Health Care Questionnaire

DIRECTIONS

This questionnaire asks questions about the last 3 months only.
When distances are asked – this is the one way distance from your home to the place where care was provided (i.e. hospital)

If you do not understand a question, please ask for help.

Please try to answer all the questions as accurately as possible.

Please mark the appropriate box that are most true for you or correspond best.
### Visit to the physician / Hospital admissions

2.1. Did your child visit a general practitioner or specialist physician or receive outpatient care from a hospital in the last 3 months (excepting dentists)?

2.1.a. ☐ No

2.1.b. ☐ Yes, If yes, please tell us

   (1) How often you have visited each in the last 3 months

   (2) How far did you have to travel to reach the practice/hospital on average?

   Please do not count visits twice, e.g. if you had an outpatient visit at hospital consulting a surgeon.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Times</th>
<th>Distance one way</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.1.b-1, General practitioner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-2, Children’s doctor/ paediatrist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-3, Internist (e.g. respiratory physician)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-4, Surgeon</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-5, Orthopaedist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-6, Neurologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-7, Dermatologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-8, Eye doctor/ ophthalmologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-9, Urologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-10, Gynaecologist</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-11, Outpatient care from a hospital</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.1.b-12 Other specialist</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.2. Was your child admitted to a hospital for inpatient care for at least one night in the last 3 months?

2.2.a. ☐ No

2.2.b. ☐ Yes, how many times was your child admitted? | | times

   2.2.b-1, for how many days altogether? | | days

   2.2.b-2, thereof for how many days to ICU | | days

   2.2.b-3, how far did you have to travel? | | km

   2.2.b-4, Did you or a member of your family stay with your child during their admission to hospital?

   2.2.b-4-1. ☐ No

   2.2.b-4-2. ☐ Yes, | | days
2.3. Did your child participate in a rehabilitation program in the last 3 months? If yes, when and how far did you have to travel to reach it?

2.3.a, □ No

2.3.b, □ Yes, as an outpatient. How many days? ___ ___ days

how far did you have to travel? ___ ___ km

2.3.c, □ Yes, as an inpatient. How many days? ___ ___ days

how far did you have to travel? ___ ___ km

Did you or a member of your family stay with your child?

2.3.c-1, □ No

2.3.c-2, □ Yes, ___ ___ days
**Health care professionals and medical aids**

2.4. Did your child visit one of the following health care professionals in the last 3 months?

2.4.a, □ No

2.4.b, □ Yes, If yes, please tell us

(1) How often you have visited each in the last 3 months

(2) How far did you have to travel to reach them on average?

(3) If you had to pay for this treatment and the cost that is not reimbursed by your sickness fund/health care system.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Times</th>
<th>Distance one way</th>
<th>Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.b-1, Psychologist / psychiatrist</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-2, Physiotherapist</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-3, Speech and language therapist</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-4, Occupational therapist</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-5, Nutritionist / dietician</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-6, Alternative medicine</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-7, Others:___________________</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.4.b-8, Others:___________________</td>
<td>□</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.5. Does your child own any medical aids and advices?

2.5.a, ☐ No

2.5.b, ☐ Yes, which one?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Since</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>months</td>
</tr>
</tbody>
</table>

2.5.b-1 Long term oxygen therapy
   2.5.b-1a oxygen concentrator
   2.5.b-1b oxygen tank
   2.5.b-1c liquid oxygen

2.5.b-2 Non-invasive ventilation/ ventilatory assistance via mask

2.5.b-3 Artificial respiration

2.5.b-4 Inhalation device

2.5.b-5 Pulse oximeter

2.5.b-6 Artificial feeding
   2.5.b-6a Additional
   2.5.b-6b Solely

Others (e.g. wheelchair, walking frame)

2.5.b-7 ________________________

2.5.b-8 ________________________
Care and aid

2.6. Did your child need additional care due to illness in the last 3 months?

Please think of all needed care which would not be necessary in a healthy child, for example additional time spent performing everyday tasks such as washing and dressing as well as providing treatment (e.g. inhalation treatment).

2.6.a, □ No
2.6.b, □ Yes, professional nursing care

how many days did your child receive care per week or month?

2.6.b-1, [ ] days per week or
2.6.b-2, [ ] days per month

How long did your child receive care on average during such days?

2.6.b-3, [ ] hours [ ] minutes per day

2.6.c, □ Yes, informal care (care provided by family members, neighbours…)

Please ALSO include additional care time which is needed for your other children so that you can care for your child with ChILD or to attend hospital visits.

how many days did your child receive care per week or month?

2.6.c-1, [ ] days per week or
2.6.c-2, [ ] days per month

How long did your child receive care on average during such days?

2.6.c-3, [ ] hours [ ] minutes per day

2.7. Did you or your partner reduce your working hours due to illness of your child in the last 3 months?

2.7.a, □ No
2.7.b, □ Yes, how many hours did you reduce your working hours?

2.7.b-1, Mother/ partner [ ] hours less
2.7.b-2, Father/ partner [ ] hours less

2.8. Has your child been so ill, that you or your spouse/partner were/was not able to work in the last 3 months?

2.8.a, □ No
2.8.b, □ Yes, how many days?

2.8.b-1, Mother/ partner [ ] days
2.8.b-2, Father/ partner [ ] days

You will be asked these questions at each visit. If you are able to document the visits to a physician, hospital etc. or work absenteeism on a calendar, that would be really useful and please then bring your diary/calendar to the next visit.