



WHAT IS THE SURVEY ABOUT?

This survey is about your child's **current** admission to the Paediatric Intensive Care Unit. We are sorry to hear that your child is in hospital.

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The statements should be answered by you as the parent or carer of your child. If you need help to complete the questionnaire, the answers should be given from your point of view – not the point of view of the person who is helping you.

COMPLETING THE QUESTIONNAIRE

For each question or statement, please circle the response most suitable to you. For some statements you will be instructed that you may circle more than one box.

Don't worry if you make a mistake; simply put a cross through the circle and circle the correct box.

Please do not write your name or address anywhere on the questionnaire.

QUESTIONS OR HELP?

If you have any questions, please feel free to contact our Paediatric Critical Care research coordinator on (07) **3068 1785**.

Taking part in this survey is voluntary. Your answers will be treated confidentially and will not impact on the treatment of your child.

1. How old is your child?

2. What is the primary language spoken in your home?

3. Do you live a rural or regional area?

4. Does your child have a chronic illness? (Child is often unwell)

2. Yes	3. Unsure	4. No
--------	-----------	-------

5. In the past 6 months, how many times has your child been prescribed antibiotics?

1. None	2. Once	3. Unsure	4. Twice	5. More than Twice
---------	---------	-----------	----------	-----------------------

6. I find it difficult to get my child to take antibiotics?

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
----------------------	----------	------------	-------------	-------------------------

7. In the past 6 months, how many times has your child taken antibiotics?

1. Always	2. Occasionally	3. Unknown	4. Most of the time	5. Never
-----------	-----------------	------------	------------------------	----------

8. I am concerned that the dose of antibiotics my child is receiving may not be enough to treat their infection (the dose is the amount of medicine your child receives each time they take it).

1. Strongly agree	2. Agree	3. Neutral	4. Disagree	5. Strongly disagree
----------------------	----------	------------	-------------	-------------------------



9. I understand that too much or too little of an antibiotic can lead to the following (circle any that apply):

- A. A failure to treat the infection
- B. An infection caused by superbugs
- C. A toxic effect
- D. Antibiotic resistance
- E. No effect

10. In the past week, how many times have you sought medical assistance for your child?

1. None	2. Once	3. Unsure	4. Twice	5. More than Twice
---------	---------	-----------	----------	-----------------------

11. Are there any other comments you would like to make about antibiotic dosing in children?

Please comment:

12. Would you be interested in us contacting you to talk further about your child’s participation in this study (This is voluntary. If you would like us to contact you *please provide your name and contact phone number*).

Many thanks for your time in participating in the carer survey.

Your participation will assist us in having an improved understanding of the critical illness in a child, and impacts on the family unit now and for the future will help us build supports programs for your child.

