

National Children's Inpatient and Day Case Survey

Parent or Carer Questionnaire

WHAT IS THE SURVEY ABOUT?

This survey is about your child's **most recent** visit or admission to hospital named in the letter enclosed with this questionnaire. Your child may have only been in hospital for a day (as a day case) or may have stayed for at least one night in hospital (inpatient).

WHO SHOULD COMPLETE THE QUESTIONNAIRE?

The questions should be answered by you as the parent or carer of the child named on the front of the envelope. If you need help to complete the questionnaire, the answers should be given from your point of view – not the point of view of the person who is helping you.

COMPLETING THE QUESTIONNAIRE

For each question please cross clearly inside one box using a black or blue pen. For some questions you will be instructed that you may cross more than one box.

Sometimes you will find the box you have crossed has an instruction to go to another question. By following the instructions carefully you will miss out questions that do not apply to you.

Don't worry if you make a mistake; simply fill in the box and put a cross in the correct box.

Please do not write your name or address anywhere on the questionnaire.

QUESTIONS OR HELP?

If you have any questions, please call the helpline number given in the letter enclosed with this questionnaire.

**Taking part in this survey is voluntary.
Your answers will be treated in confidence.**

Before you start, please remember:

These questions are about your child's **most recent stay in the hospital** named in the letter

GOING TO HOSPITAL

1. Was your child's visit to hospital planned or an emergency?

- ¹ Emergency (went to A&E/ Casualty/ came by ambulance etc) → **Go to Question 4**
- ² Planned visit / was on the waiting list
→ **Go to Question 2**

2. Did the hospital give you a choice of admission dates?

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

3. Did the hospital change your child's admission date at all?

- 10** ¹ No
- 5** ² Yes, once
- 0** ³ Yes, a few times
- ⁴ Don't know / can't remember

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

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

THE HOSPITAL WARD

5. Did the ward where your child stayed have appropriate equipment or adaptations for your child?

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

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

- 10** ¹ Very clean
- 6.7** ² Quite clean
- 3.3** ³ Not very clean
- 0** ⁴ Not at all clean

7. Did you feel that your child was safe on the hospital ward?

- 10** ¹ Yes, all of the time
- 5** ² Yes, some of the time
- 0** ³ No

8. Was your child given enough privacy when receiving care and treatment?

- 10** ¹ Yes, always
- 5** ² Yes, sometimes
- 0** ³ No

9. Did you think there were appropriate things for your child to play with on the ward?

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ Can't remember / did not notice

10. Did staff play with your child at all while they were in hospital?

- 10₁ Yes
0₂ No, but I would have liked this
-₃ No, but I didn't want / need them to do this
-₄ Don't know / can't remember

HOSPITAL STAFF

11. Did new members of staff treating your child introduce themselves?

- 10₁ Yes, always
5₂ Yes, sometimes
0₃ No

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

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No

13. Did members of staff treating your child communicate with them in a way that your child could understand?

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No

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

- 10₁ Yes
0₂ No
-₃ Don't know / can't remember

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

- 10₁ Yes, always
5₂ Yes, sometimes
0₃ No

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

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No

17. Did hospital staff keep you informed about what was happening whilst your child was in hospital?

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ Don't know / can't remember

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

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

19. Were you told different things by different people, which left you feeling confused?

- 0₁ Yes, a lot
5₂ Yes, sometimes
10₃ No, never

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

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ Don't know

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

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ Don't know / can't remember

22. Were members of staff available when your child needed attention?

- 10₁ Yes, always
5₂ Yes, sometimes
0₃ No

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

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ Don't know / can't remember

HOSPITAL FOOD

24. Did your child like the hospital food provided?

- 10₁ Yes, definitely
5₂ Yes, to some extent
0₃ No
-₄ My child did not have hospital food

FACILITIES FOR PARENTS & CARERS

25. Did you have access to hot drinks facilities in the hospital? (CROSS ALL THAT APPLY)

- 10₁ Yes, I used a kitchen area / parents room attached to the ward
10₂ Yes, I used a hospital café / vending machine
10₃ I was allowed to use the staff room
10₄ I was offered drinks by members of staff
0₅ No

