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Cellulitis Caregiver Questionnaire and Child Clinical Assessment

- Hospital and GP cases -

Child’s Identification Number
Child’s Doctor: Identification Number

Child’s Name ____________________________________________
Child’s NHI no. _________________________________________
Child’s Date of Birth ___________________________________
Gender (circle): Male / Female
Caregiver’s relationship to child ___________________________

Interviewers Name _______________________________________
Date of Interview ________________________________________

1. When did you first notice the redness?

Date   dd     mm     yy

Time

24hr clock.
2. In the last week has your baby/child had an insect bite?
   1=Yes (specify)
   2=No (go to Qx 17)

3. How many insect bites did your baby/child have?
   1= <3
   2= 3-5
   3= 6-9
   4= 10+

4. Did your child scratch the insect bite to make it bleed or weep?
   1=Yes
   2=No

5. Did you clean it with water, soap or saline?
   1=Yes (specify)
   2=No

6. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)
   2=No

7. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)
   2=No

8. Did you use an anti-itch cream or ointment?
   1=Yes (specify)
   2=No

9. Did you use an anti-histamine liquid/tablet by mouth?
   1=Yes (specify)
   2=No

10. Did you cover it (eg Bandaid or sticking plaster)?
    1=Yes, gauze or fabric cover (eg elastoplast)
    2=Yes, Plastic bandaid or sticking plaster
    3=No

11. Did you use pain relief?
    1=Yes, Brufen (Ibuprofen)
    2=Yes, Pamol (Paracetamol)
    3=Yes, other (specify)
    4=No

12. Did you use any traditional or alternative therapy?
    1=Yes (specify)
    2=No

13. If yes to any questions numbered 5-12, what was the time interval from the insect bite and you doing the first of the above actions?
    1= <3 hours
    2= 3-5 hours
    3= 6-11 hours
    4= 12-23 hours
    5= >24 hours

14. Did you seek medical advice (eg doctor, nurse, pharmacist), for the insect bite when it first happened?
    1=Yes
    2=No (go to Qx 16)

15. What was the time interval from the insect bite to seeking medical attention?

16. Did the redness develop near an insect bite?
    1=Yes, within 5 cms
    2=Yes, within 15 cms
    3=No
CUT OR SCRATCH

17. In the last week has your baby/child had a cut or scratch?
   1=Yes
   2=No (go to Qx 34)

18. How long was it?

19. How deep was it?

20. Was dirt or soil involved in the injury?
   1=Yes
   2=No

21. What caused the injury? (specify)

22. Did you clean it with water, soap or saline?
   1=Yes (specify)
   2=No

23. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)
   2=No

24. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)
   2=No

25. Did you use an anti-itch cream or ointment?
   1=Yes (specify)
   2=No

26. Did you use an anti-histamine liquid by mouth?
   1=Yes (specify)
   2=No

27. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)
   2=Yes, Plastic bandaid or sticking plaster
   3=No

28. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

29. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

30. If yes to any questions numbered 22-29, what was the time interval from the cut/scratch, to you doing the first of the above actions?
   1=<3 hours
   2=3-5 hours
   3=6-11 hours
   4=12-23 hours
   5=>24 hours

31. Did you seek medical advice (eg doctor, nurse, pharmacist), for the cut/scratch when it first happened?
   1=Yes
   2=No (go to Qx 33)

32. What was the time interval from the cut/scratch to seeking medical attention?

33. Did the redness develop near the cut/scratch?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No
34. In the last week has your baby/child had chickenpox?
   1=Yes
   2=No (go to Qx 50)

35. How severe was the chickenpox?
   1=Mild (<20 spots)
   2=Moderate (20 – 100 spots)
   3=Severe (100+ spots)

36. Were any of the lesions/spots bigger than the head of a drawing pin (1cm round)?
   1=Yes
   2=No

37. Did your baby/child scratch the spots to make them bleed or weep?
   1=Yes
   2=No

38. Did you clean it with water, soap or saline?
   1=Yes (specify)
   2=No

39. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)
   2=No

40. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)
   2=No

41. Did you use an anti-itch cream or ointment?
   1=Yes (specify)
   2=No

42. Did you use an anti-histamine liquid/tablet by mouth?
   1=Yes (specify)
   2=No

43. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)
   2=Yes, Plastic bandaid or sticking plaster
   3=No

44. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

45. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

46. If yes to any questions numbered 38-45 what was the time interval from your child
developing chickenpox and you doing the first of the above actions?
   1= <3 hours
   2= 3-5 hours
   3= 6-11 hours
   4= 12-23 hours
   5= >24 hours

47. Did you seek medical advice (eg doctor, nurse, pharmacist), for the spots when they
first appeared?
   1=Yes
   2= No (go to Qx 49)

48. What was the time interval from the spots to seeking medical attention?

49. Did the redness develop near any of the spots/lesions?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No
50. In the last week has your baby/child had a bang or a bump to the skin?
   1=Yes
   2=No (go to Qx 62)

51. Did the injury result in bruising? If yes, how big was it?
   1=Yes (specify)
   2=No

52. Did you clean it with water, soap or saline?
   1=Yes (specify)
   2=No

53. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)
   2=No

54. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)
   2=No

55. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)
   2=Yes, Plastic bandaid or sticking plaster
   3=No

56. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

57. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

58. If yes to any questions numbered 52-57 what was the time interval from your child bumping themselves, and you doing the first of the above actions?
   1= <3 hours
   2=3-5 hours
   3=6-11 hours
   4=12-23 hours
   5= >24 hours

59. Did you seek medical advice (eg doctor, nurse, pharmacist), for the bang/brace when it first happened?
   1=Yes
   2=No (go to Qx 61)

60. What was the time interval from the bang/brace to seeking medical attention?

61. Did the redness develop near the bang/bump?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No
**A SPLINTER**

62. In the last week has your baby/child had a splinter?
   1=Yes  
   2=No (go to Qx 74)

63. Was the splinter able to be removed completely?
   1=Yes  
   2=No

64. What was the time interval between injury and removal of splinter?
   
65. Did you clean it with water, soap or saline?
   1=Yes (specify)  
   2=No

66. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)  
   2=No

67. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)  
   2=No

68. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)  
   2=Yes, Plastic bandaid or sticking plaster  
   3= No

69. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)  
   2=Yes, Panadol (Paracetamol)  
   3=Yes, other (specify)  
   4=No

70. Did you use any traditional or alternative therapy?
   1=Yes (specify)  
   2=No

71. If yes to any questions numbered 65-70 what was the time interval from your child getting the splinter, and you doing the first of the above actions?
   1= <3 hours  
   2= 3-5 hours  
   3= 6-11 hours  
   4= 12-23 hours  
   5= >24 hours

72. Did you seek medical advice (eg doctor, nurse, pharmacist), for the splinter when it first happened?
   1=Yes  
   2= No (go to Qx 74)

73. What was the time interval from the splinter to seeking medical attention?
   
74. Did the redness develop near the splinter?
   1=Yes, within 5 cms  
   2=Yes, within 15 cms  
   3=No
75. In the last week has your baby/child had an animal or human bite?
   1=Yes
   2=No (go to Qx 87)

76. What type of bite was it?
   1=Dog
   2=Cat
   3=Human
   4=Other (specify)

77. Did you clean it with water, soap or saline?
   1=Yes (specify)
   2=No

78. Did you clean it with antiseptic (eg Savlon, Dettol)?
   1=Yes (specify)
   2=No

79. Did you put antiseptic or antibiotic cream on it?
   1=Yes (specify)
   2=No

80. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)
   2=Yes, Plastic bandaid or sticking plaster
   3=No

81. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

82. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

83. If yes to any questions numbered 77-82 what was the time interval from your child being bitten, and you doing the first of the above actions?
   1= <3 hours
   2= 3-5 hours
   3= 6-11 hours
   4= 12-23 hours
   5= >24 hours

84. Did you seek medical advice (eg doctor, nurse, pharmacist), for the bite when it first happened?
   1=Yes
   2= No (go to Qx 86)

85. What was the time interval from the bite to seeking medical attention?

86. Did the redness develop near the bite?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No
ECZEMA

87. Has your baby/child had eczema in the last year?
1=Yes
2=No

88. Has your baby/child had eczema in the last week?
1=Yes
2=No (go to Qx 111)

89. What area of the body did the eczema cover?
1=Yes
2=No
Flexural aspects of arms +/- legs
Limbs (not just flexural aspects)
Trunk
Face and Neck
Whole body

90. In the last 12 months, how often, on average has your baby/child been kept awake at night by the eczema?
1=Never
2=<One night per week
3=One or more nights per week

91. Do you usually use an emulsifying or moisturising cream or ointment?
1=Yes (specify)
2=No

92. Have you used an emulsifying or moisturising cream or ointment in the last week?
1=Yes (specify)
2=No (go to Qx 94)

93. If yes, how many times a day?

94. Do you usually use a steroid cream or ointment?
1=Yes (specify)
2=No

95. Have you used a steroid cream or ointment in the last week?
1=Yes (specify)
2=No (go to Qx 97)

96. If yes, how many times a day?

97. For washing your baby/child, what do you use?
1=Soap
2=Soap substitute
3=Prescribed lotion (specify)
4=Other (specify)

98. In the last week, has your baby/child scratched the eczema to make it bleed or weep?
1=Yes
2=No

99. Did you clean it with water, soap, soap substitute or saline?
1=Yes (specify)
2=No

100. Did you clean it with antiseptic (eg Savlon, Dettol)?
1=Yes (specify)
2=No

101. Did you put antiseptic or antibiotic cream on it?
1=Yes (specify)
2=No
102. Did you use an anti-itch cream or ointment?
   1=Yes (specify)
   2=No

103. Did you use an anti-histamine liquid/tablet by mouth?
   1=Yes (specify)
   2=No

104. Did you cover it (eg Bandaid or sticking plaster)?
   1=Yes, gauze or fabric cover (eg elastoplast)
   2=Yes, Plastic bandaid or sticking plaster
   3=No

105. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

106. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

107. If yes to any questions numbered 99-106 what was the time interval from your child getting eczema and you doing the first of the above actions?
   1= <3 hours
   2= 3-5 hours
   3= 6-11 hours
   4= 12-23 hours
   5= >24 hours

108. Did you seek medical advice (eg doctor, nurse, pharmacist), for the eczema when it first developed?
   1=Yes
   2= No (go to Qx 110)

