1. Please fill in the boxes to give us your view of the Surviving Crying materials. All individual opinions will be kept anonymous.

Which	How useful were	This material should be included
materials	they:	routinely in the NHS:
did you use?	3 = Very useful	<b>3= Strongly agree</b>
(please tick	2= A bit useful	2 = Agree
all materials	1= No opinion	1 = No opinion
used)	0= not useful	$0 = \mathbf{N}0$
	Which materials did you use? (please tick all materials	materialsthey:did you use?3 = Very useful(please tick2= A bit usefulall materials1= No opinion

	Very	Successful	Adequate	Unsuccessful	Very
	Successful				Unsuccessful
2. How successful					
were the Surviving					
Crying materials					
as a whole in					
meeting your					
needs?					

3. Please comment below to tell us how the materials did, or did not, meet your needs:

## 4. <u>If you accessed the Surviving Crying website</u>, please give us your opinion of it below:1. HOW ATTRACTIVE DID YOU THINK THE WEBSITE WAS?

Very Attractive	Attractive	Adequate	Unattractive	Very Unattractive

#### 2. HOW CLEAR WAS THE INFORMATION?

(Could you understand it? Was it well-presented?)

Very Clear	Clear	Adequate	Unclear	Very Unclear

#### 3. WAS THE INFORMATION HELPFUL AND RELEVANT?

(Was this helpful when your baby was crying excessively?)

Very Helpful	Helpful	Adequate	Unhelpful	Very Unhelpful

#### 4. WHAT WERE THE STRENGTHS AND WEAKNESSES OF THE WEBSITE?

	Very	Strong	Adequate	Weak	Very	n/a
	Strong				Weak	
It gave practical suggestions						
It gave reassurance						
I felt I could trust what it said						
It gave other parents' experiences and ideas						
It gave expert opinion and advice						
The information was aimed at both parents						
The use of videos						
The materials were easy to access when you needed them						
Other – please explain						

# 5. WAS THERE ANYTHING ELSE ABOUT THE WEBSITE YOU PARTICULARLY LIKED? (please describe what this was):

# 6. WAS THERE ANYTHING ABOUT THE WEBSITE THAT COULD BE IMPROVED?

# 5. <u>If you took part in the practitioner-delivered sessions please give us your opinion of</u> them below:

### a. HOW CLEAR WAS THE INFORMATION PROVIDED IN THESE SESSIONS?

(Could you understand it? Was it well-presented?)

Very Clear	Clear	Adequate	Unclear	Very Unclear

### b. WAS THE INFORMATION HELPFUL AND RELEVANT?

(Did you find this helpful when your baby was crying excessively?)

Very Helpful	Helpful	Adequate	Unhelpful	Very Unhelpful

### c. WHAT WERE THE STRENGTHS AND WEAKNESSES OF THESE SESSIONS ?

	Very Strong	Strong	Adequate	Weak	Very Weak	n/a
They provided practical suggestions	Suong				WCak	
They provided reassurance						
They presented expert advice						
I felt I could trust what the practitioner said						
The information was helpful for both parents						
The sessions were held at convenient times						
The sessions were held in a convenient place						
Other – please explain						

### **d. WAS THERE ANYTHING ELSE ABOUT THE PRACTITIONER SESSIONS YOU PARTICULARLY LIKED?** (please describe what this was):

### e. WAS THERE ANYTHING ABOUT THESE SESSIONS THAT COULD BE

**IMPROVED?** (please tick boxes or write below to tell us what could be improved)

More 1-to-1 contact	
More small group sessions	
More telephone contact	
More internet (e-mail or social media) contact	
More sessions	
Sessions should be longer	
The sessions need additional materials (Please write what should be included)	
The session contents did not meet my needs (Please write what should be changed)	
Other (please write what needs to be changed)	

#### 6. If you looked at the Surviving Crying booklet please give us your opinion of it below:

#### a. HOW ATTRACTIVE DID YOU THINK THE BOOKLET WAS?

Very	Attractive	Adequate	Unattractive	Very
Attractive				Unattractive

#### b. HOW CLEAR WAS THE INFORMATION IN THE BOOKLET?

(Could you understand it? Was it well-presented?)

Very Clear	Clear	Adequate	Unclear	Very Unclear

#### c. WAS THE INFORMATION HELPFUL AND RELEVANT?

(Was this helpful when your baby was crying excessively?)

