

**Breastfeeding Peer Counselor Questionnaire**

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please answer these 3 questions:

**Briefly describe your Breastfeeding experience.**

**Why do you think women do not breastfeed?**

**Name two things you would do to encourage a mom to breastfeed.**

**“This institution is an equal opportunity provider.”**