

Breast Pump Questionnaire



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.**