

Thank you for completing the questionnaire

If you would like to talk about any aspect of your baby's care,
please contact **Matron for Neonatal Services Mrs Kim Harris** tel:
08451558138 (local rate)

Produced by Plymouth Neonatal Intensive Care Unit

Plymouth Hospitals NHS Trust
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Plymouth Hospitals 
NHS Trust

Neonatal Intensive Care Unit

Parent Questionnaire



Neonatal Unit

Level 5

Derriford Hospital

Plymouth

PL6 8DH

DISCHARGE PREPARATION

Were you given written information? Yes No

Was your baby:

Discharged home Transferred to another hospital

If your baby was discharged home— was a pre-discharge meeting arranged?

Yes No

If yes, did you find it useful?

Yes No

If your baby was discharged home - was the practical advice given how to care for your baby at home?

Too much Right amount Not enough

Comments: _____

If your baby was transferred to another hospital—was the date, time and reason for transfer given? Yes No

If yes, did you feel you were given enough time to prepare for transfer?

Yes No

Comments: _____

How long was your baby on this Neonatal Unit:

Less than a week

1 week to 8 weeks

More than 8 weeks

At the time, was the information you got from:

Doctor Not enough Right amount Too much

Nurse Not enough Right amount Too much

Local Paediatrician Not enough Right amount Too much

Was there anything else you would have liked to have been told?

Comments: _____

ON ADMISSION

DID YOU RECEIVE AN INFORMATION BOOKLET ABOUT THE UNIT?

Yes No

Did this booklet give you as much information as you wanted?

Yes No

Comments: _____

DURING YOUR BABY'S STAY IN THE UNIT

THE DOCTORS

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Told me as much as I wanted to know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were pleasant, caring and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were easy to contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were easily identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality was maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have regularly met my baby's named Consultant	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

FORMULA FEEDING

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The staff on NICU offered support and information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff offered choice of milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff showed you feed preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

BREAST FEEDING

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
The staff on NICU encouraged breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The staff on post-natal ward encouraged breast feeding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room for expressing breast milk was usually available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breast feeding room was available when needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room for expressing / breast feeding was clean and tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Freezer space was available for the storage of your milk	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

THE NURSES

	Strongly agree	Agree	Disagree	Strongly disagree	Not applicable
Welcomed me on arrival to the nursery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was able to speak to the nurse caring for my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Told me as much as I wanted to know when I telephoned the Unit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kept me informed of any change of my baby's condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were easily identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Were pleasant, caring and understanding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Confidentiality was maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

