



Questionnaire A – Customer Feedback (Buyer)

Please tick the appropriate box

1. Does the Comfort Kit appear safe, clean and appropriate for a hospital environment?
 Yes No
2. How would you rate the suitability of the contents of the Comfort Kit?
1 2 3 4 5
3. Is the Comfort Kit well presented and thoughtfully prepared?
 Yes No
4. Do you feel the Comfort Kit is prepared in a caring, responsible and ethical manner?
 Yes No
5. Does the Comfort Kit meet the overall requirements for its intended purpose?
 Yes No
6. Overall experience rating:
1 2 3 4 5
7. How likely are you to recommend Dr Sunshine to your family and friends from a scale from 0 to 10
1 2 3 4 5 6 7 8 9 10
8. Who was the Comfort Kit for? (e.g. my child, a family member, a child in hospital, supported as a donor, etc.)

9. How did you first hear about Dr Sunshine? (e.g. school, friends, social media, event, workplace)

10. What stood out most about the Comfort Kit or the idea behind it? (content, care, purpose, presentation, impact)

11. How did buying the Comfort Kit make you feel? (comforted, reassured, happy, supported, positive, etc.)

12. One suggestion for improvement or an item you would have liked to receive in the Comfort Kit

Questionnaire B – Recipient Feedback (User / Consumer)

Please tick the appropriate box

1. Does the Comfort Kit appear safe, clean and appropriate for a hospital environment?
 Yes No
2. How would you rate the suitability of the contents of the Comfort Kit?
1 2 3 4 5
3. Is the Comfort Kit well presented and thoughtfully prepared?
 Yes No
4. Do you feel the Comfort Kit is prepared in a caring, responsible and ethical manner?
 Yes No
5. Does the Comfort Kit meet the overall requirements for its intended purpose?
 Yes No
6. Overall experience rating:
1 2 3 4 5
7. How likely are you to recommend Dr Sunshine to your family and friends from a scale from 0 to 10
1 2 3 4 5 6 7 8 9 10
8. Who received the Comfort Kit? (e.g. me, my child, a child I care for, a family member)

9. What was the child's reaction to the Comfort Kit? (e.g. happy, comforted, engaged, reassured, curious)

10. Which item or aspect of the Comfort Kit was most appreciated? (e.g. a specific item, the variety, the presentation, the idea behind it)

11. How did the Comfort Kit affect your / the child's hospital experience, even in a small way?

12. One suggestion for improvement or an item you would have liked to receive in the Comfort Kit
