Participant ID: Participant initials:	Date of birth:
Date of completion:	Clothing for the relief of Eczema Symptoms
Weekly questionnaire	Week number
We hope that you/your child has had a good week. of the seven questions below about your child's ecze understand the questions then please fill in the quest blank any questions you feel unable to answer.	ma. If your child is old enough to
Over the last week	
1 On how many days has your/your child's skin be	en 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?

\frown	\frown	\frown		
No days ()	1-2 days() 3-4 davs () 5-6 days () Every day (
\bigcirc				Every day

4 On how many days has your/your child's skin been weeping or oozing clear fluid because of their eczema?

) 5-6 days

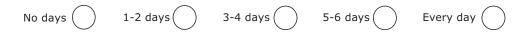
) Every day

No days 🔵	1-2 days	3-4 days (
\bigcirc	\bigcirc	,

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?



7 On how many days has you/your child's skin felt dry or rough because of their eczema?



Participant ID:	Participant initials:	Date of birt	h:/
Please select one respo	onse for each of the q	uestions below.	
Over the last week:			
Has your child had any	\frown	e professional?	If you place record
Yes	No 🔘		If yes please record details in the diary card
Has your child had any	prescriptions for ecz	ema?	
Yes	No		If yes please record details in the diary card
Have you bought anytl eczema?	ning specifically becau	use of your child's	
Yes	No		If yes please record details in the diary card
Have you had any time time off school or nurs Yes			If yes please record details in the diary card
Please select one respo	onse for each of the q	uestions below.	
	on how many days	have you/your ch	ild used the following:
Topical Steroids 0 1	2 3	4 5) 6 7 7
Emollients			
0 () 1 ()	2 3	4 0 5 0	6 7 0
Topical Calcineurin Inh	\sim	\frown	
	2 3	4 5	
Wet/Dry Wraps			
	2 3	4 5	

CLOTHES on-line questionnaire – weekly –Final 2.0 1 August 2013

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?
$0 \bigcirc 1 \bigcirc 2 \bigcirc 3 \bigcirc 4 \bigcirc 5 \bigcirc 6 \bigcirc 7 \bigcirc \frac{Not}{known} \bigcirc$