

Dosage and Delivery			Outcomes			Notes (Optional)
Number of Sessions This FY	Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions	I learned the importance of providing breast milk to my baby as much as possible.	I felt supported in my choices around infant feeding.	I found tips and suggestions from my breastfeeding educator to be helpful.	Optional Notes
dosage_and_delivery.n	dosage_and_delivery.n	dosage_and_delivery.ir	outcomes_lactation.imp	outcomes_lactation.sup	outcomes_lactation.tips	notes.optional_notes
Data Type: Whole Number, Max of 104	Data Type: Whole Number, Max of 500	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)	Data Type: Drop Down, Strongly Agree Agree Neither Disagree Strongly Disagree	Data Type: Drop Down, Strongly Agree Agree Neither Disagree Strongly Disagree	Data Type: Drop Down, Strongly Agree Agree Neither Disagree Strongly Disagree	Data Entry Type: Text.
Please indicate the total number of sessions attended by the participant <u>during this FY</u> . Depending on the model, this could be homevisits, seminars, group meetings, etc.	How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previously please leave blank and add a note in that column to explain.		How much do you agree or disagree with the following statements: I learned the importance of providing breast milk to my baby as much as possible.	How much do you agree or disagree with the following statements: I felt supported in my choices around infant feeding.	How much do you agree or disagree with the following statements: I found tips and suggestions from my breastfeeding educator to be helpful.	