Very Helpful	Helpful	Adequate	Unhelpful	Very Unhelpful
				-

#### d. WHAT WERE THE STRENGTHS AND WEAKNESSES OF THE BOOKLET?

	Very Strong	Strong	Adequate	Weak	Very Weak	n/a
It gave practical suggestions						
It gave reassurance						
I felt I could trust what it said						
It gave other parents'						
experiences and ideas						
It gave expert opinion and						
advice						
The information was aimed at						
both parents						
The booklet materials were						
easy to access when you needed						
them						
Other – please explain						

## 7. WAS THERE ANYTHING ELSE ABOUT THE BOOKLET YOU PARTICULARLY LIKED? (please describe what this was):

## 8. WAS THERE ANYTHING ABOUT THE BOOKLET THAT COULD BE IMPROVED?

## Interview Questions About RCT Compliance and Any Parental Costs Incurred to Attend the CBT Sessions

INTERVIEWER'S NAME :\_\_\_\_\_

TODAY'S DATE: \_\_\_\_\_

#### **1. AT OUTCOME ONLY, ASK ALL PARENTS:**

1.1. Depending on whether this study is successful, the next stage of research could involve a full Randomised Controlled Trial. We would like to know whether or not parents might be willing to take part in a study of that type.

In a study of that type, a computer would assign parents to either a treatment or a control group. That is, parents would have an equal chance of either being in the Surviving Crying group or in the control group, which receives only routine NHS services – not the Surviving Crying programme.

Parents in the control group are sometimes put in a 'waiting group', where they would have to wait a month before getting the Surviving Crying programme.

If we had asked you to take part in a study of that kind would you have agreed to take part?

Which of these would you have chosen to do:

\_\_\_\_\_Agree to take part

\_\_\_\_\_ Agree to take part providing I was put in a waiting group if I was not offered the Surviving Crying programme at first.

\_\_\_\_\_Decline to take part

## 2. THESE QUESTIONS ARE ASKED ONLY WHERE A PARENT TOOK PART IN AT LEAST ONE PRACTITIONER CBT SESSION:

2.1. How many of these sessions did you take part in? \_\_\_\_\_\_ sessions

We are interested in any costs you incurred in order to take part in these sessions. For each session you took part in, please provide the details below:

2.2 Travel to the sessions. Please say how you travelled to each session, or if it took place at home (researcher ticks boxes)

Sessions	CAR	BUS	TRAIN	ΤΑΧΙ	BICYCLE	WALKED	AT	OTHER
							HOME	(please
								(please describe)
1								
2								
3								
4								
5								

#### 2.2 How long did it take to travel to each session?

Sessions	Time taken to travel to the session (in minute
1	
2	
3	
4	
5	

2.3. How far did you travel to the session, in miles (if unsure, please enter enough information to allow us to calculate this)?

Sessions	How far travelled to the session (in miles)
1	
2	
3	
4	
5	

#### 2.4 If you used public transport or travelled by taxi, what was the cost of the one-way fare?

Sessions	Cost of a one-way fare (in £)
1	
2	
3	
4	
5	

#### 2.5 If you came by private car, how much was paid in car park fees?

Sessions	Car park fees (in £)
1	
2	
3	
4	
5	

2.6. What would you have been doing as your main activity if you did not attend the sessions? (researcher ticks one):

	Looking after	Paid	Housework	Looking after	Study	Sport or	Other
	children	employment		relatives		Leisure	(please
						activities	Describe)
Γ							

2.7 If you are in paid employment, what arrangements did you make to take time off work?

Sessions	Not in	Paid	Unpaid	Will	Came	On	Took	Other
	paid	absence	absence	make	to	maternity	holiday	arrangements
	employ	from	from	the	sessions	/		(please
	-	work	work	time	outside	paternity		describe)
	ment			up	work	leave		
					time			
1								
2								
3								
4								
5								

2.8. Did you pay someone to look after your baby, or any other children or dependents (please tick one)?

YES \_\_\_\_\_ NO \_\_\_\_\_ Not Applicable \_\_\_\_\_

If yes, how much did it cost in total across the sessions? £\_\_\_\_\_

OR, did someone take time off work to look after them (please tick one)? YES \_\_\_\_\_ NO \_\_\_\_\_

#### 3. FINAL QUESTION FOR ALL PARTICIPANTS:

**3.1**. At the end of the study, we will be preparing a summary of the findings. Would you like to receive this?

\_\_\_\_Yes

\_\_\_\_No.

**NOTE TO RESEARCHER**: please check contact details & add new e-mail address or any other contact changes below:

Thank you for answering these questions.