

Breast Pump Questionnaire

Name: _____ Date: _____

Do you have a pump? ___ yes ___ no

If yes, what kind? (please circle one) hand (manual) electric

Brand name of pump you are using _____

Where did you get the pump? _____

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.

I am returning to work or school.

I am having breastfeeding problems or can't nurse my baby. The problem I am having is _____

My infant is unable to nurse due to the following problem.

Other: _____

2. How long do you plan to breastfeed? _____

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

Breastmilk only

Formula only

Both breastmilk and formula

4. If you are returning to work or school, please answer these questions:

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

♥How many days a week will you be working/attending school? _____

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

Please complete the back of the questionnaire.

♥Will you work/school schedule allow for breaks every 3 to 4 hours for pumping? (Please circle an answer)
Yes No Unsure If yes, how long will your breaks be? _____

♥Will you have a private place with electricity to pump?
Yes No Unsure

♥Is your employer/school supportive of breastfeeding?*

Yes No Unsure

♥Is your childcare provider supportive of breastfeeding?*

Yes No Unsure

5. Is your family supportive of you continuing to breastfeed?
Yes No Unsure

* If issuing pump and answer is no or unsure, provide client with information for employer and/or child care provider.

Staff Use Only

Recommendation for type of pump needed, if any:

___ Manual Reason _____

___ Loaned Electric _____

___ Single User Electric _____

___ Provided letter for employer/school

___ Provided caregiver information

Staff Signature _____

Notes: