

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 the 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?
 - 1 Yes
 - 2 No
 - 3 Don't know / can't remember
3. Did the hospital change your child's admission date at all?
 - 1 No
 - 2 Yes, once
 - 3 Yes, a few times
 - 4 Don't know / can't remember

THE HOSPITAL WARD

4. 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

5. 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
6. 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
7. Was your child given enough privacy when receiving care and treatment?
 - 1 Yes, always
 - 2 Yes, sometimes
 - 3 No
8. Were there enough things for your child to do in the hospital?
 - 1 Yes, definitely
 - 2 Yes, to some extent
 - 3 No
 - 4 Can't remember / did not notice
9. Did staff play with your child at all while they were in hospital?
 - 1 Yes
 - 2 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

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

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

11. 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

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

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

13. 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

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

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

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

- 1 Yes, definitely →Go to Question 16
- 2 Yes, to some extent →Go to Question 16
- 3 No →Go to Question 16
- 4 I did not want to be involved
→Go to Question 17

16. 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

17. 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

18. 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

19. Did different staff give you conflicting information?

- 1 Yes, a lot
- 2 Yes, sometimes
- 3 No, never

20. 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

21. 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

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

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

23. 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

HOSPITAL FOOD

24. Did your child like the hospital food provided?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 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**)

- 1 Yes, I used a kitchen area / parents room attached to the ward
- 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

26. 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

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

- 1 Yes [→ Go to Question 28](#)
- 2 No, but I wanted to [→ Go to Question 29](#)
- 3 No, but I did not want or need to [→ Go to Question 29](#)
- 4 My child did not stay overnight [→ Go to Question 29](#)

28. 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

29. 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 AND PROCEDURES

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

- 1 Yes → [Go to Question 31](#)
- 2 No → [Go to Question 35](#)

31. **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

32. **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

33. **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

34. **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

MEDICINES

35. 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 36](#)
- 2 No → [Go to Question 37](#)

36. 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

37. 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

38. Did a member of staff **tell you** who to talk to if you were worried about your child when you got home?

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

39. 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

40. 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

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

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

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

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

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

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

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

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

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

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

46. 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

ABOUT YOUR CHILD

47. Is your child male or female?

- 1 Male
- 2 Female

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

(Please write in)

e.g.

2 0 1 0

2 0

49. 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

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

- 1 Deafness or severe hearing impairment
→ Go to Question 51
- 2 Blindness or partially sighted
→ Go to Question 51
- 3 Any other long-standing physical disability
→ Go to Question 51
- 4 A learning disability
→ Go to Question 51
- 5 A mental health condition
→ Go to Question 51
- 6 Another long-standing condition (e.g. cancer, diabetes, epilepsy)
→ Go to Question 51
- 7 No long-standing condition
→ Go to Question 52

51. 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

52. 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 (anything particularly good, anything that could have been improved), please do so here:

Please note that the comments you provide in the box below 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**

Thanks very much for your help!

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