| Do you have any other comments or suggestions about the study? |
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| Would you be willing to let us contact you again in the future? We would like to interview a small number of women who have provided samples so that we can share your experiences with other women taking part in the study. With your further permission at the time, this might involve a recorded or filmed interview. You can still decide to refuse if you change your mind when we contact you. |
| Yes No No |
| If yes, please provide your contact details: |
| Name |
| Phone |
| Email |
| Signature |

Thank you for completing the questionnaire. We are extremely grateful for your time and help.

| Participant Identification (ID) Numb | per: |
|--|------|
| Jniversity College NHS London Hospitals NHS Foundation Trust | |

Post-birth questionnaire

Infection and immunity pilot study

We would like you to answer some questions for us about the study materials and your experience of being involved in the study. All your answers will be kept confidential and will **not** affect your treatment or your baby's treatment in any way.

You may find that you have answered some questions like this before but we are also interested in finding out if your opinions and feelings have changed from last time you gave us this feedback.

| A Study information How satisfied are you with the information you received about the following: | | | | | | |
|---|--|--|--|--|--|--|
| Why we want to do research into microbes (bugs, like bacteria and viruses) and the immune system? | | | | | | |
| Very satisfied Satisfied Neither Unsatisfied Very unsatisfied | | | | | | |
| Why we need to take samples from mothers and their babies? | | | | | | |
| Very satisfied Satisfied Neither Unsatisfied Very unsatisfied | | | | | | |
| What taking part in the pilot study would involve? | | | | | | |
| Very satisfied Satisfied Neither Unsatisfied Very unsatisfied | | | | | | |

| В | Biological samples | | | | | | |
|---|--|---------------------|-------------|---------|---------------|-----------------------|--|
| | Overall, how comfortable did you feel about providing the following samples? If you did not provide some of the samples listed, how comfortable would you be with providing those? | | | | | | |
| | Sample Urine Stool (poo) Vaginal swab Placenta (afterbirth) Umbilical cord Umbilical cord blood | Very comfortable | Comfortable | Neither | Uncomfortable | Very uncomfortable | |
| | How comfortable did you feel about the following sample being collected from your baby? | | | | | | |
| | | Very comfortable | Comfortable | Neither | Uncomfortable | Very uncomfortable | |
| | Sample Stool (poo) from your baby's nappy | | | | | | |

| If you feel uncomfortable or very uncomfortable about any of the above samples, please tell us why. | | | | |
|---|--|--|--|--|
| above campies, predoc ten de viny. | | | | |
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