

Outcome measures

A - Demographic interview

DEMOGRAPHICS

CAREGIVER 1

Caregiver 1 Initials:

Date of birth:

Gender:				
1.	Male	<input type="checkbox"/>	2. Female	<input type="checkbox"/>

Relationship to child:				
1.	Biological mother	<input type="checkbox"/>	10. Maternal grandfather	<input type="checkbox"/>
2.	Biological father	<input type="checkbox"/>	11. Paternal grandmother	<input type="checkbox"/>
3.	Adoptive mother	<input type="checkbox"/>	12. Paternal grandfather	<input type="checkbox"/>
4.	Adoptive father	<input type="checkbox"/>	13. Maternal sister	<input type="checkbox"/>
5.	Foster mother	<input type="checkbox"/>	14. Maternal brother	<input type="checkbox"/>
6.	Foster father	<input type="checkbox"/>	15. Paternal sister	<input type="checkbox"/>
7.	Step mother	<input type="checkbox"/>	16. Paternal brother	<input type="checkbox"/>
8.	Step father	<input type="checkbox"/>	17. Other (please specify):	<input type="checkbox"/>
9.	Maternal grandmother	<input type="checkbox"/>		

Ethnicity:				
1.	White British	<input type="checkbox"/>	10. Asian or Asian British Bangladeshi	<input type="checkbox"/>
2.	White Irish	<input type="checkbox"/>	11. Asian or Asian British Chinese	<input type="checkbox"/>
3.	Any other White background	<input type="checkbox"/>	12. Any other Asian background	<input type="checkbox"/>
4.	Mixed White & Black Caribbean	<input type="checkbox"/>	13. Black or Black British Caribbean	<input type="checkbox"/>
5.	Mixed White & Black African	<input type="checkbox"/>	14. Black or Black British African	<input type="checkbox"/>
6.	Mixed White & Asian	<input type="checkbox"/>	15. Any other Black background	<input type="checkbox"/>
7.	Any other Mixed background	<input type="checkbox"/>	16. Any Other Ethnic Group (Please describe):	<input type="checkbox"/>
8.	Asian or Asian British Indian	<input type="checkbox"/>		
9.	Asian or Asian British Pakistani	<input type="checkbox"/>	18. Not Stated	<input type="checkbox"/>

Relationship Status:				
1.	Legally separated	<input type="checkbox"/>	7. Widowed	<input type="checkbox"/>
2.	Married	<input type="checkbox"/>	8. Civil Partner in a legally recognised Civil Partnership	<input type="checkbox"/>
3.	Remarried	<input type="checkbox"/>	9. A former Civil Partner	<input type="checkbox"/>
4.	Single never married & never in a Civil Partnership	<input type="checkbox"/>	10. A surviving Civil Partner	<input type="checkbox"/>
5.	Cohabiting	<input type="checkbox"/>	11. In a relationship but not cohabiting	<input type="checkbox"/>
6.	Divorced	<input type="checkbox"/>		

Highest qualification:						
1.	Pre GCSE	<input type="checkbox"/>	3. College (i.e. A-levels, NVQ, BTEC)	<input type="checkbox"/>	5. Postgraduate	<input type="checkbox"/>
2.	GCSEs	<input type="checkbox"/>	4. Undergraduate	<input type="checkbox"/>		

Employment Status:						
1.	Working for an employer	<input type="checkbox"/>	3. Self-employed	<input type="checkbox"/>	5. Looking after the home and family	<input type="checkbox"/>
2.	Paid maternity/paternity/parental leave from an employer	<input type="checkbox"/>	4. Full-time student	<input type="checkbox"/>	6. Retired	<input type="checkbox"/>

Is this your first child?						
1.	Yes	<input type="checkbox"/>	2. No*	<input type="checkbox"/>	3. *If 'No' number of additional children:	<input type="text"/>
4.	*If 'No' ages of additional children (years):	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is there anyone else involved in the child's day to day life that you would identify as a second caregiver, either by providing care at home or who has regular or close contact with the child?			
1. Yes	<input type="checkbox"/>	2. No	<input type="checkbox"/>

CAREGIVER 2 (if applicable)

Caregiver 2 Initials:

Date of birth:

Gender:			
1. Male	<input type="checkbox"/>	2. Female	<input type="checkbox"/>

Relationship to child:			
1. Biological mother	<input type="checkbox"/>	10. Maternal grandfather	<input type="checkbox"/>
2. Biological father	<input type="checkbox"/>	11. Paternal grandmother	<input type="checkbox"/>
3. Adoptive mother	<input type="checkbox"/>	12. Paternal grandfather	<input type="checkbox"/>
4. Adoptive father	<input type="checkbox"/>	13. Maternal sister	<input type="checkbox"/>
5. Foster mother	<input type="checkbox"/>	14. Maternal brother	<input type="checkbox"/>
6. Foster father	<input type="checkbox"/>	15. Paternal sister	<input type="checkbox"/>
7. Step mother	<input type="checkbox"/>	16. Paternal brother	<input type="checkbox"/>
8. Step father	<input type="checkbox"/>	17. Other (please specify):	<input type="checkbox"/>
9. Maternal grandmother	<input type="checkbox"/>		

