

APPENDIX 2: PARENTAL SURVEY

PARENT SURVEY

1. What is your relationship to the child that underwent Omphalocele repair?

2. Prior to the surgery, what expectations did you have in regard to outcome? *(Please circle one, but then feel free to add other comments if necessary)*

- a) Death
- b) A difficult post-operative recovery with many long-term complications
- c) A difficult post-operative recovery with few/no long-term complications
- d) An easy post-operative recovery with many long-term complications
- e) An easy post-operative recovery with few/no long-term complications

Other comments:

3. Are you satisfied with the surgery?
Please circle a number. (1: dissatisfied - 10: completely satisfied)

1 2 3 4 5 6 7 8 9 10

Other comments:

4. Were there any aspects of the surgery or recovery that went differently than you expected? Better/worse?

5. How did the overall outcome compare to your expectations prior to surgery? *Please circle a number. (1: worse than expected- 5: exactly as expected- 10: better than expected)*

1 2 3 4 5 6 7 8 9 10

Other comments:

6. How do you think your child is doing now?
Please circle a number (1: not very well and 10: very well)

1 2 3 4 5 6 7 8 9 10

Other comments:

7. Has having an omphalocele negatively affected your child's quality of life?
Please circle a number. (1: very much - 10: not at all)

1 2 3 4 5 6 7 8 9 10

Other comments:

8. Has having an infant with an omphalocele negatively affected your quality of life?

Please circle a number. (1: very much - 10: not at all)

1 2 3 4 5 6 7 8 9 10

Other comments:

9. Is there anything else you wish to add?
