

# Chapter 4 Answer Sheet

## Spanish for Breastfeeding Support

Name: \_\_\_\_\_

### EXERCISE 1

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

### EXERCISE 2

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

### EXERCISE 3

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**Chapter 4 Answer Sheet, page 2**

**Spanish for Breastfeeding Support**

**EXERCISE 4**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**EXERCISE 5**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

**EXERCISE 6**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**Chapter 4 Answer Sheet, page 3**

**Spanish for Breastfeeding Support**

**EXERCISE 7**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**EXERCISE 8**

**Breastfeeding Intake Form**

1. Mother's name \_\_\_\_\_
2. Baby's name \_\_\_\_\_
3. Phone number \_\_\_\_\_
4. Pediatrician \_\_\_\_\_
5. Baby's birthdate \_\_\_\_\_
6. Baby's birth weight \_\_\_\_\_
7. Number of feedings in 24 hours \_\_\_\_\_
8. Formula use (yes/no) \_\_\_\_\_
9. Amount \_\_\_\_\_

## Self Directed Evaluation

### Spanish for Breastfeeding Support

**Title: Chapter 4**

**L-CERPs: 1.1**

**Location:**

**Date:**

**Purpose of the activity:** To help breastfeeding support professionals effectively support breastfeeding mothers in Spanish

Please complete this evaluation questionnaire. Your anonymous responses will be used to revise this activity and to plan for future educational activities. Circle the number that best fits your evaluation of this activity.

1= Not at all

2 = Somewhat

3 = Almost completely

4 = Completely

1. Rate your achievement of these objectives:				
a) Understand and use vocabulary and phrases related to feeding frequency and duration	1	2	3	4
b) Describe people and things	1	2	3	4
c) Use <i>ser</i> and <i>estar</i> and understand the difference	1	2	3	4
d) Use question words	1	2	3	4
2. Rate the effectiveness of teaching/learning resources.	1	2	3	4
3. Were the objectives relevant to the overall purpose?	1	2	3	4
4. Was the material new to you?	1	2	3	4
5. Will you be able to use this information in your work setting?	1	2	3	4

6. How many independent study modules have you completed? \_\_\_\_\_

7. Are you interested in completing more ISMs? \_\_ yes \_\_ no

8. How long did it take you to complete this module? \_\_\_\_\_ hours \_\_\_\_\_ minutes

9. Comments on the module. If you answered 1 to any of the above, please comment: