



Peer Counselor Name:	Part #1	Part #2	Part #3	Part #4	Part #5	Part #6	Part #7	Part #8	Part #9	Part #10
Date Submitted to SA:										
Survey Questions:										
1. Began work w/ BFPC before or after del (B or A)										
2. PC helped you make decision to BF (Y,N,NS or D)										
3. How many times talked w/ BFPC (# of times)										
4. Recommend BFPC program to friend (Y, N or NS)										
5. If stopped using BFPC program, explain why										
6. Comments or suggestions for BFPC program										
7. Rate PC assistance (1 to 5)										
8. Are you BF now (Y or N)										
8a. If no (baby's approx. age when stop BF)										
8b. Why did you stop BF (list reasons)										
9. Did BFPC help you to BF longer (Y,N, or NS)										
9a. If no, why (explanation)										