109. What was the time interval from your baby/child getting the eczema to seeking medical attention?

110. Did the redness develop near the eczema?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No
NAPPY RASH

111. In the last week has your baby/child had nappy rash?
1=Yes
2=No (go to Qx 134)
3=Not Applicable (go to Qx 134)

112. What area of the body did the rash cover?
1=Small area <5cm diameter
2=Area >5cm diameter, but not extending beyond nappy area
3=Rash extending outside of nappy area

113. Do you use cloth nappies?
1=Yes
2=No

114. Do you use disposable nappies?
1=Yes
2=No

115. Which type of nappy, do you use most often?
1=Cloth
2=Disposable

116. On average, how many changes of nappies do you use per day?

117. On average, how much time does your baby/child spend without nappies on, each day?

118. Do you wash your baby’s bottom between changes of nappies?
1=Yes, with a wet cloth
2=Yes, with a wet wipe
3=Yes, other (specify)
4=No

119. For washing your baby, what do you use?
1=Soap
2=Soap substitute
3=Prescribed Lotion
4=Other (specify)

120. Did the area of nappy rash bleed or weep?
1=Yes
2=No

121. Did you clean it with water, soap, soap substitute or saline?
1=Yes (specify)
2=No

122. Did you clean it with antiseptic (eg Savlon, Dettol)?
1=Yes (specify)
2=No

123. Do you usually use a barrier or moisturising cream or ointment?
1=Yes (specify)
2=No

124. Did you use a barrier or moisturising cream or ointment in the last week?
1=Yes (specify)
2=No (go to Qx 126)
125. If yes, how many times per day did you use the cream?

126. Do you usually use a steroid cream or ointment?
   1=Yes (specify)
   2=No

127. Did you use a steroid cream or ointment in the last week?
   1=Yes (specify)
   2=No (go to Qx 129)

128. If yes, how many times per day did you use the cream?

129. Did you use pain relief?
   1=Yes, Brufen (Ibuprofen)
   2=Yes, Pamol (Paracetamol)
   3=Yes, other (specify)
   4=No

130. Did you use any traditional or alternative therapy?
   1=Yes (specify)
   2=No

131. Did you seek medical advice (eg doctor, nurse, pharmacist), for the nappy rash when it first happened?
   1=Yes
   2=No (go to Qx 133)

132. What was the time interval from getting nappy rash to seeking medical attention?

133. Did the redness develop near the nappy rash?
   1=Yes, within 5 cms
   2=Yes, within 15 cms
   3=No

OTHER PROBLEMS

134. In the last week has your baby/child had any other skin problems?
   1=Yes (specify)
   2=No

135. In the last year has your baby/child had any other skin problems?
   1=Yes (specify)
   2=No

We are now wanting to know what you did after the redness began

136. Did your baby/child have any of the problems listed below, at the time you first noticed the redness?
   1=Yes
   2=No

   Fever
   Swelling
   Pain/tenderness
   Crusting/pus/discharge
   Limp
   Other (specify)
137. In your opinion could any of the following factors be the cause of the cellulitis?

01=Insect/Spider Bite
02=Cut or Scratch
03=Chickenpox
04=Bang or bump to the skin
05=A Splinter
06=An animal or human bite
07=Eczema
08=Nappy Rash
09=The redness arose spontaneously
10=Don’t know what caused the cellulitis
11=Other (specify)

138. Did you clean it with water, soap or saline?
1=Yes (specify)
2=No

139. Did you clean it with antiseptic (eg Savlon, Dettol)?
1=Yes (specify)
2=No

140. Did you put antiseptic or antibiotic cream on it?
1=Yes (specify)
2=No

141. Did you use an anti-itch cream or ointment?
1=Yes (specify)
2=No

142. Did you use an anti-histamine tablet/liquid by mouth?
1=Yes (specify)
2=No

143. Did you cover it (eg Bandaid or sticking plaster)?
1=Yes, gauze or fabric cover (eg elastoplast)
2=Yes, Plastic bandaid or sticking plaster
3= No

144. Did you use pain relief?
1=Yes, Brufen (Ibuprofen)
2=Yes, Pamol (Paracetamol)
3=Yes, other (specify)
4=No

145. Did you use any traditional therapy?
1=Yes (specify)
2=No

146. If yes to any questions numbered 138-145, what was the time interval from you noticing the redness and you doing the first of the above actions?
1=<3 hours
2=3-5 hours
3=6-11 hours
4=12-23 hours
5= >24 hours

147. Did you seek medical advice (eg doctor, nurse, pharmacist), for the redness when you first noticed it?
1=Yes
2=No (go to Qx 149)
148. What was the time interval from noticing the redness to seeking medical attention?

