





# CHILDREN'S SECTION

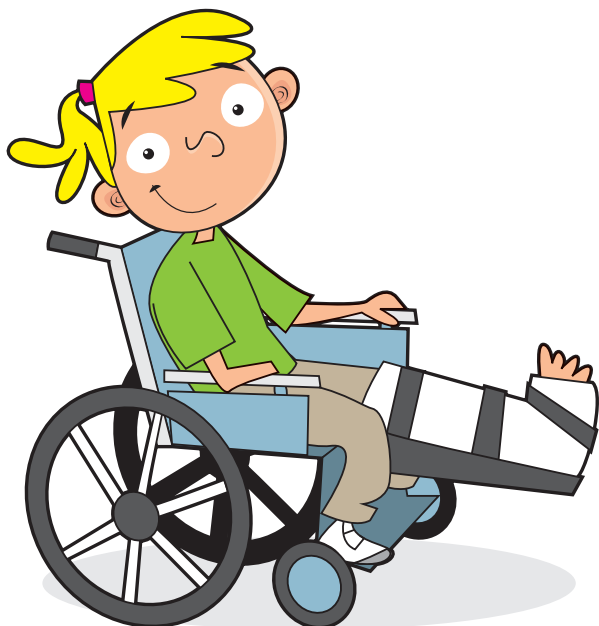
## This section is about your stay in hospital

We want to hear about your experiences at the hospital. For each question please cross clearly inside one box using a black or blue pen. If you have any questions, please ask your parent or guardian or call the helpline number given in the letter enclosed with this questionnaire.

### A. THE HOSPITAL




- 1 When you **first** arrived at hospital, did people working at the hospital tell you what was going to happen to you while you were there?

- 1   Yes  
 2   Sort of  
 3   No  
 4   Don't know / can't remember







### B. THE HOSPITAL WARD





- 2 Did you feel **safe** on the hospital ward?

- 1   Yes, all of the time  
 2   Yes, some of the time  
 3   No

- 3 Did hospital staff **play with you** or do any activities with you while you were in hospital?

- 1   Yes, a lot  
 2   Yes, a little  
 3   No  
 4   I did not want or need them to

- 4 Did you like the hospital food?

- 1   Yes  
 2   Sort of  
 3   No  
 4   I did not have hospital food

## C. LOOKING AFTER YOU IN HOSPITAL

5 Did hospital staff **talk to you** about **how they were going to care for you**, in a way that you could understand?

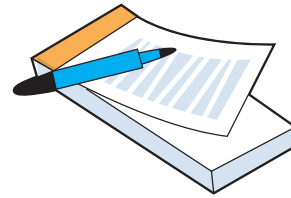
- 1 😊  Yes
- 2 😐  Sometimes
- 3 ☹️  No
- 4 😞  Don't know / can't remember

6 If you had any worries, did someone at the hospital **talk with you** about them?

- 1 😊  Yes
- 2 😐  Sort of
- 3 ☹️  No
- 4 😊  I did not have any worries

7 Were you given enough privacy when you were receiving care and treatment?

- 1 😊  Yes, always
- 2 😐  Yes, sometimes
- 3 ☹️  No



## D. PAIN

8 Did your condition ever cause you pain while you were in hospital?

- 1 ☹️  Yes [▶ Go to Question 9](#)
- 2 😊  No [▶ Go to Question 10](#)

9 Do you think the hospital staff did **everything they could** to help your pain?

- 1 😊  Yes
- 2 😐  Sort of
- 3 ☹️  No

## E. OPERATIONS & PROCEDURES

10 During your time in hospital, did you have an **operation or procedure** (such as having your tonsils taken out)?

- 1  Yes [▶ Go to Question 11](#)
- 2  No [▶ Go to Question 13](#)

11 **Before** the operation or procedure, did hospital staff tell you **what would be done**?

- 1 😊  Yes
- 2 😐  Sort of
- 3 ☹️  No

12 **Afterwards**, did someone from the hospital **explain to you** how the operation or procedure had gone in a way you could understand?

- 1 😊  Yes
- 2 😐  Sort of
- 3 ☹️  No



## This section is for the **PARENT/ CARER** who accompanied the child to hospital

Please note: these questions are about your child's **most recent stay** in hospital.

**19** Was your child's visit to hospital planned or an emergency?

- 1  Emergency (went to A&E / Casualty / came by ambulance etc)
- 2  Planned visit / was on the waiting list

**20** Did hospital staff tell **you** what was going to happen to your child while they were in hospital?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

## THE HOSPITAL WARD

**21** Did the ward where your child stayed have appropriate equipment or adaptations for your child?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember
- 5  They did not need equipment or adaptations

**22** How clean do you think the hospital room or ward was that your child was in?

- 1  Very clean
- 2  Quite clean
- 3  Not very clean
- 4  Not at all clean

## HOSPITAL STAFF

**23** Did **members of staff** treating your child, give **you** information about their care and treatment in a way that you could understand?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**24** Did a member of staff agree a plan for your child's care with you?