Ethnicity:			
1. White British	<input type="checkbox"/>	10. Asian or Asian British Bangladeshi	<input type="checkbox"/>
2. White Irish	<input type="checkbox"/>	11. Asian or Asian British Chinese	<input type="checkbox"/>
3. Any other White background	<input type="checkbox"/>	12. Any other Asian background	<input type="checkbox"/>
4. Mixed White & Black Caribbean	<input type="checkbox"/>	13. Black or Black British Caribbean	<input type="checkbox"/>
5. Mixed White & Black African	<input type="checkbox"/>	14. Black or Black British African	<input type="checkbox"/>
6. Mixed White & Asian	<input type="checkbox"/>	15. Any other Black background	<input type="checkbox"/>
7. Any other Mixed background	<input type="checkbox"/>	16. Any Other Ethnic Group (Please describe):	<input type="checkbox"/>
8. Asian or Asian British Indian	<input type="checkbox"/>		
9. Asian or Asian British Pakistani	<input type="checkbox"/>	18. Not Stated	<input type="checkbox"/>

Relationship Status:			
1. Legally separated	<input type="checkbox"/>	7. Widowed	<input type="checkbox"/>
2. Married	<input type="checkbox"/>	8. Civil Partner in a legally recognised Civil Partnership	<input type="checkbox"/>
3. Remarried	<input type="checkbox"/>	9. A former Civil Partner	<input type="checkbox"/>
4. Single never married & never in a Civil Partnership	<input type="checkbox"/>	10. A surviving Civil Partner	<input type="checkbox"/>
5. Cohabiting	<input type="checkbox"/>	11. In a relationship but not cohabiting	<input type="checkbox"/>
6. Divorced	<input type="checkbox"/>		

Highest qualification:			
1. Pre GCSE	<input type="checkbox"/>	3. College (i.e. A-levels, NVQ, BTEC)	<input type="checkbox"/>
2. GCSEs	<input type="checkbox"/>	4. Undergraduate	<input type="checkbox"/>
		5. Postgraduate	<input type="checkbox"/>

Employment Status:					
1. Working for an employer	<input type="checkbox"/>	3. Self-employed	<input type="checkbox"/>	5. Looking after the home and family	<input type="checkbox"/>
2. Paid maternity/paternity/parental leave from an employer	<input type="checkbox"/>	4. Full-time student	<input type="checkbox"/>	6. Retired	<input type="checkbox"/>

Is this your first child?							
1. Yes	<input type="checkbox"/>	2. No*	<input type="checkbox"/>	3. *If 'No' number of additional children:			
4. *If 'No' ages of additional children (years):							

INFANT

Infant Initials:

Date of birth:

Gender:			
1.	Male	<input type="checkbox"/>	2. Female <input type="checkbox"/>

Ethnicity:			
1.	White British	<input type="checkbox"/>	10. Asian or Asian British Bangladeshi <input type="checkbox"/>
2.	White Irish	<input type="checkbox"/>	11. Asian or Asian British Chinese <input type="checkbox"/>
3.	Any other White background	<input type="checkbox"/>	12. Any other Asian background <input type="checkbox"/>
4.	Mixed White & Black Caribbean	<input type="checkbox"/>	13. Black or Black British Caribbean <input type="checkbox"/>
5.	Mixed White & Black African	<input type="checkbox"/>	14. Black or Black British African <input type="checkbox"/>
6.	Mixed White & Asian	<input type="checkbox"/>	15. Any other Black background <input type="checkbox"/>
7.	Any other Mixed background	<input type="checkbox"/>	16. Any Other Ethnic Group (<i>Please describe</i>): <input type="checkbox"/>
8.	Asian or Asian British Indian	<input type="checkbox"/>	17. <input type="checkbox"/>
9.	Asian or Asian British Pakistani	<input type="checkbox"/>	18. Not Stated <input type="checkbox"/>

Birth weight (<i>lbs, oz. or Kg</i>):	<input type="text"/>
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Breastfed:			
1.	Yes*	<input type="checkbox"/>	2. No <input type="checkbox"/>
3.	*if 'Yes' duration of exclusive** breastfeeding (<i>months</i>): <input type="text"/>		

*(**This means the time when the child was only fed breast milk, before the child received any formula milk or solid foods).*

