Thank you for taking part in the babyPHONO study. Please complete this after your baby has had their newborn infant physical examination (baby check), where they will have had their heart sounds recorded:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **1) Have you seen the newborn infant physical examination done before on one of your own children?** | | | | | |
| Yes | | | No | | |
| **How much do you agree or disagree with the following statements:** | | | | | |
| **2) I noticed the midwife/nurse/doctor listening to the heart sounds** | | | | | |
| Strongly Disagree | Disagree | Neutral | | Agree | Strongly Agree |
|  | | | | | |
| **3) The midwife/nurse/doctor was able to record the heart sounds easily** | | | | | |
| Strongly Disagree | Disagree | Neutral | | Agree | Strongly Agree |
|  | | | | | |
| **4) Would you be comfortable with heart sounds being recorded as part of the normal process for baby checks in the future?** | | | | | |
| Strongly Disagree | Disagree | Neutral | | Agree | Strongly Agree |
|  | | | | | |
| **5) Were any parts of the baby check difficult for you to watch?** | | | | | |
|  | | | | | |
|  | | | | | |
| **6) Do you have any other comments about recording the heart sounds of babies to help find any problems with their heart?** | | | | | |
|  | | | | | |