WiCAPS PHFE-WIC

BF Peer Counselor Database

Home

New Participant

Clinic

Assigned counselor

Family WIC ID

First name

Last name

DOB

Street

City

State GA

ZIP

Home phone Enter none if no phone

Work phone

Cell phone ☐ Text Enabled

Email

Message Plans

Birth country (SELECT ONE)

Ethnicity (SELECT ONE)

Preferred language (SELECT ONE)

Highest grade in school (SELECT ONE)

Estimated due date required

Problems with this pregnancy? (do not include nausea/vomiting)
(What problems, if any, did you have with this pregnancy?)
(Que problema, si alguno, ha tenido con este embarazo?)

- ☐ Diabetes
- ☐ Blood pressure
- ☐ Bed rest
- ☐ Other pregnancy problem

Planned Delivery Hospital (SELECT ONE)

Children (currently) Select One

Number of children breastfed Select One

(How many of those children did you breastfeed?)
(¿A cuantos le dio el pecho?)

Longest breastfed (SELECT ONE)

(What was the longest you breastfed any of your children?)
(¿Cuál fue el tiempo más largo que amamantó?)

Concerns about breastfeeding? *(check all that apply)*
(What concerns do you have about breastfeeding?)
(Que dudas tiene acerca de la lactancia?)

- ☐ Lack of support
- ☐ Wasn't successful before
- ☐ Returning to work / school
- ☐ Heard it was painful or previously experienced pain
- ☐ Concerns about milk supply
- ☐ Concerns about ability to actually breastfeed
- ☐ Breast surgery/implants
- ☐ HCP doesn't recommend it
- ☐ Other

Breastfeeding Support (SELECT ONE)

If no one else enter PC.
(Besides the support I will provide as your peer counselor, who else will be your main support for breastfeeding?)
(Aparte del apoyo que yo le ofrezco, quién más le podría ayudar en la lactancia?)

Consent to use data? Select One

Submit

Consent for Breastfeeding Peer Counselor Data Analysis

In order to see what aspects of the peer counselor program are most helpful for breastfeeding women, we would like your permission to analyze the information we collect. We will not use your name or any identifying information about you or your baby for this analysis. We will not share any personal information about you. Your decision will not affect your participation in the Breastfeeding Peer Counselor Program, or your participation in the WIC Program.

Will you give permission for these data to be analyzed by WIC?

Autorización para analizar la información del programa de apoyo de la lactancia.

Necesitamos su permiso para analizar la información que se ha obtenido, para ver en que forma el programa de apoyo de la lactancia puede ayudarle hacer más útil a las madres que desean alimentar al bebé con el pecho. No usaremos información personal de usted, ni se usara su nombre u otra información de su bebé para este análisis. Su decisión de participar o no participar en esté estudio no afectara su participación en el programa de apoyo de la lactancia o en el programa de WIC.

¿Da usted permiso para que la información sea analizada por el programa de WIC?
