply below:

- No support was offered.       I didn't know who to ask.

b. Do you feel you received adequate lactation services at that time? YES / NO

If **NO**, can you tell us how we could have better helped you?

---

---

5. Are you still breastfeeding? YES / NO

a. If not, how old was your baby when you stopped? \_\_\_\_\_

b. Can you briefly tell us why you quit so we can determine how we can help future mom's if they are interested in breast feeding?

---

---

Comments??

If you would like to be contacted by one of our staff, please complete the following:

Name:

Phone Number:

Best Time of Day to Reach You: