



Evaluation of Clinical Care Path for Breastfeeding

Please print clearly.

Name (optional): _____ Degree(s): _____

Specialty: _____ Type of practice: _____



Please rate the Clinical Care Path for Breastfeeding: (Circle your response.)	Strongly Disagree 1	Slightly Disagree 2	Neutral 3	Slightly Agree 4	Strongly Agree 5
• The Care Path was written in a professional manner.	1	2	3	4	5
• The Care Path was comprehensive for the time frame addressed.	1	2	3	4	5
• The Care Path helped me formulate questions to ask in the prenatal period.	1	2	3	4	5
• The Care Path helped me formulate questions to ask in the peripartum period.	1	2	3	4	5
• The Care Path helped me formulate questions to ask in the postpartum period.	1	2	3	4	5
• The Care Path helped to identify breastfeeding issues related to culture .	1	2	3	4	5
• The Care Path helped to identify communication barriers .	1	2	3	4	5
• The Care Path enhanced my organization of breastfeeding care .	1	2	3	4	5
• The Care Path helped to identify breastfeeding issues that should be documented .	1	2	3	4	5
• The Care Path helped to identify breastfeeding concerns that warrant referral .	1	2	3	4	5

Please rate the Clinical Care Path for Breastfeeding: (Continued) (Circle your response.)	Strongly Disagree 1	Slightly Disagree 2	Neutral 3	Slightly Agree 4	Strongly Agree 5
• The Care Path increased communication with colleagues about breastfeeding patients	1	2	3	4	5
• There was too much information on the Clinical Care Path for it to be helpful.	1	2	3	4	5
• I would recommend this Care Path for my colleagues.	1	2	3	4	5
• The format/size was convenient.	1	2	3	4	5
• The format was easy to understand.	1	2	3	4	5
• The Care Path was useful in my clinical practice.	1	2	3	4	5

Please comment on ways to improve this Clinical Care path.

Additional comments:

Thank you for completing this survey!

Please Fax/Mail completed forms to:

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Developed, in part, with support from the DHHS, Office of Women's Health,
Campaign on Breastfeeding, Community Demonstration Project, Camden, NJ
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