



YOUNG PATIENT QUESTIONNAIRE

Inpatient or Day Case

Parent or Guardian

What is the survey about?

This survey is about your child's most recent stay at one of the National Health Service hospitals named in the letter enclosed with this questionnaire.

Who should complete the questionnaire?

The questions should be answered by a parent or guardian of the child named on the front of the envelope, with the help of that child if possible.

Completing the questionnaire

For each question please tick clearly inside one box using a black or blue pen.

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

Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct box.

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

Questions or help?

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

Your participation in this survey is voluntary.

If you choose not to take part in this survey it will not affect the care you receive from the NHS in any way. If you do not wish to take part, or you do not want to answer some of the questions, you do not have to give us a reason.

Your answers will be treated **in confidence.**



Please remember, this questionnaire is about your child's **most recent** stay at the hospital named in the accompanying letter.

ADMISSION TO HOSPITAL

1. Was your child's hospital admission planned in advance or an emergency?

- 1 Emergency/dialled 999/immediately referred by GP or NHS direct → **Go to 2**
- 2 Waiting list or planned in advance → **Go to 5**
- 3 Something else → **Go to 2**

Emergency or immediately referred

2. When you arrived at hospital where did you and your child go first?

- 1 Straight to a ward → **Go to 10**
- 2 Accident and Emergency Department → **Go to 3**

3. Following arrival at the hospital, how long did you wait before your child was admitted to a bed on a ward?

- 1 Less than 1 hour
- 2 At least 1 hour but less than 2 hours
- 3 At least 2 hours but less than 4 hours
- 4 At least 4 hours but less than 8 hours
- 5 8 hours or longer
- 6 Can't remember
- 7 We did not have to wait

4. How organised was the **care** your child received in Accident & Emergency (or the Medical Admissions Unit)?

- 1 Not at all organised
- 2 Fairly organised
- 3 Very organised

→ **Now please go to Question 10 on next page**

Waiting list or planned admission

5. How do you feel about the length of time your child was on the waiting list before admission to hospital?

- 1 She/he was admitted as soon as I thought was necessary
- 2 She/he should have been admitted a bit sooner
- 3 She/he should have been admitted a lot sooner

6. Were you given a choice of admission date?

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

7. Was your child's admission date changed by the hospital?

- 1 No
- 2 Yes, once
- 3 Yes, 2 or 3 times
- 4 Yes, 4 times or more

8. Before your child was admitted, were you invited to visit the hospital and meet the staff?

- 1 Yes, and we did visit → Go to 9
- 2 Yes, but we did not visit → Go to 10
- 3 No, and we would have liked to have visited → Go to 10
- 4 No, but we did not want to visit → Go to 10

9. Did visiting the hospital and meeting the staff help your child when he/she was actually admitted?

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

All types of admission

10. Did you feel that your child had to wait a long time to get to a bed on a ward?

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

THE HOSPITAL AND WARD

11. For **most** of your child's stay in hospital, what type of ward were they on?

- 1 A children's ward
- 2 An adult ward
- 3 An adolescent or teenager ward
- 4 Other

12. What type of ward would you **prefer** your child to stay on?

- 1 A children's ward
- 2 An adult ward
- 3 An adolescent or teenager ward
- 4 Other

13. In your opinion, how clean was the hospital room or ward that your child was in?

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

14. How clean were the toilets and bathrooms that your child used in hospital?

- 1 Very clean
- 2 Fairly clean
- 3 Not very clean
- 4 Not at all clean
- 5 She/he did not use a toilet or bathroom

15. In your opinion, did the ward look nicely decorated?

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

16. Were there enough toys and/or entertainment facilities on the ward?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 My child was not able to use these facilities
- 5 My child did not need/want to use these facilities

17. How would you rate the toys and/or entertainment facilities on the ward?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 My child was not able to use these facilities
- 6 My child did not need/want to use these facilities

18. Was your child ever bored during his/her stay in hospital?

- 1 Yes, most or all of the time
- 2 Some of the time
- 3 Hardly ever or not at all

19. How would you rate the hospital food your child was given?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 She/he did not have any hospital food

20. Did you feel that the hospital ward was a safe and secure place?

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

21. Was your child ever bothered by noise from other patients?

- 1 Yes
- 2 No

22. Was your child ever bothered by noise from hospital staff?

- 1 Yes
- 2 No

23. Did your child stay overnight in hospital?

- 1 Yes → Go to 24
- 2 No → Go to 28

24. Did your child have a chance to see a play leader during her or his hospital stay?

- 1 Yes
- 2 No
- 3 He or she did not need/want to see a play leader
- 4 I did not know there was a play leader

25. Was your child given help with his/her education while in hospital?

- 1 Yes
- 2 No, but it was needed
- 3 He or she did not need help with education

26. Did you think the visiting hours were...?

- 1 Not strict enough
- 2 About right
- 3 Too strict
- 4 I did not know the visiting hours

27. Did you feel friends or other relatives were welcome to visit your child?

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

DOCTORS

28. Did doctors give **you (the parent or guardian)** information about your child's care and treatment in a way that you could understand?