149. Did you see any of the following people, for your child’s redness?

1=Yes
2=No

Family doctor/General Practitioner
GP’s practice nurse
Doctors in an after hours clinic (eg Westcare, Whitecross)
Hospital Emergency Department
Other medical practitioner (specify)

150. Were you given a prescription for some medicine or ointment?

1=Yes, Local antibiotics (specify below)
2=Yes, Oral antibiotics (specify below)
3=Yes, Pain relief (specify below)
4=Yes, Cleaning/antiseptic solution (specify below)
5=Yes, Other (specify below)
6=No
7=Don’t know/Can’t remember

Local antibiotics (specify)
Name of Medication __________________________
Dose (mg) _______________________
Frequency prescribed (per day) _________________
Length of course (days) ________________________

Oral Antibiotics (specify)
Name of Medication __________________________
Dose (mg) _______________________
Frequency prescribed (per day) _________________
Length of course (days) ________________________

Pain Relief (specify)
Name of Medication __________________________
Dose (mg) _______________________
Frequency prescribed (per day) _________________
Length of course (days) ________________________

Cleaning/antiseptic solution (specify)
Name of Medication __________________________

Other (specify)
Name of Medication __________________________
Dose (mg) _______________________
Frequency prescribed (per day) _________________
Length of course (days) ________________________

151. Were all the items of the prescription collected from the chemist?

1=Yes
2=No
3=Don’t know/Can’t remember
4=Not Applicable, no prescription given

152. When were the items collected from the chemist?

1= Within 24 hours of getting the prescription
2= Between 1-2 days
3= More than 2 days
4= Prescription was not collected from the chemist/pharmacy
153. How long was it from when your doctor wrote the prescription until your baby/child had its first dose of antibiotics?

154. Did your medical practitioner give you any other treatment or advice?
1=Yes, specific advice re care of bites, cuts etc
2=Yes, Dressing (specify)
3=Yes, Local cleaning solution/antiseptic (specify)
4=Yes, Other (specify)
5=No
6=Don’t know/Can’t remember

Specify Dressing
Specify Cleaning soln
Specify Other

155. What did your doctor arrange for follow-up of the skin infection?
1=Go to hospital
2=Come back tomorrow
3=Come back in 2 or more days later
4=See another doctor
5=See a community health-worker, district nurse, public health nurse
6=Come back if it gets worse
7=Nothing arranged
8=Don’t know/Can’t remember
9=Other (specify)

156. How many times did you see the following medical practitioners for this illness?
Family doctor/General Practitioner
GP’s practice nurse
Plunket/district/public health/school nurse
Chemist/pharmacist
Doctors in an after hours clinic (eg Westcare, Whitecross)
Hospital Emergency Department

157. Did you see any other person about your baby/child’s condition?
1=Alternative Therapist (eg naturopath, homeopath)
2=Social worker/counsellor
3=Traditional healer (eg tohunga, rongoa)
4=Community Health worker
5=Relative or friend
6=Other (specify)

I would now like to ask some other questions about your baby/child’s skin and whether they have ever had this illness before.

158. Has your baby/child had cellulitis before?
1=Yes, (specify number of times)
2=No (go to Qx 160)

Number of times

159. If yes, how long ago was the last infection?

160. Has your baby/child ever had other skin infections (eg boils, impetigo) before?
1=Yes, (specify number of times)
2=No (go to Qx 162)

Number of times

161. If yes, how long ago was the last infection?

162. Has any other child living in the same house, ever had cellulitis before?
1=Yes
2=No (go to Qx 164)
3=Not Applicable, only one child (go to Qx 164)
163. If yes, how long ago was the last infection?

164. Have any other child living in the same house, ever had other skin infection (eg boils, impetigo) before?
   1=Yes
   2=No (go to Qx 166)

165. If yes, how long ago was the last infection?

166. Have you or another adult living in the same house, ever had cellulitis before?
   1=Yes
   2=No (go to Qx 168)

167. If yes, how long ago was the last infection?

168. Have you or another adult living in the same house, ever had other skin infections (eg boils, impetigo) before?
   1=Yes
   2=No (go to Qx 170)

169. If yes, how long ago was the last infection?

170. Some people have difficulties getting to or seeing a doctor or GP when they need to. Did you have any problems getting to or seeing a family doctor or GP for your baby/child with this illness?
   1=Yes
   2=No (go to Qx 172)

171. If yes, what were the things that made it difficult for your baby/child to see a doctor or GP?
   1=Cost
   2=Lack of transport
   3=Too busy
   4=Not able to see the doctors as they were too busy
   5=Other (specify)

I would now like to ask some questions about your family and your home situation

172. Which of the following statements best describes the type of house you live in?
   1=House/townhouse/Apartment
   2=Flat/Unit
   3=Garage
   4=Caravan, cabin or tent
   5=Other (specify)

173. Is your house rented or owned?
   1=Rented privately
   2=Rented (Housing corp)
   3=Owned
   4=Living with relatives
   5=Other (specify)

174. How long have you lived at your current address?

175. How many different houses has your child lived in the last 2 years? (including where they are living now and excluding short visits elsewhere).
176. How many bedrooms are there in your house?

177. Do you have a telephone that is connected?
   1=Yes
   2=No, use mobile phone
   3=No, no phone

178. How many people (including children and babies) live in your house?

179. How many children under 15 years old, live in your house?

180. Which one of the following statements best describes your household?
   1= Solo parent with children
   2= Couple with children
   3= Extended family/Whanau
   4= Family/other combination
   5= Other (specify)

181. Does your baby/child sleep in the same room as another child/person?
   1=Yes, (specify how many)
   2=No (go to Qx 183)

182. If yes, does your baby/child sleep in the same bed as another child/person?
   1=Yes
   2=No

183. What facilities do you have in your house to wash or bathe?
   1= Bath
   2= Shower
   3= Other (specify)

184. What does your baby/child usually use to wash in?
   1= Bath
   2= Shower
   3= Other (specify)

185. On average how many times each week do you wash your baby/child?
   Number of times each week

186. On average, how many times each week do you wash your baby/child’s hair?
   Number of times each week

187. On average, how many times each week does your child share a bath or bathwater with another child/person?
   Number of times each week

