**QUESTIONNAIRE**

**Section A.**

**This section is designed to gather information about your socio-demographic characteristics.**

**A1.** Gender  Male  Female **A2.** How old were you on your last birthday? \_\_\_\_\_\_\_\_\_\_\_\_

**A3.** How old were your partner on her last birthday? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A4.** What is your marital status?  Married  Single (never married)  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A5.** What is your occupation?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A6.** What is your highest education level? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A7.** What is your partner occupation? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A8.** What is the highest education level of your partner? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A9.** How many persons are there in your household? (not counting you) \_\_\_\_\_\_\_\_\_\_\_\_\_

**A10.** How many children do you have? \_\_\_\_\_\_

**Section B.**

**This section is designed to gather information about socio-demographical and clinical characteristics of the child who brought you the questionnaire.**

**B1.** Gender  Male  Female **B2.** How old was your child on her last birthday? \_\_\_\_\_\_\_\_\_

**B3.** Has your child been absent from school for a health problem in the last year? □ no □ yes, how many times? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specify the reason for each time: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B4.** Does your child suffer from any chronic diseases (eg. diabetes, asthma, allergies, hereditary disease, etc.)? □ no □ yes, which ones?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**B5.** How would you classify your child current health status?

□ bad □ fair □ good □ very good □ excellent

**Section C.**

**This section is designed to gather information about the use of healthcare services by children and adolescents.**

**C1.** In the last 12 months your child has had a health problem? □ no □ yes

**C2.** How did you perceive your child health problem?

□ very mild □ mild □ moderate □ severe □ serious

**C3.** What did you do when your child has had a health problem in the last 12 months?

(even more than one answer) □ I went to the General Practitioner □ I asked for a phone consultation to the General Practitioner □ I went to the Family Pediatrician □ I asked for a phone consultation to the Family Pediatrician □ I've tried to cure it with drugs that I had at home□ I went to family/friends □ I went to the emergency department □ I went to a specialist □ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C4.** Why did you go to the General Practitioner/Family Pediatrician (only if you went to the General Practitioner/Family Pediatrician) ?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C5.** Why did not you go to the General Practitioner/Family Pediatrician for the health problem of your child (only if you did not go preliminary to the General Practitioner/Family Pediatrician)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C6.** Hasyour child been visited by the General Practitioner/Family Pediatrician in the last year?

 no  yes, how many times? \_\_\_\_\_\_\_\_\_

Specify the reason for each time: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C7.** Has your child been visited by the specialist in the last year?  no  yes, which specialist? (please specify)

|  |  |  |
| --- | --- | --- |
| **Specialist** | **How many times?** | **For which reason?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C8.** Has your child been visited by physicians for preventive visits in the last year?  no  yes, which specialist? (please specify)

|  |  |  |
| --- | --- | --- |
| **Physicians** | **How many times?** | **For which reason?** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**C9.** Does your child have had dental visits in the last year?

 no  yes, how many times? \_\_\_\_\_\_\_\_\_

Specify the reason for each time: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C10.** Does your child have had visits to the emergency department in the last years?

 no  yes, how many times? \_\_\_\_\_\_\_\_\_

Specify the reason for each time: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**C11.** Does your child have had hospitalizations in the last years?  no  yes, how many times? \_\_

Specify the reason for each time: 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_5 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_