

Lactation Questionnaire

Flat

Normal

|  |  |
| --- | --- |
| How is your Nipple shape? |  |
| What was the baby's birth weight? |  |
| What is the baby's weight now? |  |
| How many times a day do you breastfeed? |  |
| How long does each breastfeeding session last? |  |
| How is your baby doing? |  |
| Has your baby gained weight? |  |
| Are you in pain when breastfeeding? |  |
| Do you feel uncomfortable breastfeeding around others or in public? |  |
| For how how long do you intend to breastfeed? |  |

Inverted