188. If your child had a skin infection would your baby/child share a bath or bathwater with another child/person?
   1= Yes
   2= No

189. Does your child have:
   1= A bath towel for their exclusive use, OR
   2= Do they share a bath towel?

190. On average, how many days are your bath towels used before washing?
   1= A single use, then washed (go to Qx 192)
   2= 1-2 days
   3= 3-6 days
   4= 7 days (a week)
   5= 8-14 days
   6= >14 days (2 weeks or more)
191. How do you usually dry the bath towels after use?
1= Outside on washing line
2= Heated towel rail (inside)
3= Non heated towel rail (inside)
4= Clothes drier
5= Other (specify)

192. How many toilets are there in your house?
1=One
2=Two or more (go to Qx 194)

193. If one, which statement best describes your home?
1=Toilet in the same room as a bath or shower (go to Qx 196)
2=Toilet in a separate room from a bath/shower (go to Qx 195)

194. If there is more than one toilet in your house, how many are:
In the same room as a bath/shower
In a separate room from a bath/shower (if answer=0, go to Qx196)

195. For the toilet(s) that are in a separate room from the bath or shower, how many have a sink in the same room as the toilet?

196. What sort of facilities does your house have to wash your family’s clothes/towels?
1=Automatic washing machine
2=Wringer washing machine
3=Hand washing in a tub
4=Local Laundromat
5=Other (specify)

197. What temperature do you most often use to wash your clothes/towels in?
1=Cold
2=Warm
3=Hot

198. After washing your clothes/towels, how do you dry them?
1=Outside in sun
2=Outside in shade (eg carport)
3=Clothes drier
4=Inside (eg drying rack)
5=Other (specify)

199. Does your house have any pets?
1=Yes (specify)
2=No
We now want to ask some questions about what your child usually does when washing their hands. We don’t know what is important or if any of these actions make a difference in skin infections, but we need to find out exactly what people are doing.

200. What does your child usually use to wash their hands at home?
1=Cold water  
2=Warm water  
3=Hot water  
4=Don’t know  
5=Running water  
6=Still water (eg in a bowl or sink)  
7=Don’t know  
8=Liquid soap  
9=Bar or cake of soap  
10=Soap Substitute  
11=Prescribed lotion  
12=Other (specify)  
13=Don’t Know

201. What does your child usually use to dry their hands at home?
1=Nothing  
2=Paper towels  
3=Shared or family hand/bath towel  
4=Personal hand/bath towel  
5=Roll-a-towel  
6=Clothes  
7=Other (specify)  
8=Don’t know

202. If your child had a skin infection, what would they use to dry their hands at home?
1=Nothing  
2=Paper towels  
3=Shared or family hand/bath towel  
4=Personal hand/bath towel  
5=Roll-a-towel  
6=Clothes  
7=Other (specify)  
8=Don’t know

203. What does your child usually use to wash their hands at school or daycare?
1=Cold water  
2=Warm water  
3=Hot water  
4=Don’t know  
5=Not applicable, does not go to school or daycare  
6=Running water  
7=Still water (eg in a bowl)  
8=Don’t know  
9=Not applicable, does not go to school or daycare  
10=Liquid soap  
11=Bar or cake of soap  
12=Soap Substitute  
13=Prescribed lotion  
14=Other (specify)  
15=Don’t Know  
16=Not applicable, does not go to school or daycare
204. What does your child usually use to dry their hands at school or daycare?
1=Nothing
2=Paper towels
3=Shared or family hand/bath towel
4=Personal hand/bath towel
5=Roll-a-towel
6=Clothes
7=Other (specify)
8=Don’t know
9=Not applicable, does not go to school or daycare

205. If your child had a skin infection, what would they use to dry their hands at school or daycare?
1=Nothing
2=Paper towels
3=Shared or family hand/bath towel
4=Personal hand/bath towel
5=Roll-a-towel
6=Clothes
7=Other (specify)
8=Don’t know
9=Not applicable, does not go to school or daycare

We now want to know when and how often your child washes their hands?

206. Which of the following statements best describes your child’s hand washing habits?
1=Usually washes their hands on their own
2=Usually needs supervision to wash hands
3=Is too young to wash hands without help (go to Qx 210)

207. If your child washes their hands on their own, do they usually,
1=Wash their hands without being reminded
2=Need to be reminded some of the time
3=Need to be reminded half of the time
4=Need to be reminded most of the time
5=Need to be reminded all of the time

208. If your child washes their hands on their own, how often does your child wash their hands?
1=Always
2=Usually
3=Sometimes
4=Rarely
5=Never

209. What does your child usually use to dry their hands after using the toilet?
1=Hand/bath towel used only by the child
2=Shared hand towel
3=Shared bath towel
4=Clothes
5=Nothing
6=Other (specify)
We now want to ask some questions about your child and their health

210. How much did your baby/child weigh at birth? 
   [ ] Lbs/ozs  [ ] Grams

211. How long was the pregnancy (ie weeks gestation)?
   1=Less than 37 Weeks
   2=37 Weeks or more

212. Which ethnic group does your child belong to? (tick which ever applies)
   1=NZ European
   2=Māori
   3=Samoa
   4=Cook Island Māori
   5=Tongan
   6=Niuean
   7=Chinese
   8=Indian
   9=Other (specify)

