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## Keeping Children Safe: Measuring the cost of children's accidents



**These questions ask about how your child is after their accident on ..../..../....**

1. Do you think your child is now completely better and their accident is not affecting them anymore?  
(Please ✓ one box)

Yes (please go to question 2)

No (please go to question 3)

2. If your child is completely better, how long did it take for your child to stop being affected by the accident? (Please ✓ one box)

less than 1 month after the accident

1 to 3 months after the accident

4 to 6 months after the accident

7 to 12 months after the accident

more than 12 months after the accident

3. If your child is still affected by the accident, would you be willing to fill in a postal questionnaire about how it is affecting your child? (Please ✓ one box)

Yes

No

4. Please tell us the date you filled in this questionnaire: ...../...../.....

5. Is there anything else you would like to tell us about your child's accident? If YES, please tell us below:

**Thank you for taking the time to fill in this questionnaire. Please send it back in  
the FREEPOST envelope**