Acute respiratory symptoms, health care utilisation & environment Infant Survey

SISTAQUIT
Supporting Indigenous Smokers To Assist Quitting (SISTAQUIT®)

Today's date: ____________________

Your participant SISTAQUIT Code: ___________

Your baby’s SISTAQUIT Code (if known): ___________

Date you gave birth (baby’s birth date): _______________

If you had twins or more babies, please tell us which baby this survey is for:

☐ Older (first) twin  ☐ Second ('younger') twin  ☐ If triplets this is middle baby

If taking this survey on paper:
Please tick which monthly survey you’re taking:

☐ 1 month  ☐ 2 months  ☐ 3 months  ☐ 4 months  ☐ 5 months  ☐ 6 months

i  What was your baby’s birth weight? _______________________

ii  What is your baby’s gender? ☐ girl ☐ boy

iii How many weeks into your pregnancy was your baby born? _______________________

iv Did your baby get admitted right after birth to a NICU or special care nursery?  ☐ Yes  ☐ No

1. Has the baby had any of the following symptoms in the past 4 weeks?
   a. Moist/wet/gurgly cough  ☐ Yes  ☐ No
   b. Dry cough  ☐ Yes  ☐ No
   c. Runny nose  ☐ Yes  ☐ No
   d. Wheeze/whistle  ☐ Yes  ☐ No
   e. shortness of breath  ☐ Yes  ☐ No
   f. Earache/ear discharge  ☐ Yes  ☐ No
   g. Feeding difficulties  ☐ Yes  ☐ No

2. Does the baby have any of these symptoms today?  ☐ Yes  ☐ No

3. Have you been worried about your baby’s health for any reason in the past 4 weeks?  ☐ Yes  ☐ No

3a. If yes, what have you been worried about? __________________________________________
4. Has the baby been hospitalised for any reason in the past 4 weeks? ☐ Yes ☐ No

4a If yes, was your baby in Neonatal Intensive Care (NICU), special care nursery or a children’s ward or both? ☐ Yes ☐ No

4b If yes, how many days was the baby in hospital for (including multiple admissions)? ____________

4c If yes, what were the reasons the baby went to hospital? (e.g. cough, other illness, injury) __________
________________________________________________________________________________

5. Has the baby been to see a doctor, nurse or any other health professional in the past 4 weeks (not including hospital admissions)? ☐ Yes ☐ No

5a. If yes, how many times did the baby see any of these health professionals? ________________

5b. If yes, what were the reasons the baby saw a health professional? (e.g. respiratory illness, other illness, injury) ___________________________________________________________________

5c. If yes, how many of these visits were with special children’s doctors (e.g. Paediatrician, Respiratory physician, cardiologist etc.) ________

Did you feel supported by the health professionals? ☐ Yes ☐ No

6. Has your baby been given any medications in the past 4 weeks? ☐ Yes ☐ No

6a. If yes, how much did you have to pay out of your pocket for the medications?

☐ $0 ☐ $1-$10 ☐ $11-$30 ☐ $31-$100 ☐ more than $100

6b. Do you think the medication was affordable? ____________________________________________

7. Including medication costs, roughly how much have you had to pay out of your pocket in the past 4 weeks to care for your baby due to sickness? (please include expenses for travel, accommodation, medications, doctor fees, childcare for other children)

☐ $0 ☐ $1-$10 ☐ $11-$30 ☐ $31-$100 ☐ $101-$250 ☐ more than $250

8. Is there anything else you would like to tell us that affected you/your family when getting health care for your baby? ___________________________________________________________________

9. How likely is it that your baby has been in contact with any cigarette smoke in the last 4 weeks (e.g. in the house or car, or outdoors)?

☐ Very likely ☐ Somewhat likely ☐ Unlikely ☐ Very unlikely

10. Is your baby currently being breastfed?

☐ Yes ☐ No