## 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 <i>Easy Guide To Breastfeeding</i> :				
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?			
3.	How much did you like The Guide?			
4.	How attractive was the format or design of The Guide ( <i>i.e. color, pictures, font</i> )?			
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? <ul> <li>I Not as good</li> <li>I About the same</li> <li>I Better than most</li> <li>I have not received any other breastfeeding information</li> </ul>			
7.	Would you recommend The Guide to a friend or family member?			
8.	I chose to read The Guide because (check <u>all</u> 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 a	No, Not at all		
	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 your response. 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*.

Did The Guide help you		No, Not At All		Yes, Definitely	
		2	3	4	
18. Learn about the benefits of breastfeeding to the mother?	1	2	3	4	
19. Learn about the benefits of breastfeeding to the baby?	1	2	3	4	
20. Learn how to breastfeed your baby? (e.g., holds, getting baby to suckle)	1	2	3	4	
21. Decide to breastfeed or plan to breastfeed your baby?	1	2	3	4	
22. Feel confident that you can successfully breastfeed your baby?	1	2	3	4	
23. Feel confident in asking for help with breastfeeding?	1	2	3	4	
Did The Guide encourage you to		0	Y	es	
24. Breastfed your baby?		0	Y	es	
5. Talk to friends or family about breastfeeding? No		Y	es		
26. Talk to your health care provider about breastfeeding? No		Yes			

## Please circle the answer to the questions below that best matches your responses to the following statements? When responding to each item, use a scale from 1 (*No, Not At All*) to 4 (*Yes, Definitely*).

Definitely).				
Did The Guide encourage you to	No, Not At All			Yes, Definitely
	1	2	3	4
27. Think more about your health in general.	1	2	3	4
28. Have a greater understanding of the importance of breastfeeding.	1	2	3	4
29. Learn more about breastfeeding.	1	2	3	4
30. Feel more confident in your decision to breastfeed.	1	2	3	4
31. Learn where you can get information about breastfeeding.	1	2	3	4
Did The Guide help you feel more <u>confident</u> in your ability to:	Strongly Disagree	Disagree	Agree	Strongly Agree
32. Ask your 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 yourself and the baby when breastfeeding.	1	2	3	4
36. Breastfeed your 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?				
	□ Every 4-5 years			
Once a year	□ I do not regularly visit a doctor			
Every 2-3 years				
	p smear is a test given by a gynecologist or obstetrician to screen			
for cervical cancer]				
Once a year	□ Every 4-5 years			
□ Every 2-3 years	$\Box$ I do not regularly get a pap smear			
C. How often do you perform a breast self-ex				
	□ Once a year or less			
□ A few times a year	$\Box$ I do not perform breast self-examinations			
D. Please describe your marital status (check	ALL that apply):			
	Separated or divorced			
	□ Widowed			
1	□ Other (please specify):			
	_ outer (preuse speens)			
E. Please check <u>ALL</u> of the following that ap				
	$\Box$ I am the mother of a baby <i>younger</i> than 1 yr. old			
	$\Box$ I am the mother of a child <i>older</i> than 1 yr. old			
within the next six months	$\Box$ None of the above			
□ I am currently pregnant				
F. How many children do you have?				
	□ 4			
	□ 5 or more			
<b>G. How old are you?</b> Under 18 yrs	□ 25-29 yrs □ 40-49 yrs □ 60-69 yrs			
□ 18–24 yrs	□ 30-39 yrs □ 50-59 yrs □ 70+ yrs			
H. Are you Hispanic or Latino?				
I. What is your race? (Check <u>ALL</u> that apply.	J. What is the highest level of education that you have			
	completed?			
Black/African American	$\Box$ Part of high school			
□ White	High school graduate / GED			
American Indian or Alaska Native	□ Part of college / university			
Native Hawaiian or other Pacific	College / university graduate			
Islander	□ Graduate school			
□ Asian				
K. For how much of this past year have you had health insurance?				
□ I have had health insurance for <i>the entire year</i> .				
□ I have had health insurance for <i>part of the year</i> .				
□ I did <i>NOT</i> have any health insurance <i>du</i>	iring the past year.			
M. In what city and state do you live?				
	City State			
N. Are you?FemaleMale				
<b>O. Are you a health care provider or health educator?</b> No Yes				

Thank you for taking the time to complete this survey.