

Questionnaire

Non-prescription Treatments for Childhood Infections

General Parameters

Study number of the participating child _____
(filled out by the investigator)

Age of the child _____

Sex of the child

male

female

Age of the parent _____

Highest completed education of the parent

Compulsory school

Apprenticeship

High school

University

Special Parameters

What is the doctor`s diagnosis?

Infection of the respiratory tract (e.g., common cold, cough, bronchitis)

Inflammation of the tonsils (Angina tonsillaris)

Inflammation of the middle ear (Otitis media)

Dysentery (diarrhea)

Other diagnosis: _____

What therapy got prescribed by the doctor?

Painkillers and Antipyretics (e.g., Nureflex®, Benuron®, Mexalen®, Parkemed®)

Antibiotics (e.g., pills, sirups, ointments etc.)

Inhalation therapy (e.g., Sultanol®, sodium chloride, Flixotide®)

Cough sirup

Do you think your doctor explained the prescribed treatment properly?

I do not agree

I rather agree

I agree

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Did you use any additional therapy, which was not prescribed by your physician, to treat the sickness of your child?

- Yes No

If yes, which ones?

- Home remedies: Which ones? _____
- Compresses: Which ones? _____
- Teas: Which ones? _____
- Homeopathics
- Others: _____

Who recommended this therapy to you? (multiple answers possible)

- Pharmacy Friends/family Internet
- Others: _____

Do you think that the additional medication helped to reduce the symptoms of your child?

- I do not agree I rather agree I agree

Does your child get sick often (more than 10x/year)?

- I do not agree I rather agree I agree

Do you have any experience in treatment with additional therapies in other siblings of your child?

- Yes No

If yes, were those experiences positive?

- I do not agree I rather agree I agree

If sick, are you using additional therapies yourself to relieve your symptoms?

- I do not agree I rather agree I agree

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Did you use the doctor`s therapy as prescribed?

Yes

No

If no, why not?
