Parent's Questionnaire

INFANT Study number: {_SN_}

[redacted]

Your Child's details

Surname: {_BABY-SURNAME_}

First names: {_BABY-FIRST-NAME_}

Date of Birth: {_DOB1_}

Only complete if different:

Surname: _____

First name: _____

(Please correct any of these details if they have changed)

- This questionnaire should be completed by a child's parent or main care giver. Please answer the questions as best as you can.
- The questionnaire will take you about 15 minutes to fill in. We appreciate it can be difficult to find the time but your answers are a very important part of this study and will help other mothers like you in the future.The details you give us about your child's progress will be used to find out whether computer support to monitor babies heart rates in labour is helpful.
- All the information you give will be treated in the strictest confidence and will only be seen by staff working on the study.
- Please answer the questions as completely as you can. If you have any difficulties with the questions you can phone the INFANT office to ask for help on 020 7679 0874 (UK residents) or 44 207 679 0874(Ireland residents), we would then be happy to call you back.

Is the address this form was sent to correct? Yes ☐ No ☐

If No, please give us your correct address and postcode

What is your telephone number? *(include area code)*

Who completed this form? Mother ☐ Father ☐ Other ☐

If Other, please specify _____

What was the date this form was completed? D D / M M / Y Y

Name of person completing this form: _____

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A) Your Child at Play

Below is a list of activities we would like you to fill in about your child. It is aimed for children between 18 months to 4 years of age. Some will be easy for your child, others may be difficult. Most children of your child's age will not be able to do many of the activities so please do not worry.

Please fill in every question.

	Yes	No	Don't Know
1. **Does your child copy things you do such as cuddling a teddy?** *(Try it out if not sure by cuddling the teddy and then giving it to your child. Say: Now you cuddle teddy)*	☐	☐	☐
2. **When you hide a toy in full view of your child, will he/she look for it and find it?** *(Try this out by covering a small toy with a cloth or a cup and seeing if he/she uncovers the toy)*	☐	☐	☐
3. **Can your child put a simple piece, such as a square or an animal, into the correct place in a puzzle board?**	☐	☐	☐
4. **Some toys have several holes or openings with different shapes such as a circle, triangle and star. Could your child put the shapes into the right openings?**	☐	☐	☐
5. **Can your child stack two small blocks or toys on top of each other by him/herself?**	☐	☐	☐
6. **Can your child put together, by him/herself, a puzzle or something similar where the pieces fit together?**	☐	☐	☐
6a. **If Yes**, can he/she do this for a puzzle with ten or more pieces?	☐	☐	☐
7. **Can your child mark on a piece of paper using the tip of a crayon, pencil or chalk?**	☐	☐	☐
8. **Can your child draw a more or less straight line on paper?**	☐	☐	☐
9. **Does your child turn, or try to turn, pages of a book one at a time?**	☐	☐	☐
10. **Does your child ever pretend that one object, such as a block is another object, such as a car or a telephone?**	☐	☐	☐
11. **Can your child stack three small blocks or toys on top of each other by him/herself?**	☐	☐	☐
12. **Does your child pretend to do things? For example, riding a horse or making a cup of tea?**	☐	☐	☐
13. **Can your child push a car along the floor with the wheels on the floor?**	☐	☐	☐
14. **Does your child look with interest at pictures in a book?**	☐	☐	☐
15. **Does your child point to pictures in a book?**	☐	☐	☐
16. **Does your child try to copy things you do, such as stirring with a spoon in a cup?**	☐	☐	☐

