BIDS

Bronchiolitis of Infancy Discharge Study

ADMISSION FORM

CONFIDENTIAL

Study number	
Infant initials	

Name of nurse completing this questionnaire	*Please print name*
Signed	
Date	D D M M Y Y

Notes for completing this form

Explanatory text and instructions for completion of the questions are in italics in a separate box before each set of questions. All questions in the grey boxes should be completed. Unless stated otherwise, please complete all questions on the form. In certain circumstances some questions may not be applicable and where this is this case there are instructions on exactly what information may be missed.

Please complete the information in the required format (as specified in the form). For questions with a Yes/No answer, please mark the relevant Yes/No box with a 'X' (i.e. if the answer to a question is 'yes', the yes box should be crossed and the no box should be left blank).

1. Oximeter number

Before asking the parent/carer the following questions, please check and record the study oximeter number that has been allocated to the child. The study oximeter number can be found on the TOP of the BIDS study oximeter.

Oximeter number	**M**					

2. Details of individual who will be answering the BIDS questionnaires

Please complete the following details about the individual who will be answering these questions. Please remind them that the same person who answers these questions must also be available to answer follow-up questionnaires at 7, 14, 28 days and 6 months. Please give the parent/carer the BIDS parent card and highlight scheduled dates for follow-up telephone calls.

Name of individual answering these questions	

Relationship to child	Mother	Father	Grandmother	Grandfather	Other*

Please circle

*If other, please specify:

3. Details on episode of bronchiolitis

Please ask when the symptoms of <u>this</u> episode of bronchiolitis started. If the parent/carer is unsure of the exact date, encourage them to give the best estimate.

Date of onset of illness	D	D	M	M	Y	Y

Please ask the parent/carer to describe what the bronchiolitis cough was like when they came into hospital. If the parent/carer is unsure how to describe this, ask them to consider severity, frequency of cough, if child was distressed etc.

Please record parent's description of cough below:

4. Healthcare utilisation

Please ask if the child has seen a doctor in the last 4 weeks (i.e. the 4 weeks prior to coming to hospital). All visits to see a doctor should be recorded, even those visits that were for symptoms not related to this episode of bronchiolitis.

Have you taken your child to see a doctor in the last 4 weeks? Y N

If yes, please complete the details below

How many visits to GP

How many visits to hospital (OPD)

How many visits to see A&E

If admitted to hospital, how many nights? *(admission means overnight stay)*

If the child was taken to the doctor, please ask the parent to give an estimate of the <u>total</u> travel expenses incurred. If the parent is unsure, please encourage them to guess by prompting on the mode of travel and average cost of journey (for example, if they travelled by bus ask them how much a bus fare is etc)

Estimate of costs (total costs if multiple visits) £

5. Relevant medical history

Please ask the parent for the following information about the child's medical history.

Was child born ≤37 weeks gestation? Y N

If yes, gestational age at birth weeks

Does child have eczema? Y N

Does child have any food allergies? Y N

6. Household information

Please complete the following table for everyone who lives in the house with the child. If information is not known please mark as NK.

Relationship to child *(for example, mother, father, brother, sister, grandmother, step-father, step-brother etc or unrelated)*	**Smoke?**		**Allergies?** *(All allergies, for example, eczema, hay fever, food allergies, allergic asthma)*	
	Y	N	Y	N
	Y	N	Y	N
	Y	N	Y	N
	Y	N	Y	N
	Y	N	Y	N

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Relationship to child *(for example, mother, father, brother, sister, grandmother, step-father, step-brother etc, or unrelated)*	Smoke?		Allergies? *(All allergies, for example, eczema, hay fever, food allergies, allergic asthma)*	
	Y	N	Y	N
	Y	N	Y	N
	Y	N	Y	N

7. Occupational status

Please ask for occupational status of child's parents/carers and record in the tables below. Please select the job category which best fits the occupation. Only one job category should be selected for each parent/carer. For example, if the mother is currently on maternity leave, please record as 'look after home/children' etc. The occupational status of BOTH parents/carers should be recorded. If one parent/carer is absent, please score through the relevant table and mark as NK.

