Digital Infant Scale

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There are no right or wrong answers. Mark the response that best describes you over the period stated, and answer every item.

Name

Date completed

Date of birth

Record / MRN number

Answer each of the 10 items below. Choose the response that best describes the last two weeks unless you are told otherwise.

1. I understand what digital infant involves and why it has been recommended.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

2. I am confident managing gestational milestones and measurement trends day to day.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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3. Symptoms, risk factors and red flags has been discussed with me.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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4. I know who to contact if something changes between appointments.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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5. I am able to follow the advice I have been given about screening results and referral decisions.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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6. I have enough information to make decisions about my care.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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7. The symptoms I came in with have affected my daily activities.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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8. I have found it difficult to keep up with birth preferences and postnatal follow-up.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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9. I have had support from family, friends or carers with this.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

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10. I am satisfied with the care I have received so far.

- ◯ Never
- ◯ Rarely
- ◯ Sometimes
- ◯ Often
- ◯ Always

Anything else you would like the team to know

For office use only

Total score

Interpretation

Completed by

Reviewed by / date
