The University of Nottingham
UNITED KINGDOM · CHINA · MALAYSIA

48 Month Questionnaire

PARTICIPANT ID _____

PARTICIPANT INITIALS _____

DATE COMPLETED _____
DD /MM /YYYY

Completed by telephone *(Office use only):*

Name: _____

Date: _____

Signature: _____

Participants Initials: ☐☐☐

Participants ID: ☐☐☐☐☐

Date of Completion: ☐☐/☐☐☐/☐☐☐☐

DD/MMM/YYYY

48 Month Questionnaire

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

You will need to check your child's skin for you to answer some of these questions.

Please answer the questions as fully as possible. There are a maximum of 52 questions and should take approximately 10-15 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 8231607.

Please tell us who is completing this questionnaire	Mother ☐	Father ☐
	Other (please state relationship to child): ☐	_____

In the last year, has your child suffered from any of the following skin problems?	Impetigo ☐	Eczema ☐
	Chicken pox ☐	Facial spots ☐
	Cradle cap ☐	None of these ☐

In the last year, has your child had an itchy skin condition? By itchy we mean scratching or rubbing the skin a lot.	Yes ☐	No ☐
Has your child had this itchy skin condition in the last week?	Yes ☐	No ☐
Has this skin condition ever affected the cheeks or the skin creases in the past - by *skin*	Yes ☐	No ☐

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creases **we mean fronts of elbows, behind the knees, fronts of ankles, around the neck, or around the eyes?**	
In the last year, has your child suffered from generally dry skin?	Yes ☐ No ☐

Can you see this skin condition in any of these body areas today?

Tick 'yes' or 'no' for each skin area. Even if it is just a very small patch (approx. 1cm), please answer yes.

	Yes	No
Around the eyes	☐	☐
On the cheeks	☐	☐
Side and/or front of the neck	☐	☐
Fronts of elbows	☐	☐
Outer forearms	☐	☐
Behind the knees	☐	☐
Outer lower legs	☐	☐
Fronts of ankles	☐	☐

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In the last year, has your child been diagnosed with eczema by a doctor or a nurse?	Yes ☐ No ☐
In the last year how many times has your child seen any of the following health professionals because of eczema?	GP ☐☐ Other doctor (e.g. hospital doctor) ☐☐ Nurse ☐☐ Other (please tell us who): ☐☐ _____

Has your child been given any prescriptions to treat eczema in the last year? *(please only enter treatments that have been prescribed on the NHS, not ones you have bought yourselves)*	Yes ☐ No ☐
If yes please give the name of treatment prescribed for eczema in the last year:	**Number of prescriptions:**
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐

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You do not need to complete this section if your child has never had eczema (skip to page 5).

Because you have told us either today or previously that your child 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 child has had any symptoms recently.

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

Over the last week, on how many days has your child's skin been itchy because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many nights has your child's sleep been disturbed because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many days has your child's skin been bleeding because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many days has your child's skin been weeping or oozing clear fluid because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many days has your child's skin been cracked because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many days has your child's skin been flaking off because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐
Over the last week, on how many days has your child's skin felt dry or rough because of their eczema?	No days	1-2 days	3-4 days	5-6 days	Every day
	☐	☐	☐	☐	☐

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In the last year, have you regularly applied any moisturisers to your child's skin (except for treating nappy rash or cradle cap or oil for massage)?	Yes ☐ No ☐
Please tell us what have you used	_____ _____ _____
In the last year, how often have you usually applied these products to your child's skin? (tick only one)	Everyday ☐ 5 - 6 days per week ☐ 3 - 4 days per week ☐ Once or twice a week ☐
In the last year, where on your child have you usually applied these moisturisers? (tick only one)	Over most or whole of the body ☐ Small patches or areas of the body only ☐

In the last year, has your child had any wheezing or whistling in the chest?	Yes ☐ No ☐
In the last year, approximately how many attacks of wheezing your child had?	None ☐ 1 to 3 ☐ 4 to 12 ☐ More than 12 ☐

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In the last year, how many times has your child seen any of the following health professionals because of wheezing?	GP ☐☐ Hospital doctor ☐☐ Nurse ☐☐ Other (please tell us who): ☐☐ _____
In the last year has your child been prescribed an inhaler for their wheezing?	Yes ☐ No ☐

Has your child been given any prescriptions to treat wheezing in the last year? *(please only enter treatments that have been prescribed on the NHS, not ones you have bought yourselves)*	Yes ☐ No ☐
If yes please give the name of treatment prescribed for wheezing in the last year:	**Number of prescriptions:**
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐

In the last year, has your child had a problem with sneezing or a runny or blocked nose when he/she did NOT have a cold or the flu?	Yes ☐ No ☐

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In the last year, has this nose problem been accompanied by itchy-watery eyes?	Yes ☐ No ☐

In the last year, how many times have you seen any of the following health professionals because of this nose problem in the last year?	GP	☐☐
	Hospital doctor	☐☐
	Nurse	☐☐
	Other (please tell us who):	☐☐ _____

