

Participant ID:  Participant initials:  Date of birth: / /

Date of completion: / /



### Six-month questionnaire

### Week 24 (6 months)

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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**Over the past 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

How satisfied were you with the clothing overall?

Very satisfied  Satisfied  Neither satisfied or dissatisfied  Dissatisfied  Very Dissatisfied

Were you/your child happy to wear the clothing?

Very happy  Happy  Neither happy nor unhappy  Unhappy  Very unhappy

Comments

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### Condition of trial clothing

#### Body suits / vests

#### Leggings

How many vests/bodysuits and leggings have you had since the start of the study (please include those you have returned)?

How many can you still wear?

How many can you not wear?

Why can you not wear them?  
(please select all that apply)

Too small

Worn out/torn

Lost

Other

Reason:

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Apart from the clothing received for the trial, over the **last 6 months**, did you/your child wear any of the following?

Pure cotton clothing

Yes  No

Silver impregnated clothing

Yes  No

Silk clothing

Yes  No

Stretchy garments eg tubifast, comfifast, skinnies

Yes  No

Other

Yes  No

Please name \_\_\_\_\_