

**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!