SUPPLEMENTAL MATERIAL

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Supplement 2. Participating Sites
Supplement 3. Flowchart Dutch Guideline
Supplement 4. EOS Calculator Application
Supplement 5. Informed Consent Forms
Supplement 6. Questionnaire Day 14
### Supplement 1. SPIRIT 2013 Checklist

![SPIRIT Logo](image)

**Table S1. SPIRIT 2013 Checklist**

<table>
<thead>
<tr>
<th>Section/item</th>
<th>Item No</th>
<th>Description</th>
<th>Reported on Page Number/Line</th>
<th>Reported on Section/Paragraph</th>
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<tbody>
<tr>
<td>Administrative information</td>
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<tr>
<td>Title</td>
<td>1</td>
<td>Descriptive title identifying the study design, population, interventions, and, if applicable, trial acronym</td>
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<tr>
<td>Trial registration</td>
<td>2a</td>
<td>Trial identifier and registry name. If not yet registered, name of intended registry</td>
<td>2</td>
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<tr>
<td></td>
<td>2b</td>
<td>All items from the World Health Organization Trial Registration Data Set</td>
<td>yes</td>
<td>ClinicalTrials.gov</td>
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<tr>
<td>Protocol version</td>
<td>3</td>
<td>Date and version identifier</td>
<td>13</td>
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<tr>
<td>Funding</td>
<td>4</td>
<td>Sources and types of financial, material, and other support</td>
<td>13</td>
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<tr>
<td>Roles and responsibilities</td>
<td>5a</td>
<td>Names, affiliations, and roles of protocol contributors</td>
<td>1, 13</td>
<td></td>
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<td></td>
<td>5b</td>
<td>Name and contact information for the trial sponsor</td>
<td>1</td>
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<tr>
<td></td>
<td>5c</td>
<td>Role of study sponsor and funders, if any, in study design; collection, management, analysis, and interpretation of data; writing of the report; and the decision to submit the report for publication, including whether they will have ultimate authority over any of these activities</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>5d</td>
<td>Composition, roles, and responsibilities of the coordinating centre, steering committee, endpoint adjudication committee, data management team, and other individuals or groups overseeing the trial, if applicable (see Item 21a for data monitoring committee)</td>
<td>10, 13</td>
<td></td>
</tr>
<tr>
<td>Introduction</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Background and rationale</td>
<td>6a</td>
<td>Description of research question and justification for undertaking the trial, including summary of relevant studies (published and unpublished) examining benefits and harms for each intervention</td>
<td>4-5</td>
<td></td>
</tr>
<tr>
<td></td>
<td>6b</td>
<td>Explanation for choice of comparators</td>
<td>4-5</td>
<td></td>
</tr>
<tr>
<td>Objectives</td>
<td>7</td>
<td>Specific objectives or hypotheses</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>
## Supplement 1. SPIRIT 2013 Checklist

| Trial design | 8 | Description of trial design including type of trial (eg, parallel group, crossover, factorial, single group), allocation ratio, and framework (eg, superiority, equivalence, noninferiority, exploratory) | 5-7 |
| Study setting | 9 | Description of study settings (eg, community clinic, academic hospital) and list of countries where data will be collected. Reference to where list of study sites can be obtained | 5 | Table S2 |
| Eligibility criteria | 10 | Inclusion and exclusion criteria for participants. If applicable, eligibility criteria for study centres and individuals who will perform the interventions (eg, surgeons, psychotherapists) | 5-6|
| Interventions | 11a | Interventions for each group with sufficient detail to allow replication, including how and when they will be administered | 6-7 |
| | 11b | Criteria for discontinuing or modifying allocated interventions for a given trial participant (eg, drug dose change in response to harms, participant request, or improving/worsening disease) | 6-7 |
| | 11c | Strategies to improve adherence to intervention protocols, and any procedures for monitoring adherence (eg, drug tablet return, laboratory tests) | 12 |
| | 11d | Relevant concomitant care and interventions that are permitted or prohibited during the trial | N/A |
| Outcomes | 12 | Primary, secondary, and other outcomes, including the specific measurement variable (eg, systolic blood pressure), analysis metric (eg, change from baseline, final value, time to event), method of aggregation (eg, median, proportion), and time point for each outcome. Explanation of the clinical relevance of chosen efficacy and harm outcomes is strongly recommended | 8-9 |
| Participant timeline | 13 | Time schedule of enrolment, interventions (including any run-ins and washouts), assessments, and visits for participants. A schematic diagram is highly recommended (see Figure) | 16 |
| Sample size | 14 | Estimated number of participants needed to achieve study objectives and how it was determined, including clinical and statistical assumptions supporting any sample size calculations | 8-9 |
| Recruitment | 15 | Strategies for achieving adequate participant enrolment to reach target sample size | 5-8, 12 |