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

29. Did doctors give **your child** information about his or her care and treatment in a way that he/she could understand?

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

30. If you had any worries or fears about your child's condition or treatment, did a doctor discuss them with you?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 I did not have worries or fears

31. Did you have confidence and trust in the doctors treating your child?

- 1 Yes, always
2 Yes, sometimes
3 No

32. Did doctors talk in front of you as if you were not there?

- 1 Yes, often
2 Yes, sometimes
3 No

33. In your opinion, did the doctor(s) who treated your child know enough about her/his condition or treatment?

- 1 All the doctors knew enough
2 Most of the doctors knew enough
3 Only some of the doctors knew enough
4 None of the doctors knew enough
5 Can't say

NURSES

34. Did nurses give **you (the parent or guardian)** information about your child's care and treatment in a way that you could understand?

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

35. Did nurses give **your child** information about his or her care and treatment in a way that he/she could understand?

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

36. If you had any worries or fears about your child's condition or treatment, did a nurse discuss them with you?

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No
- 4 I did not have worries or fears

37. Did you have confidence and trust in the nurses treating your child?

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

38. While your child was in hospital, did nurses give her or him emotional support and comfort when she/he needed it?

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

39. Did nurses talk in front of you as if you were not there?

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

40. In your opinion, were there enough nurses on duty to care for your child in hospital?

- 1 There were always or nearly always enough nurses
- 2 There were sometimes enough nurses
- 3 There were rarely or never enough nurses

41. In your opinion, did the nurses who treated your child know enough about their condition or treatment?

- 1 All of the nurses knew enough
- 2 Most of the nurses knew enough
- 3 Only some of the nurses knew enough
- 4 None of the nurses knew enough
- 5 Can't say

YOUR CHILD'S CARE AND TREATMENT

42. Sometimes in a hospital, a member of staff will say one thing and another will say something quite different. Did this happen to you during your child's hospital stay?

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

43. Were **you** (as a parent or guardian) involved as much as you wanted to be in decisions about your child's care and treatment?

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

44. Was **your child** involved as much as he/she wanted to be in decisions about his/her care and treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 He/she was not able to be involved

45. How much did you participate in your child's care, such as feeding or bathing?

- 1 Not enough
- 2 The right amount
- 3 Too much
- 4 It was not necessary

46. Were you and your child given enough privacy when discussing your child's condition or treatment?

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

47. Was your child given enough privacy when she/he was being examined or treated?

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

48. When your child needed help from staff in using the bathroom or toilet, did he/she get it in time?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 He/she did not need help from staff

49. When your child needed help from staff in eating meals, did he/she get it at the time it was needed?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 He/she did not need help from staff

50. How many minutes after you or your child used the call button did it usually take before he/she got the help they needed?

- 1 0 minutes/right away
- 2 1-2 minutes
- 3 3-5 minutes
- 4 More than 5 minutes
- 5 I/we never got help when I used the call button
- 6 I/we never used the call button

PAIN

51. Was your child ever in any pain?

- 1 Yes → Go to 52
- 2 No → Go to 54

52. During your child's stay in hospital, how much of the time was your child in pain?

- 1 All or most of the time
- 2 Some of the time
- 3 Occasionally

53. Do you think the hospital staff did everything they could to help control your child's pain?

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

OPERATIONS AND PROCEDURES

54. During his or her stay in hospital, did your child have an operation?

- 1 Yes → Go to 55
2 No → Go to 62

55. Before the operation, did the surgeon explain to **you (the parent or guardian)** what would be done during the operation?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 It was explained by someone else
5 I did not want an explanation

56. Before the operation, did the surgeon explain to **your child** what would be done during the operation?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 It was explained by someone else
5 My child was not able to understand

57. Before the operation, did the surgeon explain the risks and benefits of the surgery to you **(the parent or guardian)** in a way you could understand?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 It was explained by someone else
5 I did not want an explanation

58. Before the operation, did the surgeon or any of the other doctors answer your questions about the surgery in a way you could understand?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 It was explained by someone else
5 I did not have any questions

59. Before the operation, did a doctor or nurse discuss your child's worries or fears about the surgery or operation with **your child**?

- 1 Yes, completely
2 Yes, to some extent
3 No
4 It was explained by someone else
5 My child did not have any worries or fears
6 It was not necessary

60. Before the operation, did a doctor or nurse explain accurately how your child would feel after surgery?

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

61. After the operation, did the surgeon or any of the other doctors explain how the operation had gone in a way you could understand?

