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:
   - The importance of bonding
   - Baby massage
   - Relaxation techniques
   - How to identify your feelings
   - Helpful hints about baby stimulation
   - Baby’s nonverbal cues
   - How to calm down your baby

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:
   - Medical staff
   - Nursing staff
   - Psychologist
   - Physical Therapist
   - Other:
   - Comments: ______________________________________________________________

Name: ___________________________  Date: _______________  Phone #: ___________________________