### Methods: Assignment of interventions (for controlled trials)

#### Allocation:

| Sequence generation | 16a | Method of generating the allocation sequence (eg, computer-generated random numbers), and list of any factors for stratification. To reduce predictability of a random sequence, details of any planned restriction (eg, blocking) should be provided in a separate document that is unavailable to those who enrol participants or assign interventions | 7 |
| Allocation concealment mechanism | 16b | Mechanism of implementing the allocation sequence (eg, central telephone; sequentially numbered, opaque, sealed envelopes), describing any steps to conceal the sequence until interventions are assigned | 7 |
### Supplement 1. SPIRIT 2013 Checklist

<table>
<thead>
<tr>
<th>Category</th>
<th>Section</th>
<th>Description</th>
<th>Reference</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Implementation</strong></td>
<td>16c</td>
<td>Who will generate the allocation sequence, who will enrol participants, and who will assign participants to interventions</td>
<td>7</td>
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<tr>
<td><strong>Blinding (masking)</strong></td>
<td>17a</td>
<td>Who will be blinded after assignment to interventions (eg, trial participants, care providers, outcome assessors, data analysts), and how</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>17b</td>
<td>If blinded, circumstances under which unblinding is permissible, and procedure for revealing a participant’s allocated intervention during the trial</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Methods: Data collection, management, and analysis</strong></td>
<td>18a</td>
<td>Plans for assessment and collection of outcome, baseline, and other trial data, including any related processes to promote data quality (eg, duplicate measurements, training of assessors) and a description of study instruments (eg, questionnaires, laboratory tests) along with their reliability and validity, if known. Reference to where data collection forms can be found, if not in the protocol</td>
<td>7-8</td>
</tr>
<tr>
<td></td>
<td>18b</td>
<td>Plans to promote participant retention and complete follow-up, including list of any outcome data to be collected for participants who discontinue or deviate from intervention protocols</td>
<td>8</td>
</tr>
<tr>
<td><strong>Data management</strong></td>
<td>19</td>
<td>Plans for data entry, coding, security, and storage, including any related processes to promote data quality (eg, double data entry; range checks for data values). Reference to where details of data management procedures can be found, if not in the protocol</td>
<td>7</td>
</tr>
<tr>
<td><strong>Statistical methods</strong></td>
<td>20a</td>
<td>Statistical methods for analysing primary and secondary outcomes. Reference to where other details of the statistical analysis plan can be found, if not in the protocol</td>
<td>9-10</td>
</tr>
<tr>
<td></td>
<td>20b</td>
<td>Methods for any additional analyses (eg, subgroup and adjusted analyses)</td>
<td>9-10</td>
</tr>
<tr>
<td></td>
<td>20c</td>
<td>Definition of analysis population relating to protocol non-adherence (eg, as randomised analysis), and any statistical methods to handle missing data (eg, multiple imputation)</td>
<td>9-10</td>
</tr>
<tr>
<td><strong>Methods: Monitoring</strong></td>
<td>21a</td>
<td>Composition of data monitoring committee (DMC); summary of its role and reporting structure; statement of whether it is independent from the sponsor and competing interests; and reference to where further details about its charter can be found, if not in the protocol. Alternatively, an explanation of why a DMC is not needed</td>
<td>7, 10</td>
</tr>
<tr>
<td></td>
<td>21b</td>
<td>Description of any interim analyses and stopping guidelines, including who will have access to these interim results and make the final decision to terminate the trial</td>
<td>9-10</td>
</tr>
<tr>
<td><strong>Harms</strong></td>
<td>22</td>
<td>Plans for collecting, assessing, reporting, and managing solicited and spontaneously reported adverse events and other unintended effects of trial interventions or trial conduct</td>
<td>10</td>
</tr>
<tr>
<td><strong>Auditing</strong></td>
<td>23</td>
<td>Frequency and procedures for auditing trial conduct, if any, and whether the process will be independent from investigators and the sponsor</td>
<td>7</td>
</tr>
</tbody>
</table>
# Supplement 1. SPIRIT 2013 Checklist

