



Musculoskeletal Infant Breastfeeding Assessment Questionnaire (MIBAQ)

POST QUESTIONNAIRE—1-2 WEEKS

Pt: _____

Date: _____

Please mark how often each of these statements applies to your baby.
If you have comments you would like to share with us, please write them on back of this page.

Baby's action	How often does he or she do it?			
Slips off nipple	seldom or never	sometimes	often	always or very often
Latches on the tip of nipple area only	seldom or never	sometimes	often	always or very often
Bites or chomps on nipple	seldom or never	sometimes	often	always or very often
Nipple is sore, blistered or cracked	seldom or never	sometimes	often	always or very often
Pulls at nipple while nursing (as if milking it)	seldom or never	sometimes	often	always or very often
Can't open mouth widely	seldom or never	sometimes	often	always or very often
Starts and stops nursing during a feeding	seldom or never	sometimes	often	always or very often
Falls asleep during feeding	seldom or never	sometimes	often	always or very often
Sucking sounds not rhythmic (normal rhythm is several sucks, then pause to swallow, then repeat)	seldom or never	sometimes	often	always or very often
Whistling sound (intake of air) while nursing	seldom or never	sometimes	often	always or very often
Sucking is weak	seldom or never	sometimes	often	always or very often
Baby does NOT empty the breast at each feeding (breast should feel much softer than how it felt when you started)	seldom or never	sometimes	often	always or very often
Milk spills out of mouth while nursing	seldom or never	sometimes	often	always or very often
Chokes or gags on milk when nursing	seldom or never	sometimes	often	always or very often
Makes clicking sound while nursing	seldom or never	sometimes	often	always or very often
Excessive gas, burping, spitting up	seldom or never	sometimes	often	always or very often
Difficulty latching on one breast more than the other	seldom or never	sometimes	often	always or very often
Turns head to one side more frequently or more easily	seldom or never	sometimes	often	always or very often
Head and/or face has irregular shape from one side to the other	seldom or never	sometimes	often	always or very often
Wants to nurse almost constantly	seldom or never	sometimes	often	always or very often
Restless sleep	seldom or never	sometimes	often	always or very often
Excessive crying	seldom or never	sometimes	often	always or very often
Not gaining weight adequately	seldom or never	sometimes	often	always or very often

Check the box for how your baby's breastfeeding is now, compared to before treatment at this office:

very much better	much better	a little better	no change	a little worse	much worse	very much worse
<input type="checkbox"/> 7	<input type="checkbox"/> 6	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1