

HRSA – PARENT/CHILD RESCREEN FORM- STOPPED BREASTFEEDING

Date: **populated (editable)** ___/___/_____

Client Name: **populated** _____

HSID: **populated** _____ - _____ - 00 Staff: **populated (editable)** _____

Name of Primary Participant: **populated** _____

Primary Participant Date of Birth: **populated** _____

Name of Other Linked Primary Participant _____

Date of Birth of Other Linked Primary _____

Name of Other Linked Primary Participant _____

Date of Birth of Other Linked Primary _____

G7: This form has been updated with the Primary Participant following its initial completion base on

Enrolled infant turns 6 months date updated _____

Other update (example annual) date updated **populated/ editable** _____

Specify change /reason for update **populated -Stopped Breastfeeding**

17. How many months (up till current date) was this child breastfed or fed pumped milk?

Not at all

Less than 1 month

_____ months (for mothers still breastfeeding, indicate how many months so far)

Don't Know

Declined to answer

18. Staff Was this child breastfed or fed pumped milk for first 6 months of life?

Yes

Not yet, Child is currently less than 6 months old and is current being breastfed

No, child was not breastfed for the first 6 months of life

Don't Know

Declined to answer