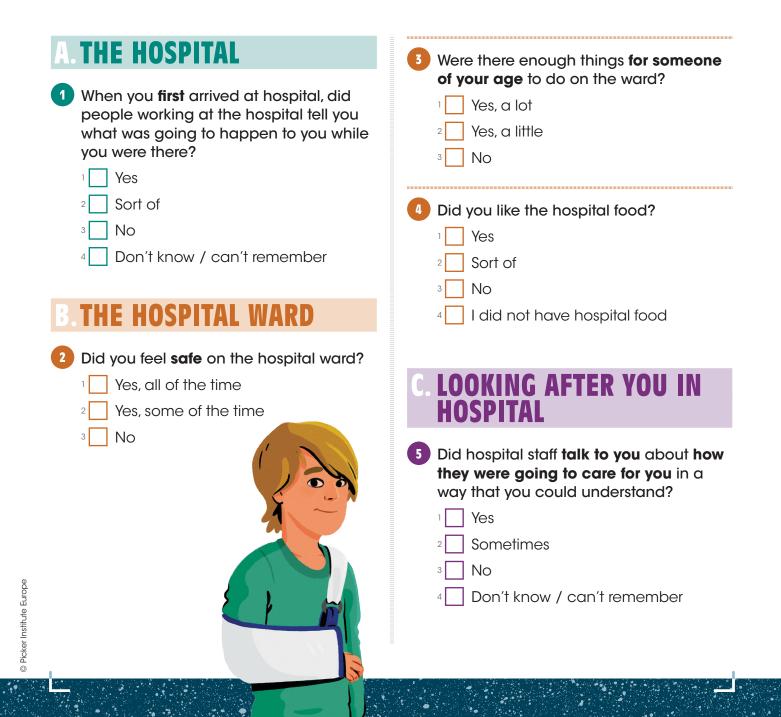




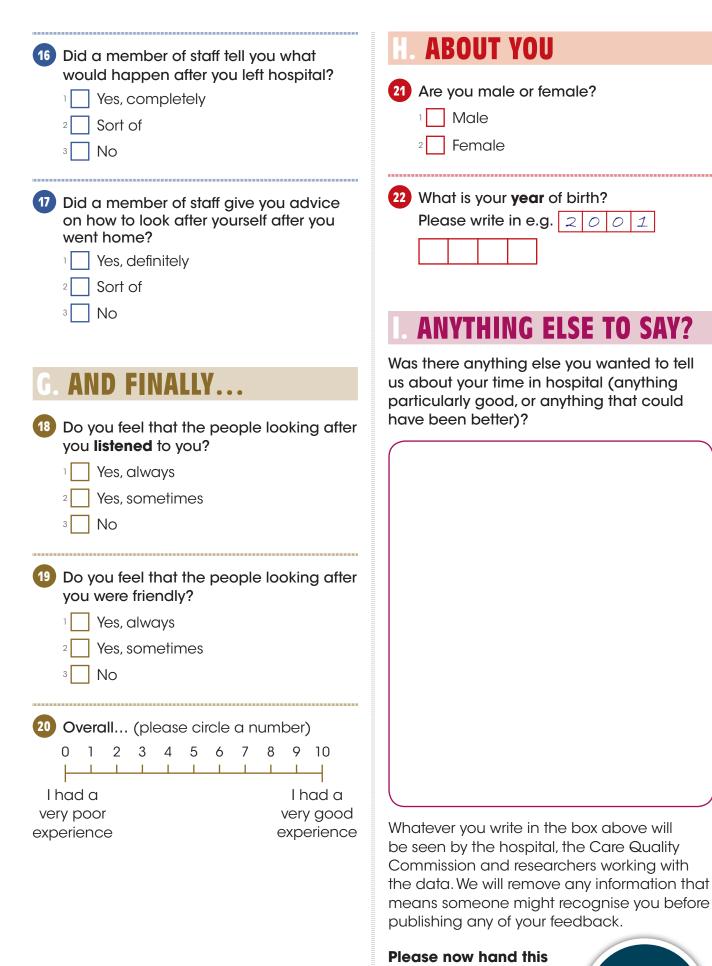
YOUNG PERSON'S QUESTIONS

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.



