Alaska Breastfeeding Peer Counseling Program
Client Survey

Today’s Date: ___________________

Client Name: _____________________________________________________

Baby’s date of Birth: ________________________________

If you know the name of your Breastfeeding Peer Counselor (BFPC) please share: __________________________________________________________

Are you still breastfeeding? (PLEASE CIRCLE BEST ANSWER)  Yes  Partially  No

If no, when did you stop breastfeeding? ________________________________

Why did you stop breastfeeding? _____________________________________

Do you feel that working with a BFPC helped you to breastfeed for a longer period of time?  Yes  No

If no, what might have helped you to breastfeed for a longer period of time?

Did you use an electric breast pump on loan through the WIC program? Yes  No

Did you use any other equipment to enhance your breastfeeding experience?
PLEASE CIRCLE ANY THAT APPLY:  Nipple Shields  SNS feeding system  Hand Pump

Did your BFPC refer you to the WIC lactation consultant?  Yes  No

If yes, how was your experience?______________________________________

Please tell us why you are leaving the Peer Counseling Program: ___________

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Do you have any suggestions for improving our Peer Counseling program?

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

Thank-You for completing this survey!