



NURSE FAMILY PARTNERSHIP HUDSON & UNION COUNTIES

Program: Nurse-Family Partnership H/U Month: July 2015

Program Retention Survey:

Thank you for coming to our bi-annual graduation event. It is our hope and goal that everyone in the program stays with us until the child turns two and all families get the chance to graduate. We would really appreciate your feedback to be better able to serve you to reach our goal.

1. I enjoy participating in the NFP? Yes or No
2. The visit time is convenient for me? Yes or No
3. Location of visits is convenient for me? Yes or No
4. The lengths of my visits are convenient for me? Yes or No
5. I feel comfortable letting my nurse know if there is something I would like to change about my visits? Yes or No
 - a. If no, do you have the Supervisors contact information? Yes or No
6. I enjoy coming to NFP events? Yes or No
7. I find the NFP information I receive during my visits useful? Yes or No
8. Returning back to work or school has made it difficult for me to keep my visits? Yes or No
 - a. If yes, what can we do to help you stay in the program?
9. If you are graduating today, please let us know what has helped you stay in the program?

If you would like to give your name it is optional: _____