

Alaska Breastfeeding Peer Counseling Program Client Survey

1. If you know the name of your Breastfeeding Peer Counselor (BFPC) Please share.

2. Who referred you to the WIC program?

- WIC staff
- Doctor
- Another person that used BFPC services
- Hospital
- Other

3. Are you still breastfeeding?

- Yes
- No
- Partially
- If no, I stopped when my infant was <1 month
- If no, I stopped when my infant was more than 1 month, but less than 3 months
- If no, I stopped when my infant was more than 3 months, but less than 6 months
- If no, I stopped when my infant was at least 6 months old
- Why did you stop?

4. Who talked to you at WIC about breastfeeding? (check all that apply)

- Nutritionist
-

Clerk

- Breastfeeding Peer Counselor
- Nobody
- Other

5. If you selected the option "Breastfeeding Peer Counselor in question 4, how many times did you see or talk to the peer counselor total?

- one time
- two times
- three times
- more than 3 times

6. Do you feel that working with a BFPC helped you to breastfeed for a longer period of time?

If yes, what about working with the BFPC helped you to breastfeed for a longer period of time?

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

7. Did you use any equipment to enhance your breastfeeding supplies? Please check any that apply

- Nipple Shields
- Hand Pump
- None
- An electric breast pump provided by the WIC program?

8. Did you have any questions or concerns that the BFPC could not answer or resolve?

- Yes
- No
- Please discuss any questions or concerns

9. Did your BFPC refer you to a WIC Health Educator/CPA/IBCLC?

- Yes
- No
- If yes, how was your experience?

10. Please provide suggestions

Provide suggestions for improving our Peer Counseling Program

Is there anything else you'd like to share with us?

Your name (optional)

Your Baby's Date of Birth (optional)

Done -Thank You!