

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)

1) Middle school (basic education)

2) High school

2) High school

3) Professional

3) Professional

4) Unfinished higher education

4) Unfinished higher education

5) Higher education (degree):

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)

Paracetamol (Panadol, Efferalgan, calpol)

Other (which one.....)

4. How would you choose the dosage of medication?

1) As the doctor recommended

2) As the packaging says

3) Whatever I feel like, depends on the temperature

4) Other

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)

2) No

3) I don't know

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

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) _____

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 _____

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 _____

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