

Parent Coach Name: \_\_\_\_\_  
 Client ID: \_\_\_\_\_

Hospital/Organization: \_\_\_\_\_  
 Please circle one: 3-4 Month Visit      9 Month Visit



## Welcome Baby Survey

Please share your feedback about your experience with *Welcome Baby* to help us improve our services and to meet the needs of mothers.

What you have to say is important, so please try to answer every question. Your responses will be kept confidential.

How often do you think or feel this way?	Never	Rarely	Sometimes	Often	Always
My parent coach and I agree about the things I will need to do during <i>Welcome Baby</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My hospital liaison explained the Welcome Baby program to me in a way I understood.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My nurse helped me feel less stressed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My nurse helped me with breastfeeding and taking care of myself and my baby.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Welcome Baby</i> gives me new ways of looking at my family's situation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe my parent coach likes me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach understands what I am trying to accomplish with <i>Welcome Baby</i> .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in my parent coach's ability to help me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach and I agree on what goals are important for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach and I are working towards achieving those goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I feel that my parent coach appreciates me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach and I trust one another.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach and I have different ideas on what I want and need.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My parent coach and I have a good understanding of what changes will benefit me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The way we are working towards my goals is correct.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My culture and beliefs were respected.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Parent Coach:  
Hospital / Organization:

Please rate the following questions.	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
Overall, I am satisfied with the <i>Welcome Baby</i> program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breastfeeding is important.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health insurance coverage is important for my family.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have health insurance coverage for my kid(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have a safe home for my kid(s).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to stay healthy during my pregnancy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand how to keep my baby healthy during his/her first year.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am breastfeeding my baby/ or I breastfed my baby.	<input type="checkbox"/> Yes	If yes, how long? _____			
	<input type="checkbox"/> No	If no, why not? _____			

### Program Materials

I have received the following things (Check all that apply):

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> <i>Welcome Baby</i> Book     | <input type="checkbox"/> Boppy Pillow                      | <input type="checkbox"/> Cabinet Latches         |
| <input type="checkbox"/> <i>Welcome Baby</i> Brochure | <input type="checkbox"/> Healthcare Kit                    | <input type="checkbox"/> Toy Blocks              |
| <input type="checkbox"/> Brochures on health topics   | <input type="checkbox"/> Fisher Price Picture Book Teether | <input type="checkbox"/> This Emotional Life DVD |
| <input type="checkbox"/> New Parent Kit               | <input type="checkbox"/> Plug Protectors                   |  |

From the *Welcome Baby* materials given to you, what were they about? (Check all that apply)

- |  |  |   |   |  |
|--|--|---|---|--|
| <input type="checkbox"/> My Health       | <input type="checkbox"/> Breastfeeding             | <input type="checkbox"/> My Baby's Health | <input type="checkbox"/> Immunizations      | <input type="checkbox"/> My Baby's Development |
| <input type="checkbox"/> Family Planning | <input type="checkbox"/> Health Insurance Coverage | <input type="checkbox"/> Safe Sleep       | <input type="checkbox"/> My Baby's Learning | <input type="checkbox"/> Home Safety           |

	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
<i>The Welcome Baby</i> materials are easy to understand.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I understand the purpose of the <i>Welcome Baby</i> materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
From the <i>Welcome Baby</i> materials: I am able to help my baby learn.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am confident in how to be a parent.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I better understand the information that was discussed with my parent coach.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I am able to make the recommended changes.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I joined <i>Welcome Baby</i> to receive the program materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I stayed in <i>Welcome Baby</i> to receive the program materials.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How can we make this program better for you and your family?