

Review of Annual Report Phase 4 & 5 Survey (Updated V1)

What is this survey about ?

The purpose of the survey is to assess your views on a list of items to be included in the revision of the Phase 4 & 5 Annual Reports. Once you have completed the survey, you can indicate whether you would like to participate in a consensus meeting in a few months to refine and finalise the reporting guidance.

How do I complete this survey ?

The survey has 35 questions and should take approximately 20-30 minutes to complete. Please rate each item: Yes or No. No indicates that an item is not important and thus should not be included in the revised Annual Report; Yes indicates that an item is important and should be included. There is a **comment box** to explain your choice and /or if it should be collected in a different way.

There will be an opportunity to refine and finalise at the consensus meeting. At the end of the survey, you will have an opportunity to propose additional items to be included in the guideline.

SURVEY :

Client characteristics

Size of the programme Yes/ No Comments

Client Numbers Yes/No Comments

Referrals Yes /No Comments

Client engagement Yes/No Comments

Annual income Yes/No Comments

Ethnicity Yes/No Comments

Education, Employment & Training Yes/No Comments

Health Conditions Yes/No Comments

Programme Activity and Fidelity

Dosage Yes/No Comments

Visit Content Yes/No Comments

Visit Location Yes/No Comments

Father engagement Yes/No Comments

Client/Parent engagement Yes/No Comments

Client Retention and Attrition Yes/No Comments

Hospital Anxiety and Depression Scores (HADS) Yes/No Comments

Edinburgh Postnatal Depression Score (EPDS) Yes/No Comments

Generalised Anxiety and Depression Score (GADS) Yes/No Comments

DANCE scores Yes/No Comments

Nursing Workforce Yes/No Comments

Programme Impacts

Breastfeeding Yes/No Comments

Gestational Age at Birth Yes/No Comments

Tobacco Use Yes/No Comments

Alcohol Use Yes/No Comments

Illegal Drug Use Yes/No Comments

Mastery Yes/No Comments

Hospital Admissions Yes/No Comments

ED Attendances Yes/No Comments

ASQs Yes/No Comments

Immunisation Yes/No Comments

Contraception Use Yes/No Comments

Subsequent Pregnancies Yes/No Comments

Other areas

Education Programme Yes/No Comments

Reflective Supervision Yes/No Comments

Information System Yes/No Comments

NFP Core Model Elements Yes/No comments

Missing Questions

If you believe any items are missing from the above and should be included in the report , please write them in the box provided below :

Comment box

Respondent – Specific Questions

Where do you work ?

Scotland

England

Northern Ireland

Bulgaria

Norway

Australia

Canada

Which category best describes your expertise as it relates to Nurse Family Partnership Programme ? (Please select all that apply)

Policy lead/Government

Clinical Lead

Researcher/Data Scientist

Nurse Consultant

Education Leads

International NFP Team

Other (Please specify)

Comments Box

Would you like to be involved in a consensus meeting to discuss and refine the revised report . This meeting is expected to take up approximately 1.5 hours of your time

Yes

No

Comment box