



#### SECTION D: Costs Associated with Accommodations

D1. Did you spend money on a hotel, motel, or hospital-sponsored housing as a result of your child's admission to the PICU? ☐ No ☐ Yes

D1a. If yes, specify cost per night: \$\_\_\_\_\_

D1b. If yes, specify number of nights:\_\_\_\_\_

#### SECTION E: Costs Associated with Communication

E1. Did you spend money on communication with others (family, friends, employer, insurance company) as a result of your child's admission to the PICU? ☐ No ☐ Yes

E1a. If yes, please specify (internet, mail, telephone, fax):\_\_\_\_\_

E1b. If yes, please specify cost: \$\_\_\_\_\_

#### SECTION F: Costs Associated with Caring for Siblings

F1. Did you spend money on caring for other children / siblings as a result of your child's admission to the PICU? ☐ No ☐ Yes

F1a. Meals? ☐ No ☐ Yes

F1a1. If yes, specify cost: \$\_\_\_\_\_

F1b. Babysitting? ☐ No ☐ Yes

F1b1. If yes, specify cost: \$\_\_\_\_\_

F1c. Extended day care after school? ☐ No ☐ Yes

F1c1. If yes, specify cost: \$\_\_\_\_\_

F1d. Entertainment? ☐ No ☐ Yes

F1d1. If yes, specify cost: \$\_\_\_\_\_

F1e. Additional costs associated with caregivers who moved into the family's house to care for siblings? ☐ No ☐ Yes

F1e1. If yes, specify cost: \$\_\_\_\_\_

#### SECTION G: Costs Associated with Incidental Expenses

G1. Did you spend money on any incidental expenses as a result of your child's hospitalization? ☐ No ☐ Yes

G1a. Over-the-counter medications? ☐ No ☐ Yes

G1a1. If yes, specify cost: \$\_\_\_\_\_

G1b. Laundry or dry cleaning services? ☐ No ☐ Yes

G1b1. If yes, specify cost: \$\_\_\_\_\_

G1c. Toiletries, other incidental costs? ☐ No ☐ Yes

G1c1. If yes, specify cost: \$\_\_\_\_\_

G1d. Clothing purchased for unexpected admission? ☐ No ☐ Yes

G1d1. If yes, specify cost: \$\_\_\_\_\_

G1e. Specific food requests, toys or other purchases made for hospitalized child? ☐ No ☐ Yes

G1e1. If yes, specify cost: \$\_\_\_\_\_

G1f. Presents or gifts for hospitalized child? ☐ No ☐ Yes

G1f1. If yes, specify cost: \$\_\_\_\_\_

G1g. Presents or gifts for caregivers or family assisting with care? ☐ No ☐ Yes

G1g1. If yes, specify cost: \$\_\_\_\_\_

## SECTION H: Costs Associated with Homemaking Expenses

H1. Did you spend money on expenses at home as a result of your child's hospitalization?

☐ No ☐ Yes

H1a. Meal preparation ☐ No ☐ Yes

H1a1. If yes, specify cost: \$\_\_\_\_\_

H1a2. Specify reason: \_\_\_\_\_

H1b. Cleaning services? ☐ No ☐ Yes

H1b1. If yes, specify cost: \$\_\_\_\_\_

H1c. Delivery charges and/or errand running expenses? ☐ No ☐ Yes

H1c1. If yes, specify cost: \$\_\_\_\_\_

H1d. Pet sitting or kennel fees? ☐ No ☐ Yes

H1d1. If yes, specify cost: \$\_\_\_\_\_

**If completing questionnaire for the first time, please go to SECTION I**  
**If not completing questionnaire for the first time, END OF FORM**

## SECTION I: Previous PICU Admission

I1. Has your child ever been admitted to the PICU before?

☐ No ☐ Yes

I1a. If Yes, did the previous admission help you in being more prepared for this current admission (i.e., knowing out of pocket costs involved, strategies to reduce costs incurred, preparing logistics of care for siblings).

☐ No ☐ Yes

I1b. If Yes, please specify: \_\_\_\_\_

**SECTION J: Annual Income**

J1. Currently what is the annual combined income for all family members in your household added together, before taxes?

- ☐ \$0-\$10,999  
☐ \$11,000-\$20,999  
☐ \$21,000-\$30,999  
☐ \$31,000-\$50,999  
☐ \$51,000 to \$99,999  
☐ \$100,000 or more

**SECTION K: Loss of Wages**

K1. Are you currently employed (working for pay)? ☐ No ☐ Yes

**If No, END OF FORM**

**If Yes, Go to Question K1a**

K1a. Are you a salaried employee or are you paid hourly? ☐ Salaried ☐ Hourly

K1b. Do you work for an employer or are you self employed? ☐ Employer ☐ Self-employed

K1c. Is your take-home pay affected if you are absent from work? ☐ No ☐ Yes

**SECTION L: Financial Assistance**

L1. Are you currently receiving any financial assistance from a government agency or foundation?

☐ No ☐ Yes

L1a. If No, have you received any financial assistance in the past? ☐ No ☐ Yes

L1b. If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

L2. Have you received financial assistance or donations through fundraising efforts or benefits for your child or your family?

☐ No ☐ Yes

L1a. If No, have you received any assistance from fundraising in the past?

☐ No ☐ Yes

L1b. If Yes, please specify: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_