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	Yes	No	Don't Know
17. Can your child stack seven small blocks or toys on top of each other by him/herself?	☐	☐	☐
18. Does your child point or show where people or objects are when you ask: "Where is the light?" "Where is Daddy?" or "Where is Teddy?"	☐	☐	☐
19. Does your child ever pretend that two dolls are playing together, or are talking to each other, or one is feeding the other?	☐	☐	☐
20. Does your child play pretend games with another child, pretending to be someone else, such as a mummy, daddy, policeman or nurse?	☐	☐	☐
21. Does your child every play any game with another child that involves taking turns?	☐	☐	☐
22. Does your child ever copy some action shortly (within a few minutes) after he/she has seen it?	☐	☐	☐
23. Can your child fetch something, such as a toy, from another room by him/herself when you ask?	☐	☐	☐
24. Does your child know where some things belong, such as, that his/her toys belong in a box?	☐	☐	☐
25. Does your child ever save or put to one side a biscuit (or other snack) for later, on his/her own?	☐	☐	☐
26. Have you ever seen your child get together three or more toys before beginning to play with them?	☐	☐	☐
27. Have you ever seen your child sort things (blocks, other toys) into groups or piles that go together on his/her own?	☐	☐	☐
28. If your child wants something out of reach, does he/she go and find a chair or box to stand on?	☐	☐	☐
29. When your child uses or plays with a telephone, does he/she speak into the mouthpiece not the earpiece?	☐	☐	☐
30. When your child drinks from a cup, is he/she careful about putting it down trying it not to spill it?	☐	☐	☐
31. Does your child try to turn doorknobs, twist tops or screw lids on or off jars?	☐	☐	☐
32. Does your child recognise him/herself when looking in the mirror?	☐	☐	☐
33. Does your child ever use his/her index (first) finger to point to show an interest in something?	☐	☐	☐

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B) What Your Child Can Say

Does your child use any recognisable words *(this includes signed words)*? Yes ☐ No ☐

If Yes, approximately how many? ☐☐☐

If No, do they use any sounds that you understand? Yes ☐ No ☐

If Yes, how many? ☐☐☐

If No, *please go to the next section*

Children understand many more words than they say. We are particularly interested in the words your child SAYS. Please TICK all the words you have heard your child use. If your child uses a different pronunciation of a word – for example "tend" for "pretend" or "duce" for "juice" – tick it anyway. This is only a sample of words; your child may know many other words not on this list

Words children say *(Please tick each box that applies)*

☐ baa baa	☐ cream cracker	☐ bed	☐ carry	☐ last
☐ meow	☐ juice	☐ bedroom	☐ chase	☐ tiny
☐ ouch/ow	☐ meat	☐ settee/sofa	☐ pour	☐ wet
☐ uh-oh/oh dear	☐ milk	☐ oven/cooker	☐ finish	☐ after
☐ woof woof	☐ peas	☐ stairs	☐ fit	☐ day
☐ bear	☐ hat	☐ flag	☐ hug/cuddle	☐ tonight
☐ bird	☐ necklace	☐ rain	☐ listen	☐ our
☐ cat	☐ shoe	☐ star	☐ like	☐ them
☐ dog	☐ sock	☐ swing	☐ pretend	☐ this
☐ duck	☐ chin	☐ school	☐ rip/tear	☐ us
☐ horse	☐ ear	☐ sky	☐ shake	☐ where
☐ aeroplane	☐ hand	☐ zoo	☐ taste	☐ beside
☐ boat	☐ leg	☐ friend	☐ gentle	☐ down
☐ car	☐ pillow	☐ mummy/mum	☐ think	☐ under
☐ ball	☐ comb	☐ person	☐ wish	☐ all
☐ book	☐ lamp/torch	☐ bye/byebye	☐ all gone	☐ much
☐ game	☐ plate	☐ hi/hello	☐ cold	☐ could
☐ sandwich	☐ rubbish	☐ no	☐ fast	☐ need to
☐ fish	☐ tray	☐ shopping	☐ happy	☐ would
☐ sauce	☐ towel	☐ thank you	☐ hot	☐ if

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C) Your Child's Understanding

We would like to know how your child uses the words s/he can say. Please tick one box for each question below. **Please keep in mind that these questions are for children up to 4 years of age. Many children of your child's age will not be able to say some of the words or sentences below so please do not worry.**

