

Survey 'GB_InfantHealthSurvey'

GB_InfantHealthSurvey - InfantGrowth

Number	Question	Answers
	Could you enter below the last weight and height of your child and the date when it was measured. Please use the measurements from your last visit to a child health clinic, or take the measurements yourself.	
1.1	Date of measurement	<input type="text"/> <input type="text"/> <input type="text"/> (dd-mm-yyyy)
1.2	Height (cm)	<input type="text"/> cm
1.3	Weight (Kg)	<input type="text"/> kg

GB_InfantHealthSurvey - InfantInpatientCare

Number	Question	Answers
	The following questions ask about your child's use of hospital services for the LAST SIX MONTHS only. Please answer all questions as accurately as possible.	
2.1	Has your child been admitted to hospital in the last six months?	<input type="radio"/> Yes <input checked="" type="radio"/> No
2.1.1	<i>If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question:</i> In which month was your child admitted in hospital?	<input type="radio"/> January <input type="radio"/> February <input type="radio"/> March <input type="radio"/> April <input type="radio"/> May <input type="radio"/> June <input type="radio"/> July <input type="radio"/> August <input type="radio"/> September <input type="radio"/> October <input type="radio"/> November <input type="radio"/> December

2.1.2	If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question: In which year was your child admitted in hospital?	<input type="radio"/> 2020 <input type="radio"/> 2021 <input type="radio"/> 2022 <input type="radio"/> 2023 <input type="radio"/> 2024 <input type="radio"/> 2025 <input type="radio"/> 2026
2.1.3	If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question: Was the admission planned or an emergency	<input type="radio"/> Planned <input type="radio"/> Emergency
2.1.4	If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question: What was the reason for the admission?	<input type="text"/>
2.1.5	If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question: Did your child stay overnight in the hospital?	<input type="radio"/> Yes <input type="radio"/> No
2.1.5.1	If 'Did your child stay overnight in the hospital?' is equal to 'Yes' answer this question: For how many nights did your child stay in hospital?	<input type="text"/>
2.1.6	If 'Has your child been admitted to hospital in the last six months?' is equal to 'Yes' answer this question: Did your child receive intensive care?	<input type="radio"/> Yes <input type="radio"/> No
2.1.6.1	If 'Did your child receive intensive care?' is equal to 'Yes' answer this question: For how many nights did your child stay in the intensive care?	<input type="text"/>
2.2	Check Admission	
2.2.1	If 'Check Admission' is equal to '1' answer this question: Has your child been admitted to hospital for a second time in the last six months?	<input type="radio"/> Yes <input type="radio"/> No
-----_SECOND ADMISSION_-----		

GB_InfantHealthSurvey - InfantOutpatientCare

Number	Question	Answers
	The following questions ask if your child attended a hospital outpatient department/clinic for the LAST SIX MONTHS only. Please answer all questions as accurately as possible.	
3.1	Has your child attended a hospital outpatient department/clinic in the last six months	<input type="radio"/> Yes <input checked="" type="radio"/> No
3.1.1	<i>If 'Has your child attended a hospital outpatient department/clinic in the last six months' is equal to 'Yes' answer this question:</i> Which type of clinic did your child visit during the last six months?	<input type="radio"/> Accident or Emergency <input type="radio"/> Paediatric / Neonatal Follow-up <input type="radio"/> Orthopaedic <input type="radio"/> Audiology / Hearing <input type="radio"/> Eye / Vision <input type="radio"/> General Medicine <input type="radio"/> Dermatology <input type="radio"/> Other
3.1.1.1	<i>If 'Which type of clinic did your child visit during the last six months?' is equal to 'Other' answer this question:</i> Which specialty of outpatient department / clinic did your child visit during the last six months?	<input type="text"/>
3.1.2	<i>If 'Has your child attended a hospital outpatient department/clinic in the last six months' is equal to 'Yes' answer this question:</i> What was the reason for this visit?	<input type="text"/>
3.1.3	<i>If 'Has your child attended a hospital outpatient department/clinic in the last six months' is equal to 'Yes' answer this question:</i> How many times did your child visit this clinic during the past half year?	<input type="text"/>
3.2	CheckOPD	
3.2.1	<i>If 'CheckOPD' is equal to '1' answer this question:</i> Has your child attended a second hospital outpatient department/clinic in the last six months	<input type="radio"/> Yes <input type="radio"/> No
	-----_SECOND VISIT_-----	