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

LEAVING HOSPITAL

62. Do you feel your child was discharged too early, at the right time, or too late?

- 1 Too early
- 2 At the right time
- 3 Too late

63. On the day you left hospital, was your child's discharge delayed for any reason?

- 1 Yes → Go to 64
- 2 No → Go to 66

64. What was the **main** reason for the delay? (Tick **ONE** only)

- 1 He/she had to wait for **medicines**
- 2 He/she had to wait to **see the doctor**
- 3 He/she had to wait for an **ambulance**
- 4 Something else

65. How long was the delay?

- 1 Up to 1 hour
- 2 Longer than 1 hour but no longer than 2 hours
- 3 Longer than 2 hours but no longer than 4 hours
- 4 Longer than 4 hours

66. Did a member of staff explain the **purpose** of the medicines your child was given to take at home in a way you could understand?

- 1 Yes, completely → Go to 67
- 2 Yes, to some extent → Go to 67
- 3 No → Go to 67
- 4 I/we did not need an explanation → Go to 67
- 5 My child was not given any medicines → Go to 69

67. Did a member of staff tell you about medication **side effects** to watch for when you went home?

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

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

- 1 Yes, enough information
- 2 Some, but not enough
- 3 No information at all, and I wanted some
- 4 I did not need/want any information

69. Did a member of staff tell you about what danger signals you should watch for after your child went home?

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

70. Did someone tell you when your child could carry on his or her usual activities, such as playing sport or returning to school?

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

71. Did hospital staff tell you what to do or who to contact if you were worried about your child's condition or treatment after he/she left hospital?

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

72. Did hospital staff arrange the services your child would need after leaving hospital? (e.g. district nurse, social worker, occupational therapist)

- 1 Yes
2 No but these services were needed
3 It was not necessary

OVERALL

73. Did you feel that you and your child were treated with respect and dignity while she/he was in the hospital?

- 1 Yes, always
2 Yes, sometimes
3 No

74. How would you rate how well the doctors and nurses worked together?

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

75. Overall, how would you rate the care your child received?

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

ABOUT YOUR CHILD

76. Is **your child** male or female?

- 1 Male
2 Female

77. What is **your child's** year of birth?

(Please write in) e.g.

1	9	9	7
---	---	---	---

--	--	--	--

78. Do you consider your child to be disabled?

- 1 Yes
2 No

79. How many times **including this admission** has your child been admitted to hospital in the past six months?

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

80. Up to **this point** in the questionnaire, who was the **main** person or people that filled it in?

- 1 The **young person** who was a patient in the hospital
2 The parent or **guardian** of the patient
3 Both patient and parent/guardian together
4 Someone else

81. To which of these ethnic groups would you say your **child** belongs? (Tick **ONE** only)

a. WHITE

- 1 British
2 Irish
3 Any other White background
(Please write in box)

b. MIXED

- 4 White and Black Caribbean
5 White and Black African
6 White and Asian
7 Any other Mixed background
(Please write in box)

c. ASIAN OR ASIAN BRITISH

- 8 Indian
9 Pakistani
10 Bangladeshi
11 Any other Asian background
(Please write in box)

d. BLACK OR BLACK BRITISH

- 12 Caribbean
13 African
14 Any other Black background
(Please write in box)

e. CHINESE OR OTHER ETHNIC GROUP

- 15 Chinese
16 Any other ethnic group
(Please write in box)

PARENTS AND CARERS

This section should be completed by a parent or guardian if they accompanied the child or young person to hospital.

82. Were you able to buy cooked meals for yourself on the hospital premises?

- 1 Yes, as often as I wanted
2 Yes, but not as often as I wanted
3 No

83. Did you have access to tea and coffee making facilities while you were on the ward?

- 1 Yes
2 No, but I would have liked them
3 No, but I did not mind

84. Did you ever want to stay overnight with your child?

- 1 Yes → **Go to 85**
2 No → **Go to 88**

85. Were you given the chance to stay overnight when you wanted to?

- 1 Yes, always → **Go to 86**
2 Yes, sometimes → **Go to 86**
3 No → **Go to 88**

86. How would you rate the facilities for parents or guardians staying overnight?

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

87. Were you offered a bed near your child?

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

88. Were you ever bothered by noise from **other patients**?

- 1 Yes
2 No

89. Were you ever bothered by noise from **hospital staff**?

- 1 Yes
2 No

OTHER COMMENTS

If there is anything else you would like to tell us about your child's stay in hospital, please do so here.

Was there anything particularly good about your child's hospital care?

Was there anything that could be improved?

Any other comments?

THANK YOU VERY MUCH FOR YOUR HELP

Please check that you answered all the questions that apply to you.

Please post this questionnaire back in the FREEPOST envelope provided.

No stamp is needed.