

# LAMBS – Late And Moderate preterm Birth Study

## Parent Questionnaire at 6 months



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 nine questions about **your baby at 6 months** of age.

*Any personally identifiable 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 baby's details

Your baby's **date of birth** (dd/mm/yyyy)

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If your baby's **name** or **address** is **different** from those shown on the enclosed letter, please enter the correct information below.

Your baby's **first name**

Your baby's **surname or family name**

Address

  

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Postcode

 

### Your details

Your name

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

Date questionnaire completed (dd/mm/yyyy)

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## 1. 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.

Have you taken your baby for any of the following **routine health care appointments** since discharge from hospital after birth, and if so, how many times?

Routine appointment	Attended?	If yes, how many times?
Routine <b>6-week check</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	—
Routine <b>immunisations</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Routine <b>weight check</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Routine <b>Health Visitor visit</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 2. Additional health care

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

Has your baby used any of the following types of **additional health care** since discharge from hospital after birth, and if so, how many times?

Type of additional health care	Used?	If yes, how many times?
GP or Practice Nurse appointments <b>because of illness</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital Accident and Emergency department (A&E)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hospital outpatients clinic	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Admission to hospital or children's day care unit	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community paediatrician	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Physiotherapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Community nurse	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Walk-in health care centre	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Telephone call to NHS Direct (0845 4647)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

### 3. Hospital admissions and operations

Has your baby been **admitted to hospital** as a day patient or as an in-patient since discharge from hospital after birth?

- 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	Number of nights
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

### 4. Medicines and drugs

Has your baby been **prescribed any medicines or drugs** since discharge from hospital after birth?

- 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

Name of medication	Number of days medication taken
.....	.....
.....	.....
.....	.....
.....	.....
.....	.....

## 5. Time off work

Has your baby's health meant that you or your partner have had to **take time off work**, or been unable to work since your baby's discharge from hospital after birth?

- No - go to next question
- Yes - please complete the following information about you and your partner

### You

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

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

What is your current **occupation**?

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

### Your partner

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** (£)?

What is your partner's current **occupation**?

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

## 6. Special equipment

Has your baby's health meant that you have bought, hired or been provided with any **special equipment** since your baby's discharge from hospital after birth?

*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, indicate approximately **how much** the equipment cost you.

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

## 7. Changes to your home

Has your baby's health meant that you have had any **changes made to your home** since your baby's discharge from hospital after birth?

- 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 expected costs, only extra costs that you have incurred as a result of your baby's health. For example, you may have had to buy a special formula milk.*

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

For each item, please **estimate the additional cost** incurred since your baby's discharge from hospital after birth. For example, for Telephone Bills, this would mean the cost of the extra calls to the doctor, not your total bill.

<i>Item</i>	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 (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No	

## 9. Any other information

Is there **anything else** that you would like to tell us about your baby's health since his or her discharge from hospital after birth, 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.

As part of the LAMBS follow-up, we will send you another questionnaire when your baby is 12 months old. 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)