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
- [ ] diffi...
What did you find **worst** about the study?

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How could we improve things?

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

☐ Yes  ☐ No