Does your child show he/she understands any words or signs? Yes ☐ No ☐

If No, *please go to section D*

	Often	Sometimes	Not Yet
1. Does your child ever talk about past events or people who are not present? For example, a child who saw a carnival last week might later say 'carnival', 'clown', or 'band'.	☐	☐	☐
2. Does your child ever talk about something that is going to happen in the future? For example, saying "choo-choo" or "bus" before you leave the house on a trip, or saying "swing" when you are going to the park.	☐	☐	☐
3. Does your child talk about objects that are not present, such as asking about a missing toy not in the room, or asking about someone not present?	☐	☐	☐
4. Does your child understand if you ask for something that is not in the room? For example, would he/she go to the bedroom to get a teddy bear when you say "where's the bear?"	☐	☐	☐
5. Does your child know who things belong to? For example, a child might point to Mummy's shoes and say "Mummy".	☐	☐	☐
6. Has your child begun to put together words yet, such as "Daddy gone" or "Doggie bite"?	☐	☐	☐

If you answered "Sometimes" or "Often" to Question 6, *please answer the next few questions on this page.*

If you answered "Not Yet" to Question 6, *please finish this section here and go to Section D.*

For each pair of sentences below – A and B – please tick the one that sounds MOST like the way your child talks at the moment, even if s/he would not say that EXACT sentence. If your child is saying sentences even more complicated than the two examples provided, tick B.

6a. *(Talking about something happening right now)*
- ☐ A: I make tower
- ☐ B: I making tower

6b. *(Talking about something that already happened)*
- ☐ A: Daddy pick me up
- ☐ B: Daddy picked me up

7.
- ☐ A: That my truck
- ☐ B: That's my truck

8.
- ☐ A: Baby crying
- ☐ B: Baby is crying

9.
- ☐ A: There a doggie
- ☐ B: There's a doggie

10.
- ☐ A: Coffee hot
- ☐ B: That coffee hot

11.
- ☐ A: I no do it
- ☐ B: I can't do it

12.
- ☐ A: I like read stories
- ☐ B: I like to read stories

13.
- ☐ A: Biscuit Mummy
- ☐ B: Biscuit for Mummy

14.
- ☐ A: Don't read book
- ☐ B: Don't want you read that book

15.
- ☐ A: Baby want eat
- ☐ B: Baby want to eat

16.
- ☐ A: Look at me
- ☐ B: Look at me dancing

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D) Your Child's Physical Ability

The questions below are intended to look at your child's physical capabilities.

Please tick the choice below which best describes your child's ability: *(tick one box for each section)*

Walking

- ☐ Walks well without help
- ☐ Has an unsteady walk but doesn't need help
- ☐ Unable to walk without help
- ☐ Unable to walk even with help

Sitting

- ☐ Sits alone for long periods
- ☐ Sits unsupported but unstable (may fall over when sitting alone)
- ☐ Sits only with support
- ☐ Unable to sit

Left hand

- ☐ Uses thumb and tip of index finger
- ☐ Picks up by other means
- ☐ Unable to pick up object

Right hand

- ☐ Uses thumb and tip of index finger
- ☐ Picks up by other means
- ☐ Unable to pick up object

Hands

- ☐ Uses both hands well
- ☐ Has difficulty using one hand
- ☐ Unable to use both hands

Control

- ☐ Controls head movements well
- ☐ Poor control but does not need support
- ☐ Can control head only with support

E) Your Child's Vision

1. **Does your child wear glasses?** Yes ☐ No ☐

   If you answered 'Yes', please tick the box below which best describes your child's ability to see with glasses: *(tick one box only)*

   - Sees well ☐
   - Has some difficulty but sees well enough for everyday activities ☐
   - Has considerable difficulty but can see objects if near ☐
   - Is able to see light only or has no vision ☐

F) Your Child's Hearing

1. **Please tick the box which best describes your child's ability to hear:** *(tick one box only)*

   - Hears well (**if your child hears well,** *please go to section G*) ☐
   - Has some hearing problems but does **NOT** need a hearing aid ☐
   - Hears well or with only a little difficultly **WITH** a hearing aid ☐
   - Has severe hearing difficulty even with a hearing aid or hearing ☐
   - Is not helped with an aid ☐