213. Was this child breastfed?
   1=Yes
   2=No (go to Qx 216)

214. If yes, how long was your baby fed on breast milk only?
   D=Don’t know/Can’t remember  
   Number of Months

215. How old was your baby when they stopped taking breast milk?
   D=Don’t know/Can’t remember  
   Number of Months

216. At what age did your baby begin to drink formula/cows/soya/goats milk?
   D=Don’t know/Can’t remember  
   N=Never used  
   Number of Months

217. At what age did your baby first eat solid food?
   D=Don’t know/Can’t remember  
   Number of Months

218. How many brothers and sister does this child have?
   Number

219. How many of them are older than this child?
   Number of older siblings

220. How many of them are younger than this child?
   Number of younger siblings

221. Does your child go to school/daycare?
   1=Yes, Daycare/Kindy
   2=Yes, Kohanga
   3=Yes, Pacific Island Language nest
   4=Yes, Primary school (go to Qx 223)
   5=Yes, Intermediate school (go to Qx 223)
   6=Yes, High school (go to Qx 223)
   7=Yes, Other (specify)
   8=No (go to Qx 223)
222. If yes, how many hours per week?

223. With regard to the health care for your baby/child, which of the statements below best describes your situation?
   1=Have a single GP/doctor or practice, you see for most of your child’s doctor visits
   2=See one of several GPs in different practices
   3=See whoever you can get in to see
   4=Usually use the after hours doctors or services
   5=Other (specify)  

224. Does your baby/child have any health problems?
   1=Yes (specify)
   2=No

225. In general, how would you describe your child’s health in the 6 months prior to this illness?
   1=Excellent
   2=Very good
   3=Good
   4=Not very good, or fair
   5=Poor

226. Thinking back to the last 6 months (or the 6 months prior to this skin infection), how many times have you seen the following people or services for your child?
   Family doctor/GP in the same practice
   Any doctor at another practice
   After hours services (eg Accident and Medical Clinics, Whitecross)
   Hospital Emergency Department
We now want to ask some questions about you as a parent

**Mother**

227. What is your date of birth?

228. Which ethnic group do belong to? (tick which ever applies)
   1=NZ European
   2=Maori
   3=Samoan
   4=Cook Island Maori
   5=Tongan
   6=Niuean
   7=Chinese
   8=Indian
   9=Other (specify)

229. How many years have you lived in New Zealand?
   B=Since birth
   Number of Years

230. Is English your first language?
   1=Yes
   2=No

231. Did you smoke cigarettes in the last 2 weeks?
   1=Yes
   2=Yes, occasionally (less than one per day)
   3=No (go to Qx 233)

232. How many cigarettes do you usually smoke per day?

233. How many cigarette smokers (including yourself) lived in your home in the last 2 weeks?

234. What is your highest secondary school qualification?
   1=None
   2=NZ school certificate in 1 or more subjects
   3=NZ 6" form certificate in 1 or more subjects
   4=NZ university entrance before 1986 in one or more subjects
   5=NZ higher school certificate or higher leaving certificate
   6=University entrance qualification from NZ university bursary
   7=NZ A or B bursary, Scholarship
   8=Other NZ qualification (specify)
   9=Other overseas qualification (specify)

235. Apart from secondary school qualifications, do you have another qualification?
   1=Yes (specify)
   2=No

236. What is your occupation? If not working now, what was your most recent job?

237. Do you have a current community services card?
   1=Yes
   2=No
238. What is your date of birth?

239. Which ethnic group do belong to? (tick which ever applies)
1=NZ European
2=Maori
3=Samoa
4=Cook Island Maori
5=Tongan
6=Niuean
7=Chinese
8=Indian
9=Other (specify)

240. How many years have you lived in New Zealand? Since birth

241. Is English your first language?
1=Yes
2=No

242. Did you smoke cigarettes in the last 2 weeks?
1=Yes
2=Yes, occasionally (less than one per day)
3=No (go to Qx 244)

243. How many cigarettes do you usually smoke per day?

244. What is your highest secondary school qualification?
1=None
2=NZ school certificate in 1 or more subjects
3=NZ 6th form certificate in 1 or more subjects
4=NZ university entrance before 1986 in one or more subjects
5=NZ higher school certificate or higher leaving certificate
6=University entrance qualification from NZ university bursary
7=NZ A or B bursary, Scholarship
8=Other NZ qualification (specify)
9=Other overseas qualification (specify)

245. Apart from secondary school qualifications, do you have another qualification?
1=Yes (specify)
2=No

246. What is your occupation? If not working now, what was your most recent job?

247. Do you have a current community services card?
1=Yes
2=No
Child Clinical Assessment

Weight of child (kg) __________________________

Height of child (cm) __________________________

Does the child have signs of visible eczema at any of the five following areas?
1=Yes
2=No

- Around the eyes
- Around the sides or front of the neck
- Front of elbows
- Behind Knees
- Fronts of ankle

For Children under four years old, does the child have signs of visible eczema at any of the following area:

