

Appendix 1 (as supplied by the authors): Survey tool

Please check the appropriate box or fill in the blank unless otherwise instructed.

1. What day of the week is it?

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Sunday | <input type="checkbox"/> Thursday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | |

2. Is today a statutory (bank) holiday?

- Yes No

3. What time is it now?

- 8:00am – 4:59pm
 5:00pm – 11:59pm
 Midnight – 7:59am

4. How many days old is your baby? _____ days

5. What is the sex of your baby?

- Boy Girl

6. Who is with the baby in the Emergency Room (ER)? (Check all that apply)

- Mother
 Father
 Grandparent(s)
 Other (please specify) _____

7. Have you brought this baby to the ER before?

- Yes No

If yes, was it for the same problem/concern?

- Same Different

If yes, how many days ago did you come to the ER? _____ days

8. Have you brought any other child to the ER before?

- Yes No
 Not Applicable

9. Please indicate the extent to which you agree or disagree with each of the following statements:

	Strongly Disagree	Disagree	Agree	Strongly Agree
My baby is as healthy as other babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby is more fragile than other babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby gets sick easier than other babies.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby has a long-term health condition.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Please describe your baby's problem. (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Fever | <input type="checkbox"/> Redness/discharge near cord stump |
| <input type="checkbox"/> Cough | <input type="checkbox"/> Trouble breathing |
| <input type="checkbox"/> Congestion | <input type="checkbox"/> Problem with stool |
| <input type="checkbox"/> Vomiting | <input type="checkbox"/> Problem with urine |
| <input type="checkbox"/> Diarrhea | <input type="checkbox"/> Feeding problem |
| <input type="checkbox"/> Rash | <input type="checkbox"/> Jaundice/yellow colour of skin or eyes |
| <input type="checkbox"/> Sleeping problem | <input type="checkbox"/> Crying |
| <input type="checkbox"/> Possible broken bone | <input type="checkbox"/> Allergic reaction |
| <input type="checkbox"/> Cut, scrape or bruise | <input type="checkbox"/> Problem with eyes/eye discharge |
| <input type="checkbox"/> Fall | <input type="checkbox"/> Choked |
| <input type="checkbox"/> Circumcision | <input type="checkbox"/> Ate something s/he shouldn't have |
| <input type="checkbox"/> Don't know | <input type="checkbox"/> Other (please specify): |
-

11. How many days have you been concerned about the problem(s) above?

- | | |
|---|---|
| <input type="checkbox"/> Less than 24 hours | <input type="checkbox"/> 5-6 days |
| <input type="checkbox"/> 1-2 days | <input type="checkbox"/> 7 or more days |
| <input type="checkbox"/> 3-4 days | |

12. In your opinion, to what extent is your baby's problem serious?

- | | |
|---|---------------------------------------|
| <input type="checkbox"/> Not very serious | <input type="checkbox"/> Very serious |
| <input type="checkbox"/> Serious | <input type="checkbox"/> Not sure |

13. How urgently did you think your baby needed to see a Health Care Provider (doctor) for this problem?

- Immediately
- Today
- Within a few days

14. In your opinion, would something bad have happened to your baby in the next 24 hours if a doctor did not see him/her?

- | | |
|--|---|
| <input type="checkbox"/> Yes, definitely | <input type="checkbox"/> No, probably not |
| <input type="checkbox"/> Yes, probably | <input type="checkbox"/> No, definitely not |
| <input type="checkbox"/> Don't know | |

15. How many hours did you expect to wait before seeing a doctor in the ER?

- | | |
|---|--|
| <input type="checkbox"/> Right away | <input type="checkbox"/> 1 to 4 hours |
| <input type="checkbox"/> Less than 1 hour | <input type="checkbox"/> Longer than 4 hours |

16. If you had been able to get an appointment with a doctor within one of the following times, would you have still come to the ER today?

	Yes	No
Appointment today		
Appointment within 24 hours		
Appointment within 48 hours		
Appointment within 5 days		

17. Have you given any medication/tried any treatment at home for your baby's illness or injury?

- Yes No

If yes, what have you tried? (please specify): _____

18. Did you get advice from anyone before coming to the ER?

- Yes No

If yes, who did you receive advice from?

- Relative, friend, or neighbour
 Baby's usual doctor
 Office staff or nurse at doctor's office
 Pharmacist
 ER Staff
 TeleHealth
 Other (please specify): _____

If yes, what advice did you receive from this individual(s)?

- Call usual doctor
 Treat baby at home
 Wait and watch baby to see if the condition gets worse
 I was given an appointment with a doctor for today
 I was given an appointment with a doctor for _____ days from now
 I was told to bring baby to the ER

19. Does your baby have a usual Health Care Provider?

- Yes No

If yes, what type of Health Care Provider?

- Family Doctor Nurse Practitioner
 Pediatrician Walk-in clinic
 Midwife Other (please specify): _____

20. If your baby has a usual doctor, have you had an appointment with him/her since taking the baby home after birth?

- Yes No
 Not Applicable, my baby does not have a usual doctor

If yes, how many days ago did this doctor see the baby? _____ days

21. Did you try to contact your baby's usual doctor before coming to the ER?

- Yes No Not Applicable

If yes, who did you speak to when you called your baby's doctor's office?

