ActiveCHILD, Studies 1 and 3, Parent cover letter, v2016-12-12

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Sept/Oct/Nov 2017

RECRUITING NHS TRUST DEPARTMENT

ADDRESS

PHONE

Dear Parent,

**ActiveCHILD: Children’s Participation in Physical Play**

We would like to invite your child and you to take part in a research study. The study looks at physical play and activities in children under 5 years old.

I have included information about the study. If you are interested in taking part, please contact Niina Kolehmainen, the lead researcher. Niina can be contacted by:

 Phone: 07964329630

 Email: activechild@newcastle.ac.uk

You and your child are under no obligation to take part. Your child’s health care will not be affected by your decision.

I have attached a return slip and a self-addressed envelope. It would be very helpful to the research team if you were able to complete this and return to them as soon as possible. Or you can bring this to your appointment with your health visitor.

The study is a collaboration between the children’s NHS services in Cheshire and Wirral, and Newcastle University.

If you would like more information, please contact Niina directly. If you have any concerns about this study, you can also contact me – I am happy to discuss any concerns.

Thank you for taking the time to consider this study.

Yours sincerely

NHS CLINICIAN SIGNATURE

NHS CLINICIAN (SITE PI) NAME

NHS CLINICIAN (SITE PI) JOB TITLE

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**RETURN SLIP**

The research team does not currently hold any details of you or your child.

It would be very helpful for the research team to know your response to the study invitation. You can indicate your preferences by ticking the relevant boxes below.

I am interested in this study and would like to know more about taking part

 I don’t wish to participate, but would like to receive summaries of the findings

 I don’t wish to participate, and prefer not to be contacted further

It would also be hugely helpful for us if you completed the family basic information questionnaire. We will use the information anonymously (without identifying you) to find out if families who choose not to participate are different from families who do participate.

If you have completed boxes one or two, please also complete your contact details below.

We would be very grateful if you returned this slip to us in the enclosed envelope.

You can also email us directly at activechild@newcastle.ac.uk

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Information on this page will be stored separately from your questionnaire answers and from all other data that you and/or your child may provide.**

**We will keep this information confidential and will not share it with anyone outside the research team.**

ActiveCHILD, Study 1, Consent – parents, v2.2017-03-03

Institute for Health and Society

Baddiley-Clark Building

Richardson Road

Newcastle Upon Tyne, NE2 4AX

Email: niina.kolehmainen@newcastle.ac.uk



**CONSENT FORM**

**Project title:** ActiveCHILD Physical Activity in Under5s

**Researcher’s name (the person taking consent):** Niina Kolehmainen / Olivia Craw

|  |  |  |
| --- | --- | --- |
|  |  | **Please initial the box** |
| 1 | I confirm that I have read and understand the information sheet v2 for the study. I have had the opportunity to consider the information and ask questions, and I have had my questions answered satisfactorily. |  |
| 2 | I understand that my decision is voluntary and that I am free to change my mind at any time, without giving any reason, without my legal rights or my child’s health care being affected. |  |
| 3 | I agree to my child and I participating in the study. |  |
| 4 | I agree my child’s health care professional to provide the research team information about my child’s medical diagnoses, impairments in my child’s body structures or functions, and limitations in my child’s capacity to do things. |  |
| 5 | I understand that the study will involve follow-up, and I am willing for the research team to contact me for this. |  |
| 6 | I agree the research team to approach me for an interview about my child’s active play and physical activity. I can still decline to take part in the interview after discussing it with them. |  |
| 7 | I agree for an anonymised sub-selection of the data that I and my family provide to be made available for further research use. This is only for data that cannot be linked back to me or my child. |  |
| 8 | I understand that the data collected during the study may be looked at for monitoring purposes. This may involve individuals from the Newcastle University, from regulatory authorities, and from the NHS. |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name and signature of the parent Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

Name and signature of the researcher Date

When completed, provide one copy to the parent and place the original in the research file





ActiveCHILD study, General Information Questionnaires, version-1.2016-12-05

**GENERAL INFORMATION - QUESTIONNAIRE**

These questions provide the research study a general information about who is taking part in the study. The information will be kept separate from your contact details, including your name. It will only be used to describe the study participants as a whole group, at a general level.

