

These questions are about how you use health services once your baby has come home from hospital. The information you tell us is confidential and we will not pass it to anyone who is not on the research team.

1. Has your child gone to hospital in the last 2 weeks: Yes  No

If no, please go to Question 2

	Reason for attendance	Which hospital	No. of times in the last 2 weeks
Inpatient care: staying in hospital overnight			
Hospital Outpatient clinic: Baby clinic appointment			
A&E/ED			

If your child stayed overnight in hospital, please can you let us know the **number of nights** your child stayed in the last 2 weeks: \_\_\_\_\_

2. For each health service used by you for **your baby** in the last 2 weeks, approximately how much did it cost you and/or your family and relatives?

	Train £	Bus £	Taxi £	Car - total mileage	Parking £	Accommodation (Hotel/B&B) £	Number of days off work (both parents)
A hospital inpatient stay							
A hospital visit							
An A & E attendance							
A visit to the GP							

Please give details of any of the following services that you used for your baby outside of hospital in the last 2 weeks. This should include all telephone contact.

Appointment with or visit from	Did you see?	By phone?	No of contacts in last 2 wks	Typical length of each contact (mins)	Was the contact at home?	No of routine	No of non-routine
General Practitioner (GP)	No/Yes	No/Yes			No/Yes		
Practice nurse (at GP surgery)	No/Yes	No/Yes			No/Yes		
Neonatal outreach nurse	No/Yes	No/Yes			No/Yes		
Health Visitor or other nurse	No/Yes	No/Yes			No/Yes		
Out of Hours doctor	No/Yes	No/Yes			No/Yes		
Walk-in Centre	No/Yes	No/Yes			No/Yes		
NHS Direct	No/Yes	No/Yes			No/Yes		
Other therapist Type _____	No/Yes	No/Yes			No/Yes		
'Complementary' medicine or therapy Specify _____	No/Yes	No/Yes			No/Yes		
Social worker	No/Yes	No/Yes			No/Yes		
Voluntary worker (including priest) Specify _____	No/Yes	No/Yes			No/Yes		
Day centre/drop-in/baby group Name _____	No/Yes	No/Yes			No/Yes		
Self-help group Name _____	No/Yes	No/Yes			No/Yes		
Child minder to look after your other children					No/Yes		

There are 4 of these sheets. Please start a new sheet after 2 weeks