

**SECTION E:**

**YOUR CHILD'S INJURIES AND USE OF HOSPITAL SERVICES**

*CRA to complete.*

**E1. Has your child sustained any injuries whilst playing outside in the last THREE months?**

Yes

No

If **yes**, what was the injury? \_\_\_\_\_

**E2. Has your child had any overnight stays in hospital in the last THREE months?**

Yes

No

If **yes**, please estimate the total number of nights

**E3. Has your child attended a day hospital in the last THREE months?**

Yes

No

If **yes**, please estimate the total number of attendances

**E4. Has your child had any outpatient appointments in the last THREE months?**

Yes

No

If **yes**, please estimate the total number of attendances

**E5. Has your child attended an Accident and Emergency department in the last THREE months?**

Yes

No

If **yes**, please estimate the total number of attendances

**E6. Has your child attended hospital for day case surgery in the last THREE months?**

Yes

No

If **yes**, please estimate the total number of attendances

**SECTION F:**

**YOUR CHILD'S USE OF SERVICES OUTSIDE THE HOSPITAL**

*CRA to complete.*

*Please estimate the total number of contacts for each of the services below, during the last **THREE** months (please enter '0' if a particular service was not used) that you have used for your child .:*

General Practitioner (at the surgery)

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General Practitioner (at your home)

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Practice Nurse (at GP surgery)

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Occupational Therapist (at home)

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Speech and Language therapist

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Physiotherapist

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Clinical or child psychologist

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Children's social worker

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Other (please specify)

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