

BREAST PUMP QUESTIONNAIRE

Name: _____ Date: _____

Do you have a pump? Yes No

If yes, what kind? _____

PLEASE TELL US MORE ABOUT YOUR NEED FOR A BREAST PUMP:

1. I need a pump:

To use a few times a week. I am with my baby most of the time.

I am returning to work or school on _____ (date).

I am having breastfeeding problems or can't nurse my baby.

The problem I am having is: _____

Other _____

2. How long do you plan to breastfeed? _____

3. When you are away from baby, what do you plan to feed the baby?

Breast milk only

Formula only

Both breast milk and formula

IF YOU ARE RETURNING TO WORK OR SCHOOL:

1. How old will your baby be when you return to work/school? _____

2. How many days a week will you be working/attending school? _____

3. How many hours will you be away from your baby each day? _____

4. Will your work/school schedule allow for breaks every 3-4 hours? Yes No Unsure

5. Will you have a private place with electricity to pump? Yes No Unsure

WIC IS HERE TO SUPPORT YOUR BREASTFEEDING GOALS. WE ARE HERE TO HELP.

1. Does your family want you to continue breastfeeding? Yes No Unsure

2. Is your employer/school supportive of breastfeeding? Yes No Unsure

3. Is your childcare provider supportive of breastfeeding? Yes No Unsure

