

Study ID _____

Daily Activities of Infants Scale

Please indicate the day you completed this scale with your baby:

day month year

Please complete the following information before reading the instructions:

Baby's date of birth: _____
Day / Month / Year

Your relationship to the baby _____

Please complete this question at the end of the 24-hour period:

Was the period in which you completed this form a typical day? Yes [] No []

If you checked "No", please explain:

In addition to the parents and infants who kindly agreed to have photographs taken for the development of this instrument and who participated in pilot testing, we would like to acknowledge the following people for their participation:

Andrea Harrison	These women were BScPT students at the time the items were generated for the <i>DAIS</i> . To do this, they visited 17 families with infants aged 4 to 11 months, and took photographs of infants and families doing a variety of activities throughout their days in the spring, summer, and early fall of 2002. These photographs form the basis of this instrument. They also conducted pilot testing of the instrument, which lead to refinements in this version.
Jenny Harwood	
Kari Jean	
Krista Leuschner	

Doreen Bartlett, PhD, PT
School of Physical Therapy
Faculty of Health Sciences
The University of Western Ontario

Jamie Kneale Fanning, MClSc, PT
Neonatal Intensive Care and
Developmental Follow-up Clinic
St. Joseph's Health Care

London, Ontario

April, 2004

We are interested in learning about the activities you and your baby do over a 24-hour period, recorded in 15-minute blocks. Please read through everything before completing the scale.

- The scale is made up of the following 8 activities:

feeding	dressing	quiet play	outings
bathing	carrying	active play	sleeping

- For each 15-minute period, choose the main activity that your child is doing from the list of activities above.
- Turn to the page in the scale with this activity, and choose from the 3 pictures labelled A, B, and C.
- Please choose the **ONE** that looks the most like you and your baby.
- To make it easier to choose the **ONE** picture, there are other examples of A, B, and C pictures on the opposite page.
- Once you have chosen an A, B, or C picture, please fill out the blocks beside it.
- Mark one block for each 15 minutes that your child is doing the activity. For example, if you bathed your child between **7:00 and 7:30** in the evening you would mark **two** blocks beside the A, B, or C bathing picture.
- We recommend that you complete the scale at least every 2 hours (except overnight) at the times listed below (you can check each circle when done).

6 am - 8 am	<input type="radio"/>	2 pm - 4 pm	<input type="radio"/>
8 am - 10 am	<input type="radio"/>	4 pm - 6 pm	<input type="radio"/>
10 am - 12 noon	<input type="radio"/>	6 pm - 8 pm	<input type="radio"/>
12 noon - 2pm	<input type="radio"/>	8 pm - 10 pm	<input type="radio"/>
- When you get up the next morning, please complete the overnight activities

Please make sure you have filled in 96 boxes for the 24-hour period.

More Feeding Pictures

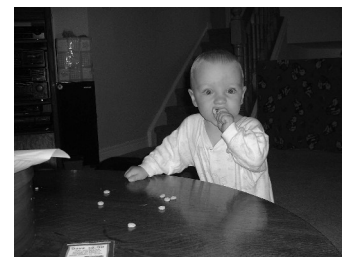
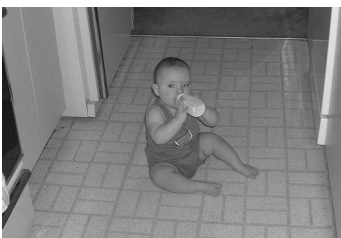
A



B



C



Feeding

This includes bottle feeding, drinking from a cup, breast feeding and/or eating solid food.

A



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My baby is lying down when feeding

B



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My baby sits with help from me or a chair when feeding

C



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My baby sits alone when feeding or I choose the high chair to keep my child in one place (he/she does not need the chair to help with sitting)

More Bathing Pictures

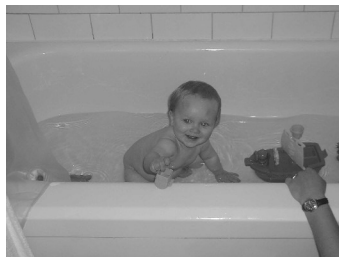
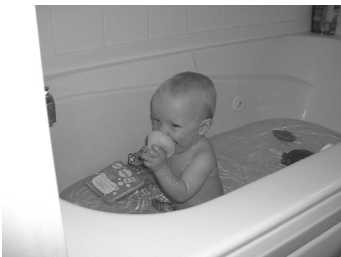
A



B



C



Bathing

Bathing includes bathing, washing, and play in the bath

A



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My baby is fully supported while bathing

B



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My baby sits up with help when bathing

C



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My baby sits alone and moves around in the bath tub

More Dressing Pictures

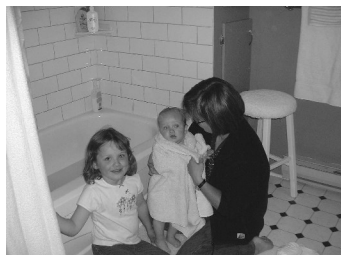
A



B



C



Dressing

This also includes changing, diapering, and drying off

A



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My baby is lying down when I dress him or her

B



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My baby sits up or tries to move away when I dress him or her

C



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My baby stands up when I dress him or her

More Carrying Pictures

A



B



C



Carrying

This includes cuddling, moving with your baby from one place to another in the home, and carrying your baby while you do activities.