- 1  Yes
- 2  No
- 3  Don't know / can't remember

**25** Did you have confidence and trust in the **members of staff** treating your child?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No

**26** Were you encouraged to be involved in decisions about your child's care and treatment?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

**27** Did hospital staff keep you informed about what was happening whilst your child was in hospital?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

28 Did staff ask you if you had any questions about your child's care?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  I did not want / need to ask any questions
- 5  Don't know / can't remember

29 Were the different members of staff caring for and treating your child aware of their medical history?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

30 Did you feel that staff looking after your child knew how to care for their individual or special needs?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

31 Were members of staff available when your child needed attention?

- 1  Yes, always
- 2  Yes, sometimes
- 3  No

32 Did the members of staff caring for your child work well together?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / can't remember

## FACILITIES FOR PARENTS & CARERS

33 Did you have access to hot drinks facilities in the hospital?  
(Cross ALL that apply)

- 1  Yes, I used a kitchen area/parents room attached to the wards
- 2  Yes, I used a hospital café/vending machine
- 3  I was allowed to use the staff room
- 4  I was offered drinks by members of staff
- 5  No

34 Did you ever stay overnight in hospital with your child?

- 1  Yes [▶ Go to Question 35](#)
- 2  No, but I wanted to [▶ Go to Question 36](#)
- 3  No, but I did not want or need to [▶ Go to Question 36](#)
- 4  My child did not stay overnight [▶ Go to Question 36](#)

35 How would you rate the facilities for parents or carers staying overnight?

- 1  Very good
- 2  Good
- 3  Fair
- 4  Poor
- 5  Very poor

## PAIN

36 Did your child's condition cause them any pain while they were in hospital?

- 1  Yes [▶ Go to Question 37](#)
- 2  No [▶ Go to Question 38](#)

37 Do you think the hospital staff did **everything they could** to help ease your child's pain?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No

## OPERATIONS & PROCEDURES

38 During their stay in hospital, did your child have an **operation or procedure**?

- 1  Yes [▶ Go to Question 39](#)
- 2  No [▶ Go to Question 42](#)

39 **Before** the operation or procedure, did a member of staff explain to you **what would be done** during the operation/procedure?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I did not want an explanation

40 **Before** the operation or procedure, did a member of staff **answer your questions** about the operation or procedure in a way you could understand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  I did not have any questions

41 **After** the operation or procedure, did someone explain to you **how the operation or procedure had gone** in a way you could understand?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No

## MEDICINES

42 Were you given any **new medicines** to take home with you for your child that they had not had before (including tablets and creams)?

- 1  Yes [▶ Go to Question 43](#)
- 2  No [▶ Go to Question 44](#)

43 Were you given enough information about how your child should use the medicine(s) (e.g. when to take it, or whether it should be taken with food)?

- 1  Yes, enough information
- 2  Some, but not enough
- 3  No information at all

## LEAVING HOSPITAL

44 Did a staff member give you advice about caring for your child after you went home?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  It was not necessary
- 5  Don't know / can't remember

45 Did a member of staff tell you what would happen next after your child left hospital?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  It was not necessary
- 5  Don't know / can't remember

46 Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you?

- 1  Yes
- 2  No, but I would have liked it
- 3  No, but I did not need it

## OVERALL

47 Overall... (please circle a number)



I felt my child had a very poor experience

I felt that my child had a very good experience

48 Who was the **main person** who answered the questions in *the children's section* of the questionnaire?

- 1  My child / **young person**
- 2  Me, the **parent or carer**
- 3  Both **young person** and **parent or carer** together

## ABOUT YOUR CHILD

49 For most of their stay in hospital what type of ward did your child stay on?

- 1  A children's ward
- 2  An adult's ward
- 3  A teenage / adolescent ward

50 Including this visit, how many times has your child stayed in hospital on a ward in the past six months?

- 1  Once
- 2  Two or three times
- 3  Four times or more

51 Which of these best describes your child's ethnic background? **(Cross ONE only)**

### A. WHITE

- 1  English / Welsh / Scottish / Northern Irish / British
- 2  Irish
- 3  Gypsy or Irish Traveller
- 4  Any other White background, **write in...**

### B. MIXED / MULTIPLE ETHNIC GROUPS

- 5  White and Black Caribbean
- 6  White and Black African
- 7  White and Asian
- 8  Any other Mixed/ multiple ethnic background, **write in...**

### C. ASIAN / ASIAN BRITISH

- 9  Indian
- 10  Pakistani
- 11  Bangladeshi
- 12  Chinese
- 13  Any other Asian background, **write in...**

### D. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 14  African
- 15  Caribbean
- 16  Any other Black / African / Caribbean background **write in...**

### E. OTHER ETHNIC GROUP

- 17  Arab
- 18  Any other ethnic group, **write in...**

**52** Does your child have any of the following long-standing conditions?  
**(Cross ALL that apply)**

- 1  Deafness or severe hearing impairment ▶ [Go to Question 53](#)
- 2  Blindness or partially sighted ▶ [Go to Question 53](#)
- 3  Any other long-standing physical disability ▶ [Go to Question 53](#)
- 4  A learning disability ▶ [Go to Question 53](#)
- 5  A mental health condition ▶ [Go to Question 53](#)
- 6  Another long-standing condition eg. cancer, diabetes, epilepsy (please specify):  
  
▶ [Go to Question 53](#)
- 7  No long-standing condition ▶ [Go to ANYTHING ELSE TO SAY](#)

**53** Does this condition(s) cause your child difficulty with any of the following?  
**(Cross ALL that apply)**

- 1  Everyday activities that people his / her age can usually do
- 2  In education or training
- 3  Access to buildings, streets or vehicles
- 4  Reading or writing
- 5  People's attitude to your child because of their condition
- 6  Communicating, mixing with others or socialising
- 7  Any other activity
- 8  No difficulty with any of these

## ANYTHING ELSE TO SAY?

If there is anything else you would like to tell us about your child's time in hospital (e.g. anything particularly good; anything that could have been improved), please do so here:

Please note that the comments you provide in the box above will be looked at in full by the NHS Trust, Care Quality Commission and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback.

**Please post this questionnaire back in the FREEPOST envelope.  
NO STAMP IS NEEDED.**

**Thank  
you!**