

Name _____ WIC ID No. _____ Date: _____

Baby's
Name: _____ Baby's DOB: _____ Baby's Age Today: _____

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.
- Because I am returning to work or school.
- Because I have breastfeeding problems or can't nurse my baby.

What problem are you having? _____

Other: _____

2. How long do you plan to breastfeed? _____

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

- Breast milk only
- Formula only
- Both breast milk and formula

Answer these questions only if you are returning to work or school.

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

5. How many days per week will you be working/attending school? _____

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

7. Will you be able to nurse your baby at all during your work/school day?

Yes ► If yes, how many times? _____

No

Please turn over

Answer these questions only if you are returning to work or school. (continued)

8. Will your work/school schedule allow for breaks every 3-4 hours?

- Yes No I don't know

9. How long will your breaks be? _____

10. Will you have a private place to pump that has electricity?

- Yes No I don't know

11. Is your family supportive of breastfeeding?

- Yes No I don't know

12. Is your employer/school supportive of breastfeeding?

- Yes No I don't know

13. Is your childcare provider supportive of breastfeeding?

- Yes No I don't know

14. Please list the names of any medications, drugs or herbal remedies you are currently taking or plan to take while breastfeeding:

**If you need this in an alternate format, please call 971-673-0040.
WIC is an equal opportunity program and employer.**