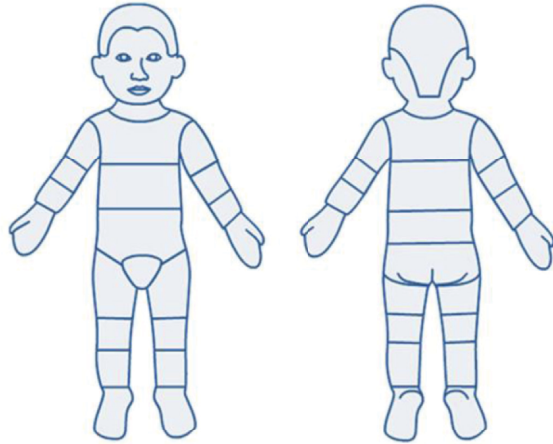


7. Please put a cross on the diagrams to show how much of your child's body is affected by eczema **at the moment**. Mark each box on both the front and back of the diagram if eczema more than 2cm<sup>2</sup> is visible.



8. In the last month, have you put bath emollients in your child's bath (for instance, Oilatum, Balneum, Aveeno bath oil or similar liquid)?

|                          |                                |                                |                          |
|--------------------------|--------------------------------|--------------------------------|--------------------------|
| <b>Yes, every time</b>   | <b>More than half the time</b> | <b>Less than half the time</b> | <b>Never</b>             |
| <input type="checkbox"/> | <input type="checkbox"/>       | <input type="checkbox"/>       | <input type="checkbox"/> |

9. How effective do you think bath emollients are in treating eczema?

|                      |   |   |                    |   |   |                |   |   |
|----------------------|---|---|--------------------|---|---|----------------|---|---|
| 1                    | 2 | 3 | 4                  | 5 | 6 | 7              | 8 | 9 |
| Not at all effective |   |   | Somewhat effective |   |   | Very effective |   |   |

Please circle one of the numbers above – if you feel unable to answer then tick here:

I don't know

10. How old is your child?

|                             |   |                          |
|-----------------------------|---|--------------------------|
| <b>18 months or younger</b> | <b>Over 18 months but less than 4 years</b> | <b>4 years or older</b>  |
| <input type="checkbox"/>    | <input type="checkbox"/>                    | <input type="checkbox"/> |

Please return this questionnaire in the pre-paid envelope

**Thank you for your time**



## Bath Additives for the Treatment of Childhood Eczema

**NHS**  
National Institute for  
Health Research

## WHAT DO I HAVE TO DO?

If you are interested in taking part in the study please fill out this form which asks questions about your child's eczema and then complete your details below so that we may contact you. Please then return this questionnaire to us in the pre-paid envelope enclosed.

The answers you give in this questionnaire will help us to find out if your child is able to take part in the study. We will try to contact you within 28 days.

This questionnaire can be completed online if you prefer: [www.isurvey.soton.ac.uk/12983](http://www.isurvey.soton.ac.uk/12983)

Please read the information leaflet and tick one:

**Yes, I would like to learn more about the BATHE study and I am happy to be contacted by a member of the study team**

Please complete the contact details below and return this questionnaire in the freepost envelope.

**No, I cannot or do not wish to take part in the study**

If you have ticked this box and are willing to provide brief reasons for being unable or unwilling to take part, please do so below – this will help the researchers understand possible problems with the research. You do not need to fill in any contact details.

My child's eczema is not a problem

I don't have a bath

I don't have time

Other \_\_\_\_\_

Your name: \_\_\_\_\_

Your address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

I would prefer to be contacted by:  telephone  e-mail

The best time to phone me is: \_\_\_\_\_

PID: <<PatientIdentifier>> Today's Date: \_\_\_\_\_

1. In the last year, has your child had an itchy skin condition?  Yes  No  
By 'itchy' we mean scratching or rubbing the skin

**If your answer to Question 1 is "No" then we cannot include your child in this study. You do not need to complete the rest of this questionnaire but please do return it in the FREEPOST envelope. Your reply will remain anonymous and we will not see or store any information about you or your child. Thank you very much for your interest in the BATHE study.**

**If you ticked "Yes" please complete the rest of the questionnaire.**

2. Has this skin condition ever affected your child's skin creases in the past?  Yes  No  
By 'skin creases' we mean fronts of elbows, behind the knees, fronts of ankles, around the neck, or around the eyes

3. How old was your child when this skin condition began?  Under 2 years  2 years or older

4. In the last year, has your child suffered from dry skin in general?  Yes  No

5. In the last 12 months has your child's skin condition been: **Tick one**

- a) Present for less than 6 weeks in total?
- b) Present for between 6 weeks and less than 3 months in total?
- c) Present for between 3 months and less than 6 months in total?
- d) Present for between 6 months and less than 9 months in total?
- e) Present for more than 9 months in total?

6. In the last 12 months, how often has your child's sleep usually been disturbed by itching or scratching due to their skin problem? **Tick one**

- a) Sleep is not usually disturbed
- b) 1 night per week on average
- c) 2 or 3 nights per week on average
- d) 4 or 5 nights per week on average
- e) 6 or more nights per week on average

PID: <<PatientIdentifier>>