



Please tell us what you think!

After reading the information sheet about your baby's positive newborn screen result, please respond to the following statements.

Your answers and comments will help us improve the information.

Circle <u>one</u> number for each statement:	strongly disagree				strongly agree
The words are easy to read. Comments	1	2	3	4	5
The information is easy to understand. Comments	1	2	3	4	5
Reading this information was helpful. Comments	1	2	3	4	5
The information helped me understand my baby's newborn screen result. Comments	1	2	3	4	5
The information answered my questions about a screen positive result. Please list what other questions you have.	1	2	3	4	5
I would recommend this information to parents of a baby with a positive newborn screen. Comments	1	2	3	4	5



Ontario Newborn Screening Program

www.newbornscreening.on.ca

I would have like more information about:

I would have liked less information about:

Other comments and suggestions:

Thank you!

FOR FAMILIES: Please return this form to your Newborn Screening Health Care Professional.

FOR REGIONAL TREATMENT CENTRES: Please fax the completed form to the Ontario Newborn Screening Program at 613 738 0853 after reviewing with your patient as needed.