

Survey of Psychological Services in the NICU

Please read the following statements and mark the appropriate box:

1. Did you see the psychologist during your baby's stay in the hospital?

- Yes No (If No, skip to question #6).

2. Was the psychologist helpful and supportive to you during your baby's stay in the NICU?

- Yes No Not sure

3. How many times approximately did you meet with the psychologist?

- Once 2-4 times Once a week

Comments: _____

4. Did you learn something new about yourself as a mother or about your baby from the psychologist?

- Yes No

Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> The importance of bonding | <input type="checkbox"/> Helpful hints about baby stimulation |
| <input type="checkbox"/> Baby massage | <input type="checkbox"/> Baby's nonverbal cues |
| <input type="checkbox"/> Relaxation techniques | <input type="checkbox"/> How to calm down your baby |
| <input type="checkbox"/> How to identify your feelings | |

5. Would you recommend that other parents take advantage of this service?

- Yes No Maybe Not sure

6. Would you like to learn more about your baby's development and how to optimize your baby's overall development from the psychologist?

- Yes No

7. Would you attend groups or classes about infant bonding and behavior?

- Yes No

8. Would you like to be notified when there are classes offered about baby's developmental needs?

- Yes No

9. Did you feel supported by services in the NICU?

Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Medical staff _____ | <input type="checkbox"/> Occupational Therapist _____ |
| <input type="checkbox"/> Nursing staff _____ | <input type="checkbox"/> Speech Therapist _____ |
| <input type="checkbox"/> Psychologist _____ | <input type="checkbox"/> Social Worker _____ |
| <input type="checkbox"/> Physical Therapist _____ | <input type="checkbox"/> Lactation Specialist _____ |
| <input type="checkbox"/> Other: _____ | |
| <input type="checkbox"/> Comments: _____ | |

Name: _____

Date: _____

Phone #: _____