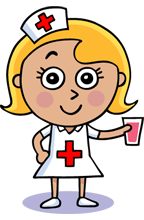
 



Information for young children (Guide Age: 5-7 year old)

**A-STAR: The UK-Irish Atopic eczema Systemic TherApy Register**

MCj04039830000[1]

**If you have any questions you can ask your mum, dad, carer, or one of the people taking care of you at the hospital.**

**THANKS FOR READING THIS!**

**We may also swab you with a cotton bud, and put a bit of cellotape on your arm, which doesn’t hurt, but only if you want.**

**If you let us we will also take a bit of blood from your arm; some children say it hurts a bit, others are not so bothered.**

**We will ask you some questions, which will be part of your normal hospital visit, but mum, dad or your carer can help you to answer these.**

**We will get this information from the doctors and nurses you see for your eczema appointments.**

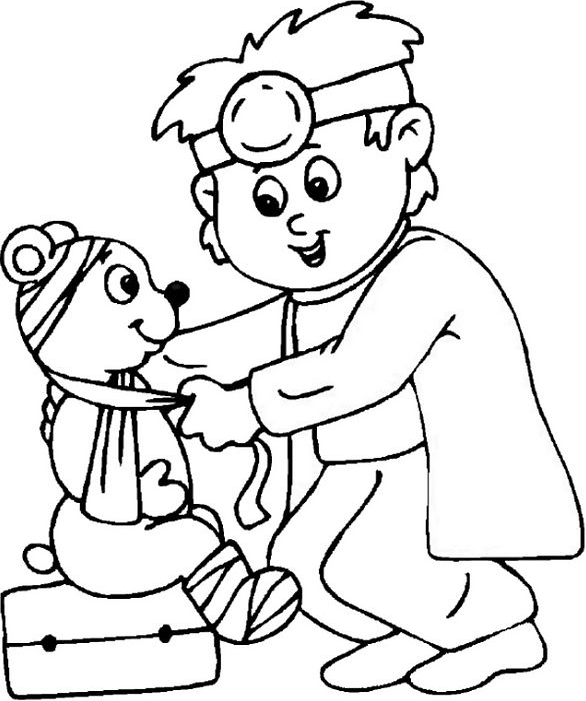
**We want to see how these medicines affect you and your eczema over the next few years.**