Has your child been given any prescriptions to treat this 'nose problem' in the last year? *(please only enter treatments that have been prescribed on the NHS, not ones you have bought yourselves)*	Yes ☐ No ☐
If yes please give the name of treatment prescribed for this nose problem in the last year:	**Number of prescriptions:**
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐
_____	☐☐

Participants Initials: ☐☐☐

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In the last year, has your child had food containing cow's milk (e.g. cow's milk, yoghurt, cheese, ice cream)?	Yes ☐ No ☐ ➢ If no, please skip to questions about egg
In the last year, has your child had a reaction to any foods containing cow's milk (e.g. vomiting, swelling or a rash)?	Yes ☐ No ☐
How soon after eating the food containing cow's milk does/did your child usually react? (tick only one)	Within 30 minutes ☐ 30-60 minutes later ☐ 1-2 hours later ☐ More than 2 hours later ☐

In the last year, has your child had food containing egg (e.g. boiled, fried or scrambled egg, custard, quiche, cakes, or sauces such as mayonnaise)?	Yes ☐ No ☐ ➢ If no, please skip to questions about nuts
In the last year, has your child had a reaction to any foods containing egg (e.g. vomiting, swelling or a rash)?	Yes ☐ No ☐
How soon after eating the food containing egg does/did your child usually react? (tick only one)	Within 30 minutes ☐ 30-60 minutes later ☐ 1-2 hours later ☐ More than 2 hours later ☐

In the last year, has your child had food containing nuts [e.g. foods containing peanut, almond, hazelnut, cashew, pistachio, walnut, pecan, brazil or macadamia nut]?	Yes ☐ No ☐ ➢ If no, please skip to questions about other food
In the last year, has your child had a reaction to any foods containing nuts (e.g. vomiting, swelling or a rash)?	Yes ☐ No ☐

Participants Initials: ☐☐☐

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How soon after eating the food containing nuts does/did your child usually react? (tick only one)	Within 30 minutes	☐
	30-60 minutes later	☐
	1-2 hours later	☐
	More than 2 hours later	☐

In the last year, what nut(s) did they react to? (tick all that apply)	Peanut	☐	Hazelnut	☐
	Almond	☐	Cashew	☐
	Walnut	☐	Pecan	☐
	Pistachio	☐	Macadamia	☐
	Other	☐	Specify _____	
	Not sure	☐		

In the last year, has your child had a reaction to any other food [e.g. fish, sesame/hummus, lentils, peas, kiwi, banana, soya, wheat]?	Yes ☐		No ☐
	➢ If yes please give details below		
In the last year, what food(s) did they react to?	**Name of food**	**Name of food**	**Name of food**
	_____	_____	_____

In the last year has your child been diagnosed with any food allergy by a doctor?	Yes ☐	No ☐

Participants Initials: ☐☐☐

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Date of Completion: ☐☐/☐☐/☐☐☐☐

DD/MMM/YYYY

Child Health Utility 9D

Instructions

These questions ask about how your child is **today.** For each question, read all the choices and decide which one is most like your child **today**.

Then put a tick in the box next to it like this ☑. Only tick **one** box for each question. Some questions have extra guidance with them as your child is under 5 years of age.

Example

Today my child feels quite upset so I will tick this box.

Upset

☐ My child doesn't feel upset today

☐ My child feels a little bit upset today

☐ My child feels a bit upset today

☑ My child feels quite upset today

☐ My child feels very upset today

Now think about and answer the rest of the questions below

1. Worried

☐ My child doesn't feel worried today

☐ My child feels a little bit worried today

☐ My child feels a bit worried today

☐ My child feels quite worried today

☐ My child feels very worried today

2. Sad

☐ My child doesn't feel sad today

☐ My child feels a little bit sad today

☐ My child feels a bit sad today

☐ My child feels quite sad today

☐ My child feels very sad today

3. Pain

☐ My child doesn't have any pain today

☐ My child has a little bit of pain today

☐ My child has a bit of pain today

☐ My child has quite a lot of pain today

☐ My child has a lot of pain today

4. Tired

☐ My child doesn't feel tired today

☐ My child feels a little bit tired today

☐ My child feels a bit tired today

☐ My child feels quite tired today

☐ My child feels very tired today

5. Annoyed

☐ My child doesn't feel annoyed today

☐ My child feels a little bit annoyed today

☐ My child feels a bit annoyed today

☐ My child feels quite annoyed today

☐ My child feels very annoyed today

6. School Work/Homework (such as reading, writing, doing lessons)

If your child is at preschool/nursery/kindergarten then please think about that. If your child didn't go today because of their health and they usually would have, please tick the last option "My child can't do their schoolwork/homework today". If today is not a day they usually would have gone, then please think about how you think they would have been had they gone. If your child does not go to preschool/nursery/kindergarten, then please think about whether they have had any problems with activities such as colouring, looking at books/reading, and concentrating, as appropriate for their age.

