Health Services

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 ~~on XXX~~ 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:

	~~Number or nights~~											
	Approximate ~~Number~~ number of nights	~~Or tick~~	~~1 – 3~~	~~4 – 10~~	~~11 or more~~	*Was any of this stay in a Paediatric Intensive Care Unit?*	Yes	No	*Was any of this stay in a High Dependency Unit?*	Yes	No	*If **Yes** to either, which hospital the PICU/HDU was in?*
1st stay	☐						☐	☐		☐	☐	
2nd stay	☐						☐	☐		☐	☐	
3rd stay	☐						☐	☐		☐	☐	
4th stay	☐						☐	☐		☐	☐	

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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 ~~on XXX~~ 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 n~~N~~umber of visits	~~1 – 3 visits~~	~~4 – 10 visits~~	~~11 or more visits~~
☐ ~~*Or tick*~~			

Q3 Visits to health care providers

Since your child left the hospital where he/she was involved in FIRST-ABC ~~on XXX~~ 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~~ number of visits		~~1 – 3 visits~~	~~4 – 10 visits~~	~~11 or more visits~~
GP (face- to face)	☐	☐	~~Or tick~~			
GP (by telephone)	☐	☐	~~Or tick~~			
Nurse at GP clinic	☐	☐	~~Or tick~~			
Health visitor	☐	☐	~~Or tick~~			

Health Services

Q4 Visits to your home by health care providers

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

☐ **No** – *Please go to Q5*

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

Service	*(please tick)*	Approximate ~~Number~~ number of visits		~~1 – 3 visits~~	~~4 – 10 visits~~	~~11 or more visits~~
GP	☐	☐	~~Or tick~~			
Nurse from your GP clinic	☐	☐	~~Or tick~~			
Health visitor or district nurse	☐	☐	~~Or tick~~			

Q5 Visits to community health care services

Since your child left the hospital where he/she was involved in FIRST-ABC ~~on XXX~~ 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?

☐ **No** – *Please go to Q6*

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

Service	*(please tick)*	Approximate ~~Number~~ number of visits		~~1 – 3 visits~~	~~4 – 10 visits~~	~~11 or more visits~~
Counsellor	☐	☐	~~Or tick~~			
Dietitian	☐	☐	~~Or tick~~			
Midwife	☐	☐	~~Or tick~~			
Occupational therapist	☐	☐	~~Or tick~~			
Psychologist	☐	☐	~~Or tick~~			
Physiotherapist	☐	☐	~~Or tick~~			
School nurse	☐	☐	~~Or tick~~			
Social worker	☐	☐	~~Or tick~~			
Specialist paediatric nurse (e.g. respiratory, nutrition)	☐	☐	~~Or tick~~			

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Speech and language therapist ☐ ☐ ~~Or tick~~

Health Services

Q6 Visits to community health care services

Since your child left hospital where he/she was involved in FIRST-ABC ~~on XXX~~ 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	Approximate nNumber 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