- Cheeks
- Forearms
- Legs
CONSENT FORM
for Hospitalised Children

Study about Skin Infections in Children

REQUEST FOR INTERPRETER

<table>
<thead>
<tr>
<th>Language</th>
<th>Interpretation Request</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>English</td>
<td>I wish to have an interpreter.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maori</td>
<td>E hiaha ana ahau ki tetahi kaiwhakamaori/kaiwhaka pakeha korero.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Samoan</td>
<td>Oute mana’o ia iai se fa’amatala upu.</td>
<td>Ioe</td>
<td>Leai</td>
</tr>
<tr>
<td>Tongan</td>
<td>Oku ou fiema’u ha fakatonulea.</td>
<td>Io</td>
<td>Ikai</td>
</tr>
<tr>
<td>Cook Island</td>
<td>Ka inangaro au i tetai tangata uri reo.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Niuean</td>
<td>Fia manako au ke fakaaoega e taha tagata fakahokohoko kupu.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, (your name) have read and understood the information sheet for parents of children admitted to hospital. I understand the study is designed to explore the reasons why children are getting skin infections and are ending up in hospital. I have had the opportunity to discuss this study and am satisfied with the answers I have been given.

I understand that taking part in this study is voluntary (my choice) and that I may withdraw from the study at any time and this will in no way affect my child’s health care. I understand that my participation in this study is confidential and that no material, which could identify me, will be used in any reports on this study.

- I have had time to consider whether to take part and I consent to taking part in the study.
- I know whom to contact if I have any questions about the study.
- I consent to the research group contacting my child’s doctor, to discuss their skin infection.
- I consent to my child’s hospital notes being accessed for the purposes of the study.
- I consent to my child being weighed, measured and face, arms and legs being inspected for eczema.

Signature ___________________________ Date ___________________

Project explained by (please print) ___________________________ Date ___________________

If any queries regarding this study please contact the Project Manager – Natarsha Kruthof at 373 7599 ext 6430. Should you have questions regarding your rights, please contact the Health Advocates Trust at 0800 205 555 Northland to Franklin.
Study about Skin Infections in Children

(Case Control Study of Risk Factors for Cellulitis among Children)

The Problem
In New Zealand recent local data suggests that cellulitis is a major public health problem for Auckland children and a significant cause of hospital admission. This is in stark contrast, to other developed countries where cellulitis is an uncommon paediatric problem and a preventable cause of hospital admission.

and is a preventable cause of hospital admission.

Cellulitis is now the third most common reason for admission to Starship Hospital, with over 700 children being admitted to Starship Hospital every year. Unfortunately, there is little information available on the causes, risk factors and optimal management of paediatric cellulitis.

The Solution - Research
Using information from a prospective case series of children admitted to Starship Hospital with cellulitis, we have developed three hypothesis, and have designed two related case control studies to investigate them.

We would like your help in identifying and recruiting suitable children with cellulitis, treated in primary care (GP cases) and/or GP patients without cellulitis (GP controls).

Study Design
Case-control studies.
1. Risk factors associated with developing cellulitis. General Practitioner patients with cellulitis (cases) are compared with GP patients without cellulitis (controls).

2. Risk factors associated with hospitalisation in patients who have developed cellulitis. Patients admitted to Starship Children’s Hospital with cellulitis (cases) are compared with GP patients with cellulitis (controls).

Data Collection
Each family will be interviewed by a study member, at a time and place that is convenient for them. We are planning to interview 700 parents/caregivers for each group, 2100 families in total. The families whose children have had cellulitis, will be asked a series of questions about their child’s infection eg when they first noticed it, what they did, if they sought medical attention and what medicine they were given. These details will be checked against your records, once the family has given their written consent.

All families will be asked questions about their child’s general health, any recent skin breaches, the care of wounds and about their family and home. The interviews will take approximately one hour. If a person wishes to be interviewed in a language other than English, we will arrange it.
What will I have to do?

Recruiting children with cellulitis (GP cases):

1. **Invite family to participate in the study.**
   You will ask the next patient you see, with the correct specifications (eg age, season) if they want to be part of our study. **Study definition of cellulitis:** Cellulitis is a diffuse spreading red area of skin or more than 2cm diameter or 1cm extension from the edge of the lesion where it is not attributed to inflammation around a septic site. Cellulitis may be caused by any of the following conditions:
   
<table>
<thead>
<tr>
<th>Erysipelas</th>
<th>Lymphangitis</th>
<th>Pilonidal cyst</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carbuncle and Furuncle</td>
<td>Cellulitis and abscess</td>
<td>Impetigo</td>
</tr>
<tr>
<td>Acute lymphadenitis</td>
<td>Any other local infections of the skin</td>
<td></td>
</tr>
</tbody>
</table>

   The project manager will specify: how many children we would like you to enrol, when they need to be recruited (eg what season), and what age the child must be (eg over or under 5).

2. **Give the parent/caregiver a consent form.**
   Give the parent/caregiver the consent form, titled “consent to researcher contact” and the study information pamphlet.

3. **Fax consent form to the study office.**
   If the family agrees to the study contacting them, the filled in consent form can be faxed to us at 373 7486. **Agreeing to be contacted, does not mean that they consent to take part in the study.** Once we have permission to contact the family, we will telephone them, explain the study in more detail and arrange the interview.

4. **Fill out small questionnaire and fax back to study office.**
   Once we have written consent, a copy will be faxed to you along with a small questionnaire. The questionnaire asks about prescribed medications, treatment, advice and follow-up etc. (a copy of this questionnaire is appended).

