

Participant ID: Participant initials: Date of birth:

Date of completion:



Weekly questionnaire

Week number

We hope that you/your child has had a good week. Please select one response for each of the seven questions below about your child's eczema. If your child is old enough to understand the questions then please fill in the questionnaire together. Please leave blank any questions you feel unable to answer.

Over the last week

1 On how many days has your/your child's skin been itchy because of their eczema?

No days 1-2 days 3-4 days 5-6 days Every day

2 On how many nights has your/your child's sleep been disturbed because of their eczema?

No days 1-2 days 3-4 days 5-6 days Every day

3 On how many days has your/your child's skin been bleeding because of their eczema?

No days 1-2 days 3-4 days 5-6 days Every day

4 On how many days has your/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

5 On how many days has your/your child's skin been cracked because of their eczema?

No days 1-2 days 3-4 days 5-6 days Every day

6 On how many days has you/your child's skin been flaking off because of their eczema?

No days 1-2 days 3-4 days 5-6 days Every day

7 On how many days has you/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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Please select one response for each of the questions below.

Over the last week:

Has your child had any visits to a health care professional?

Yes No

If yes please record details in the diary card

Has your child had any prescriptions for eczema?

Yes No

If yes please record details in the diary card

Have you bought anything specifically because of your child's eczema?

Yes No

If yes please record details in the diary card

Have you had any time off work and/or has your child had any time off school or nursery because of their eczema?

Yes No

If yes please record details in the diary card

Please select one response for each of the questions below.

Over the last week, on how many days have you/your child used the following:

Topical Steroids

0 1 2 3 4 5 6 7

Emollients

0 1 2 3 4 5 6 7

Topical Calcineurin Inhibitors

0 1 2 3 4 5 6 7

Wet/Dry Wraps

0 1 2 3 4 5 6 7

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Only for patients randomised to clothing

Over the last week

On how many nights has the clothing been worn for at least some of the night?

0 1 2 3 4 5 6 7 Not Known

On how many days has the clothing been worn for at least some of the day?

0 1 2 3 4 5 6 7 Not known