

These questions will help us understand the care your child needed after leaving the hospital where he/she was involved in the FIRST-ABC Study. Please answer the multiple-choice questions by putting a ☒ in **ONE** box for each question.

### Q1 Hospital stays

Since your child left the hospital where he/she was involved in FIRST-ABC, has he/she stayed overnight in hospital for any reason?

☐

**No** – Please go to Q2

☐

**Yes** – Please give details about the number of stays below

For EACH TIME your child stayed in hospital overnight please answer the following:

	Approximate number of nights		Yes	No		Yes	No	If <b>Yes</b> to either, which hospital the PICU/HDU was in?
1 <sup>st</sup> stay	<input type="text"/>	Was any of this stay in a Paediatric Intensive Care Unit?	<input type="checkbox"/>	<input type="checkbox"/>	Was any of this stay in a High Dependency Unit?	<input type="checkbox"/>	<input type="checkbox"/>	
2 <sup>nd</sup> stay	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
3 <sup>rd</sup> stay	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
4 <sup>th</sup> stay	<input type="text"/>		<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	

### Q2 Visits to hospital outpatients

Outpatient visits are when a patient comes to the hospital to see a specialist (e.g. consultant) but does not stay overnight.

Since your child left the hospital where he/she was involved in FIRST-ABC, has he/she visited hospital outpatients about ANY ASPECT of his/her health?

☐

**No** – Please go to Q3

☐

**Yes** – Please give details about the number of outpatients visit(s) below

Approximate  
number of visits

### Q3 Visits to health care providers

Since your child left the hospital where he/she was involved in FIRST-ABC, has he/she visited any of the health care providers listed below about ANY ASPECT of his/her health?

☐

**No** – Please go to Q4

☐

**Yes** – Please give details about the number of visits below

For EACH PROVIDER please answer the following:

Service	(please tick)	Approximate number of visits
GP (face- to face)	<input type="checkbox"/>	<input type="text"/>
GP (by telephone)	<input type="checkbox"/>	<input type="text"/>
Nurse at GP clinic	<input type="checkbox"/>	<input type="text"/>
Health visitor	<input type="checkbox"/>	<input type="text"/>

### Q4 Visits to your home by health care providers

Since your child left the hospital where he/she was involved in FIRST-ABC, has he/she had home visits from any of the following health care providers about ANY ASPECT of his/her health?

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**No** – Please go to Q5

☐

**Yes** – Please give details about the number of visits below

Service	(please tick)	Approximate number of visits
GP	<input type="checkbox"/>	<input type="checkbox"/>
Nurse from your GP clinic	<input type="checkbox"/>	<input type="checkbox"/>
Health visitor or district nurse	<input type="checkbox"/>	<input type="checkbox"/>

### Q5 Visits to community health care services

Since your child left the hospital where he/she was involved in FIRST-ABC, has he/she had contact (either visits to the provider or home visits) with any of the following service providers about ANY ASPECT of his/her health?

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**No** – Please go to Q6

☐

**Yes** – Please give details about the number of visits below

Service	(please tick)	Approximate number of visits
Counsellor	<input type="checkbox"/>	<input type="checkbox"/>
Dietitian	<input type="checkbox"/>	<input type="checkbox"/>
Midwife	<input type="checkbox"/>	<input type="checkbox"/>
Occupational therapist	<input type="checkbox"/>	<input type="checkbox"/>
Psychologist	<input type="checkbox"/>	<input type="checkbox"/>
Physiotherapist	<input type="checkbox"/>	<input type="checkbox"/>
School nurse	<input type="checkbox"/>	<input type="checkbox"/>
Social worker	<input type="checkbox"/>	<input type="checkbox"/>
Specialist paediatric nurse (e.g. respiratory, nutrition)	<input type="checkbox"/>	<input type="checkbox"/>
Speech and language therapist	<input type="checkbox"/>	<input type="checkbox"/>

### Q6 Visits to community health care services

Since your child left hospital where he/she was involved in FIRST-ABC, has he/she had further hospital stays or used any other health care services for ANY ASPECT of his/her health that you haven't included previously?

☐

**No** – Please go to Q7

☐

**Yes** - Please give details about the number of visits below

Type of service provider	Number of visits	Reason

Your views are important to us.

Please feel free to provide any other comments you have in the box below.

**Thank you for your time**