Recruiting children without cellulitis (GP controls):

The Project Manager will search your age/sex register, to enable the identification of a suitable study control.

1. **Sign a letter of invitation.**
   A signed letter of invitation will be sent to the family, along with a study information pamphlet.

2. **Telephone the family and personally invite them to participate in the study.**
   We would like you, or a person nominated by you, to telephone the family and follow up the letter, if no response is made. The family will be directed to contact the Project Manager with any questions, queries or replies to the introductory letter.

No material, which could personally identify you, your practice or your patients will be used in any reports on this study. This study has received ethical approval from the Auckland Ethics Committee.

Benefits of Being Involved

The information from the questions that the families answer, will give us a good idea about what happens to children before they come to hospital, what treatment they receive and what does and what doesn’t work in the treatment of cellulitis. The information will also help us understand why some children get skin infections and others don’t.

Contact Details

If any queries regarding this study please contact the Project Manager - Natarsha Kruithof at 373 7599 ext 6430, 021 217 6546 or n.kruithof@auckland.ac.nz. Mail to: Cellulitis Study, Department of Paediatrics, University of Auckland, Private Bag 92019, Auckland.

Should you have questions regarding your rights, please contact the Health Advocates Trust at 0800 205 555 Northland to Franklin.
Taking part is your choice
Your participation is entirely voluntary (your choice). You do not have to take part in this study.
Your child will receive the same standard of health care whether you agree to take part or not.
If you do agree to take part you are free to withdraw from the study at any time, without having to give a reason and this will in no way affect your child’s health care.

Risks of being involved
- There are no risks from taking part in the study, but it will take approximately ONE hour of your time.
- Being involved will not cost you anything.

In the unlikely event of a physical injury as a result of your participation in this study, you will be covered by the Accident Compensation legislation with its limitations. If you have any questions about ACC please feel free to ask the researcher for more information before you agree to take part.

Benefits of being involved
The information from the questions that you answer, will give us a good idea about what happens to children before they come to hospital, what treatment they receive, and what does and what doesn’t work in the treatment of skin infections and cellulitis.
The information will also help us understand why some children get skin infections and others don’t.

Do I have to decide now?
No, you can have as much time as you like to consider taking part. You are also free to withdraw from the study at any time, without having to give a reason.

Ethics Approval
This study has received ethical approval from the Auckland Ethics Committee.

Who to Contact
If you have any queries or would like additional information regarding this study, please contact the Project Manager:

Natarsha Kruithof
Project Manager of the Cellulitis Study
Department of Paediatrics
University of Auckland
Private Bag 92019
Auckland

Telephone: (09) 373 7599 ext 6430
Mobile: (021) 217 6546
Fax: (09) 373 7486
Email: n.kruithof@auckland.ac.nz

Should you have questions regarding your rights, please contact the Health Advocates Trust at 0800 205 555 Northland to Franklin.

Cellulitis & Skin Infections in Children

- A Research Study -

Information pamphlet for children and their families, who have had a skin infection and/or cellulitis.

A collaboration between
Starship Children’s Hospital and Auckland University
Help
Skin infections and cellulitis are the third most common reason to be admitted to Starship Hospital!

What we are doing
We are inviting parents and caregivers of children (under 15 years old) who have and have not had a skin infection and/or cellulitis to take part in our research study.

The information we plan to collect, will give us a better understanding of the reasons why children get skin infections and/or cellulitis, and what we can do to prevent these infections and the hospital admissions.

We plan to interview three groups of children and their families, these are:
- Children who have been admitted to Starship with a skin infection or cellulitis.
- Children whose skin infection or cellulitis was successfully treated by a general practitioner. THIS IS YOU.
- Children who have not had a skin infection or cellulitis within the last year (controls).

We are aiming to interview 2100 parents and caregivers.

Invitation
We invite you to take part in this study which explores the reasons why children are getting skin infections and/or cellulitis and ending up in hospital.

What will taking part in the study, involve?
- Your doctor will ask you about participating in the study. They will give you a consent form titled, “Consent to researcher contact”. If you agree to be contacted your GP will fax this consent form to our study office.
- **Agreeing to be contacted, does not mean that you consent to take part in the study.**
- You will then be telephoned by a member of our study team. This person will answer any questions or queries you may have.
- If you decide, you do not want to take part in the study, no further contact will be made with you.
- If you agree to take part in the study, a team member will arrange a time and place to meet.
- You will then be visited by this person, who will ask you a series of questions about your child.
- As a parent or caregiver of a child who did have a skin infection you will be asked questions about your child’s infection; ie when you first noticed it, what you did, who you saw, what medicine you used etc.
- We will be asking questions about your child’s general health and about your family and home. You do not have to answer all the questions and you may stop the interview at any time.
- The interview will take approximately ONE hour.
- The interview will be done at a time and place, that is convenient for you. This could be your home, or any other place of your choice.
- If you would prefer to be interviewed by a person who speaks a language other than English, we will arrange it.
- We would like to measure your child’s height and weight. We would also like to check your child’s face, arms and legs for eczema.
- We would like to ask your doctor questions about your child’s skin infection cellulitis; ie what your doctor prescribed your child and what follow-up treatment they received etc.

The help you give us, by taking part in this study, will help us, help other children.

Confidentiality
No material, which could personally identify you, will be used in any reports on this study.

Only research study staff will have access to information that you provide us.