This information is important as it helps parents and decision makers to judge whether the results are relevant to them – whether the study involved people similar to them or similar to people they try to help.

|  |
| --- |
| **Q1: Is your child:** [*circle the relevant option*] a Boy a Girl Other |
| **Q2: What is your child’s date of birth?** \_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ |
| **Q3: What language does your child speak at home?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Q4: Who is you child’s main carer?** [*circle the relevant option*] Mother Father Grandparent Other  |
| **Q5: What is the main carer’s highest educational qualification?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Q6: On average, how many hours a week does the main carer work outside home?** \_\_\_\_\_\_\_ hours |
| **Q7: How long does it take you go to the closest safe and usable outdoor play area for your child?** |
|  \_\_\_\_\_\_ hours \_\_\_\_\_\_\_\_\_\_\_\_\_ minutes [*complete the relevant lines*] |
|  **Is this by:** Foot Cycling Public transport Car [*circle the relevant option*] |
| **Q8: What post code does your child live in?** \_\_\_\_\_\_\_\_\_\_\_\_\_ |
| *We will use your child’s post code to develop general description of the participating children’s environments. The post code will not be shared with anyone and not be reported in any publications.* |

ActiveCHILD, Studies 1 and 3, Instructions for wearing the accelerometer, v2.2017-03-03

**HOW SHOULD I WEAR THE ‘MOVEMENT SENSOR’?**

**1. Put it next to your child’s bed.**

**![C:\Users\nnK23\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JKNY7QH8\MC900030262[1].wmf]()![C:\Users\nnK23\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\M6B9X50D\MC900436323[1].png]()![C:\Users\nnK23\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\JKNY7QH8\MC900030262[1].wmf]()**

**2. When your child wakes up, put the belt on.**

The sensor works the best if you

put it on the side of your body.

Wear it the whole day.

**3. If you go swimming, take it off.**

Put it back on straight after swimming.

You can wear it playing on the beach.

It does not matter if it gets a little bit wet.

**4. When your child goes to sleep, put it next to their bed.**

**Try not to carry the sensor in your bag or your pocket. Always have it on your child!**

*While we ask you to look after the equipment, please do note that neither you nor your child will be held liable for loss or damage which occurs to the equipment while it is in your possession.*

ActiveCHILD Study 1 and 3, Health Professional Form v2.2017-04-18

**Data collection “HEALTH PROFESSIONAL FORM”**

**PAGE 1:**

|  |
| --- |
| **DEMOGRAPHIC INFORMATION** [used only to describe the overall sample, not individual children] |
| Month/Year of birth: | \_\_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_\_(month) (year) |
| ***Formal*** medical diagnoses: |  |
| Cognitive level: | There are no concerns about this child’s cognitive developmentThere are concerns about this child’s cognitive development/learning (e.g. the child is below educational level, the child receives support for learning)This child has a global developmental delay established as part of a multidisciplinary or medical assessment I am not able to comment on this child’s cognitive level**SAMPLE ONLY** |
| Main mobility: |  This child moves around using aids/equipment/human help This child moves around using his/her body (e.g. crawling, shuffling) This child walks on his/her own (including cruising along furniture) |
| Growth:*Only record height or length!* | Height: cmLength: cmWeight: kg |

|  |  |
| --- | --- |
| **DATE when DATA COLLECTED:** | **PROFESSIONAL who collected the data:** |
| \_\_\_\_\_\_ / \_\_\_\_\_\_\_\_\_ / \_\_\_\_\_\_\_day month year | Name: |

|  |
| --- |
| **AGES AND STAGES QUESTIONNAIRE. Results for this child:** |
|  |

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| **CLINICAL OBSERVATIONS. Describe the child’s difficulties here (‘a problem list’):** |
|  |
| *(Please continue on the other side)* |
|  |
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|  |
| **Please provide any other information that you think might be relevant here:** |
|  |

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| **CLINICAL OBSERVATIONS (Continued):** |
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| **SAMPLE ONLY** |
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