**We would like to ask for your help with our project!**

**We want to find out how different types of medicines for eczema work.**



**COLOUR ME!**

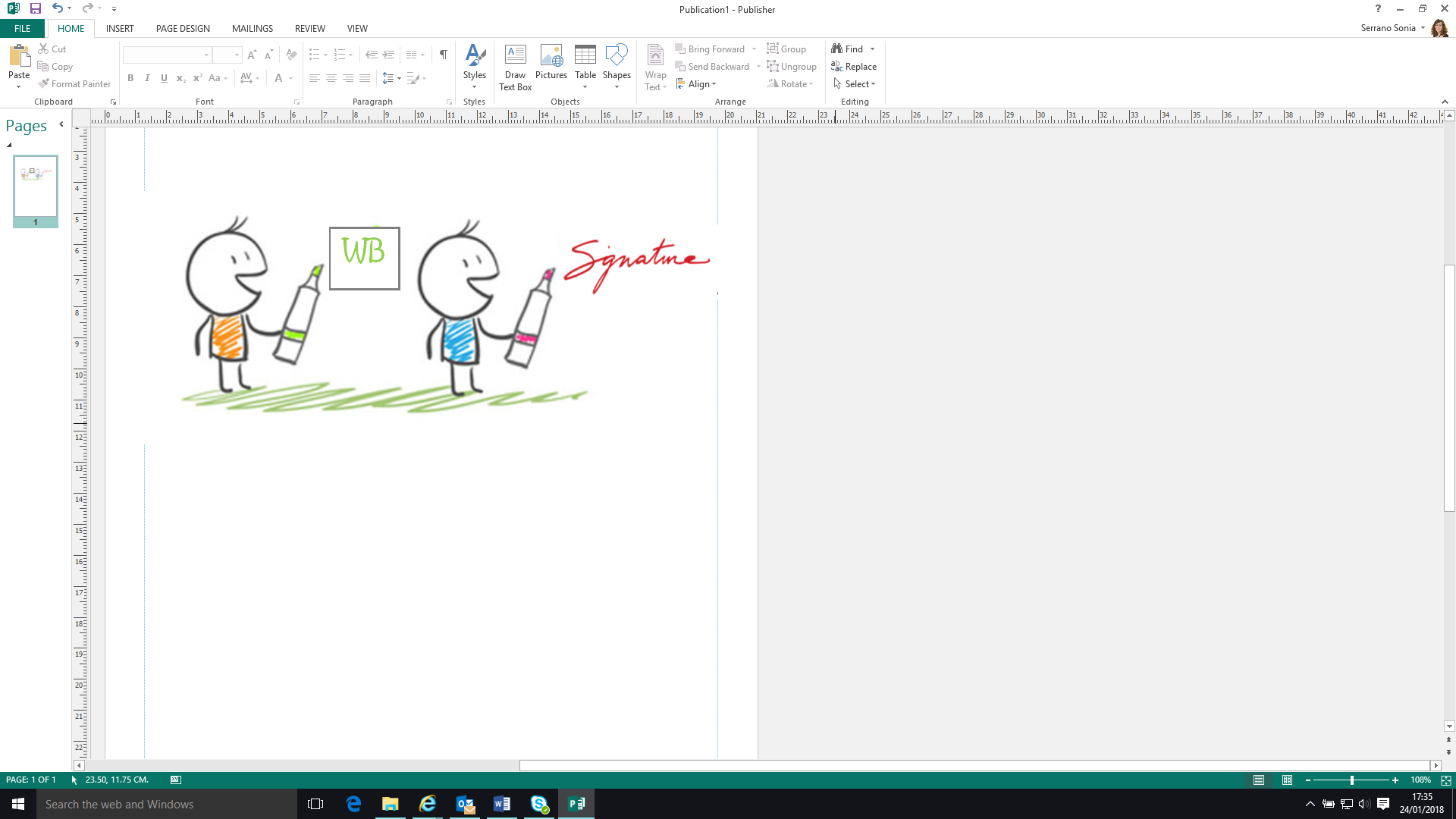




PATIENT ASSENT FORM *For individuals not legally able to agree to consent. To be signed alongside a Parent/Guardian Consent Form)*

**The UK-Irish Atopic eczema Systemic TherApy Register (A-STAR)**



WB

X

Or cross if you don’t agree

Initial box to agree

All my questions have been answered 

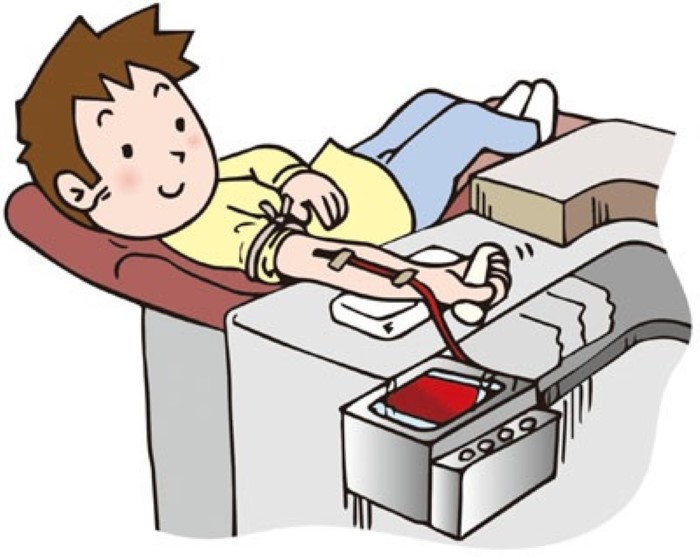
Do you want to help us?



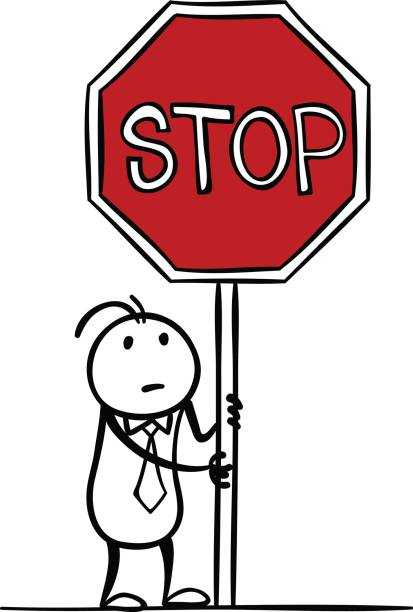
Are you happy to answer some questions for us?



