



NHS
Blood and Transplant

Parent Report of Children's Abilities
for very premature infants
(PARCA-R)

Platelets for Neonatal Transfusion Study 2

Your premature baby's health and development at 2 years

In this form we ask you to answer some questions about your child and your family. This information is used to work out how your child is developing now that she/he is just over two years old. **Please complete all the questions as accurately as possible.**

If you need any help completing the questionnaire, or have any queries about the questions, please do not hesitate to ask the doctor about these at your appointment.

This questionnaire is adapted with permission from Saudino, Dale, Oliver, Petrill, Richardson, Rutter, Simonoff, Stevenson & Plomin (1998)

YOUR CHILD'S PLAY

As a parent, you will have a good idea of what your child can and can't do. Listed below are a number of activities. Please indicate whether or not your child can do the activity. That is, if you have seen your child do the activity (or something similar) then tick the box under "YES". If you know that your child would not be able to do it, then tick the box under "NO". If you are not sure whether or not your child can do it, then tick the box under "DON'T KNOW". Please answer every question.

Please keep in mind that these questions are for children ranging from 18 months to 4 years. Some activities may be easy for your child, others may be difficult. Most children of your child's age will not be able to do some of the activities.

		YES	NO	DON'T KNOW
1	Does your child copy things you do such as cuddling a teddy? (Try it out if not sure by cuddling a teddy and then giving it to your child. Say: Now you cuddle teddy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	When you hide a toy in full view of your child, will s/he look for it and find it? (Try this out by covering a small toy with a cloth or a cup and seeing if s/he uncovers the toy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Can your child put a simple piece, such as a square or an animal, into the correct place in a puzzle board?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Some toys have several holes or openings with different shapes, such as a circle, triangle, and star. Could your child put the shapes into the right openings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Can your child stack two small blocks or toys on top of each other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Can your child put together, by him/herself, a puzzle or something similar where the pieces fit together?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	If so, can s/he do this for a puzzle with ten or more pieces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Can your child mark on a piece of paper using the tip of a crayon, pencil, or chalk?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	Can your child draw a more or less straight line on paper?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Does your child turn, or try to turn, pages of a book one at a time?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	DON'T KNOW
11	Does your child ever pretend that one object, such as a block, is another object, such as a car or a telephone?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	Can your child stack three small blocks or toys on top of each other by him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does your child ever pretend to do things? For example, riding a horse or making a cup of tea?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Can your child push a car along the floor with the wheels on the floor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your child look with interest at pictures in a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Does your child point to pictures in a book?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Does your child try to copy things you do, such as stirring with a spoon in a cup?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Can your child stack seven small blocks or toys on top of each other by him/herself?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19	Does your child point or show where people or objects are when you ask: "Where is the light?" "Where is Daddy?" or "Where is Teddy?"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Does your child ever pretend that two dolls are playing together, or are talking to each other, or one is feeding the other?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Does your child ever play pretend games with another child, pretending to be someone else, such as a mummy, daddy, policeman, or nurse?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Does your child ever play any game with another child that involves taking turns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Does your child ever copy some action shortly (within a few minutes) after s/he has seen it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Can your child fetch something, such as a toy, from another room by him/herself when you ask?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25	Does your child know where some things belong, such as, that his/her toys belong in a box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		YES	NO	DON'T KNOW
26	Does your child ever save or put to one side a biscuit (or snack) for later, on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Have you ever seen your child get together three or more toys before beginning to play with them?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Have you ever seen your child sort things (blocks, other toys) into groups or piles that go together on his/her own?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	If your child wants something out of reach, does s/he go and find a chair or box to stand on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	When your child uses or plays with a telephone, does s/he speak into the mouthpiece not the earpiece?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	When your child drinks from a cup, is s/he careful about putting it down, trying not to spill it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32	Does your child try to turn doorknobs, twist tops, or screw lids on or off jars?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Does your child recognise him/her self when looking in the mirror?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Does your child ever use his/her index (first) finger to point to show an interest in something?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT YOUR CHILD CAN SAY

Children understand many more words than they can say. Here, we are only interested in the words your child SAYS. Please tick all the words you have heard your child say. If your child uses a different pronunciation of a word – e.g., “tend” for pretend, or “duce” for juice – tick it anyway. Please keep in mind that this is only a sample of words; your child may know many other words not on this list.

