

Thanks for taking part in the Special Beginnings program. We hope the resources helped your family throughout pregnancy. Now we'd love to get your feedback. Please share your thoughts below and use the enclosed envelope to drop this page in the mail. It takes just a few moments to help us improve the program for future parents.

# Special Beginnings<sup>®</sup>

Helping hands for healthy babies

Please circle the choice that best reflects your opinion.

1. Please select the book or DVD that you selected and rate how helpful it was to you.

- Good Housekeeping (book)                       Pregnancy After 35 (book)  
 Pregnancy Week by Week (book)               What If I Have a C-section? (book)  
 Gift of Motherhood (DVD set)

Not at all Helpful    1   2   3   4   5   6   7   Very Helpful

2. Please rate how helpful the additional program materials and information were to you.

Not at all Helpful    1   2   3   4   5   6   7   Very Helpful

Please comment if there was any particular information that was exceptional or was not helpful at all \_\_\_\_\_  
\_\_\_\_\_

3. Did your nurse meet your expectations? Please circle your rating on the scale.

Not at all Helpful    1   2   3   4   5   6   7   Very Helpful

If the nurse didn't meet your expectations, please tell us why: \_\_\_\_\_  
\_\_\_\_\_

4. If you called the nurse advice line after hours or on the weekend, did you find the nurse helpful? If not used, skip to Question 5. If used, circle your rating on the scale.

Not at all Helpful    1   2   3   4   5   6   7   Very Helpful

If not helpful, please tell us why: \_\_\_\_\_  
\_\_\_\_\_

5. Do you feel like the Special Beginnings program helped you to be more informed about your pregnancy?

Not at all Helpful    1   2   3   4   5   6   7   Very Helpful

6. Please rate your overall satisfaction with the Special Beginnings program on the scale.

Very Dissatisfied    1   2   3   4   5   6   7   Very Satisfied

Your name \_\_\_\_\_ Mbr ID# \_\_\_\_\_

Baby's name \_\_\_\_\_

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

Weight \_\_\_\_lbs \_\_\_\_oz

Vaginal delivery \_\_\_\_ C-section \_\_\_\_

VBAC\* \_\_\_\_ or attempted VBAC\* \_\_\_\_ (\*Vaginal birth after previous C-section)



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