

Parental Feedback Questionnaire

Parents' opinions on Crawliskate training

Dear Sir or Madam,

As part of a research protocol, your child has benefited from treatment with the Crawliskate device. We would like to gather your impressions and observations using this questionnaire.

In order to improve our intervention protocol, we are interested in all your feedback, whether positive or negative: please feel free to give detailed answers!

Please contact us if you have any questions.

Thank you in advance for your contribution.

The Premalocom team

Date: .../.../.....

Completed by: ☐ the mother ☐ the father ☐ both parents ☐ other

A - General considerations

Regarding the research protocol involving Crawliskate training,

What were your main reasons/motivation for agreeing to participate in the research protocol?
(You may select more than one answer).

- ☐ The potential beneficial effect of the intervention on my child's motor development
- ☐ The fact that participating in the protocol gave me access to a group of professionals who could answer my questions and address my concerns about my child's development
- ☐ The fact that the protocol provided additional specialized follow-up care beyond what is usually offered to children leaving the neonatal unit
- ☐ Even if the effect of the training was not certain, I am willing to offer my child any intervention that could improve their future
- ☐ The professionals who presented the protocol to me were very convincing
- ☐ The fact that the training is supervised by professionals
- ☐ Participating in a research protocol is motivating in itself
- ☐ Other:

Please specify:

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What were the main questions or concerns that made you hesitate/think twice before agreeing to participate in the research protocol?

- ☐ Fear that the intervention would worsen my child's condition
- ☐ Fear that the protocol would be too tiring for my child
- ☐ Fear that my child would injure themselves on the device
- ☐ Fear that the protocol would be too difficult to implement at home
- ☐ Fear of not being able to ensure regular training sessions/all the requirements of the protocol
- ☐ Fear of adding an additional mental burden to daily life
- ☐ Other:

Please specify:

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B - Evaluation of the Crawliskate (known as Crawli) intervention

*You can answer the following questions with **yes** / **a little** / **not really** / **no** and leave us a comment, indicating the number of the question you are referring to if necessary.*

	Yes	A little	Not really	No
B1. Did the first Crawli session in the laboratory with our team make you feel stressed?				

B2. Did using Crawli make you particularly stressed during the first sessions at home ?				
B3. Did you gain confidence in doing the sessions on your own as the sessions progressed?				
B4. Did your stress levels decrease if someone from our team was present during the session?				
B5. Did being able to contact us by telephone or video conference reduce your stress?				
B6. Overall, were you stressed during your child's two months of Crawli training sessions at home ?				
B7. Would you have preferred less frequent home visits from our team?				
B8. Conversely, would you have preferred more frequent follow-up home visits from our team?				
B9. During the sessions, were you afraid that the Crawli would tip over?				
B10. Were you afraid that your child might get their hand stuck under the Crawli while it was moving?				
B11. Did the Crawli encourage your child to interact with you or with their siblings?				
B12. Did you find that the Crawli caused excessive crying?				
B13. Was your baby easy to calm down by taking breaks during the session?				
B14. Was your baby difficult to calm after the session?				
B15. Was your baby excessively tired after the sessions?				
B16. Did the session time on the Crawli seem too long to you?				

B17. On the contrary, would you agree to increase the time of each session on the Crawli?				
B18. Would you have preferred to have fewer sessions per week (only 4-5 sessions per week)?				
B19. Did the fact that your baby did not eat before the session stress you out?				
B20. Did you feel that your baby regurgitated more on (or after) the Crawli?				
B21. Did you notice that the sessions disrupted your baby's feeding routine?				
B22. Did you notice that your baby drank less milk after the sessions?				
B23. Did you feel that the training contributed to a slowdown in your child's weight gain?				
B24. Would you have preferred to postpone the start of the home sessions instead of starting them immediately after leaving the neonatal unit?				
B25. Would you like to continue the training for two months?				
B26. Would you have agreed to continue coaching your child for another four months?				

Any comments ?

C - Evaluation of the device

Please rate each statement based on your observations during the Crawliskate sessions. The maximum score is 4, which represents a satisfactory assessment.

You can provide detailed answers in the "comments on a question" section at the end, mentioning the number of the questions you are referring to.

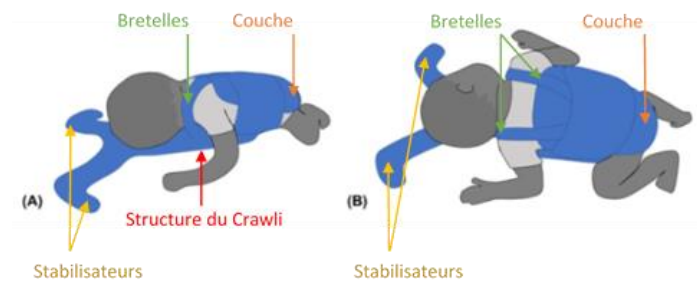


Figure 1 (A) Side view of a child positioned on the Crawliskate (B) Top view of a child positioned on the Crawliskate.

	 <i>Strongly disagree</i>	 <i>Rather disagree</i>	 <i>Rather agree</i>	 <i>Strongly agree</i>
Regular installation of equipment				
C1. The mat is quick to set up				
C2. The mat is good for training				
C3. A thinner mat would have made movement easier				
C4. The cameras are easy to use				
C5. The Crawl is easy to use				

C6.Kneeling on the mat to do the session is not a problem				
C7.Only one parent is needed to do the session				
Initial positioning of the child on the Crawli				
C8.Installing the baby is simple				
C9.The straps and nappy are adjustable				
C10. The baby's position seems stable and secure				
C11. The baby's position seems comfortable				
C12. The baby's position is suitable for allowing them to move around/advance				
Using the Crawli during a session				
C13. Your baby could turn their head				
C14. Your baby could move their arms				
C15. Your baby could move their legs				
C16. Your baby could alternate right/left movements				
C17. Your baby could push up on the floor				
C18. Your baby could propel themselves forward				
C19. Your child's breathing was not impeded by the position or the device				
C20. It was possible to easily detach your child if necessary				
C21. The physical effort seemed appropriate for the child's age				
Quality of the Crawli				
C22. The foam does not sag				
C23. The structure appears solid				
C24. The stabilisers appear to be sturdy				
C25. The wheels do not fall off				
C26. The fabrics used are soft to the touch				
Free comments on a question ?				

D - Benefits of the intervention

What were your expectations regarding the use of the Crawliskate?

Do you think that training with Crawliskate met your expectations? *Please circle the score out of 10 that corresponds to your level of satisfaction.*

0	1	2	3	4	5	6	7	8	9	10
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Can you elaborate on your answer?

Do you think that the training had a **positive effect on** your child's **development**?

☐ Yes ☐ No ☐ I don't know

Can you elaborate on your answer?

Would you recommend the Crawliskate to other families?

☐ Yes ☐ No ☐ I don't know

Can you elaborate on your answer?

Do you have any general comments you would like to share with us about your child's Crawliskate training?

Do you have any suggestions for future training sessions?

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Thank you for your participation!