

**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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.....  
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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?

.....  
.....

**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?**

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**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?

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

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 six months that you have bought from a chemist or obtained from any other individual?**

Yes  No

If so, which medicines and from whom?

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