OTHER

Where did the family hear about the study?			
1.	HV developmental review or other clinic	<input type="checkbox"/>	6. Poster nursery <input type="checkbox"/>
2.	HV mailshot	<input type="checkbox"/>	7. Print and radio advertisement <input type="checkbox"/>
3.	Poster/face to face recruitment/mailshot in another health center (GP, CAMHS)	<input type="checkbox"/>	8. Online advertisement (e.g., netmums, nct, etc.) <input type="checkbox"/>
4.	Poster/face to face recruitment children's center	<input type="checkbox"/>	9. Other (please specify) <input type="checkbox"/>
5.	Poster/face to face recruitment other community venue (e.g., one o'clock club, library)	<input type="checkbox"/>	10. <input type="checkbox"/>

B – Child Behaviour Questionnaire Measures

Strengths and Difficulties Questionnaire (SDQ)

Details of this measure can be found at <https://www.sdqinfo.com/>

Child Behaviour Checklist (CBCL)

Details of this measure can be found at <https://aseba.org/>

C – Parenting Practices Questionnaire Measure

Parenting Scale

More information about the Parenting Scale can found at Arnold DS, O'Leary SG, Wolff LS, Acker MM.

The Parenting Scale: A measure of dysfunctional parenting in discipline situations. Psychol Assess
1993;5:137.

D – Caregiver anxiety, mood, and couple functioning measures

General Anxiety Disorder-7 (GAD-7)

Information about the GAD-7 can be found at Spitzer RL, Kroenke K, Williams JB, Löwe B. A brief measure for assessing generalized anxiety disorder: The GAD-7. *Arch Intern Med* 2006;**166**:1092-7.

Patient Health Questionnaire-9 (PHQ-9)

Information about the PHQ-9 can be found at Kroenke K, Spitzer RL, Williams JB. The PHQ-9: Validity of a brief depression severity measure. *J Gen Intern Med* 2001;**16**:606-13.

Revised Dyadic Adjustment Scale (RDAS)

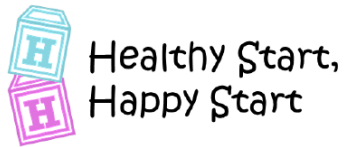
Information about the RDAS can be found at Busby DM, Christensen C, Crane DR, Larson JH. A revision of the Dyadic Adjustment Scale for use with distressed and nondistressed couples: Construct hierarchy and multidimensional scales. *J Marital Fam Ther* 1995;**21**:289-308.

E – Health Economic Evaluation Questionnaire

Child and Adolescent Service Use Schedule (CA-SUS)

More information about this measure can be found at Caspi A, Begg D, Dickson N, Harrington H, Langley J, Moffitt TE, et al. Personality differences predict health-risk behaviors in young adulthood: Evidence from a longitudinal study. *J Pers Soc Psychol* 1997;**73**:1052.

F – Post-intervention feedback questionnaire



Imperial College
London



Feedback Questionnaire

We want to know what you think...

We would be very grateful if you could take a few minutes to think about these questions and answer as honestly as possible; having this feedback will allow us to learn about what works and what doesn't work. It's just as important for us to know what you *didn't* like, as to hear about what you did!

Please feel free to add comments as you go through and use the additional sheet at the end if you need to.

Once you have completed the questionnaire, please put it in the envelope provided and return it by post to the Healthy Start, Happy Start team.

Thank you!

Today's Date:

[Office use only] Trial ID: _____

1. Firstly, thinking about the **positive** aspects of receiving the programme:
How much do you think the visits have positively impacted upon the following?

Please circle

	Not at all	A little	Moderately	A lot	A great deal
Your relationship with your child	1	2	3	4	5
Your understanding of your child's thoughts and feelings	1	2	3	4	5
Your understanding of your child's behaviour	1	2	3	4	5
Your reaction to your child's behaviour/ the way you manage difficult situations with your child	1	2	3	4	5
Your understanding of your child's likes and dislikes	1	2	3	4	5
Your communication with your child	1	2	3	4	5

2. Where would be your preferred location to have the sessions:

Please tick

At home GP Children's Centre Clinic

Other (*please state*) _____

3. I found that having the sessions delivered in my home was helpful because:

Please tick those that apply

- I did not have to pay for transport
- I did not have to arrange childcare
- I did not have to spend time travelling to an appointment
- It reflected some of the every-day interactions my child and I have at home
- I have not found the home-based delivery format helpful

4. What have you found most interesting/ helpful about the sessions?

5. Are you doing anything differently because of your participation in the programme?

6. Is there anything that you disliked about the sessions, or is there anything that you recommend we do differently?

7. Is there anything else you would like to say or add?

Thank you so much! We really appreciate your feedback.

Please place the questionnaire in the envelope provided and return it by post to the Healthy Start, Happy Start team.