

Table SI. *HFB questionnaire*

Please read each question carefully and tick the box which best describes how you feel or the situation you are experiencing with regard to caring for your child's haemangioma. There are no right or wrong answers, just your honest answers, which we remind you are strictly anonymous.

Our child's haemangioma has made us question our future plans	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child's haemangioma complicates our family life	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
Our child's haemangioma puts a big strain on my relationship with my partner	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child's haemangioma has turned my life upside down	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
We sometimes spend less time with our other children because of our child's haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child's haemangioma has had an effect on my career	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
I have had to stop work because of my child's haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child needs a lot of affection because of his/her haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child's haemangioma makes him/her more vulnerable than others	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
My child needs more attention than others because of his/her haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
I am protective of my child because of his/her haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
Peoples' reactions to our child's haemangioma weigh me down	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
I feel guilty because of our child's haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
I often feel frustrated after seeing doctors about our child's haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
I have come to terms with our child's haemangioma	<input type="checkbox"/> Definitely yes	<input type="checkbox"/> Perhaps	<input type="checkbox"/> Definitely not	<input type="checkbox"/> Don't know
In your opinion, has your child's haemangioma had an effect on:				
Your desire to have another child	<input type="checkbox"/> Negative impact	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> I don't know
Your sex life, your sexuality	<input type="checkbox"/> Negative impact	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> I don't know
Your budget, your financial resources	<input type="checkbox"/> Negative impact	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> I don't know
Your mood	<input type="checkbox"/> Negative impact	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> I don't know
Your optimism	<input type="checkbox"/> Negative impact	<input type="checkbox"/> No impact	<input type="checkbox"/> Positive impact	<input type="checkbox"/> I don't know