Mother/lead carer

Look after home/children	Y	N	In paid full-time employment	Y	N
In paid part-time employment	Y	N	Self employed	Y	N
Unemployed	Y	N	Student	Y	N
Sick/Disabled	Y	N	Other	Y	N

Please specify:

Father/second carer *(if relevant)*

Look after home/children	Y	N	In paid full-time employment	Y	N
In paid part-time employment	Y	N	Self employed	Y	N
Unemployed	Y	N	Student	Y	N
Sick/Disabled	Y	N	Other	Y	N

Please specify:

8. Homeownership status

Please ask parent/carer if the family home is owned or rented and record details in the table below. Please select only one option from the list below, even if the child lives between more than one home. For example, if the child lives part-time with Mother and part-time with Father, please record the details for the primary home only i.e. the home where child spends the majority of his/her time.

Owner-occupier	Y	N	Tenant (private)	Y	N
Tenant (Housing Association or Council)	Y	N	Other	Y	N

Please specify:

9.Childcare

Please ask the parent/carer if they use either paid or unpaid childcare due to work or other commitments. Paid childcare includes a private nursery, relative or friend that is paid. Unpaid childcare is a regular arrangement whereby a relative or friend looks after the child but is not paid. Details for ad hoc unpaid child care should not be recorded below.

Is the child regularly looked after by anyone else (paid or unpaid)?	Y	N
If yes, how many hours per week (on average)	hours	

10. Anxiety questions

The following section is a series of standard questions to measure anxiety levels of the person answering the questions. Before asking these questions please explain to the parent/carer the type of questions that will be asked and the reasons that they are being asked. The following points should be used as a guide for the information given to the parent/carer.

Please make the parent/carer aware of the following:

- *These questions are being asked as part of the study only. These questions are not being asked because of their child's illness or treatment, their behaviour or actions*
- *All answers given will be kept confidential but will be collated and anonymised as part of the study analysis*
- *There is no 'correct answer', parents/carers should answer honestly and be reassured that the answers will not be recorded in the medical notes, or be made available to their doctor*
- *The purpose of these questions is to measure if parents (in a general way) are anxious when their child is admitted with bronchiolitis, and to see if/how this anxiety changes over time (up to the 6 months)*
- *When answering the questions the parent/carer should give their immediate response and should be based on how they feel at that particular moment, rather than spending a long time thinking about their answer*

If you are concerned or worried by the responses to the following questions please make the ward nurses and/or the BIDS PI aware of this. Please record this in the BIDS ISF by completing a file note describing the actions taken and any follow-up required.

continued on the next page

I feel tense or 'wound up'

1. Most of the time ☐ 2. A lot of the time ☐

3. From time to time, occasionally ☐ 4. Not at all ☐

I get a sort of frightened feeling as if something awful is about to happen

1. Very definitely and quite badly ☐ 2. Yes, but not too badly ☐

3. A little, but it doesn't worry me ☐ 4. Not at all ☐

I can sit at ease and feel relaxed

1. Definitely ☐ 2. Usually ☐

3. Not often ☐ 4. Not at all ☐

Worrying thoughts go through my mind

1. A great deal of the time ☐ 2. A lot of the time ☐

3. Not too often ☐ 4. Very little ☐

I get a sort of frightened feeling like 'butterflies' in the stomach

1. Not at all ☐ 2. Occasionally ☐

3. Quite often ☐ 4. Very often ☐

I feel restless as if I have to be on the move

1. Very much indeed ☐ 2. Quite a lot ☐

3. Not very much ☐ 4. Not at all ☐

I get sudden feelings of panic

1. Very often indeed ☐ 2. Quite often ☐

3. Not very often ☐ 4. Not at all ☐

11. Contact information

Please remind the parent/carer that they will be called at 7 days, 14 days, 28 days and 6 months for follow-up information. Please draw attention to the dates listed for follow-up calls and the visit on the BIDS parent card. Please ask for two telephone numbers and the best time to call for follow-up information.

	Telephone No.	**Best time to call** *(for scheduled follow-ups)*
1.		
2.		

Please photocopy the completed form and send the copy back to:

Fiona Sloan
BIDS Trial Manager
Edinburgh Clinical Trials Unit (ECTU)
OPD 2, 2nd Floor
Western General Hospital
Crewe Road South
Edinburgh
EH4 2XU

Tel: 0131 537 2516

The original questionnaire should be retained in the BIDS participant file

To be completed by ECTU only

Data entered by (initials) | | | | Date | D | D | M | M | Y | Y |