

6 Month Questionnaire



PARTICIPANT ID _____

PARTICIPANT INITIALS _____

DATE COMPLETED _____

DD /MM /YYYY

Participants Initials:

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DD/MMM/YYYY

6 Month Questionnaire

Thank you very much for taking the time to answer these questions for the BEEP study about your baby's health. Please be assured that all of the data collected remains confidential.

Please answer the questions as fully as possible. This should take approximately 10 minutes to complete. Please return your completed questionnaire in the pre-paid envelope provided to:

BEEP,
Nottingham Clinical Trials Unit,
NHSP C Floor South Block,
Queens Medical Centre,
Derby Road,
Nottingham,
NG7 2UH

If you have any problems please contact the study team on beep@nottingham.ac.uk or 0115 8231604.

Please tell us who is completing this questionnaire	Mother <input type="checkbox"/>	Father <input type="checkbox"/>
	Other (please state relationship to baby): <input type="checkbox"/> _____	

In the last <u>3 months</u> , has your baby suffered from any of the following skin problems?	Impetigo <input type="checkbox"/>	Eczema <input type="checkbox"/>
	Chicken pox <input type="checkbox"/>	Facial spots <input type="checkbox"/>
	Cradle cap <input type="checkbox"/>	None of these <input type="checkbox"/>

In the last <u>3 months</u> , has your baby been diagnosed with eczema by a doctor or a nurse?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In the last <u>3 months</u> , how many times has your baby seen any of the following health professionals because of their <u>eczema</u> ?	GP	<input type="text"/> <input type="text"/>
	Other doctor (e.g. hospital doctor)	<input type="text"/> <input type="text"/>
	Nurse	<input type="text"/> <input type="text"/>
	Other (please tell us who):	<input type="text"/> <input type="text"/> _____

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Has your baby been given any <u>prescriptions</u> to treat <u>eczema</u> in the last <u>3 months</u> ? (only record treatments that have been prescribed, not bought by family)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Name of treatment (prescribed to treat <u>eczema</u> in the last <u>3 months</u>):	Number of prescriptions:
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>
<input type="text"/>	<input type="text"/> <input type="text"/>

In the last <u>3 months</u> , has your baby had any skin infections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in the last <u>3 months</u> , how many skin infections has your baby had?	<input type="text"/> <input type="text"/>
What did your doctor call it? (tick all that apply)	Impetigo <input type="checkbox"/> Folliculitis <input type="checkbox"/> Boils <input type="checkbox"/> Other (please specify) <input type="checkbox"/> <input type="text"/> Don't know <input type="checkbox"/>

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<p>In the last <u>3 months</u>, have you <u>regularly</u> applied any moisturisers to your baby's skin (except for treating nappy rash or cradle cap) or oil for baby massage?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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If you answered 'yes' to the above question, please answer the following three questions:

<p>Please tell us what have you used</p>	<hr/> <hr/> <hr/> <hr/>
<p>In the last <u>3 months</u>, how often have you <u>usually</u> applied these to your baby's skin? (tick only one)</p>	<p>Everyday <input type="checkbox"/></p> <p>5 - 6 days per week <input type="checkbox"/></p> <p>3 - 4 days per week <input type="checkbox"/></p> <p>Once or twice a week <input type="checkbox"/></p>
<p>In the last <u>3 months</u>, where on your baby have you <u>usually</u> applied these moisturisers or oils? (tick only one)</p>	<p>Over most or whole of the body <input type="checkbox"/></p> <p>Small patches or areas of the body only <input type="checkbox"/></p>

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Which of these best describes how your baby has been fed since birth? (tick only one)	Breast milk only	<input type="checkbox"/>
	Formula milk only	<input type="checkbox"/>
	Mainly breast milk with occasional formula	<input type="checkbox"/>
	Mainly formula with occasional breast milk	<input type="checkbox"/>
	Combination feeding (mixture of breast milk and formula)	<input type="checkbox"/>
	Breast milk only for a while then moved over to formula	<input type="checkbox"/>
	Other (please specify)	<input type="checkbox"/> _____
Have you introduced any solid foods (i.e. anything other than milk) yet?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Has Mum regularly taken any probiotic supplements (also known as "friendly gut bacteria") such as Lactobacillus capsules or Yakult drink?	During the recent pregnancy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not known <input type="checkbox"/>
	Whilst breastfeeding?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Not applicable (didn't breastfeed) <input type="checkbox"/>
Have you regularly given your baby any probiotic supplements (also known as "friendly gut bacteria") either directly or added to your baby's milk?	Yes <input type="checkbox"/> No <input type="checkbox"/>			

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Has Mum taken any antibiotics whilst breastfeeding?	Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/> Not applicable (didn't breastfeed) <input type="checkbox"/>
If yes, how many courses?	<input type="text"/> <input type="text"/> Don't know <input type="checkbox"/>

In the last <u>6 months</u> , how often would your baby usually have had a bath or shower? (tick only one)	Every day or most days <input type="checkbox"/> Approximately every other day <input type="checkbox"/> Approximately once a week <input type="checkbox"/> Less than once a week <input type="checkbox"/>
In the last <u>6 months</u> , what have you usually used to wash your baby with? (tick all that apply)	Water only <input type="checkbox"/> Wash product (e.g. body wash / shower gel / bubble bath) <input type="checkbox"/> Other (If other, please specify) <input type="checkbox"/> Please tell us the name(s) of what you have used? _____ _____ _____ _____ _____ _____
In the last <u>6 months</u> , have you regularly put any oils in your baby's bath water?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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Applying skin care products can make skin more slippery. In the last 3 months, have there been any slipping incidents involving your baby within an hour of applying any skin care products to your baby?

Yes ☐

No ☐

Thank you for completing this questionnaire, your help is very much appreciated. We will send you another questionnaire when your baby is around 1 year old.

If any of your contact details have changed in the last 3 months (email, home telephone, mobile number, name, address) or if you have any questions please contact us on beep@nottingham.ac.uk or 0115 8231604.