Dear Parents,

CONGRATULATIONS on the birth of your new baby! The nurses and doctors on The Maternity Unit hope they have been helpful in getting you and your baby off to a good start. Please help us to see how we are doing by completing this brief questionnaire. You may leave it with your nurse or at the Secretary's desk.

Thank you very much!

Sharon McMillian, RN
Nurse Manager

Brenda Lewis, RN
Assistant Nurse Manager

And the MATERNAL
INFANT HEALTH STAFF
Date of Delivery: __________________________

Type of Delivery (check one)
☐ Vaginal  ☐ Cesarean section

Name (optional) ____________________________

Room (optional) ____________________________

Please check either "Yes" or "No" to answer each question. We welcome your additional comments.

1. Were you satisfied with your birth experience at this Hospital?
   ☐ Yes  ☐ No

2. What did you like the most? (please comment)

3. What could we have done to improve your stay with us?

4. Would you change anything?
   ☐ Yes  ☐ No

   If so, what?

5. Did Labor & Delivery nurse(s) provide you with enough help and explanation during your labor?
   ☐ Yes  ☐ No

6. Did the nurses who took care of you and your baby after delivery provide you with help and information to care for yourself and your baby?
   ☐ Yes  ☐ No

7. Would you return to this Hospital or recommend it to a friend?
   ☐ Yes  ☐ No

8. We all try to personalize care to meet your individual needs. Which staff members "made the difference" in helping to make you feel good about your stay with us?

   Please explain

9. Please rate quality of nursing care you received by drawing an "X" on bar graphs below.

<table>
<thead>
<tr>
<th>DAY</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worst</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NIGHT</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worst</td>
<td>☐</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Best</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

10. Is there any other information you wish to share with us?