

## **CBT Practitioner Questionnaire from the Surviving Crying Feasibility Study**

### **SUPPORT SESSION RECORD FORMS**

These forms should be completed by the practitioner to monitor progress and provide research data. There are four types of form:

**PARENT GENERAL DATA.** This is completed once to store basic information about a parent and family.

**CONTACT FORM.** This form should be used to record all contacts with parents, it could be a short contact e.g. a phone call, text or e-mail either to arrange sessions or in-between sessions. Attendance at a one-to-one or group session is also counted as a contact and needs to be recorded here though full details of the session will be recorded on the session form.

One line of this form should be completed after each contact, whether initiated by a parent or the practitioner.

**SESSION FORM.** A 'session' is a longer interaction or meeting that is arranged beforehand, usually to deliver the practitioner intervention. Sessions can be 1-to-1 or involve a small group, there is a separate form for one to one sessions and another for groups. One of these forms should be filled in after each session.

**PRACTITIONER WEEKLY RECORD.** This form is designed to collect data to allow the costs of delivering the practitioner support sessions to be measured. Please fill it in weekly to log the time spent in providing the sessions and the associated costs.

### **PARENT GENERAL DATA FORM**

|   |
|---|
| <b>Parent's name:</b>   |
| <b>Health visitor name and team:</b>  |
| <b>Child(ren) name(s):</b>  |
| <b>Parent contact details:</b><br><b>Tel (mobile and landline):</b><br><b>Email:</b><br><br><b>Address:</b> |
| <b>Parent's preferred method of contact:</b>  |



## SESSION FORM FOR ONE-TO-ONE SESSIONS

(A 'session' is a longer interaction or meeting that is arranged beforehand, usually to deliver the practitioner intervention. One of these forms should be filled in after each session).

|   |  |                                      |
|---|--|--------------------------------------|
| 1. Name of parent:  |  |                                      |
| 2. Date and time of session: Date:                                    |  | Time: (am or pm?)                    |
| 3. Type of session  | How long was it <b>planned</b> to last | How long did it <b>actually</b> last |
| 1-to-1, <b>face-to-face</b> meeting of a practitioner with 1 parent   | _____ hrs. _____ mins.                 | _____ hrs. _____ mins.               |
| 1-to-1 <b>phone</b> discussion between a practitioner and 1 parent    | _____ hrs. _____ mins.                 | _____ hrs. _____ mins.               |
| 1-to-1 <b>internet</b> discussion between a practitioner and 1 parent | _____ hrs. _____ mins.                 | _____ hrs. _____ mins.               |

|                                       |                                |                               |  |
|---------------------------------------|--------------------------------|-------------------------------|--|
|                                       | In a parent's or parents' home | In a clinic/ treatment centre | In another place (please specify where this was) |
| 4. Where did this session take place? |                                |                               |  |

5. Did a child attend the session?

|   |  |
|---|--|
| Yes<br>(If yes please record child's age and sex) |  |
| No  |  |

6. Had this parent done the home activities? (please tick a box)

|   |  |
|---|--|
| No homework activities set  |  |
| Parent had done homework activities                               |  |
| Parent had tried but been unable to complete the home activities: |  |
| Parent had not done any home activities:                          |  |

7. Did the session otherwise go as planned: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain what occurred:

|  |
|--|
|  |
|--|

8. Which supplementary topic(s) were included in this session (please tick all that apply):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | How to manage the stress of a baby's unsoothable crying   |
| <input type="checkbox"/> | Arranging social supports and asking for help when needed |
| <input type="checkbox"/> | Relaxation and diaphragmatic breathing                    |
| <input type="checkbox"/> | Getting good-enough sleep and exercise                    |
| <input type="checkbox"/> | A topic was planned, but not included                     |
| <input type="checkbox"/> | No topic was planned                                      |
| <input type="checkbox"/> | Others not detailed here – please specify                 |

9. How would you rate this session (please tick one and provide comments in the box below):

| Highly successful                  | Moderately successful    | A bit successful         | Unsuccessful             |
|------------------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <p>Please explain your rating:</p> |                          |                          |                          |
|                                    |                          |                          |                          |

## SESSION FORM FOR GROUP AND PARTNER SESSIONS

(A 'session' is a longer interaction or meeting that is arranged beforehand, usually to deliver the practitioner intervention. One of these forms should be filled in after each session. Please also record parent attendance on the contact form).

