

The Home Depot Corporate Lactation Program

Program Exit Interview

Please take a few minutes to complete the following evaluation form. Your feedback is valuable in helping us assure high quality programs.

Name: _____ Company/Location: _____

Please rate the following on a scale of 1 to 5, with 5 being Excellent.

	<u>Poor</u> _____ <u>Excellent</u>				
1. What is your overall rating of the program?	1	2	3	4	5
2. How would you rate your Lactation Consultant?	1	2	3	4	5
3. How would you rate the Prenatal Breastfeeding Classes?	1	2	3	4	5
4. Would you recommend this program to a co-worker?	1	2	3	4	5
5. I would use the program if I had another baby	1	2	3	4	5

What did you like most about the program? _____

When did you stop breastfeeding? Date: _____ Baby's Age: _____

Did someone tell you that you should stop breastfeeding? Please circle all that apply.

Doctor Nurse/Nurse Midwife Lactation Consultant Nutritionist/Dietician Mother
Spouse Family Member/ Relative Friend Other: _____

What was the program's influence on your returning to work?

	Very	Somewhat	Not Very	Not At All
It affected my choice of time to return to work	1	2	3	4
It helped me return to work earlier	1	2	3	4
It affected my decision to return to work	1	2	3	4
It enabled me to continue to breastfeed after returning to work	1	2	3	4

How important were the features of the program breast pump?

	Very	Somewhat	Not Very	Not At All
It was easier having my own pump to take home	1	2	3	4
It was not as powerful as a hospital grade (multi-user) pump	1	2	3	4
It was easy to transport/care for	1	2	3	4
It worked well for my needs	1	2	3	4
The price was affordable/reasonable	1	2	3	4

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How important was each of the following reasons for your decision to stop breastfeeding your baby? (please rate each of the following on a 1 to 4 scale)

	Very	Somewhat	Not Very	Not At All
My baby had difficulty nursing	1	2	3	4
Breastmilk alone did not satisfy my baby	1	2	3	4
I thought my baby was not gaining enough weight	1	2	3	4
A health professional said my baby was not gaining enough weight	1	2	3	4
My baby became sick and could not breastfeed	1	2	3	4
My baby lost interest in nursing or weaned himself or herself	1	2	3	4
My baby was old enough that the difference between breast milk and formula no longer mattered	1	2	3	4
My nipples were sore, cracked or bleeding	1	2	3	4
My breasts were overfull	1	2	3	4
My breasts became infected (mastitis)	1	2	3	4
My breasts leaked too much	1	2	3	4
I had trouble getting milk flow started	1	2	3	4
I thought I was not producing enough milk	1	2	3	4
A health professional told me I was not producing enough milk	1	2	3	4
Breastfeeding was too tiring	1	2	3	4
I became sick and could not breastfeed	1	2	3	4
I could not breastfeed due to medications (drugs)	1	2	3	4
I wanted to be able to leave baby for several hours at a time	1	2	3	4
I wanted to go on a weight loss diet	1	2	3	4
I had too many household duties	1	2	3	4
I did not like breastfeeding	1	2	3	4
I was not present to feed my baby because of work	1	2	3	4
I wanted or needed someone else to feed my baby	1	2	3	4
Someone else wanted to feed my baby	1	2	3	4
The baby's father wanted me to stop breastfeeding	1	2	3	4
Breastfeeding no longer seemed worth the effort it required	1	2	3	4
I wanted my body back to myself	1	2	3	4
I became pregnant	1	2	3	4
My job did not allow me to pump	1	2	3	4
My supervisor did not allow me time to pump	1	2	3	4
My schedule did not allow me time to pump	1	2	3	4
My work, home, pumping schedule was too stressful	1	2	3	4
The pump was not comfortable	1	2	3	4
I was not able to pump easily	1	2	3	4

Employee Signature: _____ Date: _____

Please attach any additional comments on the program and suggestions you have for program improvement.