Are you happy to give some blood?



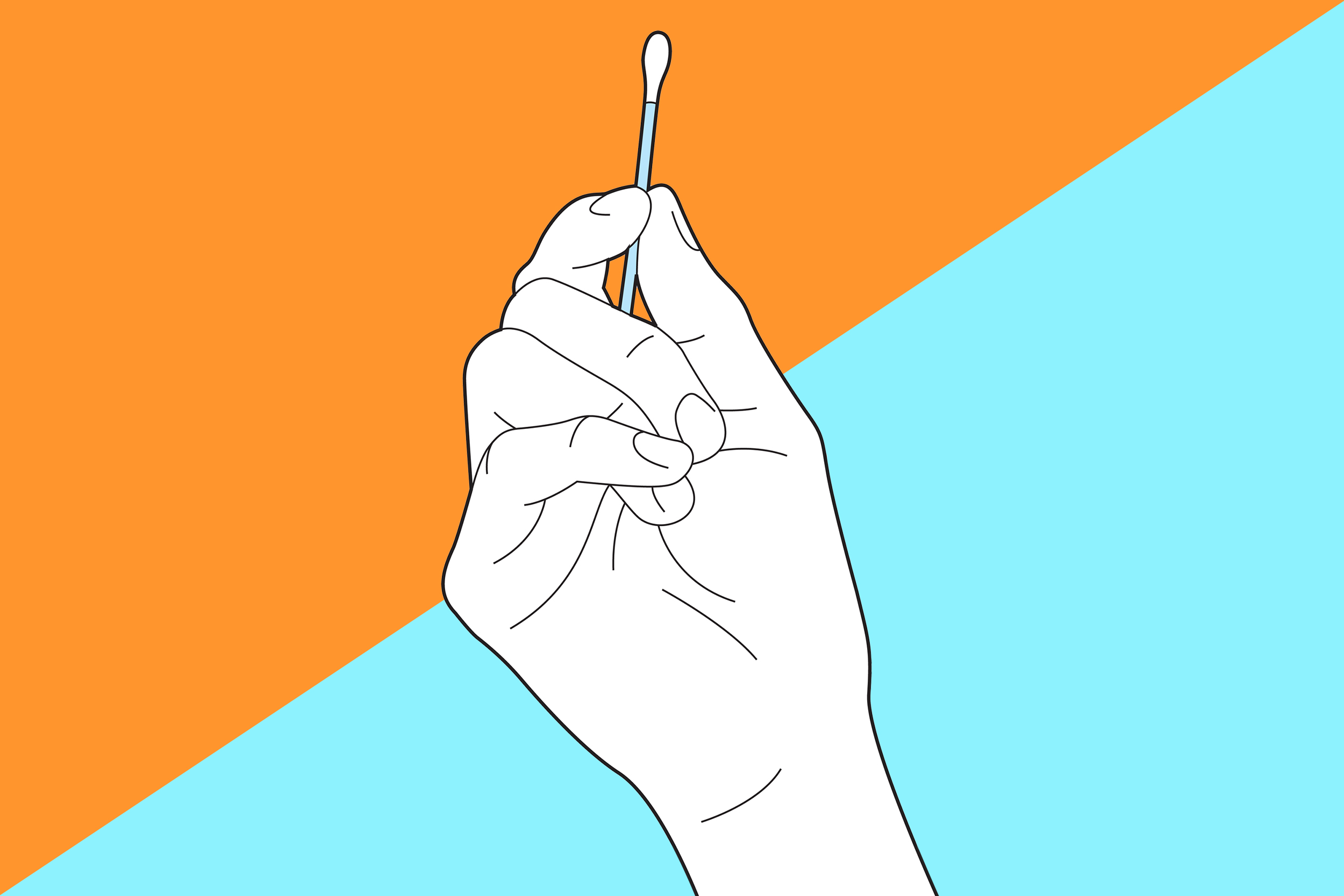
Remember that you can stop helping if you want



Are you happy for us to put some tape on your skin?



Are you happy for us to use a cottonbud on your skin?



**Your name:**

**Your**

**signature:**

**Date:**

*1 copy for patient; 1 copy for researcher; 1 copy to be kept with hospital notes*