26. Did you ever stay overnight in hospital with your child?

- 1 Yes → [Go to Question 27](#)
2 No, but I wanted to → [Go to Question 28](#)
3 No, but I did not want or need to → [Go to Question 28](#)
4 My child did not stay overnight → [Go to Question 28](#)

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

- 10₁ Very good
7.5₂ Good
5₃ Fair
2.5₄ Poor
0₅ Very poor

PAIN

28. Did your child's condition cause them any pain when they were in hospital?

1 Yes → Go to Question 29

2 No → Go to Question 30

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

10 Yes, definitely

5 Yes, to some extent

0 No

OPERATIONS AND PROCEDURES

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

1 Yes → Go to Question 31

2 No → Go to Question 34

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

10 Yes, completely

5 Yes, to some extent

0 No

- 4 I did not want an explanation

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

10 Yes, completely

5 Yes, to some extent

0 No

- 4 I did not have any questions

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

10 Yes, completely

5 Yes, to some extent

0 No

MEDICINES

34. 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 35

2 No → Go to Question 36

35. 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)?

10 Yes, enough information

5 Some, but not enough

0 No information at all

LEAVING HOSPITAL

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

10 Yes, definitely

5 Yes, to some extent

0 No

- 4 It was not necessary

- 5 Don't know / can't remember

37. Did a member of staff tell you what to do or who to talk to if you were worried about your child when you got home?

- 10₁ Yes, definitely
- 5₂ Yes, to some extent
- 0₃ No
- ₄ It was not necessary
- ₅ Don't know / can't remember

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

- 10₁ Yes, definitely
- 5₂ Yes, to some extent
- 0₃ No
- ₄ It was not necessary
- ₅ Don't know / can't remember

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

- 10₁ Yes
- 0₂ No, but I would have liked it
- ₃ No, but I did not need it

OVERALL

40. Do you feel that the people looking after your child listened to you?

- 10₁ Yes, always
- 5₂ Yes, sometimes
- 0₃ No

41. Do you feel that the people looking after your child were friendly?

- 10₁ Yes, always
- 5₂ Yes, sometimes
- 0₃ No

42. Do you feel that your child was well looked after by the hospital staff?

- 10₁ Yes, always
- 5₂ Yes, sometimes
- 0₃ No

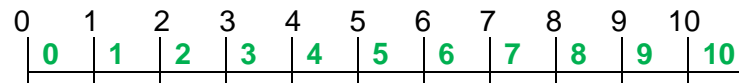
43. Were you treated with dignity and respect by the people looking after your child?

- 10₁ Yes, always
- 5₂ Yes, sometimes
- 0₃ No

44. Overall... (please circle a number)

I felt that my child had a very poor experience

I felt that my child had a very good experience



ABOUT YOUR CHILD

45. Is your child male or female?

- ₁ Male
- ₂ Female

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

- 10₁ A children's ward
- 0₂ An adult's ward
- 10₃ A teenage /adolescent ward

47. What is your child's year of birth?

(Please write in) e.g.

2	0	1	0
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2	0		
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48. 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

49. Does your child have any of the following long-standing conditions? (CROSS ALL THAT APPLY)

- 1 Deafness or severe hearing impairment
Go to Question 50

- 2 Blindness or partially sighted
Go to Question 50

- 3 Any other long-standing physical disability
Go to Question 50

- 4 A learning disability
Go to Question 50

- 5 A mental health condition
Go to Question 50

- 6 Another long-standing condition (e.g. cancer, diabetes, epilepsy)

Go to Question 50

- 7 No long-standing condition
Go to Question 51

50. 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 his/ her condition
- 6 Communicating, mixing with others or socialising
- 7 Any other activity
- 8 No difficulty with any of these

51. To which of these ethnic groups would you

say your child belongs? (**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 (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

Thanks very much for your help!

Please post this questionnaire back in the **FREEPOST** envelope provided – no stamp is needed