<table>
<thead>
<tr>
<th><strong>Ethics and dissemination</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Research ethics approval</strong></td>
<td>24 Plans for seeking research ethics committee/institutional review board (REC/IRB) approval</td>
</tr>
<tr>
<td><strong>Protocol amendments</strong></td>
<td>25 Plans for communicating important protocol modifications (eg, changes to eligibility criteria, outcomes, analyses) to relevant parties (eg, investigators, REC/IRBs, trial participants, trial registries, journals, regulators)</td>
</tr>
<tr>
<td><strong>Consent or assent</strong></td>
<td>26a Who will obtain informed consent or assent from potential trial participants or authorised surrogates, and how (see Item 32)</td>
</tr>
<tr>
<td></td>
<td>26b Additional consent provisions for collection and use of participant data and biological specimens in ancillary studies, if applicable</td>
</tr>
<tr>
<td><strong>Confidentiality</strong></td>
<td>27 How personal information about potential and enrolled participants will be collected, shared, and maintained in order to protect confidentiality before, during, and after the trial</td>
</tr>
<tr>
<td><strong>Declaration of interests</strong></td>
<td>28 Financial and other competing interests for principal investigators for the overall trial and each study site</td>
</tr>
<tr>
<td><strong>Access to data</strong></td>
<td>29 Statement of who will have access to the final trial dataset, and disclosure of contractual agreements that limit such access for investigators</td>
</tr>
<tr>
<td><strong>Ancillary and post-trial care</strong></td>
<td>30 Provisions, if any, for ancillary and post-trial care, and for compensation to those who suffer harm from trial participation</td>
</tr>
<tr>
<td><strong>Dissemination policy</strong></td>
<td>31a Plans for investigators and sponsor to communicate trial results to participants, healthcare professionals, the public, and other relevant groups (eg, via publication, reporting in results databases, or other data sharing arrangements), including any publication restrictions</td>
</tr>
<tr>
<td></td>
<td>31b Authorship eligibility guidelines and any intended use of professional writers</td>
</tr>
<tr>
<td></td>
<td>31c Plans, if any, for granting public access to the full protocol, participant-level dataset, and statistical code</td>
</tr>
<tr>
<td><strong>Appendices</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Informed consent materials</strong></td>
<td>32 Model consent form and other related documentation given to participants and authorised surrogates</td>
</tr>
<tr>
<td><strong>Biological specimens</strong></td>
<td>33 Plans for collection, laboratory evaluation, and storage of biological specimens for genetic or molecular analysis in the current trial and for future use in ancillary studies, if applicable</td>
</tr>
</tbody>
</table>

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Supplement 2. Participating Sites

