

ID Number:

Parent/Family Pre Questionnaire

Goslings Family Information



Today's Date : / /

Directions: Please circle an answer to each of the items below.

Your Relation to the Baby in the NICU:

Mother Father Grandparent Sibling Other _____

Are you the primary caregiver? If no, who is?

Yes No _____

Your highest level of education:

- Middle school or less
- Some high school
- High school diploma or equivalent (e.g. GED)
- Some college credit
- Trade/technical/vocational training
- Associate's degree
- Bachelor's degree
- Master's degree
- Professional degree
- Doctoral degree

Your race/ethnicity:

White Black Latino/a Asian Other _____ Choose not to respond

Your marital status:

Married Single Separated/divorced Other _____

Is this your first time attending Mother Goose on the Loose Goslings?

Yes No

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**Pre-Goslings
Parent/Family Questionnaire**

Today's Date : / /

What month was the baby in the NICU born? _____

Gender of baby in the NICU: Boy Girl

To the best of your ability, please circle an answer to each of the items below:

- | | | | | | |
|--|-----------------------|---------------------------------|----------------------------------|----------------------------------|-----------------------|
| 1. Birthweight of baby in the NICU | ≤1000 g (≤2.2 lbs) | 1001-1500 g (2.3 - 3.31 lbs) | 1501-2000 g (3.32 – 4.41 lbs) | 2001-2500 g (4.42 – 5.51 lbs) | >2500g (>5.52 lbs) |
| 2. Gestational age at birth of baby in the NICU | ≤ 25 weeks | 26-30 weeks | 31-33 weeks | 34-36 weeks | 37+ weeks |
| 3. Baby's length of stay in the NICU (to date) | <7 days | 1-2 weeks | 3-4 weeks | 1-2 months | 2+ months |
| 4. Is the baby in the NICU a first-born child? | Yes | No | | | |
| 5. Is the baby in the NICU a twin or triplet? | Yes, twin. | Yes, triplet. | No | | |

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Frequency of Activities with Baby in the NICU

In the past week, how often did you:

| | Not at all | 1-3 times a week | 4-6 times a week | Every day | Several times a day |
|--|-------------------|-------------------------|-------------------------|------------------|----------------------------|
| 6. Talk to the baby in the NICU | 1 | 2 | 3 | 4 | 5 |
| 7. Read books to the baby in the NICU | 1 | 2 | 3 | 4 | 5 |
| 8. Recite nursery rhymes to the baby in the NICU | 1 | 2 | 3 | 4 | 5 |
| 9. Sing to the baby in the NICU | 1 | 2 | 3 | 4 | 5 |

Please circle the answer that best applies to you:

| | Strongly disagree | Disagree | Neither agree nor disagree | Agree | Strongly agree |
|--|--------------------------|-----------------|-----------------------------------|--------------|-----------------------|
| 10. I feel comfortable caring for the baby's needs. | 1 | 2 | 3 | 4 | 5 |
| 11. I understand the baby's cues of overstimulation. | 1 | 2 | 3 | 4 | 5 |
| 12. I feel confident predicting how the baby will react when overstimulated. | 1 | 2 | 3 | 4 | 5 |
| 13. I know what the baby looks and acts like when s/he is ready for interaction. | 1 | 2 | 3 | 4 | 5 |