Appendix 1: Feasibility Questionnaire

1. How **comfortable** do you think the band was for your baby? (Tick the box that applies)

| Very comfortable | Comfortable | It was fine/don’t know | A little bit uncomfortable | Very uncomfortable |
|------------------|-------------|------------------------|---------------------------|-------------------|
|                  |             |                        |                           |                   |

2. Were you happy with the **safety** of the device and the band? (Tick the box that applies)

| I was very happy | I was mostly happy | It was fine/don’t know | I was a little bit worried | I was very worried and would not use it again |
|------------------|---------------------|------------------------|---------------------------|---------------------------------------------|
|                  |                     |                        |                           |                                             |

3. If you had to choose any **colour** for the band what would your preference be? (Tick all those that apply)

- Black
- Blue
- Red
- Green
- White
- Pink
- Other__________(describe)
- I don’t really mind

4. Is there any **colour** you do not like for the band? (Tick all those that apply)

- Black
- Blue
- Red
- Green
- White
- Pink
- Other__________(describe)
- I don’t really mind
5. How did you find the closing buttons of the band? (Tick all those that apply)
   - It was easy to close
   - It was not easy to close
   - The band provided secure and safe attachment of the device
   - I was worried my baby would be able to unbutton it
   - I don’t really mind
   - Other_________(explain)

6. How did you find the fabric material of the band? (Tick all those that apply)
   - It was comfortable
   - It was uncomfortable
   - The band dried quickly when it had become wet
   - The band took long to dry when it had become wet
   - The band started smelling after a few days
   - Other_________(explain)

7. How quickly did the band dry if it got wet? (Tick the box that applies)
   - Very quickly
   - Quickly
   - Neither quick nor slowly
   - Slowly
   - Very slowly

8. Did you feel that the band attracted too much attention from other people? (If yes, please comment)
   - Yes ______________________(Comment)
   - No

9. How did your baby react to the band? (Tick all those that apply)
   - My baby did not behave any differently
   - My baby was curious about the device
   - My baby ignored the device
   - My baby wanted to take the device off
   - My baby got used to the device quickly
   - My baby took a long time to get used to the device
   - No reaction
   - Other_________(explain)