

Participant ID: Participant initials: Date of birth:

Date of completion:

Suggested date of completion:



Eight-month on-line questionnaire

Week 32 (8 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

Has your child had any prescriptions for eczema?

Yes No

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

Yes No

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

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 2 months, how often has the trial clothing been worn?

All/most of the time (days and nights)	All/most of the time (days only)	All/most of the time (nights only)	Some of the time	Rarely	Never
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How satisfied were you with the clothing overall?

Very satisfied	Satisfied	Neither satisfied or dissatisfied	Dissatisfied	Very Dissatisfied
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Were you/your child happy to wear the clothing?

Very happy	Happy	Neither happy nor unhappy	Unhappy	Very unhappy
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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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Your opinion of the trial clothing

Do you feel that you/your child's eczema has improved wearing the trial clothing?

Yes No Not sure

Would you ask your GP to prescribe the clothing?

Yes No Not sure

Have you asked your GP to prescribe the clothing?

Yes No

If you have, did they prescribe the clothing?

Yes No

If your GP did prescribe the clothing, what did they prescribe?

If your GP did not prescribe the clothing, what reason did s/he give (please tick all that apply)

Too expensive

No proof that they work

No reason given

Other

Please specify

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Have you purchased any silk clothing for eczema during the trial?

Yes No

If yes, select all types purchased.

Vest	<input type="radio"/>	Number purchased	<input type="text"/>	Total cost (£)	<input type="text"/>
Leggings	<input type="radio"/>	Number purchased	<input type="text"/>	Total cost (£)	<input type="text"/>
Body suit	<input type="radio"/>	Number purchased	<input type="text"/>	Total cost (£)	<input type="text"/>
Other	<input type="radio"/>	Number purchased	<input type="text"/>	Total cost (£)	<input type="text"/>

Please specify

THANK YOU FOR TAKING PART IN THE CLOTHES TRIAL