Table S2. Overview of participating sites in the Netherlands

<table>
<thead>
<tr>
<th>Hospital</th>
<th>City, Country</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amstelland Ziekenhuis</td>
<td>Amstelveen, The Netherlands</td>
</tr>
<tr>
<td>Canisius-Wilhelmina Ziekenhuis</td>
<td>Nijmegen, The Netherlands</td>
</tr>
<tr>
<td>Dijklander Ziekenhuis</td>
<td>Hoorn, The Netherlands</td>
</tr>
<tr>
<td>FlevoZiekenhuis</td>
<td>Almere, The Netherlands</td>
</tr>
<tr>
<td>Martini Ziekenhuis</td>
<td>Groningen, The Netherlands</td>
</tr>
<tr>
<td>Máxima MC</td>
<td>Veldhoven, The Netherlands</td>
</tr>
<tr>
<td>Noordwest Ziekenhuisgroep</td>
<td>Alkmaar, The Netherlands</td>
</tr>
<tr>
<td>OLVG</td>
<td>Amsterdam, The Netherlands</td>
</tr>
<tr>
<td>Spaarne Ziekenhuis</td>
<td>Haarlem, The Netherlands</td>
</tr>
<tr>
<td>Zaans Medisch Centrum</td>
<td>Zaandam, The Netherlands</td>
</tr>
</tbody>
</table>
Supplement 3. Flowchart Dutch Guideline

Identify maternal risk factors and the clinical condition of the newborn for early-onset neonatal infection. If a red flag is identified, immediate antibiotic treatment is indicated.

Perform a physical examination without delay if there are risk factors for early-onset sepsis.

- red flag(s) or
- two or more risk factors or clinical symptoms

- no clinical symptoms
- one risk factor

- no risk factors
- one clinical symptoms

- no risk factors
- no clinical symptoms

Consider to observe the newborn for at least 12 hours (monitor temperature and breathing at 1, 3, 6, 9 and 12 hours after birth). Observation casu quo increased vigilance is recommended for maternal fever (>38°C), premature rupture of membranes (>24 hours) or GBS colonization.

Start antibiotic treatment

Suspected infection

No antibiotic treatment. Normal maternity care.

Consider to stop antibiotic treatment after 36-48 hours

Reassure the family members when the neonate is discharged

Figure S3. Flowchart Dutch Guideline
### Supplement 4. EOS Calculator Application

<table>
<thead>
<tr>
<th><strong>Invoerwaarden</strong></th>
<th><strong>Resultaten</strong></th>
<th><strong>Opslaan</strong></th>
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<tbody>
<tr>
<td>Amenorrhoeeduur</td>
<td>A priori risico bij geboorte</td>
<td>TERUG</td>
</tr>
<tr>
<td>36 Weken</td>
<td>Risico per 1000 geboortes 0.52</td>
<td></td>
</tr>
<tr>
<td>6 Dagen</td>
<td>Posterior probability risico</td>
<td></td>
</tr>
<tr>
<td>Hoogste maternale intrapartum temperatuur</td>
<td>Goede klinische conditie</td>
<td></td>
</tr>
<tr>
<td>37.5 Celsius</td>
<td>Risico per 1000 geboortes 0.21</td>
<td></td>
</tr>
<tr>
<td>Duur gebroken vliezen</td>
<td>Advies</td>
<td></td>
</tr>
<tr>
<td>5 : 5</td>
<td>Observatie met controles vitale functies elke 3 uur tot terminatie 24 uur postpartum</td>
<td></td>
</tr>
<tr>
<td>Maternale GBS status</td>
<td>Negatief</td>
<td></td>
</tr>
<tr>
<td>Intrapartum antibiotic profylaxe</td>
<td>Twijfelachtige symptomen</td>
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<tr>
<td>Geen antibiotica, of antibiotic gestart &lt; 2 uu...</td>
<td>Risico per 1000 geboortes 2.59</td>
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<tr>
<td></td>
<td>Advies</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observatie met controles vitale functies elke 3 uur tot terminatie 24 uur postpartum</td>
<td></td>
</tr>
</tbody>
</table>

**Figure S1. EOS Calculator Application**
Screenshot of the EOS calculator smartphone application with pre-filled maternal data.

