ABCD Healthy Beginnings

Parent Satisfaction with Edinburgh

Your child's physician has started something new with parents who have new babies. It's a questionnaire that asks you about your feelings. The doctor or nurse may have spoken to you about how you responded to the questions and given you more information or the name of a place where you can learn more. We would like to ask you a few questions about what you thought of this experience. Please do not write your name on this paper, your feedback is anonymous.

1.	Were you able to understand the questions on the form that you were asked about your feelings? □ Not really □ Somewhat □ Yes
2.	How comfortable were you answering the questions on the form about your feelings? □ Uncomfortable □ Somewhat comfortable □ Very Comfortable
3.	Did someone talk to you about how you responded to the questions? \square No \square Yes
4.	How comfortable were you talking to your child's doctor or nurse about your feelings? □ Uncomfortable □ Somewhat uncomfortable □ Comfortable
5.	Did you learn something about your feelings after completing the questions and speaking with the doctor or nurse? \Box No \Box A little \Box Yes
6.	Did you find the information that you were given helpful? ☐ Not really ☐ Somewhat ☐ Yes ☐ I was not given any information
7.	Did the doctor or nurse give you the name of a program or someone to call for further help? No Yes If yes, who did they tell you to talk to or visit? Do you plan on calling them? Please explain why or why not. No Yes
8.	Do you think it is a good thing that your child's doctor is using this new questionnaire? □ Not really □ Somewhat □ Yes
9.	Is there anything else you would like to share?
	Thank you! Today's Date: Practice ID:
	Practice ID: Parent declined to participate \(\precedeta \) Not administered