



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	ao you live?"			
County:			٦	
Getting starte	d			
Baby's name (op	tional)			_
	Fi	rst		Las
Baby's date of bi	rth (optional)			
How did you firs	t hear about the CONI pro	ogramme?		
Midwife				
○ GP				
O Health Visitor	•			
Paediatrician				
The Lullaby T	rust			
Other				
Did you feel you	had enough information	about CONI	at the beginning of the program	ıme?
○ _{Yes}				
O No				
Did you receive a	any training about what t	o do if your b	paby stops breathing?	
O Yes				
O 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	
O 3	
O 4	
S (very helpful)	

Mo	Monitor		
0	Never used		
0	Used sometimes		
0	Used a lot		
Wŀ	hich monitor did y	you use?	
0	Grasbey MR10		
0	SISS		
0	Nanny		
0	Other		
Но	ow helpful did you	u find it?	
0	1 (did not help)		
0	2		
0	3		
0	4		
0	5 (very helpful)		
We	Weight chart		
0	Never used		
0	Used sometimes	S	
0	Used a lot		
Но	w helpful did you	u find it?	
0	1 (did not help)		
0	2		
0	3		
0	4		
0	5 (very helpful)		
Room thermometer			
0	Never used		
0	Used sometimes	S	

Used a lot
How helpful did you find it?
1 (did not help)
° 2
○ 3
○ 4
5 (very helpful)
Baby check
O Never used
O Used sometimes
O 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
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 4

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?
○ No
Never needed to
How helpful were they while you were on CONI?
1 (did not help)
° 2
○ 3
○ 4
5 (very helpful)

In what ways did they help? Please tell us
General Practitioner (GP)
Did your GP know that you were using the CONI programme?
° Yes
° No
O Don't know
How helpful was your GP whilst you were on CONI?
1 (did not help)
O 2
O 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
O 3
○ 4
5 (very helpful)
If no, would you have liked to have taken your baby to see the CONI paediatrician?
○ Yes
° No

Safer Sleep

Were you given practical advice about safer sleep and reducing the risk of SIDS?
° Yes
° No
Where did your baby wake up this morning?
Own cot/sleep space
O In your bed
Somewhere else Please tell us where your baby woke up
Final Comments
I feel better able to cope with anxiety about my baby because of the support I received from CON
Strongly Agree
O Agree
Neither agree nor disagree
O Disagree
Strongly disagree
I feel less isolated because of the support I received from CONI
Strongly Agree
O Agree
Neither agree nor disagree
Disagree
Strongly disagree
I feel more <i>aware</i> of my baby's emotions and needs because of the support I received from CONI Strongly Agree
O Agree
Neither agree nor disagree
O Disagree
Strongly disagree

	el more <i>able to respond</i> to my baby's emotions and needs because of the support I received m CONI
0	Strongly Agree
0	Agree
0	Neither agree nor disagree
0	Disagree
0	Strongly disagree
I fe	el more able to cope with life in general because of the support I received from CONI
0	Strongly Agree
0	Agree
0	Neither agree nor disagree
0	Disagree
0	Strongly disagree
	ould like to be able to continue to talk to someone about my feelings and anxieties
O	YES
0	NO
In s	ummary, how helpful have you found the CONI programme?
0	1 (did not help)
0	2
0	3
0	4
0	5 (very helpful)
Wh	at 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?* (The information you provide will be used anonymously)
° Yes
O 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 are 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
O No

Email	
Post*	
○ Yes	
O 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.

If you need any support and would like to talk to someone, we are here for you. You can call our Bereavement Support Helpline on: 0808 802 6868 (weekdays 10.00 -17.00 and weekends 18.00 – 22.00) or email: support@lullabytrust.org.uk

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