**Evaluation of Breastfeeding Observation Activity**

1. How long did it take to do each observation? Site of each observation?

 1)

 2)

 3)

2. Were you nervous/uncomfortable about doing this activity? Please explain.

3. Did you get a chance to review the form before using it?

4. Were any of the mothers nervous about you observing them and/or using the observation form?

 No: Yes: Please explain

5. What did you learn from doing this activity?

6. Would you be comfortable using this form to teach others how to observe a breastfeeding mother and infant?

7. What did you like about this form/activity? What did you dislike about either the form or activity?

8. Generally, how did the mothers respond to you using the form and obsering them breastfeed?

9. What would improve the activity for you?

10. What type of facility to you work in? Hospital WIC Private practice

 Physician’s office Clinic Other

Your name: