

Easy Guide to Breastfeeding – Feedback Survey

Thank you for taking the time to complete this Participant Feedback Survey for the **Easy Guide To Breastfeeding (The Guide)**. Please keep in mind that all survey responses are anonymous. Your honest responses will help the Office on Women’s Health improve their current materials and create new materials for women.

Please answer the following questions about the *Easy Guide To Breastfeeding*:

1. How did you receive a copy of the Guide?
 Community health fair Internet Doctor Nurse
 Professional conference or event Class/Workshop Lactation Consultant
 Peer Counselor National Women’s Health Information Center
 Other (please specify): _____
2. How much of the Guide did you read?
 Little or none Less than half More than half Almost all or all
3. How much did you like the Guide?
 Not at all Not very much Somewhat Very much
4. How attractive was the format or design of the Guide (*i.e. color, pictures, font*)?
 Not at all attractive Not very attractive Somewhat attractive Very attractive
5. How useful was the Guide?
 Not at all useful Not very useful Somewhat useful Very useful
6. How does the Guide compare to other health information materials you have read?
 Not as good About the same Better than most
 I have not received any other breastfeeding information
7. Would you recommend the Guide to a friend or family member?
 No, definitely not No, probably not Yes, probably Yes, definitely
8. I chose to read the Guide because (*check all that apply*):
 I had specific questions about breastfeeding
 I had problems or complications with breastfeeding
 I wanted to learn more about breastfeeding in general
 A health care provider recommended it
 A friend or family member recommended it
 Other: _____

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0990- . The time required to complete this information collection is estimated to average (hours)(minutes) per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: U.S. Department of Health & Human Services, OS/ocio/PRA, 200 Independence Ave., S.W., Suite 531-H, Washington D.C. 20201, Attention: PRA Reports Clearance Officer. Alice Bettencourt

Please circle the answers to the questions below that best match how much you agree or disagree with the following statements? When responding to each item, use a scale from 1 (*No, not at all*) to 4 (*Yes, definitely*).

	No, Not at all			Yes, Definitely
	1	2	3	4
9. Babies were born to be breastfed.	1	2	3	4
10. Infant formula is just as healthy as breast milk.	1	2	3	4
Breastfeeding...				
11. Is beneficial to the mother.	1	2	3	4
12. Is painful.	1	2	3	4
13. Saves money.	1	2	3	4
14. Is beneficial to society.	1	2	3	4
15. Is embarrassing.	1	2	3	4
16. Is natural.	1	2	3	4
17. Is beneficial to the father.	1	2	3	4

Please circle the answer to the questions below that best matches what you knew or felt AS A RESULT OF reading the Guide. When responding to each item, use a scale from 1 (*No, not at all*) to 4 (*Yes, definitely*) or respond with a *no* or *yes*.

AS A RESULT OF reading the Guide?	No, Not At All		Yes, Definitely	
	1	2	3	4
18. Do you know about the benefits of breastfeeding to the mother?	1	2	3	4
19. Do you know about the benefits of breastfeeding to the baby?	1	2	3	4
20. Do you know how to breastfeed your baby? (e.g., holds, getting baby to suckle)	1	2	3	4
21. Are you breastfeeding or planning to breastfeed your baby?	1	2	3	4
22. Do you feel confident that you can successfully breastfeed your baby?	1	2	3	4
23. Do you feel confident in asking for help with breastfeeding?	1	2	3	4
	No		Yes	
24. Have you breastfed your baby?	No		Yes	
25. Have you talked to friends or family about breastfeeding?	No		Yes	
26. Have you talked to your health care provider about breastfeeding?	No		Yes	

Please circle the answer to the questions below that best matches how much you agree or disagree with the following statements? When responding to each item, use a scale from 1 (*Strongly Disagree*) to 4 (*Strongly Agree*).

Disagree) to 4 (*Strongly Agree*).

