

## 9 - SIX-WEEK POSTPARTUM FORM

This form should be completed only if the questionnaire is not completed online by the woman after she is contacted by Textlocal.

## Section 1 - Woman's details

1.1 Woman's study number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	1.2 Last 4 digits of woman's NHS number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
1.3 Woman's DOB (e.g., JAN2019) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.4 Woman's mobile phone number: (as agreed at consent to contact the woman for the six-week postpartum questionnaire) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
1.5 Did the woman indicate that she would prefer to answer these questions with a member of the research team? <input type="radio"/> No <input type="radio"/> Yes	

If the questionnaire is not completed by the woman, BCTU will ask you to contact the woman to complete it. If you are unable to make contact with the woman, we will request that you obtain the information from the woman's GP records, provided that she has consented to this.

## Dear WILL trial participant:

Thank you for participating in the WILL trial so far. As we described in your WILL consent form, we now need to find out about any problems that you or your baby may have had since discharge from hospital after birth.

Your answers are confidential.

## Section 2 - Questionnaire

1. Since your discharge from hospital after the birth of your baby, until the time when your baby was six weeks of age, have you had <u>very high blood pressure that required you to return to your GP practice, walk-in health centre, or hospital urgently?</u> <input type="radio"/> No <input type="radio"/> Yes
2. Since your discharge from hospital after the birth of your baby, until the time when your baby was six weeks of age, have <u>you</u> had to <u>stay in hospital for at least one night with a health problem?</u> <input type="radio"/> No <input type="radio"/> Yes

If **no**, proceed to question 3

If **yes**, proceed to question 2a

2a. Please indicate by clicking 'yes' or 'no' to each question whether you suffered any of the following problems:	
Water in your lungs that required you to have oxygen, assistance breathing, or specific medication?	<input type="radio"/> No <input type="radio"/> Yes
Other shortness of breath requiring oxygen or other assistance breathing?	<input type="radio"/> No <input type="radio"/> Yes
Kidney injury?	<input type="radio"/> No <input type="radio"/> Yes
Transfusion of any blood products?	<input type="radio"/> No <input type="radio"/> Yes
Seizure(s)?	<input type="radio"/> No <input type="radio"/> Yes
Stroke?	<input type="radio"/> No <input type="radio"/> Yes
Blindness?	<input type="radio"/> No <input type="radio"/> Yes
A blood clot on the liver or liver rupture?	<input type="radio"/> No <input type="radio"/> Yes
Liver failure?	<input type="radio"/> No <input type="radio"/> Yes
Heart attack or angina?	<input type="radio"/> No <input type="radio"/> Yes
Intensive care unit admission where they gave you medication to keep your blood pressure from being too low?	<input type="radio"/> No <input type="radio"/> Yes
Any other health problems? (Please specify on next page)	<input type="radio"/> No <input type="radio"/> Yes

(Please proceed to next page.)

If **Any other health problems** please specify

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3. Did you have stitches after the birth of your baby? These could be a result of a Caesarean delivery, episiotomy, or vaginal tear?

No  Yes

If **no**, proceed to question 4

If **yes**, proceed to question 3a

3a. Since discharge from hospital after the birth of your baby, until the time when your baby was six weeks of age, have you had an infection of your stitches?

No  Yes

If **no**, proceed to question 4

If **yes**, proceed to question 3a. 1-2 will appear

3a.1. Were you prescribed antibiotics for this infection?

No  Yes

3a.2. Did the midwife or doctor open up your wound?

No  Yes

This question is about your baby's health since coming home from hospital.

4. Since your baby came home from hospital until he/she was 28 days old, have you taken your baby to Accident & Emergency or has your baby been admitted to hospital?

No  Yes

5. Is there anything that you would like to share with the WILL Team about your participation in the trial?

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**Thank you very much for participating in the WILL trial. Please feel free to get back in touch with your local WILL team if there is anything else that you wish to share with us or need from us.**

### Section 3 - Form completion details

Please indicate how this questionnaire was completed. *(Select one only.)*

- by woman with research team (e.g., over the phone)
- from woman's GP records
- unable to complete

If **unable to complete**, please provide any further information you feel may be valuable.

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Name of person administering the questionnaire:

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Date questionnaire was administered:

D	D	M	M	M	Y	Y	Y	Y
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