☐ My child has no problems with their schoolwork/homework today

☐ My child has a few problems with their schoolwork/homework today

☐ My child has some problems with their schoolwork/homework today

☐ My child has many problems with their schoolwork/homework today

☐ My child can't do their schoolwork/homework today

7. Sleep

☐ Last night my child had no problems sleeping

☐ Last night my child had a few problems sleeping

☐ Last night my child had some problems sleeping

☐ Last night my child had many problems sleeping

☐ Last night my child couldn't sleep at all

8. Daily routine (things like eating, having a bath/shower, getting dressed)

Please think about this question in terms of eating, drinking, toileting, washing and teeth cleaning, as appropriate for their age.

☐ My child has no problems with their daily routine today

☐ My child has a few problems with their daily routine today

☐ My child has some problems with their daily routine today

☐ My child has many problems with their daily routine today

☐ My child can't do their daily routine today

Participants Initials: ☐☐☐

Participants ID: ☐☐☐☐☐

Date of Completion: ☐☐/☐☐☐/☐☐☐☐

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9. Able to join in activities (things like playing out with their friends, doing sports, joining in things)
Please think about this question in terms of the activities your child would usually be doing today.

☐ My child can join in with any activities today

☐ My child can join in with most activities today

☐ My child can join in with some activities today

☐ My child can join in with a few activities today

☐ My child can join in with no activities today

10. How would you rate your child's health today?

☐ excellent

☐ very good

☐ good

☐ fair

☐ poor

11. Do you feel there is any aspect of your child's health related quality of life that is not covered by these questions?

_____
_____
_____
_____

Participants Initials: ☐☐☐

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Date of Completion: ☐☐/☐☐☐/☐☐☐☐

DD/MMM/YYYY

EQ-5D-5L

COMPLETED BY (tick one) ❑ Mother ❑ Father ❑ Other

Please Remember: **this questionnaire is about YOU as a parent / carer**. This questionnaire is **NOT** about your child. Please consider this when answering the following questions.

Under each heading, please tick the ONE box that best describes your health TODAY.

MOBILITY

I have no problems in walking about ☐
I have slight problems in walking about ☐
I have moderate problems in walking about ☐
I have severe problems in walking about ☐
I am unable to walk about ☐

SELF-CARE

I have no problems washing or dressing myself ☐
I have slight problems washing or dressing myself ☐
I have moderate problems washing or dressing myself ☐
I have severe problems washing or dressing myself ☐
I am unable to wash or dress myself ☐

USUAL ACTIVITIES *(e.g. work, study, housework, family or leisure activities)*

I have no problems doing my usual activities ☐
I have slight problems doing my usual activities ☐
I have moderate problems doing my usual activities ☐
I have severe problems doing my usual activities ☐
I am unable to do my usual activities ☐

PAIN / DISCOMFORT

I have no pain or discomfort ☐
I have slight pain or discomfort ☐
I have moderate pain or discomfort ☐
I have severe pain or discomfort ☐
I have extreme pain or discomfort ☐

ANXIETY / DEPRESSION

I am not anxious or depressed ☐
I am slightly anxious or depressed ☐
I am moderately anxious or depressed ☐
I am severely anxious or depressed ☐

Participants Initials: ☐☐☐

Participants ID: ☐☐☐☐☐

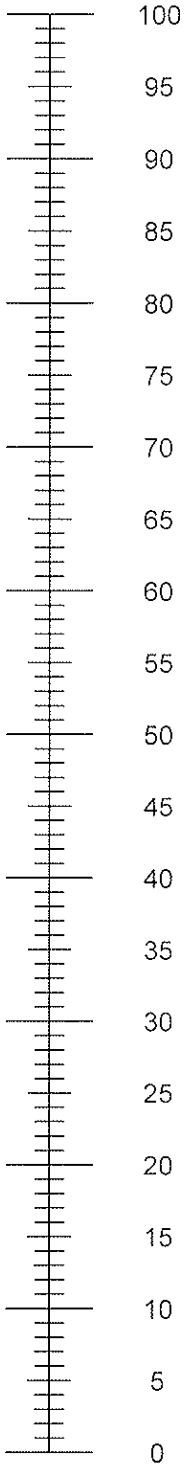
Date of Completion: ☐☐/☐☐☐/☐☐☐☐

DD/MMM/YYYY

I am extremely anxious or depressed ☐

- We would like to know how good or bad your health is TODAY.
- This scale is numbered from 0 to 100.
- 100 means the best health you can imagine.
  0 means the worst health you can imagine.
- Mark an X on the scale to indicate how your health is TODAY.
- Now, please write the number you marked on the scale in the box below.

YOUR HEALTH TODAY = ☐



Participants Initials: | | |

Participants ID: | | | | | |

Date of Completion: | | / | | | / | | | | |
DD/MMM/YYYY

The worst health you can imagine

Thank you for completing this questionnaire, your help is very much appreciated. We will send you another questionnaire when your baby is around 5 years old.

If any of your contact details have changed in the last year (email, home telephone, mobile number, name, address) then please let us know.

Please contact us on beep@nottingham.ac.uk, 0115 8231607 or 07814 763354 if you have any questions.