

# LAMBS – Late And Moderate preterm Birth Study

## Parent Questionnaire covering from 7-12 months



[sticker placeholder]

If you would prefer to answer the questions by telephone, or you require any help with completing this questionnaire, please phone us on 0116 252 5456 or email [lamb@leicester.ac.uk](mailto:lamb@leicester.ac.uk)

This questionnaire contains eleven questions about **you and your baby's health and development during the past 6 months.**

The majority of these questions are tick-box format, so the questionnaire will probably only take you about 10 minutes to complete.

*Any personal information you tell us will not be passed on to any third party, or used for any purpose other than contacting you about the study.*

Your name

Your relationship to the baby (e.g. mother, father)

Date questionnaire completed (dd/mm/yyyy)

/ / 

### Your baby's details

We just want to check that we have your names spelt correctly, and that our contact information is up to date.

Your baby's first name

Your baby's surname or family name

Your address

  

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Postcode

 

Your telephone number:

Landline: ..... Mobile: .....

Your email address:

# 1. Your baby's development

We'd like to know how your baby's skills are developing. All babies progress at different rates, and how well your baby is doing now won't necessarily reflect how well he or she continues to do in the future.

Please tick the relevant box to answer the questions below about your baby's current abilities.

| Question                                                                                                   | Yes                      | No                       | Don't know               |
|------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|--------------------------|
| Can your baby control his or her head movements?                                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby sit up on his or her own, without any support?                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby pick up objects with his or her <b>right</b> hand?                                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby pick up objects with his or her <b>left</b> hand?                                            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby use both hands to hold onto a big object (e.g. a cup)?                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby pull him or herself up from sitting to a standing position?                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby walk around furniture if he or she is holding on to it?                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can your baby walk more than 10 steps without any support (i.e. without holding on to anyone or anything)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your baby make any babbling sounds - noises that sound like speech (e.g. "Da-da", "Ma-ma-ma" etc)?    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does your baby say any words yet?                                                                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please give an example of the sort of words your baby uses                                         |                          |                          |                          |
| <input type="text"/>                                                                                       |                          |                          |                          |
| Do you think that your baby has any difficulties with his or her vision?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please give details                                                                                |                          |                          |                          |
| <input type="text"/>                                                                                       |                          |                          |                          |
| Do you think that your baby has any difficulties with his or her vision?                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, please give details                                                                                |                          |                          |                          |
| <input type="text"/>                                                                                       |                          |                          |                          |

## 2. Routine health care

This question is about **routine visits** to your GP or health visitor for **normal health care**, not because your baby is unwell.

We are looking at whether the number or type of appointments varies across the study area, and whether the babies born early are asked to attend more routine appointments to monitor them.

Have you taken your baby for any of the following **routine health care appointments** since **MONTH, YEAR**, and if so, how many times?

| Routine appointment                           | How many times?          |                          |                          |                          |                          |
|-----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                               | 0                        | 1-5                      | 6-10                     | 11-15                    | More than 15             |
| Routine <b>immunisations</b>                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Routine <b>weight check</b>                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Routine <b>Health Visitor appointment</b>     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Routine <b>hearing/developmental check-up</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 3. Additional health care

This question is about **other contact** with health professionals that is **not listed above**.

We're using this information to look at whether babies born early need to use local health services more than their term counterparts.

Has your baby used any of the following types of **additional health care** since **MONTH, YEAR**, and if so, how many times?

| Type of additional health care                              | How many times?          |                          |                          |                          |                          |
|-------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
|                                                             | 0                        | 1-5                      | 6-10                     | 11-15                    | More than 15             |
| GP or Practice Nurse appointments <b>because of illness</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital Accident and Emergency department (A&E)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital outpatients clinic                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Admission to hospital or children's day care unit           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community paediatrician                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Physiotherapy                                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Community nurse                                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Walk-in health care centre                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Telephone call to NHS Direct (0845 4647)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## 4. Medicines and drugs

Has your baby taken any **medicines or drugs** (that have been prescribed to them by a doctor) since **MONTH?**

- No - go to next question
- Yes - please list your baby's prescribed medicines and drugs below

If you know the **dose**, please enter this next to the name of the medication. If the medication is ongoing or 'as necessary', please enter the date that the medication was given to you.

| Name of medication | Number of days or start date |
|--------------------|------------------------------|
| .....              | .....                        |
| .....              | .....                        |
| .....              | .....                        |

## 5. Hospital admissions and operations

Has your baby been **admitted to hospital** as a day patient or as an in-patient since **MONTH, YEAR?**

- No - go to next question
- Yes - please list your baby's hospital admissions below

If your baby had an **operation**, please state the type of operation under reason for admission

| Name of hospital (specify ward if known) | Reason for admission (since <b>MONTH, YEAR</b> ) | Number of nights |
|------------------------------------------|--------------------------------------------------|------------------|
| .....                                    | .....                                            | .....            |
| .....                                    | .....                                            | .....            |
| .....                                    | .....                                            | .....            |

## 6. Special equipment

Has your baby's health meant that you have bought, hired or been provided with **any more or different special equipment** since **MONTH, YEAR?**

*Examples of special equipment include special feeding equipment, portable nebulizer, oxygen equipment*

- No - go to next question
- Yes - please list the equipment below

For each item, please state whether it was **borrowed, bought or hired**. If the equipment was borrowed, tell us **who** it was borrowed from (e.g., hospital, local authority, friends). If it was bought or hired, please indicate approximately **how much** the equipment cost

| Type of special equipment | Who provided or paid for it? | Approximate cost to you (£) |
|---------------------------|------------------------------|-----------------------------|
| .....                     | .....                        | .....                       |
| .....                     | .....                        | .....                       |
| .....                     | .....                        | .....                       |

## 7. Changes to your home

Having to make alterations to your house is a huge upheaval, so we'd like to know if your baby's health has affected you in this way.

