

YOUNG PEOPLE'S SECTION

This section is about your visit to hospital

We want to hear about your most recent experience at 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 carer or call the helpline number given in the letter enclosed with this questionnaire.

A. THE HOSPITAL WARD

1 Was the ward suitable for someone of your age?

- 1 Yes
2 Sort of
3 No

2 Were there enough things for you to do in the hospital?

- 1 Yes
2 Sort of
3 No

3 If you used the hospital Wi-Fi, was it good enough to do what you wanted?

- 1 Yes, always
2 Yes, sometimes
3 No
4 I did not use Wi-Fi

4 Did you like the hospital food?

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

5 Was it quiet enough for you to sleep when needed in the hospital?

- 1 Yes, always
2 Yes, sometimes
3 No
4 I did not need to sleep in the hospital

B. LOOKING AFTER YOU IN HOSPITAL

6 Did hospital staff talk with you about how they were going to care for you?

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

7 When the hospital staff spoke with you, did you understand what they said?

- 1 Yes, always
2 Yes, sometimes
3 No
4 Don't know / can't remember



8 Did **you** feel able to ask staff questions?

- 1 Yes ▶ Go to Question 9
- 2 No ▶ Go to Question 10
- 3 I did not have any questions ▶ Go to Question 10

9 Did the hospital staff answer your questions?

- 1 Yes
- 2 Sort of
- 3 No

10 Were **you** involved in decisions about your care and treatment?

- 1 Yes, a lot
- 2 Yes, a little
- 3 No
- 4 I did not want to be involved

11 If you had any worries, did a member of staff **talk with you** about them?

- 1 Yes
- 2 No
- 3 I did not have any worries
- 4 I did not want to talk to staff

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

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

13 If you wanted, were you able to talk to a doctor or nurse without your parent or carer being there?

- 1 Yes
- 2 No
- 3 I did not want to talk to them alone

C. PAIN

14 If you felt pain while you were at the hospital, do you think staff did **everything they could** to help you?

- 1 Yes
- 2 Sort of
- 3 No
- 4 I did not feel any pain

D. OPERATIONS & PROCEDURES

15 During your time in hospital, did you have any **operations or procedures**?

- 1 Yes ▶ Go to Question 16
- 2 No ▶ Go to Question 18

16 **Before** the operations or procedures, did hospital staff explain to you **what would be done**?

- 1 Yes
- 2 Sort of
- 3 No

17 **Afterwards**, did staff explain to you how the operations or procedures **had gone**?

- 1 Yes
- 2 Sort of
- 3 No



E. LEAVING HOSPITAL

18 Did a member of staff **tell you** who to talk to if you were worried about anything when you got home?

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

19 When you left hospital, did you know what was going to happen next with your care?

- 1 Yes
- 2 Sort of
- 3 No

20 Did a member of staff **give you advice** on how to look after yourself after you went home?

- 1 Yes
- 2 Sort of
- 3 No
- 4 I did not need any advice

F. AND FINALLY...

21 Do you feel that the people looking after you were friendly?

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

22 Overall, how well do you think you were looked after in hospital?

- 1 Very well
- 2 Quite well
- 3 OK
- 4 Quite badly
- 5 Very badly



G. ABOUT YOU

23 Are you male or female?

- 1 Male
- 2 Female

24 How old are you today?

_____ years old

H. ANYTHING ELSE TO SAY?

Was there anything else you wanted to tell us about your time in hospital (anything particularly good, or anything that could have been better)?

Whatever you write in the box above will be seen by the hospital, the Care Quality Commission and researchers working with the data. We will remove any information that means someone might recognise you before publishing any of your feedback.

Please now hand this survey to your parent or carer so they can fill out the following questions.



This section is for the **PARENT/ CARER** who accompanied the young person to hospital

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

25 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

26 Did your child stay overnight during their most recent visit to hospital?

- 1 Yes
- 2 No

THE HOSPITAL WARD

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

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

28 Did the ward where your child stayed have appropriate equipment or adaptations for your child's physical or medical needs?

- 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

29 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

30 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

31 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

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

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

33 Did staff **involve you** in decisions about your child's care and treatment?

- 1 Yes, definitely [▶ Go to Question 34](#)
- 2 Yes, to some extent [▶ Go to Question 34](#)
- 3 No [▶ Go to Question 34](#)
- 4 I did not want to be involved [▶ Go to Question 35](#)

34 Were you given enough information to be involved in decisions about your child's care and treatment?

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

35 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

36 Were you able to ask staff any questions you had 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

37 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 / not applicable

38 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 / not applicable

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

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know / not applicable

40 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 / not applicable

41 If you had been unhappy with your child's care and treatment, do you feel that you could have told hospital staff?

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

FACILITIES

42 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

43 Were you able to prepare food in the hospital if you wanted to?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want to prepare food

44 Did **you** stay overnight with your child during their most recent visit to hospital?

- 1 Yes ▶ Go to Question 45
- 2 No ▶ Go to Question 46
- 3 My child did not stay overnight ▶ Go to Question 46

45 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

46 If your child felt pain while they were at the hospital, do you think staff did **everything they could** to help them?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 My child did not feel any pain

OPERATIONS & PROCEDURES

47 During their stay in hospital, did your child have any **operations or procedures**?

- 1 Yes ▶ Go to Question 48
- 2 No ▶ Go to Question 52

48 **Before** your child had any operations or procedures, did a member of staff explain to you **what would be done**?

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

49 **Before** the operations or procedures, did a member of staff **answer your questions** in a way you could understand?

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

50 **During** any operations or procedures, did staff play with your child or do anything to distract them?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

51 **Afterwards**, did staff explain to you how the operations or procedures **had gone**?

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

LEAVING HOSPITAL

52 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

53 When you left hospital, did you know what was going to happen next with your child's care?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary

54 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

55 Do you feel that **you** (the parent/carer) were well looked after by hospital staff?

- 1 Yes, always
2 Yes, sometimes
3 No

56 Were you treated with dignity and respect by the people looking after your child?

- 1 Yes, always
2 Yes, sometimes
3 No

57 Overall... (please circle a number)

0 1 2 3 4 5 6 7 8 9 10

I felt that my child had a very poor experience

I felt that my child had a very good experience

58 Who was the **main person** who answered the questions in the young people's section of the questionnaire?

- 1 The **young person**
2 The **parent or carer**
3 Both **the young person and the parent or carer** together

ABOUT YOUR CHILD

59 **Including this visit**, how many times has your child been to hospital in the past six months?

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

60 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...**

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 working with the data. We will remove any information that could identify you before publishing any of your feedback.

If you have concerns about the care you or others have received please contact CQC on 03000 61 61 61

61 Does your child have any physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

- 1 Yes ▶ Go to Question 62
2 No ▶ Go to 'ANYTHING ELSE TO SAY?'

62 Does your child have any of the following? (**Select ALL conditions that have lasted or are expected to last for 12 months or more**)

- 1 Blood disorder
2 Bowel condition, such as Crohn's disease
3 Breathing problem, such as asthma
4 Blindness or partial sight
5 Cancer in the last 5 years
6 Chromosomal condition, such as Down's syndrome
7 Deafness or hearing loss
8 Developmental disability, such as Autism Spectrum Disorder (ASD)
9 Diabetes
10 Heart problem
11 Joint problem
12 Kidney or liver disease
13 Learning disability
14 Mental health condition
15 Neurological condition, such as epilepsy
16 Another long-term condition

63 Do any of these reduce your child's ability to carry out day-to-day activities?

- 1 Yes, a lot
2 Yes, a little
3 No, not at all

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

**Thank
you!**