|                               |
|-------------------------------|
| 1. Names of parents attended: |
|                               |
|                               |
|                               |
|                               |
|                               |
|                               |
|                               |

|  |                   |
|--|-------------------|
| 2. In total, how many parents attended this session: | Number of parents |
| How many of these were mums:                         |                   |
| How many of these were dads:                         |                   |
| How many of these were female partners:              |                   |

|                                    |       |             |
|------------------------------------|-------|-------------|
| 3. Date and time of session: Date: | Time: | (am or pm?) |
|------------------------------------|-------|-------------|

| 4. Type of session   | How long was it <b>planned</b> to last | How long did it <b>actually</b> last |
|--|--|--------------------------------------|
| <b>Group face-to-face</b> meeting between a practitioner and parents | _____hrs. _____mins.                   | _____hrs. _____mins.                 |
| <b>Group phone</b> discussion between a practitioner and parents     | _____hrs. _____mins.                   | _____hrs. _____mins.                 |
| <b>Group internet</b> discussion between a practitioner and parents  | _____hrs. _____mins.                   | _____hrs. _____mins.                 |

|                                       | In a parent's or parents' home | In a clinic/ treatment centre | In another place (please specify where this was) |
|---------------------------------------|--------------------------------|-------------------------------|--|
| 5. Where did this session take place? |                                |                               |  |

6. Did a child attend the session?

|   |  |
|---|--|
| Yes<br>(If yes please record child's age and sex) |  |
| No  |  |

7. Which parents had done the home activities? (please list names where applicable)

|                                     | Parent Name |
|-------------------------------------|-------------|
| No homework activities set          |             |
| Parent had done homework activities |             |

|   |  |
|---|--|
|   |  |
| Parent had tried but been unable to complete the home activities: |  |
| Parent had not done any home activities:                          |  |

8. Please write numbers in one or more of the boxes below to identify any attendance issues that occurred (write 0 if everyone attended).

|  | How many parents? |
|--|-------------------|
| One or more parents contacted you beforehand to cancel taking part (please write how many)   |                   |
| One or more parents failed to show up (please write how many and also include this information on the parents individual contact form) |                   |
| One or more parents left the session early (please write how many)   |                   |
| One or more parents attended late (please write how many)  |                   |

9. Did the session otherwise go as planned: Yes \_\_\_\_\_ No \_\_\_\_\_

If No, please explain what occurred:

|  |
|--|
|  |
|--|

10. Which supplementary topic(s) were included in this session (please tick all that apply):

|                          |   |
|--------------------------|---|
| <input type="checkbox"/> | How to manage the stress of a baby's unsoothable crying   |
| <input type="checkbox"/> | Arranging social supports and asking for help when needed |
| <input type="checkbox"/> | Relaxation and diaphragmatic breathing                    |
| <input type="checkbox"/> | Getting good-enough sleep and exercise                    |
| <input type="checkbox"/> | A topic was planned, but not included                     |
| <input type="checkbox"/> | No topic was planned                                      |
| <input type="checkbox"/> | Others not detailed here – please specify                 |

11. How would you rate this session (please tick one and provide comments in the box below):

| Highly successful           | Moderately successful    | A bit successful         | Unsuccessful             |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/>    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Please explain your rating: |                          |                          |                          |
|                             |                          |                          |                          |

## PRACTITIONER WEEKLY RECORD

This record is designed to collect data to allow the costs of delivering the practitioner support sessions to be measured. Please fill it in weekly to log the time spent in providing the sessions and the associated costs. Times should be entered to the nearest half-hour.

Week ending: \_\_\_\_\_ (please fill in date)

1. Time spent:

|  | Hours, to nearest 0.5hr |
|--|-------------------------|
| No. hours spent in 1-to-1 sessions with one parent during this week:                         |                         |
| No. hours spent in small group sessions with parents during this week:                       |                         |
| No. hours spent in telephone contacts with parents during this week:                         |                         |
| No. hours spent texting, e-mailing or other internet contacts with parents during this week: |                         |
| No. hours spent preparing for sessions:  |                         |
| No. hours spent filling in record forms:   |                         |
| No. hours spent on any other Surviving Crying activities (please write what these were):     |                         |

2. In total, how long did it take you to travel to the sessions: \_\_\_\_\_ Minutes

3. If you used public transport or travelled by taxi, what was the total cost of the fares?

£ \_\_\_\_\_

4. If you travelled by private car, how far in total did you travel to and from the sessions:

\_\_\_\_\_ Miles (to nearest mile)

5. If you travelled by private car, how much was paid in car park fees? £ \_\_\_\_\_

|   | Total costs to nearest £ | What was this for? |
|---|--------------------------|--------------------|
| 6. Did you incur any other expenses on Surviving Crying activities? If yes, please say how much and what they were. |                          |                    |