- | | | | | |
|--|--|--------------------------------------|-------------------------------------|----------------------------------|
| <input type="checkbox"/> Baa baa | <input type="checkbox"/> Cream cracker | <input type="checkbox"/> Bed | <input type="checkbox"/> Carry | <input type="checkbox"/> Last |
| <input type="checkbox"/> Meow | <input type="checkbox"/> Juice | <input type="checkbox"/> Bedroom | <input type="checkbox"/> Chase | <input type="checkbox"/> Tiny |
| <input type="checkbox"/> Ouch/ow | <input type="checkbox"/> Meat | <input type="checkbox"/> Settee/sofa | <input type="checkbox"/> Pour | <input type="checkbox"/> Wet |
| <input type="checkbox"/> Uh-oh/oh dear | <input type="checkbox"/> Milk | <input type="checkbox"/> Oven/cooker | <input type="checkbox"/> Finish | <input type="checkbox"/> After |
| <input type="checkbox"/> Woof woof | <input type="checkbox"/> Peas | <input type="checkbox"/> Stairs | <input type="checkbox"/> Fit | <input type="checkbox"/> Day |
| <input type="checkbox"/> Bear | <input type="checkbox"/> Hat | <input type="checkbox"/> Flag | <input type="checkbox"/> Hug/cuddle | <input type="checkbox"/> Tonight |
| <input type="checkbox"/> Bird | <input type="checkbox"/> Necklace | <input type="checkbox"/> Rain | <input type="checkbox"/> Listen | <input type="checkbox"/> Our |
| <input type="checkbox"/> Cat | <input type="checkbox"/> Shoe | <input type="checkbox"/> Star | <input type="checkbox"/> Like | <input type="checkbox"/> Them |
| <input type="checkbox"/> Dog | <input type="checkbox"/> Sock | <input type="checkbox"/> Swing | <input type="checkbox"/> Pretend | <input type="checkbox"/> This |
| <input type="checkbox"/> Duck | <input type="checkbox"/> Chin | <input type="checkbox"/> School | <input type="checkbox"/> Rip/tear | <input type="checkbox"/> Us |
| <input type="checkbox"/> Horse | <input type="checkbox"/> Ear | <input type="checkbox"/> Sky | <input type="checkbox"/> Shake | <input type="checkbox"/> Where |
| <input type="checkbox"/> Aeroplane | <input type="checkbox"/> Hand | <input type="checkbox"/> Zoo | <input type="checkbox"/> Taste | <input type="checkbox"/> Beside |
| <input type="checkbox"/> Boat | <input type="checkbox"/> Leg | <input type="checkbox"/> Friend | <input type="checkbox"/> Gentle | <input type="checkbox"/> Down |
| <input type="checkbox"/> Car | <input type="checkbox"/> Pillow | <input type="checkbox"/> Mummy/mum | <input type="checkbox"/> Think | <input type="checkbox"/> Under |
| <input type="checkbox"/> Ball | <input type="checkbox"/> Comb | <input type="checkbox"/> Person | <input type="checkbox"/> Wish | <input type="checkbox"/> All |
| <input type="checkbox"/> Book | <input type="checkbox"/> Lamp/torch | <input type="checkbox"/> Bye/byebye | <input type="checkbox"/> All gone | <input type="checkbox"/> Much |
| <input type="checkbox"/> Game | <input type="checkbox"/> Plate | <input type="checkbox"/> Hi/hello | <input type="checkbox"/> Cold | <input type="checkbox"/> Could |
| <input type="checkbox"/> Sandwich | <input type="checkbox"/> Rubbish | <input type="checkbox"/> No | <input type="checkbox"/> Fast | <input type="checkbox"/> Need to |
| <input type="checkbox"/> Fish | <input type="checkbox"/> Tray | <input type="checkbox"/> Shopping | <input type="checkbox"/> Happy | <input type="checkbox"/> Would |
| <input type="checkbox"/> Sauce | <input type="checkbox"/> Towel | <input type="checkbox"/> Thank you | <input type="checkbox"/> Hot | <input type="checkbox"/> If |

HOW YOUR CHILD USES WORDS

We would like to know how your child uses the words s/he can say. Please tick one box for each question below to tell us whether your child uses words like this often, sometimes, or not yet.

