



Which Baby Café/s have you visited?

Today's date:

*Please circle a number on each line [1=lowest, 5=highest]***INFORMATION****1. How well informed did/do you feel about breastfeeding your baby?****BEFORE visiting Baby Café****1 2 3 4 5****AFTER visiting Baby Café****1 2 3 4 5*****Any comments on information received:*****PROBLEM-SOLVING****2. How successful have you been with resolving any breastfeeding issues?****BEFORE visiting Baby Café****1 2 3 4 5****AFTER visiting Baby Café****1 2 3 4 5*****Any comments on breastfeeding help received:*****CONFIDENCE****3. How confident do you feel that you can breastfeed your baby?****BEFORE visiting Baby Café****1 2 3 4 5****AFTER visiting Baby Café****1 2 3 4 5*****Any comments on how you are feeling:*****SATISFACTION****4. How satisfied do you feel overall with your Baby Café visit/s?****1 2 3 4 5****5. Would you recommend Baby Cafe to a friend?****Y/N**

Any other comments?

Thank you for taking the time to tell us about your experience of Baby Café.

Please leave this form with any member of Baby Café or Children's Centre staff

Would you like someone to contact you about your feedback? YES/NO

OPTIONAL: Your name & email address/phone number:

May we use your feedback in reporting to those who contract or evaluate our service? YES/NO

May we use your comments in Baby Café promotional materials? YES/NO