

**Supplementary file No. 1: Questionnaire of the view of parents/guardians on
managing fever in children (English version)**

Participant of the survey (circle the appropriate) Mother, Father, Other_____

No. of children in the family / household: _____

Order of birth (first / second/ third) of the child that is our patient _____

Age of mother (guardian): _____

Age of father (guardian): _____

**Level of education of the mother (guardian)
(circle the appropriate)**

**Level of education of the father (guardian)
(circle the appropriate)**

- 1) Middle school (basic education)
- 2) High school
- 3) Professional

- 1) Middle school (basic education)
- 2) High school
- 3) Professional

- 4) Unfinished higher education
- 5) Higher education (degree):

- 4) Unfinished higher education
- 5) Higher education (degree):

6) Other_____

6) Other_____

1. What body temperature in a child is a high fever, in your opinion? _____ °C

2. At what temperature would you give your child medication to reduce it? Above..... °C

3. What medication would you give your child to reduce fever?

Ibuprofen (Nurofen, Ibustar, Ibumetin, Ibufen)

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Paracetamol (Panadol, Efferalgan, calpol)

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Other (which one.....)

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4. How would you choose the dosage of medication?

1) As the doctor recommended

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2) As the packaging says

☐

3) Whatever I feel like, depends on the temperature

☐

4) Other

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**5. In your opinion, can the child's body temperature during febrile illness increase to the a
level that is dangerous to the child's life?**

1) Yes (Above..... °C)

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2) No

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3) I don't know

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6. Does fever itself indicate that the illness is serious?

- 1) yes
- 2) No
- 3) Other symptoms should be considered as well
- 4) I don't know

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7. How soon after any of your children develops fever would you seek for medical help?

- 1) 0-6 hours
- 2) 6-12 hours
- 3) 12-24 hours
- 4) 24-48 hours (2nd day)
- 5) 48-72 hours (3rd day)
- 6) Later (when) _____

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8. For how long had your child been ill THIS TIME before you sought medical help for the first time?

- 1) 0-6 hours
- 2) 6-12 hours
- 3) 12-24 hours
- 4) 24-48 hours (2 days)
- 5) 48-72 hours (3 days)
- 6) For longer _____

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9. Day of the week (for example, Sunday) , when your child got ill: _____

10. Day of the week and time when you first sought help for your child (day, hh:mm)

11. Where did you seek help first during this episode of the child's illness?

- 1) Family doctor
- 2) Out-of-hours telephone service
- 3) Out-of-hours primary care doctor
- 4) Ambulance
- 5) Hospital
- 6) Other _____

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12. Was the explanation on the nature of illness and reasons for fever provided by the healthcare professional mentioned above satisfactory?

- 1) Yes ☐
- 2) No ☐
- 3) Partially ☐

13. How did the information provided by the healthcare professional mentioned above affect your level of concern about the illness of your child?

- 1) My level of concern was reduced ☐
- 2) My level of concern did not change ☐
- 3) My level of concern increased ☐

14. Was the explanation on the nature of illness and reasons for fever provided by the doctor at the hospital (emergency department) satisfactory?

- 1) Yes ☐
- 2) No ☐
- 3) Partially ☐

15. How did the information provided by the doctor at the hospital (emergency department) affect your level of concern about the illness of your child?

- 1) My level of concern was reduced ☐
- 2) My level of concern did not change ☐
- 3) My level of concern increased ☐

16. How would you evaluate the availability of your family doctor?

- 1) Very good ☐
- 2) Good ☐
- 3) More good than bad ☐
- 4) Normal ☐
- 5) More bad than good ☐
- 6) bad ☐
- 7) very bad ☐

17. Does being treated in the hospital setting give you a better feeling of safety than care at home under supervision of your family doctor?

1) Yes

2) No

3) Partially

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