



Subject ID

REACT

Date of birth

DD / MMM / YYYY

Participant's Initials

Initials boxes

Clinical Staff Questionnaire

Please could you take a little time to complete this questionnaire which will help to give feedback to the research team about using continuous glucose monitoring in preterm infants

Questionnaire given on: [ ] Study Day 3 OR [ ] Study Day 7

1. Have you had any previous experience of using continuous glucose monitoring?

[ ] Yes [ ] No

2. What were your initial thoughts about looking after a baby with a continuous glucose monitor?

Text input box for question 2

3. Do you think the baby is distressed or bothered by the sensor?

Please mark one box with a X

Table with 5 columns: Very distressed (5), 4, 3, 2, Not at all (1)

4. Do you think the device interfered with the baby's nursing care?

Please mark one box with a X

Table with 5 columns: A lot (5), 4, 3, 2, Not at all (1)

5. How did you find the monitor to read and calibrate?

Please mark one box with a X

Table with 5 columns: Very difficult (1), 2, 3, 4, Very Easy (5)

6. Did having the baby on the monitor significantly affect your workload?

Please mark one box with a X

Table with 5 columns: Increased (1), 2, No significant impact (3), 4, Decreased (5)

If so, how?

Text input box for 'If so, how?'



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7. How do you think continuous monitoring of glucose levels improved clinical care?

Please mark one box with a X

Table with 5 columns: Compromised care (5), 4, 3, 2, Better care (1)

8. Are there any other comments you would like to add?

Positive and negative feedback as this will help to guide any future developments.

Large empty box for comments

Questionnaire completed by:

Form for profession: Nurse, Doctor, Other, specify

Date of completion

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Thank you for your help

The REACT study is supported by the Efficacy and Mechanism Evaluation (EME) Programme, an MRC and NIHR partnership.

