Name

Study number

Speed of increasing milk feeds

Your child's health and development at 2 years

No one knows your child like you do. That is why we would like you to tell us how your child is getting on now they are 2 years of age.

The questions in this booklet ask about your child's health and development and about any extra care your child has had since being discharged home from the neonatal unit. All of this information is very important for the study. It will be used to help us find out which speed of feeding babies in the first few weeks of life is best for their overall development and how we can provide the best care for premature babies in the future.

The information you provide will be treated in the strictest confidence and will not be shown to anyone outside the study.

Name of person completing this form:

Relationship to child:

Date form completed: D D / M M / Y Y

Your child's health and physical development

The following questions ask about your child's health and physical development. **Please answer all of the questions as best you can**. You may feel that some of these questions do not apply to your child, but it is important to answer them all so we can find out about your child's general health and development.

1. In general, how is your child's health compared with other children of the same age? *(please tick one)*

Excellent ☐

Good ☐

Fair ☐

Poor ☐

2. Does your child have a hearing aid or a cochlear implant? *(please tick one)*

(A cochlear implant is a type of electronic hearing aid that has two parts, one that is worn on the ear and one that is implanted inside the ear during an operation)

Yes ☐

No ☐

Not yet, but my child is on a waiting list for one ☐

(if you have answered 'Not yet...' to this question, please move on to question 4)

3. Does your child have any difficulties with his or her hearing? *(please tick one, but if they intermittently suffer from glue ear please report what their hearing is like when this is less problematic)*

No difficulties ☐

Has some difficulty hearing but does not need a hearing aid or cochlear implant ☐

Has a cochlear implant or hearing aid, but hears well with it ☐

Has difficulty hearing, even with a cochlear implant or hearing aid ☐

My child is deaf ☐

4. Does your child have any difficulties with his or her vision? *(please tick one)*

- No difficulties ☐
- Needs to wear glasses, but sees well when wearing them ☐
- Has difficulty seeing, even when wearing glasses ☐
- Is blind in one eye but has good vision in the other eye ☐
- Is able to see light only or is blind ☐

5. Is your child able to walk on his or her own, without any support? *(please tick one)*

- No difficulties walking alone ☐
- Can walk a few steps without any help ☐
- Can only walk if helped by an adult or a walking aid ☐
- Unable to walk even with help ☐

6. Is your child able to sit *on the floor* on his or her own, without any support? *(please tick one)*

- No difficulties sitting alone ☐
- Can sit alone but is unstable (may need to use his or her hands for support) ☐
- Can only sit with support or with help from an adult ☐
- Unable to sit ☐

7. Has your child been given a diagnosis of Cerebral Palsy by a doctor or other health professional? *(please tick one)*

- Yes ☐
- No ☐
- A health professional has said my child may have Cerebral Palsy but we are waiting for a definite diagnosis ☐

Your child's play

We are interested in finding out about your child's play as this will give us an idea how his or her problem solving skills are developing. Please tell us whether or not your child can do each of the play activities below. If you have seen your child do the activity (or something similar), then tick the box under "Yes". If you know that your child would not be able to do it, then tick the box under "No". If you are not sure, then tick the box for "Don't know." If you don't know, you may like to try out some of the activities with your child.

Please answer all the questions as best you can.

Please remember that all children develop differently and there are large differences in what children can do at this age. Some of these activities may be easy for your child and others may be difficult. The activities listed are for children up to 4 years of age, so most children will not be able to do all of them yet.

