REACT	Subject ID	R E A C T	
×	Date of birth		Participant's Initials
		<b>D 1 C 1 1 1</b>	

#### **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?



## 2. Do you think your baby was distressed or bothered by the sensor?

Please mark one box with a X

Very distressed				Not at all
5	4	3	2	1

## 3. Do you think the device interfered with your baby's nursing care?

Please mark one box with a X

A lot				Not at all
5	4	3	2	1

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

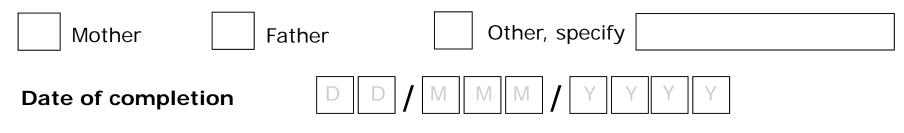
Please mark one box with a X

Worse care				Better care
5	4	3	2	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.

#### Questionnaire completed by the baby's:





#### Thank you for your help

**NHS** National Institute for Health Research

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Page 1 of 1