A



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My baby's body is fully supported when I carry him or her

B



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My baby's body is partly supported in an upright position when I carry him or her

C

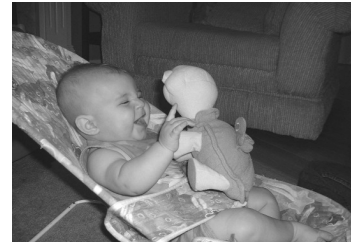
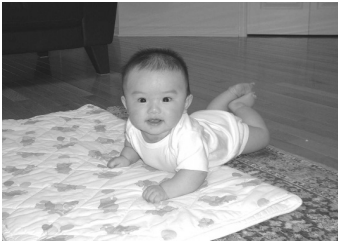


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My baby's body is upright and needs no support from me above his or her hips

More Quiet Play Pictures

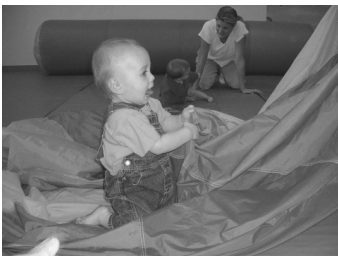
A



B



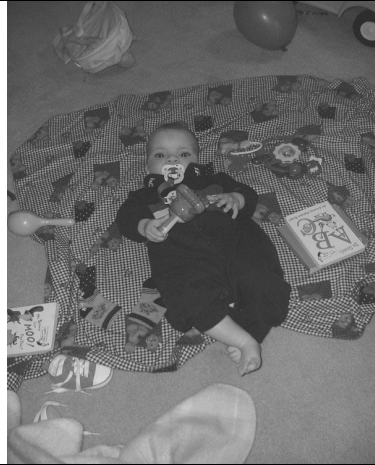
C



Quiet play

This includes activities when your baby is playing with toys or objects using his or her hands

A



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My baby is fully supported when playing

B



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My baby is partly supported when playing

C



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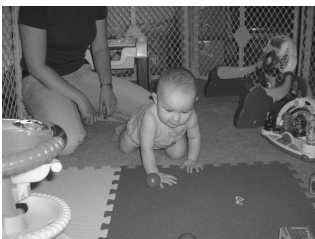
My baby sits or stands alone when playing

More Active Play Pictures

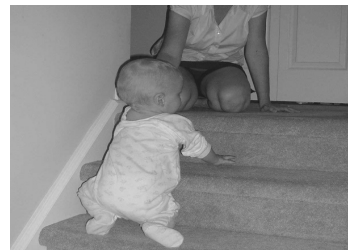
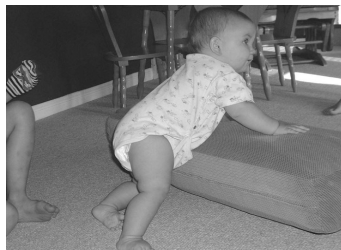
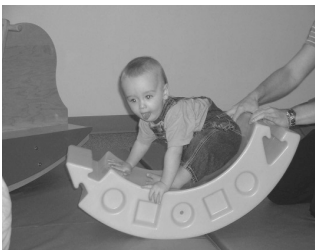
A



B



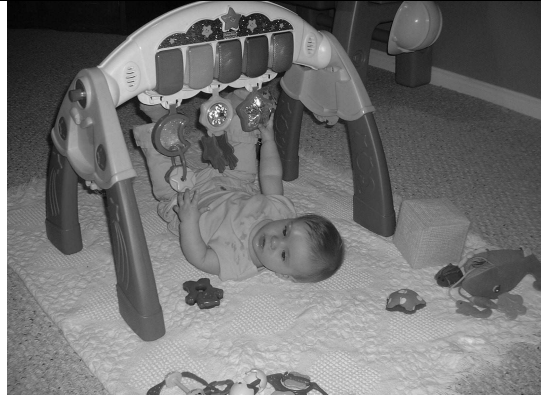
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Active play

This includes activities when your baby is moving from one position or place to another and/or moving his or her arms and legs.

A



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My baby is fully supported when moving arms and/or legs

B



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My baby plays by moving from one place to another along the floor

C

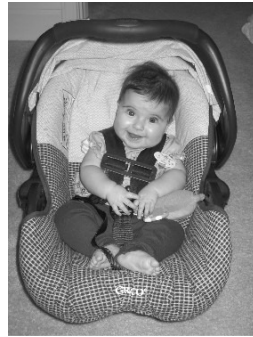
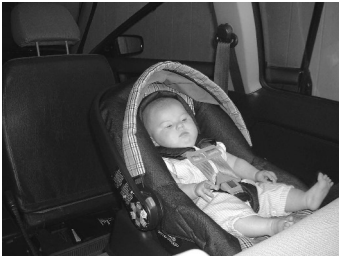


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My baby plays by climbing (up stairs, over objects, or up onto the furniture)

More Pictures of Outings

A



B



C



Outings

This includes how your baby gets from place to place outside of the home

A



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My baby's body is fully supported

B



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My baby is in an upright position with some support (from me, a seat, or stroller)

C



<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

My baby is in an upright position with little support (walking or riding in a wagon)

Sleeping

This includes sleeping anywhere, in any position, at any time during the day or night.