**Figure S2. EOS Calculator Application**
Screenshot of the EOS calculator smartphone application calculations and advices, based on pre-filled maternal data (see Figure S1).
Supplement 5. Informed Consent Forms

Appendix B1 - Informed Consent Form Neonatal Data

*Safely reduce newborn antibiotic exposure with the early-onset sepsis calculator*

I have been asked to give permission to participate in this medical research study:

- I have read the parent information letter. I could ask questions. My questions have been sufficiently answered. I had enough time to decide if I want my child to take part.
- I know that participation is voluntary. I also know that I can decide to withdraw my consent at any time. I don’t have to give a reason for withdrawing.
- I give permission for the collection and use of data from my child’s medical record to answer the research question in this study.
- I know some people may have access to all my child’s data to check for proper and liable research. These people are listed in this information letter. I give permission for access by these persons.
- I give permission for contacting the Personal Records Database (BRD), if necessary, in order to approaching the right person.
- I give permission to request data from other healthcare practitioners if my child is transferred to another center or assessed by another doctor in the first 14 days after birth.
- I □ agree □ do not agree to keep my child’s personal data longer and use it for future research into infection in newborns.*
- I □ agree □ do not agree to be contacted again after this study for a follow-up study.*
- I give permission to inform my child’s general practitioner and/or treating specialist about unexpected findings that are (or may be) important for my child’s health.
- I agree that my child will participate in this study.

Name subject (child): ........................................ Date of birth: __/__/__
Name parent/guardian**: ........................................ Date of signing: __/__/__
Signature: ........................................ Date of signing: __/__/__

Name parent/guardian**: ........................................
Signature: ........................................ Date of signing: __/__/__

Email address***: ........................................

*-supplementalmaterial BMJ Open
Supplement 5. Informed Consent Forms

I hereby declare that I have fully informed the above person(s) about the study. If information becomes known during the research that could influence the consent of the parent(s) and/or guardian(s), I will inform him/her.

Name of researcher (or his representative): ...........................................
Signature: Date of signing: __ / __ / ___

............................................................................................................................

<if applicable>
Additional information is provided by: ...........................................
Name: ...........................................................................................................
Function: ...................................................................................................
Signature: Date of signing: __ / __ / ___

............................................................................................................................

* Tick all that apply.
** If the child is younger than 16, the parent(s) exercising parental authority or the guardian sign this form. If there is one parent with authority/guardian, one signature is sufficient. Note this carefully.
*** The digital questionnaire will be sent to this email address two weeks after the birth. This email address can also be used if you give permission to contact your child for a follow-up study after this study.

_The parent/guardian will receive a complete information letter, together with a signed version of the consent form._
Supplement 5. Informed Consent Forms

Appendix B2 - Informed Consent Form Maternal Data

Safely reduce newborn antibiotic exposure with the early-onset sepsis calculator

I have been asked to give permission to participate in this medical research study:

- I have read the parent information letter. I could ask questions. My questions have been sufficiently answered. I had enough time to decide if I want to take part.
- I know that taking part is voluntary. I also know that I can decide to withdraw my consent at any time. I don't have to give a reason for withdrawing.
- I give permission for the collection and use of data from my medical record to answer the research question in this study.
- I know some people may have access to all my child's data to check for proper and liable research. These people are listed in this information letter. I give permission for access by these persons.
- I give permission for contacting the Personal Records Database (BRD), if necessary, in order to approaching the right person.
- I [ ] agree [ ] do not agree to keep my personal data longer and use it for future research into infection in newborns.*
- I [ ] agree [ ] do not agree to be contacted again after this study for a follow-up study.*

Name mother: .................................................. Date of birth: ___ / ___ / ___

Signature: .................................................. Date of signing: ___ / ___ / ___

Email address: ..................................................

-----------------------------------------------------------------
Supplement 5. Informed Consent Forms

I hereby declare that I have fully informed the above person(s) about the study. If information becomes known during the research that could influence the consent of the parent(s) and/or guardian(s), I will inform him/her.

Name of researcher (or his representative): ........................................
Signature: ................................................................. Date of signing: __ / __ / __

Additional information is provided by: ...........................................
Name: .........................................................................................
Function: .........................................................................................
Signature: ................................................................. Date of signing: __ / __ / __

* Tick all that apply.
** This email address can be used if you give permission to contact you for a follow-up study after this study.
Supplement 6. Questionnaire Day 14

Safely reduce newborn antibiotic exposure with the early-onset sepsis calculator: a cluster randomized study (EOS Calculator RCT)

survey among parents after hospitalization of their child because of (suspected) EOS

Cover letter (email) + Consent participant
[Subject:] Questionnaire - EOS Calculator RCT

Dear parent(s)/guardian(s),

We have asked for your permission to complete a survey because of participating in the EOS Calculator RCT. We ask you to complete the following survey around the 14th day after the birth of your child.