- Receptionist Physician
 Nurse/Nurse Practitioner No answer/answering machine
 Midwife Other (please specify): _____

If yes and you had contact with your baby's doctor, there are still reasons why parents decide to come to the ER.

Select any reasons that apply (next page):

- Doctor advised to bring baby to ER
 Doctor only offered advice over phone, I could not see him/her
 Doctor offered an appointment, but it was not soon enough/_____ days away
 My baby was seen by his/her doctor but not getting better or getting worse
 I wanted a second opinion/needed further reassurance about my baby's illness or injury
 My baby was seen by his/her doctor and referred to a specialist but I did not want to wait for an appointment
 Other (please specify): _____

If no, there are several reasons why parents decide to come to the ER without first contacting their baby's doctor. Why did you not contact your baby's doctor before coming to the ER? Select any reasons below that apply:

- My baby does not have a usual doctor
 I was unable to contact my baby's doctor
 My baby's problem was more appropriate for the ER
 My baby's doctor would have referred us to the ER anyway
 Someone told me to bring my baby to the ER
 I think my baby will be seen more quickly in ER
 My baby was already seen in ER with same problem previously
 The ER is easier to get to/more convenient than my baby's doctor's office
 My baby will get better treatment at the ER than at his/her doctor's office
 My baby might need tests that the ER can do but my baby's doctor's office cannot
 Other (please specify): _____
 Not Applicable, my baby does not have a regular doctor

22. Are you usually able to contact your baby's doctor, or someone from that practice, outside of regular hours?

- Yes No
 Not Applicable, my baby does not have a regular doctor Don't know

23. How confident are you to look after a child who is sick / injured?

- Very confident Not very confident
 Quite confident Not confident at all

24. Have you received information/advice about any of the following?
(Check all that apply)

	<i>At a class before birth</i>	<i>In hospital after birth</i>	<i>From my midwife</i>	<i>From my baby's usual doctor</i>	<i>Previous Pregnancy</i>	<i>No Advice</i>
How much to feed my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often to feed my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How much/long my baby should sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What position my baby should sleep in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My baby's car seat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many wet (urine) diapers to expect per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How many dirty (stool) diapers to expect per day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jaundice (yellow skin colouration)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crying and how to comfort my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal weight loss/gain for my baby	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When to see doctor for well-baby check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

25. Did you receive any conflicting or confusing advice?

- Yes No

26. Before you left the hospital after birth were you asked:

Whether you had a doctor for your baby?

- Yes No Not applicable/born at home

Whether you had an appointment for your baby with the doctor?

- Yes No Not applicable/born at home

27. How was your baby born?

- Vaginally, no instruments Cesarean section (planned)
 Vaginally with vacuum or forceps Cesarean section (urgent)

28. What was the gestational age of your baby at birth?

- Less than 35 weeks (more than 5 weeks early)
 35 weeks – 37 weeks and 6 days (2-5 weeks early)
 38 weeks – 41 weeks and 6 days (within 2 weeks of due date)
 42 weeks or more (at least 2 weeks late)

29. Did your baby spend any time in a nursery (away from your room)?

- Yes - baby was sick/small
 Yes - I/mother was sick
 No, always with mom

30. How old was your baby when s/he was discharged from hospital?

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> < 24 hours | <input type="checkbox"/> 49-96 hours (2-4 days) |
| <input type="checkbox"/> 24-36 hours | <input type="checkbox"/> > 96 hours (over 4 days) |
| <input type="checkbox"/> 37- 48 hours | <input type="checkbox"/> Not applicable/ born at home |

31. To what extent would the following resources have been helpful to you in making a decision about bringing your baby to the ER?

	<i>Not at all helpful</i>	<i>Not very helpful</i>	<i>Somewhat helpful</i>	<i>Very helpful</i>
Reading material on common illnesses or problems in babies, given to you before going home with baby from hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More information on babies from newspapers / magazines / TV / radio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
More information about babies from the Internet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easier access to my baby's doctor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 hour telephone advice from nurses or doctors specializing in baby/child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walk in clinics with pediatric specialists	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home visits from nurses or other doctors after birth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

32. What is your family status?

- Married/living with partner
- Separated/divorced, partner involved with child
- Single parent

33. In which age category are you and your partner?

	You	Your partner
Not applicable		
< 20 years		
20-24 years		
25-29 years		
30-34 years		
35-39 years		
40 years or older		

34. Do you have any other children living at home?

- Yes How old are they? _____
- No

35. Which of the following applies to you and your partner? (if not applicable leave column blank)

	You	Your partner
Generally work full time but on parental leave		
Generally work part time but on parental leave		
Working full time		
Working part time		
Caring for home/family (not regularly working outside the home)		
Long term illness or disability		
Unemployed		
Other (please specify)		

36. What is the highest level of education achieved by you and your partner? (if not applicable leave column blank)

	You	Your partner
High school		
Vocational school/trade certificate or apprenticeship		
Some college/university		
College diploma		
Undergraduate degree		
Graduate degree		
Professional degree (MD, DDS, DO, LLP, teacher)		

37. Which category includes your combined family income?

- < \$25,000/year
- \$25,000 - \$50,000/year
- \$50,000 - \$100,000/year
- > \$100,000/year
- Prefer not to say

38. Where do you currently live?

- Ontario
- Other, please specify _____

39. Is there anything else you would like to tell us?

**Thank you very much for taking the time to complete our survey.
Please return it to one of the colourful survey boxes located in the ED.**