2. **Is the hearing problem due to recurrent ear infections or 'glue' ear?**

   Yes ☐ No ☐ Don't know ☐

3. **Please describe the reason for your child's hearing problems if you know:**

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G) Your Child's General Health

1. **What is your child's height?** ☐☐.☐ cm **OR** ☐.☐☐ m
2. **What is your child's weight?** ☐☐.☐☐ kg **OR** ☐ st and ☐☐ lbs
3. **Has your child had any fits, seizures or convulsions?** Yes ☐ No ☐
   If Yes, did it (they) happen only when your child had a fever? Yes ☐ No ☐
   Please tick the choice below which best describes any treatment for your child's seizures *(tick one box only)*
   - No treatment required now ☐
   - On treatment now and has no seizures ☐
   - Has up to 1 seizure every month on treatment ☐
   - Has more than 1 seizure every month on treatment ☐
4. **Please tick the choice below which best describes your child's feeding:** *(tick one box only)*
   - Has no serious feeding difficulty ☐
   - Is fed with a tube passed from nose to stomach ☐
   - Is fed with a tube passed directly into the stomach (gastrostomy) ☐
   - Other ☐

   If Other, please describe: _____
5. **Does your child suffer from coughing?** Yes ☐ No ☐
   If No, *please go to question 7*
   Does the coughing start with exercise? Yes ☐ No ☐
   Does the cough start with an infection? Yes ☐ No ☐
   If Yes, to any of the above, please indicate how often: *(tick one box only)*
   - More than once a week ☐
   - Once a week or less but more than once a month ☐
   - Once a month or less ☐
6. **Does your child suffer from wheezing?** Yes ☐ No ☐
   If No, *please go to 8*
   If Yes, please indicate how often: *(tick one box only)*
   - More than once a week ☐
   - Once a week or less but more than once a month ☐
   - Once a month or less ☐
7. **Is your child currently on any medicines for chest symptoms?** Yes ☐ No ☐
   If No, *please go to 9*
   If Yes, please indicate which of the following he/she needs:

Relievers (e.g. ventolin or bricanyl)	Every day ☐	When needed ☐
Preventers (e.g. pulmicort, becotide, flixotide)	Every day ☐	When needed ☐
Steroids (e.g. prednisolone)	Every day ☐	When needed ☐
Antibiotics	Every day ☐	When needed ☐
Other	Every day ☐	When needed ☐

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8. **Has your doctor told you your child has asthma?** Yes ☐ No ☐

9. **Has your doctor told you your child has cerebral palsy?** Yes ☐ No ☐

If No, *please go to 11*

If Yes, does your child have difficulty using: *(tick one box only)*

- Both legs only? ☐
- Both arms and both legs? ☐
- Right arm and leg only? ☐
- Left arm and leg only? ☐
- Three limbs? (both legs and one arm or both arms and one leg) ☐
- Other ☐

If Other, please describe: _____

10. **Does your child have small jerky or writhing movements of limbs?** Yes ☐ No ☐

11. **Has your doctor told you your child has hydrocephalus?** Yes ☐ No ☐

12. **Does your child have any long-term problems for which he/she is under the care of the doctor?** Yes ☐ No ☐

If Yes, please tell us about these problems and the diagnosis if you know:

_____

_____

Which statement best describes how these problems affect your child's everyday activities?

- No limitation ☐
- Some limitation but able to function independently ☐
- Needs assistance or aids for some activities ☐
- Is completely dependent on you ☐

Is there anything else you would like to tell us about your child?

If you would like a summary of the results of the study when it is complete, please tick this box ☐ and make sure that we have your correct address on this form.

Please check that you have answered every question. If there are any questions you have not answered, because you are unsure how to answer them, please phone the INFANT Co-ordinating Centre on 0207 6790874 (UK residents) or 44207 679 0874 (Ireland residents) and we will try to help.

Please return the completed questionnaire to us in the FREEPOST envelope enclosed.

THANK YOU FOR COMPLETING THIS QUESTIONNAIRE

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