The questionnaire consists of 3 parts. It takes about 5-10 minutes of your time to fulfill all questions. You will find the questionnaire in the link below.

[link]

Thank you very much in advance,
On behalf of the entire EOS Calculator RCT Team,

drs. Bo M. van der Weijden
dr. Niek B. Achten
prof. dr. Frans B. Plötz

Introduction page

Safely reduce newborn antibiotic exposure with the early-onset sepsis calculator: a cluster randomized study (EOS Calculator RCT)

Survey among parents after hospitalization of their child because of (suspected) EOS

Duration: 5-10 minutes
Progress indication: See the blue bar in the left menu
Save: Your answers will be saved automatically

Part 1 – Medical data

1. Did your child receive antibiotic therapy within the first 24 hours after birth?
   - No
   - Yes

If yes at 1

2.1 How many times did your child receive a new IV cannula? For the first episode of illness in your newborns’ life.
   - Only the first inserted cannula
   - More than one, namely ___________ cannulas total
   - I do not remember

If yes at 1

2.2 Did your child experience any side effects of the antibiotic therapy?

Tick all boxes which apply
   - No
   - Vomiting
   - Change in defecation pattern
   - Rash
   - Other: ___________

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Supplement 6. Questionnaire Day 14

3. Did you see a doctor after discharge in the last two weeks for your child?
   o No
   o Yes

If yes at 3

3.1 What kind of doctor did you visit?
   o A General Practitioner (GP)
   o A doctor at the infant centre
   o A paediatrician
   o A doctor at the emergency department
   o Other: 

If 3.1 is 'A paediatrician' or 'A doctor at the emergency department,

3.1.1 Which hospital did you visit with your child?
   o Amstelland Hospital
   o BovenIJ Hospital
   o Canisius-Wilhelmina Hospital
   o Dijklander Hospital
   o FlevoHospital
   o Martini Hospital
   o Northwest Hospital Group
   o OLVG
   o Spaarne Hospital
   o Zaans Medical Center
   o Other: 

3.2 Did your child receive other medication (besides vitamins)?
   o No
   o Yes: 

4. What kind of feeding do you give your child?
   o Breastmilk
   o Formula milk
   o Combination of both breastmilk and formula milk

5. How does your child sleep?
   o Goes to sleep easily and wakes up satisfied
   o Going to sleep in sometimes difficult, but does eventually sleep well
   o Going to sleep is difficult, cries often, hard to comfort

Part 2 - Impact on you and your child

1. To what extent has the admission hindered the care for your child?

Legend
1 means the admission did not hinder at all
2 means the admission did hinder a little
3 means the admission did hinder on average
4 means the admission did hinder more than average
5 means the admission did hinder a lot
NA means not applicable
Supplement 6. Questionnaire Day 14

<table>
<thead>
<tr>
<th>Not at all</th>
<th>A lot</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>in general</td>
<td></td>
</tr>
<tr>
<td>feeding in general</td>
<td></td>
</tr>
<tr>
<td>possibility of breastfeeding</td>
<td></td>
</tr>
<tr>
<td>bottle-feeding</td>
<td></td>
</tr>
<tr>
<td>possibility to hold your child</td>
<td></td>
</tr>
<tr>
<td>experience peace</td>
<td></td>
</tr>
<tr>
<td>offer comfort</td>
<td></td>
</tr>
<tr>
<td>watching your child</td>
<td></td>
</tr>
<tr>
<td>touching your child</td>
<td></td>
</tr>
<tr>
<td>talking to your child</td>
<td></td>
</tr>
</tbody>
</table>

