

Nursing Mothers' Program

Employee Feedback form

Thank you for participating in the City of Columbus' Nursing Mothers' Program.

Congratulations for continuing to breastfeed after you returned to work. Please take a few minutes to complete this feedback form to provide the Department of Human Resources with your suggestions for ways we can continue to improve services to breastfeeding employees.

Name (optional):

Title:

Department:

How old was your baby when you returned to work? _____ weeks/months

How long did you express milk at work for your infant? _____ weeks/months

How long did you nurse or provide milk for your infant? _____ weeks/months/12mo+

How old was your baby when you first introduced foods or drinks other than breastmilk?
_____ months/weeks/days

How valuable were lactation program services to helping you meet your infant feeding goals?
Please rate program services below:

Milk Expression Room	Extremely Valuable 5	Valuable 4	Somewhat helpful 3	Not helpful 2	Did not participate/use 1
Designated room					
Private office					
Other location (please indicate)					

Milk storage	Extremely Valuable 5	Valuable 4	Somewhat helpful 3	Not helpful 2	Did not participate/use 1
Personal Cooler					
Public Refrigerator					

Education	Extremely Valuable 5	Valuable 4	Somewhat helpful 3	Not helpful 2	Did not participate/use 1
Notification of program from HR representative					
Information/resources on Healthy Columbus website					

Support	Extremely Valuable 5	Valuable 4	Somewhat helpful 3	Not helpful 2	Did not participate/use 1
Support from supervisor					
Support from colleagues					

Thank you! Please return via fax to 645-8022.

Visit www.hr.columbus.gov/healthycolumbus for more information for resources for you and your baby.