Has your baby's health meant that you have had any **more or different** changes made to your home since **MONTH, YEAR**?

- No - go to next question  
 Yes - please list the changes below

| Type of change to your home | Who paid for it? | Approximate cost to you (£) |
|-----------------------------|------------------|-----------------------------|
| .....                       | .....            | .....                       |
| .....                       | .....            | .....                       |

## 8. Other costs

Has your baby's health meant that you or your family **spend extra money** on everyday outgoings?

*This does not include the expected costs of having a baby at home, only extra money that you have needed to spend because your baby has been ill or had some special need. For example, you may have had to leave other children with a minder for longer than normal so that you could take your baby to hospital.*

- No - go to next question  
 Yes - please list the additional costs below

For each item, please **estimate the extra costs that you have had since MONTH, YEAR**. For example, for Telephone Bills, this would mean the cost of the extra calls to the doctor, not your total bill.

| Item                                     | Extra money required?                                    | Additional cost (£) |
|------------------------------------------|----------------------------------------------------------|---------------------|
| Food or milk                             | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Cost of visiting hospital or GP          | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Child care                               | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Help with housework                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Telephone bills                          | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Utility bills                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Therapies for baby                       | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| Other expenses ( <i>please specify</i> ) | <input type="checkbox"/> Yes <input type="checkbox"/> No | .....               |
| .....                                    | .....                                                    | .....               |
| .....                                    | .....                                                    | .....               |

## 9. Your work

We are interested in how much of a financial impact your baby's health has on you and your family.

We are asking about your current occupation and working patterns in order to find out if, perhaps, parents would benefit from more out-of-hours medical services being available.

What is **your occupation** at present?

How many **hours** do **you** usually work in a week?

If you have a **current partner**, what is their **occupation** at present?

How many **hours** does **your partner** usually work in a week?

Has your baby's health meant that you or your partner have had to **take time off work**, or been unable to work **since MONTH, YEAR**?

No - go to next question

Yes - please complete the following information about you and your partner

How many **days** have **you** taken off work because of your baby's health?

What is your estimated **loss of earnings** (£)?

If you do not have a current partner, please go to the next question

How many **days** has **your partner** taken off work because of your baby's health?

What is your partner's estimated **loss of earnings** (£)?

## 10. Your general health

You may remember that when your baby was born we asked you some questions about your health before the pregnancy.

Please use the tick boxes below to indicate which of the three statements in each group best describe how you feel about **your health at the moment**.

### Mobility

- I have no problems walking about
- I have some problems walking about
- I am confined to bed

### Self-care

- I have no problems washing and dressing myself
- I have some problems washing and dressing myself
- I am not able to wash or dress myself

### Usual activities

- I have no problems going about my usual activities
- I have some problems going about my usual activities
- I am not able to perform my usual activities

### Pain or discomfort

- I do not suffer from pain or discomfort
- I suffer from a moderate amount of pain or discomfort
- I suffer from extreme pain or discomfort

### Anxiety or depression

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

## 11. Any other information

Is there **anything else** that you would like to tell us about your baby's health since **MONTH, YEAR**, or about your family situation? If so, please give details.

## Thank you

### Thank you for completing this questionnaire.

Please return it to us in the **Freepost** envelope provided. No stamp is required.

We will be in contact again with a LAMBS update when your baby is 18 months old. **The next questionnaire will be sent when your baby is 2 years old.** This will be particularly important as it will concentrate mainly on your baby's health and development. We hope that you will continue to participate in this study to help to provide us with information for the future care of babies.

## Contact us

If you would like to know more about LAMBS, or you need any help with completing this questionnaire, please telephone us on **0116 252 5456** or email [lambs@leicester.ac.uk](mailto:lambs@leicester.ac.uk)

Or you can write to us at:

Department of Health Sciences  
University of Leicester  
22-28 Princess Road West  
LEICESTER  
LE1 6TP

## About LAMBS

LAMBS is a population-based study on **late and moderately preterm birth** (babies born at 32 to 36 weeks of pregnancy). These babies make up 6 to 7 per cent of all births in the UK and 75% of all preterm births.

The study aims to identify **risk factors** contributing to preterm delivery of babies born in **Leicestershire** and **Nottinghamshire**, and to provide information about the short- and long-term **outcomes** of babies born at this preterm gestation.

This knowledge is important to highlight areas where changes in care around the time of birth and in early life may **improve** babies' outcomes. We also hope to learn more about what sorts of health and educational **support** is needed for children and young adults with problems.

LAMBS is funded by the National Institute for Health Research and is sponsored by the University Hospitals of Leicester NHS Trust

LAMBS is one of The Infant Mortality & Morbidity Studies (TIMMS), a collaborative group of national and regional research projects based at the University of Leicester. For more information, visit our website:

[www.le.ac.uk/timms](http://www.le.ac.uk/timms)

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