2. Did the admission of your child cause extra concerns?

Legend
1 means the admission did not cause extra concerns at all
2 means the admission did cause little extra concerns
3 means the admission did cause average extra concerns
4 means the admission did cause more than average extra concerns
5 means the admission did cause a lot extra concerns
NA means not applicable

<table>
<thead>
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<th>A</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>in general</td>
<td></td>
</tr>
<tr>
<td>emotionally</td>
<td></td>
</tr>
<tr>
<td>care for other child(ren)</td>
<td></td>
</tr>
<tr>
<td>financially</td>
<td></td>
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</tbody>
</table>

3. According to you, your child was:
- Very sick, you were worried about his/her life
- Very sick but stable
- Sick and stable
- Sick and getting better
- Healthy
- Other: [ ]

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4. According to you, your child’s quality of life (is and/or was):
   Poor

<table>
<thead>
<tr>
<th>Excellent</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>NA</th>
</tr>
</thead>
<tbody>
<tr>
<td>in general</td>
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<td>during admission</td>
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<td>after discharge</td>
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</tbody>
</table>

5. Do you think your child’s (recent) condition will affect your family on long term basis?
5.1 Financially
   - No
   - Yes

5.2 Emotionally
   - No
   - Yes

7. Do you want to share your experiences on the topics mentioned, or do you want to share any other thoughts with us?

Part 3 - Demographics
1. Who answers the questions?
   - Parent
   - Guardian
   - Caretaker

1.2 What is your gender?
   - Female
   - Male
   - Non-binary

2. Do you have a partner with whom you care for your child(ren)?
   - Yes
   - No

3. What is your year of birth?

If yes at 2
3.2 What is your partner’s year of birth?

4. What is your highest (completed) degree in education?
   - None
   - Elementary school
   - Pre-vocational secondary education (Dutch VMBO)
   - Lower general secondary education (Dutch MAVO)
   - Senior general secondary education (Dutch HAVO)
   - Pre-university education (Dutch VWO)
   - Senior secondary vocational education (Dutch MBO)
   - Higher general secondary education (Dutch HBO)
   - University
   - Other degree: ____________________

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If yes at 2
4.2 What is your partners highest (completed) degree in education?
  o None
  o Elementary school
  o Pre-vocational secondary education (Dutch VMBO)
  o Lower general secondary education (Dutch MAVO)
  o Senior general secondary education (Dutch HAVO)
  o Pre-university education (Dutch VWO)
  o Senior secondary vocational education (Dutch MBO)
  o Higher general secondary education (Dutch HBO)
  o University
  o Other degree:

5. How many children (<18 years) live at home with you (most days of the week)?
   children

6. Does religion or spirituality play an important role in your life?
  o No
  o Yes

If yes at 6
6.1.1 What religion or spiritual movement?

If yes at 2
6.2 Does religion or spirituality play an important role in your partners life?
  o No
  o Yes

If yes at 6.2
6.2.1 What religion or spiritual movement?

7. Have you ever had another child hospitalized at birth?
  o No
  o Yes

If 5 is >1
8. Did you arrange extra baby-sitting because of the hospital admission of your child?
  o No
  o Yes

9. Did you(r partner) take paid partner/paternity leave to take care of you(r partner) and/or other children because of the admission of your child? This question does not concern maternity leave, only partner/paternity leave.
  o No
  o Yes

If yes at 9
9.1 How many days did you(r partner) take partner/paternity leave? This question does not concern maternity leave, only partner/paternity leave.
   day(s)
Supplement 6. Questionnaire Day 14

Thank you
Thank you!

You reached the end of the questionnaire. Thank you very much for your time and answering all the questions! Your answers are highly valuable. Of course, we will process and analyze them anonymously.

We want to make sure you are feeling okay after completing these questions. Some may have triggered emotions. If the questions gave you negative or bad feelings, we recommend that you talk about this with your loved ones, and -if necessary- contact your healthcare provider.

Take care,
On behalf of the entire EOS Calculator RCT Team,

drs. Bo M. van der Weijden
dr. Niek B. Achten
prof. dr. Frans B. Plötz