



## Breastfeeding Questionnaire

Birthweight: \_\_\_\_\_

Discharge weight: \_\_\_\_\_

Current weight: \_\_\_\_\_ Current age (in days): \_\_\_\_\_

What type of delivery did you have: Vaginal Caesarean section

Is your baby jaundiced? Y/N \_\_\_\_\_

Number of wet diapers in 24 hrs: \_\_\_\_\_ Number of stools: \_\_\_\_\_

How are you feeding your baby?

- Breastfeeding exclusively
- Both breastfeeding and feeding formula (name): \_\_\_\_\_
- Feeding formula (not breastfeeding at all). Provide name: \_\_\_\_\_

If your baby received formula, how often in past 24 hours? \_\_\_\_\_

Have you used any breastfeeding pumps? \_\_\_\_\_ If yes, type: \_\_\_\_\_

How many times in the past 24 hours have you breastfed your baby? \_\_\_\_\_

Circle all of the following you are experiencing:

Latching difficulties Engorgement Sleepy baby Sore nipples Preference for one breast  
Baby not interested Cracked/bleeding nipples Breast pain Not enough milk  
Baby crying excessively Baby always seems hungry

Is the baby content or sleeping between feedings? \_\_\_\_\_

How long does baby nurse at each breasts? \_\_\_\_\_

Have you breastfed another child before? \_\_\_ If yes, up until what age? \_\_\_\_\_