	Yes	No	Don't Know
1. Does your child copy things you do such as cuddling a teddy? (Try it out if you are not sure by cuddling a 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 s/he look for it and find it? (Try this out by covering a small toy with a cloth or a cup and seeing if s/he uncovers it)	☐	☐	☐
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?	☐	☐	☐
6. Can your child put together, by him/herself, a puzzle or something similar where the pieces fit together?	☐	☐	☐
6a. If so, can s/he 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, the 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 ever 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?	☐	☐	☐

	Yes	No	Don't Know
15. Does your child point to pictures in a book?	☐	☐	☐
16. Does your child try to copy things you do, such as stirring with spoon in a cup?	☐	☐	☐
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. For example, "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 ever play pretend games with another child, pretending to be someone else, such as a mummy, daddy, policeman, or nurse?	☐	☐	☐
21. Does your child ever play any game with another child that involves taking turns?	☐	☐	☐
22. Does your child ever copy some action shortly (within a few minutes) after s/he 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 snack) for later, on his/her own?	☐	☐	☐
26. Have you ever seen your child get together 3 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 s/he go and find a chair or box to stand on?	☐	☐	☐
29. When your child uses or plays with a telephone, does s/he speak into the mouthpiece not the earpiece?	☐	☐	☐
30. When your child drinks from a cup, is s/he careful about putting it down, trying 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 or her index (first) finger to point to show an interest in something?	☐	☐	☐

What your child can say

We would also like to know how your child's language is developing. Although children are able to understand many more words than they can say, here we are interested only in the words your child says.

Does your child say any words yet?

Yes ☐ – please complete the rest of the questions in this section

No ☐ – please go straight to the questions about health care visits on page 8

As your child has started to use words, please go through the list of words below and tick all the words you have heard your child say. If your child uses a different pronunciation of a word, e.g., "tend" for pretend, or "duce" for juice – please tick it anyway.

Please remember that children's language develops at very different speeds, and there are large differences in what children can say at this age. Some two year olds may only say one or two words yet, whilst others may say more. Some children might also say other words that are not listed, but for this study we want to know if your child can say any of the words shown below.

☐ 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

We would also like to know how your child uses the words she or he can say. Please look at the next 6 questions and answer them all by ticking one box for each question. Again, please bear in mind that every child develops differently and there are large differences in children's language development at this age. Whilst some children are able to say the words below, other children may not yet be using words so often.

	Not yet	Sometimes	Often
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? E.g. say 'choo-choo' or 'bus' before you leave the house on a trip, or say 'swing' when you are going to the park?	☐	☐	☐
3. Does your child ever talk about objects that are not present? For example, 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 s/he 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 shoe and say 'Mummy'.	☐	☐	☐
6. Has your child started to put together words yet, such as 'Daddy gone' or 'Doggie bite'?	☐	☐	☐

If you answered "Not Yet" to Question 6, please go straight to the next page.

If you answered "Sometimes" or "Often" to Question 6, please answer questions 7-18 below.

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, please tick B.

7. (Talking about something happening now) A ☐ I make tower B ☐ I making tower	8. (Talking about something that already happened) A ☐ Daddy pick me up B ☐ Daddy picked me up	9. A ☐ That my truck B ☐ That's my truck
10. A ☐ Baby crying B ☐ Baby is crying	11. A ☐ There a doggie B ☐ There's a doggie	12. A ☐ Coffee hot B ☐ That coffee hot
13. A ☐ I no do it B ☐ I can't do it	14. A ☐ I like read stories B ☐ I like to read stories	15. A ☐ Biscuit Mummy B ☐ Biscuit for Mummy
16. A ☐ Don't read book B ☐ Don't want you read that book	17. A ☐ Baby want eat B ☐ Baby want to eat	18. A ☐ Look at me B ☐ Look at me dancing

Health care visits

1. **Has your child had any operations since their discharge home from the neonatal unit?** Yes ☐ No ☐

If Yes, please specify the type of operation that was carried out, and length of stay:

Type of operation	Number of nights stay in hospital

If your child had more than six operations, please provide details in the free text box on page 10.

2. **Has your child been admitted to hospital as an in-patient since their discharge home from the neonatal unit?** Yes ☐ No ☐

If Yes, please give the reason for hospital admission and length of stay:

Reason for admission	Number of nights stay in hospital

If your child had more than six admissions, please provide details in the free text box on page 10.

