



Subject ID

REACT

Date of birth

DD / MMM / YYYY

Participant's Initials

Initials

Parent 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 babies born early. Please do not write the baby's name on the questionnaire.

1. What were your thoughts about using the blood sugar sensor as part of your baby's care?

Text box for answer 1

2. Do you think your baby was 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)

3. Do you think the device interfered with your 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)

4. Do you think monitoring the sugar levels all the time improved care?

Please mark one box with a X

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

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

Please feel free to write positive and negative feedback as this will help to guide any future developments.

Text box for answer 5

Questionnaire completed by the baby's:

Form with checkboxes for Mother, Father, and Other, specify

Date of completion

DD / MMM / YYYY

Thank you for your help

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