

12 Month Questionnaire



PARTICIPANT ID _____

PARTICIPANT INITIALS _____

DATE COMPLETED _____

DD /MM /YYYY

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DD/MMM/YYYY

12 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	<p>Mother <input type="checkbox"/> Father <input type="checkbox"/></p> <p>Other (please state relationship to baby): <input type="checkbox"/> _____</p>
In the last <u>6 months</u> , has your baby suffered from any of the following skin problems?	<p>Impetigo <input type="checkbox"/> Eczema <input type="checkbox"/></p> <p>Chicken pox <input type="checkbox"/> Facial spots <input type="checkbox"/></p> <p>Cradle cap <input type="checkbox"/> None of these <input type="checkbox"/></p>
In the last <u>year</u> , has your baby had an itchy skin condition? (By itchy we mean scratching or rubbing the skin a lot)	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
Has your baby had this itchy skin condition in the last <u>week</u> ?	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

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Has this itchy skin condition affected any of the following areas in the last year or is it affecting any of these areas today? Please tick all that apply.

		Affected in the <u>last year</u>	Affected <u>today</u>
In the skin creases	Around the neck	<input type="checkbox"/>	<input type="checkbox"/>
	Fronts of elbows	<input type="checkbox"/>	<input type="checkbox"/>
	Wrists	<input type="checkbox"/>	<input type="checkbox"/>
	Behind the knees	<input type="checkbox"/>	<input type="checkbox"/>
	Fronts of ankles	<input type="checkbox"/>	<input type="checkbox"/>
The face	Around the eyes	<input type="checkbox"/>	<input type="checkbox"/>
	Around the ears	<input type="checkbox"/>	<input type="checkbox"/>
	On the cheeks	<input type="checkbox"/>	<input type="checkbox"/>
	On the forehead	<input type="checkbox"/>	<input type="checkbox"/>
The limbs	Outer forearms	<input type="checkbox"/>	<input type="checkbox"/>
	Outer lower legs	<input type="checkbox"/>	<input type="checkbox"/>
Other	Under- arm area	<input type="checkbox"/>	<input type="checkbox"/>

In the last <u>year</u> , has your baby suffered from generally dry skin?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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In the last <u>6 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>6 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"/> _____	

Has your baby been given any <u>prescriptions</u> to treat <u>eczema</u> in the last <u>6 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>6 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"/>	

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You do not need to complete this section if your baby has never had eczema (skip to page 6).

Because you have told us either today or previously that your baby has eczema, we would like to ask you a few more detailed questions about how the eczema has been. It is important that we collect this data from all families whether or not your baby has had any symptoms recently.

Please tick one box for each of the next seven questions about your baby's eczema. Please leave blank any questions you feel unable to answer.

Over the last week, on how many days has your baby's skin been itchy because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many nights has your baby's sleep been disturbed because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many days has your baby's skin been bleeding because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many days has your baby's skin been weeping or oozing clear fluid because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many days has your baby's skin been cracked because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many days has your baby's skin been flaking off because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Over the last week, on how many days has your baby's skin felt dry or rough because of the eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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In the last <u>6 months</u> , has your baby had any skin infections?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, in the last <u>6 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"/> _____ Don't know <input type="checkbox"/>

In the last <u>6 months</u> , have you <u>regularly</u> applied any moisturisers to your baby's skin (except for treating nappy rash or cradle cap)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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If you answered 'yes' to the above question, please answer the following three questions:

Please tell us what have you used	_____

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

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

<p>Over the last <u>year</u>, has your baby had any antibiotics?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/> Can't remember <input type="checkbox"/></p>
<p>If yes, how many courses?</p>	<p><input type="text"/> <input type="text"/> Don't know <input type="checkbox"/></p>

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In the last <u>year</u> , has your baby had a reaction (e.g. vomiting, swelling or a rash) to any foods containing <u>cow's milk protein</u> (e.g. cow's milk, infant formula, yoghurt, cheese, ice cream)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In the last <u>year</u> , has your baby had a reaction (e.g. vomiting, swelling or a rash) to any foods containing <u>egg</u> (e.g. boiled, fried or scrambled egg, custard, quiche, cakes, or sauces such as mayonnaise)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In the last <u>year</u> , has your baby had a reaction (e.g. vomiting, swelling or a rash) to any foods containing <u>nuts</u> (e.g. foods containing peanut, almond, hazelnut, cashew, pistachio, walnut, pecan, brazil or macadamia nut)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
In the last <u>year</u> , has your baby had a reaction (e.g. vomiting, swelling or a rash) to any <u>other food</u> (e.g. fish, sesame/hummus, lentils, peas, kiwi, banana, soya, wheat)?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what food(s) did they react to?	Name of food	Name of food	Name of food
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
In the last <u>year</u> , has your baby been diagnosed with any food allergy by a doctor?	Yes <input type="checkbox"/> No <input type="checkbox"/>		

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<p>Applying skin care products can make skin more slippery. In the last <u>6 months</u>, have there been any slipping incidents involving your baby within an hour of applying any skin care products to your baby?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
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Thank you for completing this questionnaire, your help is very much appreciated. We will send you another questionnaire when your baby is around 18 months of age.

If any of your contact details have changed in the last 6 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.