



Lactation Questionnaire

How is your Nipple shape?	<input type="checkbox"/> Normal	<input type="checkbox"/> Flat	<input type="checkbox"/> Inverted
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 long do you intend to breastfeed?			