Were you invol your care and	ved in decisions about treatment?	E OPERATIC PROCEDU	
		12 During your tin	ne in hospital, did you
² A little bit		have an opera	ation or procedure (such
³ No		as having you	r tonsils taken out)?
⁴ I did not v	vant to be involved	Yes	Go to Question
		2 No	Go to Question
	worries, did someone at	Befere the end	oration or proceedure did
the hospital talk with you about them?		Before the operation or procedure, dic hospital staff tell you what would be	
		done?	
² Sort of		Yes	
³ No		² Sort of	
⁴ I did not h	nave any worries	3 No	
Did staff talk to each other about you as if you weren't there?		Afterwards, did someone from the	
Yes, defini			in to you how the
² Sort of		way you could	procedure had gone in a d understand?
-			
3 No		2 Sort of	
-	n enough privacy when	³ No	
	iving care and treatment?		
Yes, always			
² Yes, some	times	F. LEAVING	NUSPITAL
³ No		15 Did someone thospital tell yo to do or who to you were worri	ou what o talk to if
PAIN		anything wher	
Did your cond	ition ever cause you pain	got home?	
while you were	in hospital?		
1 Yes	Go to Question 11	² Sort of	
² No	Go to Question 12	³ No	
		⁴ Don't kno can't rem	
Do you think th	ne hospital staff did	can rem	
everything they could to help your			
pain?			
¹ Yes			
² Sort of			
³ No			

