Mini questionnaire

Keeping Children Safe: Measuring the cost of children’s accidents

These questions ask about how your child is after their accident on ....../...../....

1. Do you think your child is now completely better and their accident is not affecting them anymore? (Please ✓ one box)
   - □ Yes (please go to question 2)
   - □ No (please go to question 3)

2. If your child is completely better, how long did it take for your child to stop being affected by the accident? (Please ✓ one box)
   - □ less than 1 month after the accident
   - □ 1 to 3 months after the accident
   - □ 4 to 6 months after the accident
   - □ 7 to 12 months after the accident
   - □ more than 12 months after the accident

3. If your child is still affected by the accident, would you be willing to fill in a postal questionnaire about how it is affecting your child? (Please ✓ one box)
   - □ Yes
   - □ No

4. Please tell us the date you filled in this questionnaire: ......./......./.......

5. Is there anything else you would like to tell us about your child’s accident? If YES, please tell us below:

Thank you for taking the time to fill in this questionnaire. Please send it back in the FREEPOST envelope

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