AS A RESULT OF reading the Guide...	Strongly Disagree	Disagree	Agree	Strongly Agree
27. I have thought more about my health in general.	1	2	3	4
28. I have a greater understanding of the importance of breastfeeding.	1	2	3	4
29. I plan to learn more about breastfeeding.	1	2	3	4
30. I feel more confident in my decision to breastfeed.	1	2	3	4
31. I know where I can get information about breastfeeding.	1	2	3	4
AS A RESULT OF reading the Guide, I feel more confident in my ability to:	Strongly Disagree	Disagree	Agree	Strongly Agree
32. Ask my health care provider specific questions about breastfeeding.	1	2	3	4
33. Find breastfeeding help over the phone.	1	2	3	4
34. Find breastfeeding help on the Internet.	1	2	3	4
35. Correctly position myself and the baby when breastfeeding.	1	2	3	4
36. Breastfeed my baby.	1	2	3	4
37. Talk to others about the importance of breastfeeding.	1	2	3	4
38. Breastfeed in public.	1	2	3	4

Additional Comments
39. Please provide additional comments about the Easy Breastfeeding Guide below.

Please answer the following questions about yourself.	
A. How often do you get a physical examination from a health care provider?	
<input type="checkbox"/> More than once each year	<input type="checkbox"/> Every 4-5 years
<input type="checkbox"/> Once a year	<input type="checkbox"/> I do not regularly visit a doctor
<input type="checkbox"/> Every 2-3 years	
B. How often do you get a pap smear? [A pap smear is a test given by a gynecologist or obstetrician to screen for cervical cancer]	
<input type="checkbox"/> Once a year	<input type="checkbox"/> Every 4-5 years
<input type="checkbox"/> Every 2-3 years	<input type="checkbox"/> I do not regularly get a pap smear
C. How often do you perform a breast self-examination?	
<input type="checkbox"/> Once a month or more	<input type="checkbox"/> Once a year or less
<input type="checkbox"/> A few times a year	<input type="checkbox"/> I do not perform breast self-examinations
D. Please describe your marital status (check <u>ALL</u> that apply):	
<input type="checkbox"/> Single	<input type="checkbox"/> Separated or divorced
<input type="checkbox"/> In a relationship	<input type="checkbox"/> Widowed
<input type="checkbox"/> Married	<input type="checkbox"/> Other (please specify): _____
E. Please check <u>ALL</u> of the following that apply:	
<input type="checkbox"/> I have never been pregnant	<input type="checkbox"/> I am the mother of a baby <i>younger</i> than 1 yr. old
<input type="checkbox"/> I plan to get pregnant within the next six months	<input type="checkbox"/> I am the mother of a child <i>older</i> than 1 yr. old
<input type="checkbox"/> I am currently pregnant	<input type="checkbox"/> None of the above
F. How many children do you have?	
<input type="checkbox"/> 0	<input type="checkbox"/> 2
<input type="checkbox"/> 1	<input type="checkbox"/> 3
	<input type="checkbox"/> 4
	<input type="checkbox"/> 5 or more
G. How old are you?	
<input type="checkbox"/> Under 18 yrs	<input type="checkbox"/> 25-29 yrs
<input type="checkbox"/> 18-24 yrs	<input type="checkbox"/> 30-39 yrs
	<input type="checkbox"/> 40-49 yrs
	<input type="checkbox"/> 50-59 yrs
	<input type="checkbox"/> 60-69 yrs
	<input type="checkbox"/> 70+ yrs
I. What is your race? (Check <u>ALL</u> that apply.)	J. What is the highest level of education that you have completed?
<input type="checkbox"/> Black/African American	<input type="checkbox"/> Part of high school
<input type="checkbox"/> White/Caucasian	<input type="checkbox"/> High school graduate / GED
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Part of college / university
<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> College / university graduate
<input type="checkbox"/> Native Hawaiian or other Pacific Islander	<input type="checkbox"/> Graduate school
<input type="checkbox"/> Asian	
K. For how much of this past year have you had health insurance?	
<input type="checkbox"/> I have had health insurance for <i>the entire year</i> .	
<input type="checkbox"/> I have had health insurance for <i>part of the year</i> .	
<input type="checkbox"/> I did <i>NOT</i> have any health insurance <i>during the past year</i> .	
M. In what city and state do you live?	

	City State
N. Are you?	
	Female Male
O. Are you a health care provider or health educator?	
	No Yes

Thank you for taking the time to complete this survey.