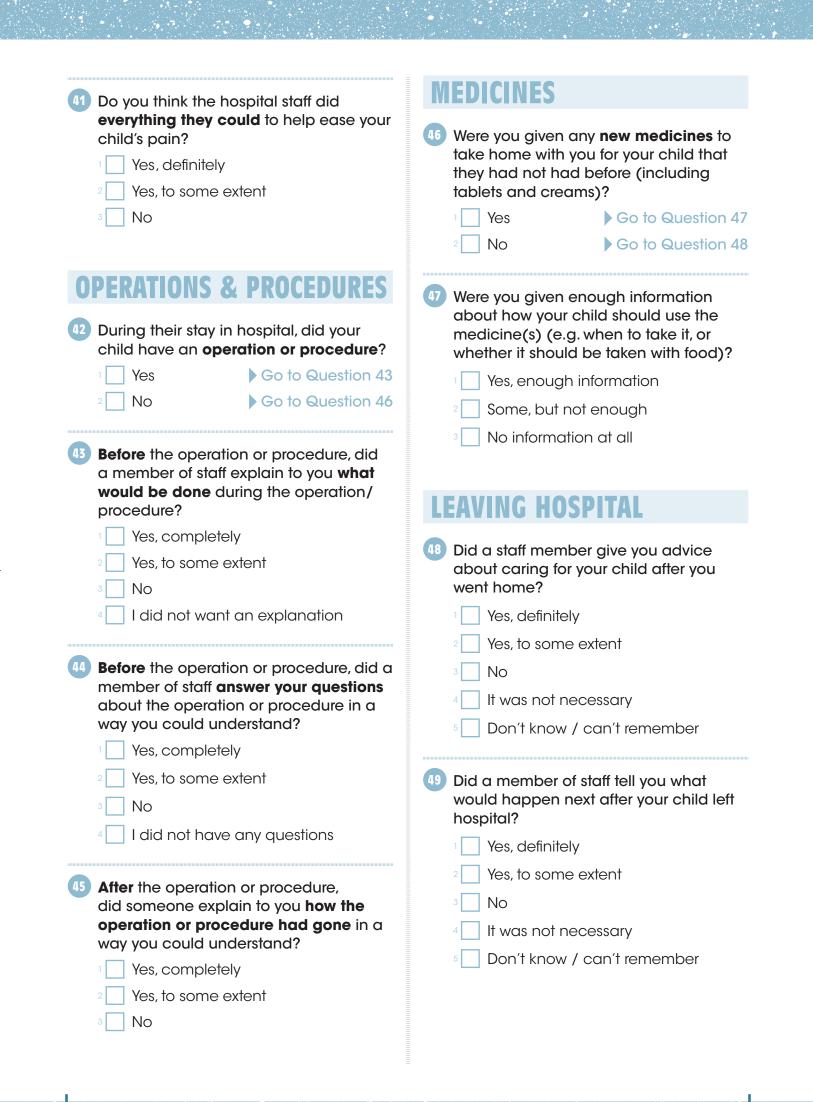


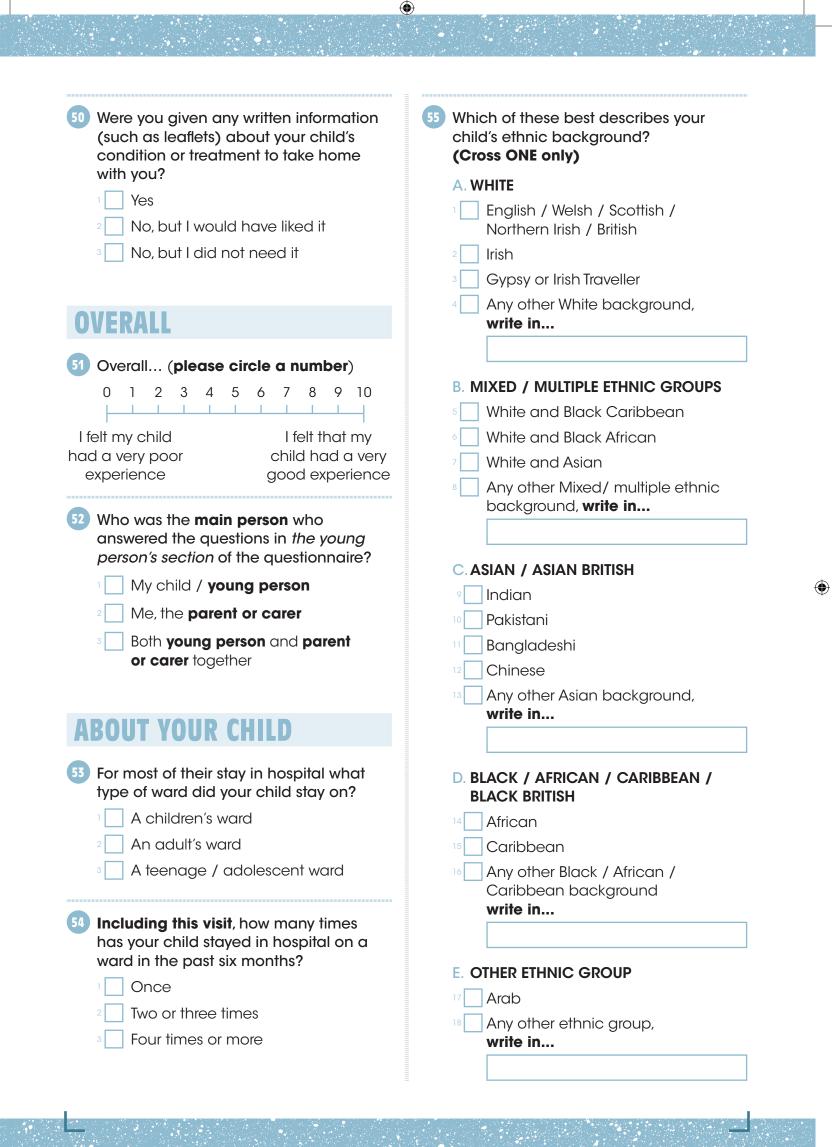
Please now hand this survey to your parent or carer so they can fill out the following questions.



