

**ORIGINAL "Use of treatments" questionnaire**

**1.0) I'm completing this page for the week beginning:**

D	D	M	M	Y	Y
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Day 1 = \_\_\_\_\_

Thinking back over the past week, please tell us which moisturiser(s) you (or someone else) have used on your child's skin (even if just a small amount in one area).

For these questions, we are only interested in when a moisturiser was applied and left on the skin, rather than used in the bath or as a soap substitute. This may include your study moisturiser (the one you were given at the start of the study) and/or any other moisturisers that you have been prescribed or bought.

**1.1) Over the last week, on which days has your study moisturiser been applied to your child's skin? (As best as you can remember)**

Day of week used	1	2	3	4	5	6	7	Did not use
Study moisturiser	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>

**1.2) Over the last week, has any other moisturiser been applied to your child's skin?**

<sub>0</sub> No – go to next page

<sub>1</sub> Yes – please tell us what and on which days (As best as you can remember):

	Type of moisturiser	Day of week used							Did not use
		1	2	3	4	5	6	7	
2.1	Lotion <input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
2.2	Cream <input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
2.3	Gel <input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
2.4	Ointment <input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>

**1.3) In the past week, please tick the number of days any steroid creams or ointments (e.g. hydrocortisone, eumovate) were used on your child's skin:**

<sub>0</sub>    <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>    <sub>7</sub>  
 No days    1 day    2 days    3 days    4 days    5 days    6 days    7 days

## Revised "Use of treatments" questionnaire

For these questions, we are only interested in when a moisturiser was applied and left on the skin, rather than used in the bath or as a soap substitute. This may include your study moisturiser (the one you were prescribed at the start of the study) and/or any other moisturisers that you have been prescribed or bought.

Thinking **back to the week beginning MONDAY DD MM YY**, please tell us which moisturiser(s) you (or someone else) have used on your child's skin (even if just a small amount in one area).

If you have used the **study moisturiser** (the one you were prescribed at the start of the study) in the last 7 days, please answer this question:

1 a) Name of study moisturiser \_\_\_\_\_

b) Over the last week, **which days** of the week have you put the **study moisturiser** on your child's skin? Please tick 'did not use' if you haven't used it (or haven't collected it yet).

	Day of week used							
Day of week used	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Did not use
Study moisturiser	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>

If you have used ANY OTHER moisturiser in the last 7 days (either prescribed by GP or bought), please answer this question:

2. Over the last week, **which days** of the week have you put **other moisturisers** on your child's skin? Please tick 'Did not use' if you haven't used them.

		Day of week used							Did not use
	Type of moisturiser	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	
2.1	Lotion	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>0</sub>
2.2	Cream	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>0</sub>
2.3	Gel	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>0</sub>
2.4	Ointment	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>0</sub>

3. Over the last week, **which days** have you put **any steroid creams or steroid ointments** (e.g. hydrocortisone, Eumovate) on your child's skin? Please tick 'Did not use' if you haven't used any:

Day of week	Mon	Tues	Wed	Thur	Fri	Sat	Sun	Did not use
Steroid used	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>0</sub>