



NICU Parent Buddy Program Program Evaluation

We need your help to make sure the NICU Parent Buddy Program meets your needs. Please respond to the following statements and provide comments to help us improve your experience.

For each statement, circle the number that best represents your experience. Thank you!

	Strongly Disagree	Disagree	Neither Agree or Disagree	Agree	Strongly Agree
1. My Buddy provided me with emotional support and helped me feel connected. <i>Comments</i> _____ _____	1	2	3	4	5
2. My Buddy was a good match for me. <i>Comments</i> _____ _____	1	2	3	4	5
3. Having a buddy helped decrease my stress and/or anxiety. <i>Comments</i> _____ _____	1	2	3	4	5
4. My Buddy has helped me feel more empowered and active in my baby's care. <i>Comments</i> _____ _____	1	2	3	4	5
5. I am satisfied with the NICU Parent Buddy program in general. <i>Comments</i> _____ _____	1	2	3	4	5
6. I would recommend the NICU Parent Buddy program to another parent. <i>Comments</i> _____ _____	1	2	3	4	5

Additional comments and suggestions

Optional Name _____

Date _____



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