PIMMS-WL Trial Follow-up Case Report Form

FOR TRIAL OFFICE USE ONLY

PIMMS-WL Trial Number: | | | - | | | | | Initials: | | | |

Date of Visit: | D | D | M | M | M | Y | Y | Y | Y |

Randomisation Group: UC ☐ INT ☐

Notes: _____

_____

_____

_____

Section 1: Confirmation of Consent

1. Is the participant happy to continue in the PIMMS-WL trial? Yes ☐ No ☐

If no, please do not complete the rest of this form, go to section 10 to complete the signature section and complete a PIMMS-WL Withdrawal Form.

Section 2: Weight Measurements

1. Does the participant have a pacemaker fitted? Yes ☐ No ☐

If yes, do NOT use the TANITA scale and no body fat measurement can be recorded.

2. Weight | | | | . | | kg |

3. % Body Fat | | | . | | % | % Body Fat not recorded ☐

Section 3: Immunisation Appointments

1. Did the participant attend the following immunisation appointments? If possible, ask to look at/photograph the immunisation book and record

	Attended				Attended by (relationship to child)	Date
2 month	Yes	☐	No	☐	_____	D D M M M Y Y Y Y
3 month	Yes	☐	No	☐	_____	D D M M M Y Y Y Y
4 month	Yes	☐	No	☐		D D M M M Y Y Y Y

_____

Section 4: Breastfeeding

1. How are you currently feeding your baby?
   - Exclusively breastfeeding ☐
   - Exclusively formula feeding ☐
   - Both breastmilk & formula ☐
   - Other ☐
   - If other, please specify: _____
2. Have you been breastfeeding and then stopped? Yes ☐ No ☐
3. If participant is no longer breastfeeding, what date did they stop? | D | D | M | M | M | Y | Y | Y | Y |

Section 5: Sleep

1. On average how many hours of **uninterrupted** sleep do you get per night? _____ hours

Section 6: Weight Management

1. Have you accessed or used any resources in order to help you with your weight loss? Yes ☐ No ☐
2. If yes, please name any particular diet or commercial weight loss programme.

_____

_____

3. Do you feel there are people you know, amongst your friends and family who support and encourage you with your postnatal weight loss? Yes ☐ No ☐
4. Have you accessed the POWeR website? Yes ☐ No ☐
5. If yes, could you tell me what you think of it?

_____

_____

6. Do you know anyone else who is taking part in this study? Yes ☐ No ☐

If yes, please specify details: _____

Section 7: Weight Management – INT GROUP ONLY

1. You are in the intervention group so you have been asked to weigh yourself weekly and get weighed during your baby immunisation appointments. How has this been going?

_____

_____

_____

2. Are you willing to be contacted regarding taking part in an interview? Yes ☐ No ☐

Section 8: Health Questionnaire Checklist – ALL PARTICIPANTS

1. Has the follow-up questionnaire booklet been collected? Yes ☐ No ☐
2. If no, please specify reason not completed _____
3. If no, has a freepost envelope been provided? Yes ☐ No ☐

Section 9: Checklist – INT GROUP ONLY

1. Have you collected or taken a photo of the weight record card?
2. Have you collected the weighing scales?

Section 10: Form Completed By:

Name of researcher: _____

Signature: _____ **Date** D D M M M Y Y Y Y

FOR TRIALS OFFICE USE ONLY:					
Received:		Checked:		Entered:	
Date:	Initials:	Date:	Initials:	Date:	Initials: