Children’s Access to Medicines in the East Midlands
Parental interview

A. BACKGROUND

Age (years): ........................................... Male / Female

No. of adults living in the home: .................................................................

No. of children: ...........................................................................................

Age of children: ...........................................................................................

Occupation: .................................................................................................

Country of birth: ...........................................................................................

If applicable

Country left: .................................................................................................

Reasons for leaving: .....................................................................................

Date of entry to the UK: ..............................................................................

Have you had a decision on your asylum claim: ......................................

Duration of time in present accommodation: ...........................................

Duration of time in current locality: ..........................................................

Contacts in current locality: ........................................................................

Links with community:
........................................................................................................

B. HEALTH

Are you registered with a GP?

Yes ☐ No ☐

If no, why is that?
............................................................................................................

Date of last visit to GP: ...............................................................................

Are you well?

Yes ☐ No ☐
Are you on any medicines?

Yes ☐ No ☐

If so, which medicine and from whom do you obtain the medicine?

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Are your children normally fit and well?

Yes ☐ No ☐

If not, please give details.
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What do you normally do when your child is unwell?
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……………………………………………………………………………………………
……………………………………………………………………………………………

Have your children received their immunisations?

Yes ☐ No ☐

If so, which?
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C. LAST MONTH

Have any of the children been ill in the last month?

Yes ☐ No ☐

If so, have they seen a health professional? If so, state which type?
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Have any of your children received any medicines in the last month?

Yes ☐ No ☐

If so, which medicines?
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 Were the medicines prescribed and, if so, by whom?

Where did you get the medicines from?

Did you have to pay for the medicines?

Yes  No

Were there any difficulties in obtaining the medicines? (Include travel costs)

Yes  No

Have any of your children received any medicines (including herbal or homeopathic remedies) in the last month that you have bought from a chemist or obtained from any other individual?

Yes  No

If so, which medicines and from whom?

D. LAST SIX MONTHS

Have any of the children been ill in the last six months?

Yes  No

If so, have they seen a health professional? If so, state which type?

Have any of your children received any medicines in the last six months?

Yes  No

If so, which medicines?
Were the medicines prescribed and, if so, by whom?

Where did you get the medicines from?

Did you have to pay for the medicines?

Yes  No

Were there any difficulties in obtaining the medicines? (Include travel costs)

Yes  No

Have any of your children received any medicines (including herbal or homeopathic remedies) in the last six months that you have bought from a chemist or obtained from any other individual?

Yes  No

If so, which medicines and from whom?