

SEED Resource use questionnaire

Your Child's Use of Health Services - SEED Group

We are interested in finding out what health and social care services your child has used since they started Primary 1/5.

- Please indicate below how many times (if at all) your child has used any of the services listed below. If your child has not been in contact with a particular service, please enter '0' rather than leaving it blank.

Note: please enter '0' if service has not been used

Service	Total number of contacts
General Practitioner (GP)	
Accident and Emergency (A&E) Visit	
Social Worker	
Speech therapist	
Occupational therapist	
Physiotherapist	
Psychiatrist	
Counselling/therapy	
Dentist	
Optician	
Police	
Hospital stay	Number of nights:
Hospital outpatient visit	

- Has your child used any other services that are not listed in the table above? If so please let us know:

Name of service: _____ No. of contacts: _____

Name of service: _____ No. of contacts: _____

- Please list below your child's use of any medication taken since he/she started P1/5.

Name of medication	How long did your child take this medication for? (e.g. 1 week)	Daily Dosage
1.		
2.		
3.		
4.		

We are interested in finding out what personal costs you have incurred since your child started Primary 1/5.

4. Since your child started P1/5, have you had to take time off work or your usual daily activities due to your child being off school? *(For example, time off due to child's illness, behavioural problems, attending appointments etc.)* Yes No

If yes, please state how many days:

5. Have you needed additional help with childcare since he/she started P1/P5? Yes No

If yes, please state the weekly cost: £

6. Have you completed any training relating to your child's participation in Social and Emotional Education and Development (SEED)? Yes No

If yes, please state the number of sessions and duration of each session:

sessions lasting *minute(s)/hour(s)/day(s)* each

(Circle one)

Thank you