

SUPPLEMENTARY MATERIAL 2: Pilot evaluation questionnaire

CBD Pilot: Evaluation

We would like to ask you some questions about the study.

For each question please indicate your response on the 5-point scale provided.

What did you think about the **way we approached you** for your child to participate in this study?

Very poor

Poor

Satisfactory

Very good

Excellent

How did your **child tolerate the medication** s/he took in this study?

Very poor

Poor

Satisfactory

Very good

Excellent

What did you think about the **number of visits** to the hospital required for this study?

Far too many/
Not acceptable

Too many

Acceptable

What did you think about completing the **questionnaires** (how many questions and how hard to complete)?

Unacceptable

Difficult

Acceptable

Good / fine

What did you think about the following parts of the study visits?

Psychology assessment

Not applicable

Unacceptable

Difficult

Acceptable

Good / fine

Blood tests

Unacceptable

Difficult

Acceptable

Good / fine

Your thoughts on the study (*tick one box per line*)

What is your overall opinion of the quality of the study?

Very poor

Poor

Satisfactory

Very good

Excellent

My child found the study...

Very

difficult

Difficult

Satisfactory

Easy

What did you find **best** about the study? _____

What did you find **worst** about the study? _____

How could we improve things? _____

Would you recommend this study to other families with children with similar problems?

Yes

No