



WIC Electric Breast Pump Questionnaire

***Completion of this questionnaire does not guarantee that a pump will be provided.**

***Allow two weeks for this questionnaire to be processed.**

***Baby must be at least one month old before completing this questionnaire.**

***You must have a confirmed job to start or return to before completing this questionnaire.**

Mom's Name: _____ Today's Date: _____

Baby's Name: _____ Baby's Birth Date: _____

Mom's WIC Number: _____ Phone Number: _____

Please tell us more about your need for a breast pump.

1. I need a pump: (mark all that apply)

_____ To use a few times a week. I am with my baby most of the time.

_____ Because I am returning to work or school.

Work: Number of hours per DAY _____ Number of DAYS per WEEK _____

School Schedule: _____

_____ Because I have breastfeeding problems and can't nurse my baby.

Please list problems _____

2. How long do you plan to breastfeed? _____

3. When you are away from you baby how do you plan to feed your baby?

_____ Breastmilk only

_____ Formula only

_____ Both breastmilk and formula

4. How are you feeding you baby now?

_____ Breastmilk only

_____ Breastmilk and Formula

How many nursings in 24 hours? _____

How many ounces of formula in 24 hours? _____

How long has your baby been on formula? _____

Have you received any formula from WIC? _____

5. What other breastfeeding experience do you have?

6. What experience do you have with pumps?

7. What date will you return to work? _____

8. Where will you be working? _____

9. Will you be able to nurse your baby at all during your work or school? _____

If yes, how many times and when? _____

10. Will your work or school allow breaks every 3-4 hours to pump or nurse? _____

11. How many breaks and how long will they be? _____

12. Will you have a private place with electricity to pump? _____

13. Does your family want you to continue to breastfeed? _____

14. Is your employer or school supportive of breastfeeding? _____

15. Is your childcare provider supportive of breastfeeding? _____