Please keep in mind that these questions are for children up to 4 years of age. Many children of your child's age will not be able say some of the words or sentences below.

	OFTEN	SOMETIMES	NOT YET
1 Does your child ever talk about past events or people who are not present? For example, a child who saw a carnival last week might later say 'carnival', 'clown', or 'band'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 Does your child ever talk about something that is going to happen in the future? E.g. saying 'choo-choo' or 'bus' before you leave the house on a trip, or saying 'swing' when you are going to the park?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Does your child ever talk about objects that are not present? For example, asking about a missing toy not in the room, or asking about someone not present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Does your child understand if you ask for something that is not in the room? For example, would s/he go to the bedroom to get a teddy bear when you say 'Where's the bear?'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 Does your child know who things belong to? For example, a child might point to mummy's shoe and say 'Mummy'.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 Has your child started to put together words yet, such as 'Daddy gone' or 'Doggie bite'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "Sometimes" or "Often" to Question 6, please answer the last few questions on the next page.

If you answered "Not Yet" to Question 6, please finish the questionnaire here. Thank you very much for your time. Your help is greatly appreciated.

For EACH PAIR of sentences below – A and B – please tick the one that sounds MOST like the way your child talks at the moment, even if s/he would not say that EXACT sentence. If your child is saying sentences even more complicated than the two examples provided, tick B.

7 (Talking about something happening right now)

A I make tower

B I making tower

8 (Talking about something that already happened)

A Daddy pick me up

B Daddy picked me up

9

A That my truck

B That's my truck

10

A Baby crying

B Baby is crying

11

A There a doggie

B There's a doggie

12

A Coffee hot

B That coffee hot

13

A I no do it

B I can't do it

14

A I like read stories

B I like to read stories

15

A Biscuit Mummy

B Biscuit for Mummy

16

A Don't read book

B Don't want you read that book

17

A Baby want eat

B Baby want to eat

18

A Look at me

B Look at me dancing

A FEW EXTRA QUESTIONS

We would like to know the answer to a few extra questions about your baby's development. Please tick one box for each question below and if you are not sure about the answer, then tick 'Don't know'.

		YES	NO	DON'T KNOW
1	Does your child have difficulty walking? If 'no' move to Q3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Does your child have difficulty sitting? If 'no' move to Q3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2a)	Is your child unstable when sitting or needs to be supported when sitting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2b)	Is your child unable to sit, even with support?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Does your child have difficulty using their hands? If 'no', go to Q4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3a)	If so, is the difficulty with the use of both hands?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3b)	Or with the use of one hand only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Is your child only able to exercise for limited periods (either with or without treatment)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Does your child need oxygen or other support for their breathing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Is your child on a special (medical) diet as directed by their doctor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6a	If so, what is the diet?			
7	Does your child require any help with their feeding such as tube feeding or PEG feeding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Is your child having any treatment for kidney problems?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	Has your child had a fit or seizure in the last twelve months? If no, go to Q10	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9a)	If your child has had a seizure are they on any medication for this?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9b)	Has your child had more than 1 seizure a month even with treatment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Has your child had a shunt fitted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Does your child have a hearing loss? If no, go to Q12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11a)	If yes, do you know what sort?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12)	Does your child have hearing aids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12a)	If so, does this correct the hearing loss fully?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Does your child have any problems with their eyes such as a squint?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Does your child have any problems with seeing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14a)	If yes, does the problem affect both eyes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14b)	Or does it affect one eye only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Does your child wear glasses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15a)	If your child wears glasses, does this make their vision normal?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	If your child does not wear glasses is your child registered as having a visual impairment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you for completing this questionnaire. Your contribution to improving neonatal care in the UK is appreciated.

Please visit www.planet-2.com for results as they become available