

Breastfeeding Survey

Name _____ Email _____

Mother's age _____ This survey covers baby # _____

How many months did you **exclusively** breastfeed? (This means no water, liquids or solids; only mother's milk) _____ months

How many months did you nurse your baby? _____ months

Did your baby use a pacifier? _____ If so, when? _____

Did your baby use a bottle? _____ If so, when? _____

Did you co-sleep with your nursing baby during the night? _____ If so, for how long? _____

Did you nurse lying down for your daily nap? _____

Did you nurse lying down during the night? _____

When did you finally leave your baby home with others? _____

Did you stay close to your baby in the home? _____

Did you nurse your baby frequently? _____

Did your baby like to be nursed to sleep? _____

Were there other times when the baby liked to be pacified at the breast? _____

Did you feed your baby by a schedule? _____

How old was your baby when he or she began to take solid food? _____

How old was your baby when he or she began to take liquids? _____

How many months did you rely on ecological breastfeeding for postpartum infertility? _____

Did you rely **only** on breastfeeding amenorrhea before your periods returned? _____

If you relied on breastfeeding for birth spacing, when did you conceive again or have you? _____

Did you encourage or hasten weaning? _____ Did you let the baby wean on its own? _____

How old was your baby when your first postpartum period returned? _____

Explain if possible the return of your periods (e.g. weaning, sickness, etc.) Was there any other possible reason for decreased nursings 2-4 weeks before the return of your periods? _____

Comments are welcome on the back of this page.

Please send this survey to nfpandmore@nfpandmore.org or to NFPI, P. O. Box 861, Steubenville OH 43952.