ARER who accompanied the oung person to hospital	 HOSPITAL STAFF Did members of staff treating your child, give you information about their care 	
Please note: these questions are about your child's most recent stay	and treatment in a way that you could understand?	
in hospital.	² Yes, to some extent	
Was your child's visit to hospital planned or an emergency?	28 Did a member of staff agree a plan for	
Emergency (went to A&E / Casualty	your child's care with you?	
/ came by ambulance etc)		
² Planned visit / was on the waiting list	2 No	
	Don't know / can't remember	
Did hospital staff tell you what was going		
to happen to your child while they were in hospital?	29 Did you have confidence and trust	
Yes, definitely	in the members of staff treating your	
² Yes, to some extent	child?	
³ No	Yes, always	
Don't know / can't remember	² Yes, sometimes	
	3 No	
THE HOSPITAL WARD	30 Were you encouraged to be involved in decisions about your child's care and	
	treatment?	
Did the ward where your child stayed have appropriate equipment or	Yes, definitely	
adaptations for your child?	² Yes, to some extent	
Yes, definitely	3 No	
² Yes, to some extent		
3 No	31 Did hospital staff keep you informed	
Don't know / can't remember	about what was happening whilst your	
⁵ They did not need equipment or	child was in hospital?	
adaptations	Yes, definitely	
	² Yes, to some extent	
6 How clean do you think the hospital room	3 No	
or ward was that your child was in?	⁴ Don't know / can't remember	
Very clean		
2 Quite clean		
³ Not very clean		
⁴ Not at all clean		

Did staff ask you if you had any questions about your child's care?	FACILITIES FOR PARENTS & CARERS
 Yes, definitely Yes, to some extent 	 Did you have access to hot drinks facilities in the hospital?
 No I did not want / need to ask any questions 	(Cross ALL that apply) Yes, I used a kitchen area/parents room attached to the wards
5 Don't know / can't remember	² Yes, I used a hospital café/ vending machine
Were the different members of staff caring for and treating your child aware of their medical history?	 I was allowed to use the staff room I was offered drinks by members of staff
 Yes, definitely Yes, to some extent 	5 No
	38 Did you ever stay overnight in hospital
Don't know / can't remember	with your child?
 Did you feel that staff looking after your child knew how to care for their individual or special needs? Yes, definitely Yes, to some extent No 	 2 No, but I wanted to Co to Question 44 3 No, but I did not want or need to Co to Question 44 4 My child did not stay overnight Co to Question 44
Don't know / can't remember	39 How would you rate the facilities for parents or carers staying overnight?
35 Were members of staff available when your child needed attention?	Very good
Yes, always	₃ Fair
 ² Yes, sometimes ³ No 	4 Poor 5 Very poor
Did the members of staff caring for your child work well together? Yes, definitely	PAIN
² Yes, to some extent	40 Did your child's condition cause them any pain while they were in hospital?
 No Don't know / can't remember 	1 Yes Go to Question 4 2 No Go to Question 4





56 Does your child have any of the following long-standing conditions? (Cross ALL that apply) Deafness or severe hearing impairment Go to Question 57 Blindness or partially sighted Go to Question 57 Any other long-standing physical Go to Question 57 disability A learning disability Go to Question 57 A mental health condition Go to Question 57 Another long-standing condition eg. cancer, diabetes, epilepsy (please specify): Go to Question 57 No long-standing condition Go to ANYTHING ELSE TO SAY Does this condition(s) cause your child difficulty with any of the following? (Cross ALL that apply) Everyday activities that people his / her age can usually do In education or training Access to buildings, streets or vehicles Reading or writing People's attitude to your child because of their condition Communicating, mixing with others or socialising Any other activity

No difficulty with any of these

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.



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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: