

## Cost Survey (Standard Care)

Subject Number: \_\_\_\_\_

Date: \_\_\_\_\_

### Transport

- 1) What mode of transport did you use to get here today?  
☐ Taxi/Grab/Car hire  
☐ Bus/MRT  
☐ Private car  
☐ Others: \_\_\_\_\_
- 2) How much did it cost?  
\_\_\_\_\_
- 3) Do you usually use this mode of transport to get to the clinic/CDU?  
☐ Yes, move to next section  
☐ No
- 4) If No, what is your usual mode of transport?  
☐ Taxi/Grab/Car hire  
☐ Bus/MRT  
☐ Private car  
☐ Others: \_\_\_\_\_
- 5) How much does it cost?  
\_\_\_\_\_

### Employment

- 1) How many individuals in your household are formally employed?  
\_\_\_\_\_
- 2) Are you (Primary caregiver) currently formally employed?  
☐ Yes
  - Full-time
  - Part-time☐ No
- 3) How many hours do you work in a week?  
\_\_\_\_\_
- 4) What is your monthly income? (If not comfortable providing an exact value please give a range, for example if the monthly income is 3200 the range is 3000-4000)  
\_\_\_\_\_

5) [COLLECT ONLY AT BASELINE] Do you foresee the need to adjust your employment situation in light of this intervention?

☐ Yes

- ☐ Reduce number of hours at work
- ☐ Make arrangements to work remotely
- ☐ Find a different job which allows me to spend more time with my child
- ☐ Taking unpaid leave
- ☐ Take time off
- ☐ Others (please specify): \_\_\_\_\_

☐ No

6) [COLLECT ONLY AT REVIEWS] Have there been any changes to your employment arrangement at home as a result of the intervention?

☐ Yes

- ☐ Reduce number of hours at work
- ☐ Make arrangements to work remotely
- ☐ Find a different job which allows me to spend more time with my child
- ☐ Taking unpaid leave
- ☐ Take time off
- ☐ Others (please specify): \_\_\_\_\_

☐ No

7) Do you own a computer/laptop with capabilities for video calls such as skype or facetime?

☐ Yes

☐ No

### **Time Savings**

1) How long did it take you to get to the clinic/CDU today? (In minutes)

\_\_\_\_\_

2) Does it normally take you this long?

☐ Yes

☐ No

- ☐ How long does it usually take? \_\_\_\_\_

### **Care Costs**

1) [COLLECT ONLY AT REVIEW] Did you pay for any form of assistance (Courses, caregivers, domestic helpers)?

☐ Yes

- ☐ How much did you pay? \_\_\_\_\_

☐ No

## **Engagement**

- 1) In the past month, on average how much time (in hours) do you spend engaging (Speaking to, playing with, communicating with, doing activities) with your child per day?

\_\_\_\_\_

- 2) [COLLECT ONLY AT REVIEW] In the past month, on average how much time (in hours) do you spend applying strategies learnt through the intervention with your child per day?

\_\_\_\_\_

- 3) [COLLECT ONLY AT REVIEW] Has anyone else in your household been taught to apply these strategies when engaging with your child? Please tick all that apply

☐ Domestic Helper

☐ Other parent

☐ Siblings

☐ Grandparent(s)

☐ Other relatives (Eg. Uncles, aunties and cousins)

☐ Friends

☐ Others (Please Specify): \_\_\_\_\_