

## CONI Feedback Form

It is really helpful to us to get the views of parents who have used our Care of Next Infant (CONI) programme. We hope you will complete this questionnaire to give us your opinion on the programme. It will only take you 10 minutes and your answers will help us to improve the programme for other parents.

### Where in the UK do you live?\*

County:

### Getting started

Baby's name (optional)

First

Last

Baby's date of birth (optional)

How did you first hear about the CONI programme?

- Midwife
- GP
- Health Visitor
- Paediatrician
- The Lullaby Trust
- Other

Did you feel you had enough information about CONI at the beginning of the programme?

- Yes
- No

**Did you receive any training about what to do if your baby stops breathing?**

- Yes
- No

**If NO, why not?**

- Not offered training
- Training offered but did not attend

**Please tell us the reason why you did not attend the training offered**

**How did you feel about carrying out basic life support after the training?**

You can tick more than one answer

- Confident
- Uncertain
- Fearful
- Other (please specify in the text box below)

**Other reason:**

### **Home with your baby**

We would like to know what elements of the CONI programme you used and how helpful you found them

#### **Symptom diary**

- Never used
- Used sometimes
- Used a lot

**How helpful did you find it?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**Monitor**

- Never used
- Used sometimes
- Used a lot

**Which monitor did you use?**

- Grasbey MR10
- SISS
- Nanny
- Other

**How helpful did you find it?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**How helpful did you find them?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**Weight chart**

- Never used
- Used sometimes
- Used a lot

**How helpful did you find it?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**Room thermometer**

- Never used
- Used sometimes
- Used a lot

**How helpful did you find it?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**Baby check**

- Never used
- Used sometimes
- Used a lot

**How helpful did you find it?**

- 1 (did not help)
- 2
- 3

- 4
- 5 (very helpful)

**Which elements of the CONI programme are you still using? (tick as many as you like)**

- Symptom diary
- Monitor
- Weight chart
- Room thermometer
- Baby check book or app

**Where did your baby wake up this morning?**

- Own cot/sleep place
- In your bed
- Somewhere else

**Please tell us where your baby woke up**

### **Health Visiting Team**

**Were you happy with the number of visits you received from a member of your health visiting team?**

- Yes
- Yes at first, then too frequent
- Yes at first, then did not visit me enough
- No, they did not visit me enough
- No, they visited me too often

**Was it the same person who visited every time?**

- Yes
- No

**Please tell us who visited you (tick as many as apply)**

- Health Visitor
- Staff Nurse
- Community Health Worker
- Nursery Nurse
- Other
- Don't know

**Where did you see them? (tick as many as apply)**

- Home
- Clinic
- Somewhere else

**Please tell us where:**

**Was it easy to contact them between arranged visits if needed?**

- Yes
- No
- Never needed to

**How helpful were they while you were on CONI?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**How did they help?**

Tick as many as apply

- Listening
- Helped managed my anxiety

- Helped managed my family members' anxiety
- Gave practical advice about safer sleep and reducing risk of SIDS
- Gave me information about other support services
- Other

**If in other ways, please tell us**

### **General Practitioner (GP)**

**Did your GP know that you were using the CONI programme?**

- Yes
- No
- Don't know

**How helpful was your GP whilst you were on CONI?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

### **Paediatrician**

**Were you offered a meeting with the CONI paediatrician with your baby at any time?**

- Yes
- No

**If yes, how helpful was your paediatrician while you were on CONI?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**If no, would you have liked to have taken your baby to see the CONI paediatrician?**

- Yes
- No

### **Final Comments**

**In summary, how helpful have you found the CONI programme?**

- 1 (did not help)
- 2
- 3
- 4
- 5 (very helpful)

**What was the best part of the CONI programme for you and your family?**

**Please tell us about any other thoughts about your CONI experience**

**Can we use your comments anonymously for any of the below purposes?**

Tick as many as apply

- Training
- Fundraising for CONI
- Feedback to CONI Co-ordinators
- Lullaby Trust Publications

**Can we contact you for further information about your CONI experience?\***

- Yes
- No

**Please can you provide your name so we can contact you\***

**Please can you provide your email address so we can contact you\***

## Keeping in touch

At The Lullaby Trust, we're determined to do all we can to save more lives. We can't do this without the help of our supporters, which is why we'd like to keep in touch with you about our vital work, news and opportunities to support us.

**Please confirm below how you want to hear from us in future**

**Email\***

Yes

No

**Email**

**Post\***

Yes

No

**Address**

Street Address

Address Line 2

City

County

Postal Code

Country

Thank you so much for taking the time to give us your feedback. Your answers will be used solely to monitor the effectiveness of the CONI programme and to make improvements to it for future parents.

Please also see our Privacy Policy on our website for how we collect, use and look after your information.