In the Nest: Follow Up Survey

Introduction:

Thank you for completing this follow-up survey! Please tell us about how you have used the information from the *Hatchlings* program by completing the following questions:

1. Your Name

2. Baby's Name

3. How old is your baby now?

4. I have used the information from the *Hatchlings: In the Nest* program.

- ◯ Strongly disagree
- ◯ Disagree
- ◯ Neither agree nor disagree
- ◯ Agree
- ◯ Strongly agree

5. Since the Hatchlings: In the Nest program, how often do you do the following activities:

	1 - Never	2 - Every now and then	3 - Occasionally	4 - Frequently	5 - Daily or almost daily
Read (share a book) with my baby	○	○	○	○	○
Sing to my baby	○	○	○	○	○
Talk to my baby	○	○	○	○	○
Play with my baby	○	○	○	○	○

Comment

6. Please tell us about how you fit any of the above activities into your daily routine with your baby. For example, you may sing, talk or play with your baby during feeding, diapering and/or bathing. You may share a book at times throughout the day that seem to work for you and your baby.

7. The activities from the *Hatchlings: In the Nest* program helped me bond with my baby.

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

8. The activities and materials from the *Hatchlings: In the Nest* program helped me feel more confident about supporting my baby's early literacy development.

- ○ Strongly disagree
- ○ Disagree
- ○ Neither agree nor disagree
- ○ Agree
- ○ Strongly agree

9. Please tell us how much you and your baby enjoyed the materials you took home from the program.

	1 - Did not enjoy	2 - Enjoyed a little	3 - Enjoyed somewhat	4 - Enjoyed very much	5 - Enjoyed a lot!
Happy Baby Book	◯	◯	◯	◯	◯
Shakers	◯	◯	◯	◯	◯
Wiggle! March! Book	◯	◯	◯	◯	◯
Frog Finger Puppet	◯	◯	◯	◯	◯
Hatchlings Songbook	◯	◯	◯	◯	◯
The Early Literacy Calendar	◯	◯	◯	◯	◯

10. The *Hatchlings: In the Nest* program had a total of four sessions. How many did you attend?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4

11. Has anyone else in your household been doing the activities from the program with your baby also? If yes, please tell us who in the comment box below (for example, husband, partner, etc.)

- ◯ Yes
- ◯ No

Comment

12. Do you have any other comments, questions, or concerns?

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