3. **Has your child attended hospital as a day patient since their discharge home from the neonatal unit?**

Service		Total number of visits
Routine hospital follow-up visit	Yes ☐ No ☐	
Other hospital outpatient visit (please specify department, e.g. Accident and Emergency)	Yes ☐ No ☐	
Paediatrician (at hospital)	Yes ☐ No ☐	

4. Apart from the routine health checks offered to all young children, has your child seen any of the following community professionals as a result of any other concerns since their discharge home from the neonatal unit? *(please indicate yes or no for all)*

Community Professional		Total number of visits
1. General practitioner	Yes ☐ No ☐	☐
2. Health visitor	Yes ☐ No ☐	☐
3. Practice nurse	Yes ☐ No ☐	☐
4. Community nurse	Yes ☐ No ☐	☐
5. Home visitor/volunteer	Yes ☐ No ☐	☐
6. Community paediatrician	Yes ☐ No ☐	☐
7. Physiotherapist	Yes ☐ No ☐	☐
8. Social worker	Yes ☐ No ☐	☐
9. Speech and language therapist	Yes ☐ No ☐	☐
10. Dietician	Yes ☐ No ☐	☐
11. Other (please specify) ____________	Yes ☐ No ☐	☐

Personal Financial Costs

1. Since your child's *discharge from the neonatal unit* have you and/or your partner had any additional personal financial costs as a result of your child's health?

Examples of costs to you		If Yes, give approximate total amount spent	Give details
Have you purchased special equipment ?	Yes ☐ No ☐		
Have you made changes to your home?	Yes ☐ No ☐		
Have you paid excessively for travel and/or parking as a result of hospital or outpatient visits?	Yes ☐ No ☐		
Other (please list all that apply)? ____________ ____________	Yes ☐ No ☐		

2. **Since your child's *discharge from the neonatal unit* have you and/or your partner had any time off work as a result of your child's health?** *(do not include time when you were on maternity/paternity leave)*

	You	Your partner
Have you and/or your partner taken time off work (without pay)	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, how many days have you taken off work		
Have you and/or your partner taken time off work (with pay)	Yes ☐ No ☐	Yes ☐ No ☐
If Yes, how many days have you taken off work		

3. **Which of these best describes your current situation?** *(Please tick only one box in each column. If you are on maternity/paternity leave, please report what you expect your status to be when this leave ends.)*

You	Your partner
☐ In paid work full-time	☐ In paid work full-time
☐ In paid work part-time	☐ In paid work part-time
☐ At home looking after my family or dependents	☐ At home looking after my family or dependents
☐ In education	☐ In education
☐ Unemployed	☐ Unemployed
☐ Unable to work because of disability or ill health	☐ Unable to work because of disability or ill health

Other information

Is there anything else you would like to tell us about your child's health and development? If so, please write it in this box.

Thank you for completing this questionnaire.

Your contribution to the SIFT study is greatly appreciated.

If you have any concerns about your child's health or development, please contact your child's GP or health visitor. Children in the UK are routinely offered an assessment by a health visitor when they are around 2½ years of age, so you may be due to see your health visitor soon. You can find out more about how to contact your health visitor in your child's red book.

Advice or support with issues related to parenting children born prematurely can be sought from Bliss, the UK charity for babies born too soon, too small, too sick.

You can contact them at:

Bliss
for babies born too soon, too small, too sick

020 7378 1122
www.bliss.org.uk

Bliss Head Office, 2nd Floor, Chapter House, 18—20 Crucifix Lane, London SE1 3JW

Advice about issues related to multiple births can be sought from Tamba, the Twins and Multiple Births Association.

You can contact them at:

Tamba
TWINS & MULTIPLE BIRTHS ASSOCIATION

01252 332344
www.tamba.org

Manor House, Church Hill, Aldershot, Hants GU12 4JU

We will send you a summary of the results at the end of the study. In the meantime, if you have any questions, please contact the SIFT study centre on:

SIFT
Speed of increasing milk feeds

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