






ABC PiP Feedback Form

1. Please tick: Mother Father Other Family Member: _____

2. Has the service offered:

| | | | | |
|---|---|---|--|---|
|  |  |  |  |  |
| Made the situation much worse | Made the situation a little worse | Made no difference | Made the situation a little better | Made the situation much better |

3. Do you feel that your relationship with your baby:

| | | | | |
|--|--|--|---|--|
|  |  |  |  |  |
| Has become much More difficult | Has become a little more difficult | Has stayed the same | Has improved a little | Has improved a lot |

4. Please circle which of the following topics you covered with us and found helpful:

| | | | |
|--|--|---|--|
| <input type="checkbox"/> Pregnancy | <input type="checkbox"/> Thinking about what influences the relationship between you and your baby | <input type="checkbox"/> Information on child development | <input type="checkbox"/> A chance to think about how your life experiences have influenced you |
| <input type="checkbox"/> Know what your baby needs | <input type="checkbox"/> A sense of being understood | <input type="checkbox"/> Birth | <input type="checkbox"/> Connecting and bonding with my baby |
| <input type="checkbox"/> Anxious or worried feelings | <input type="checkbox"/> Down or depressed feelings | <input type="checkbox"/> Separating from your baby | <input type="checkbox"/> Angry or frustrated feelings |
| <input type="checkbox"/> Feeling alone and unsupported | <input type="checkbox"/> Coping with my own feelings | <input type="checkbox"/> Coping with my baby's feelings | <input type="checkbox"/> Thinking about how the world looks to your baby |

5. Would you recommend this service to another parent?

YES

NO

6. Do you have any more comments about your experience of the service?

7. Can we contact you in the future to help us learn from your experience of the service and think about how to improve as we develop?

YES

NO

Thank you for your feedback and helping us think about how we deliver our service.

For Completion by ABC PiP worker:

Work Completed at Service Level: Tier 1 Tier 2

Interventions included (Please circle):

| | | | | | | |
|-----|------------|----------|-----------|----------------|-------------|-----|
| VIG | 5 toThrive | Solihull | Brazelton | Infant Massage | Infant Yoga | CRM |
| | | | Mellow | Sleep Support | | |