

# YOUNG PERSON'S QUESTIONS

## This section is about your stay at hospital

We want to hear about your most recent experience 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 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 Did you like the hospital food?

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



4 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

5 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

6 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

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

- 1  Yes ▶ Go to Question 8
- 2  No ▶ Go to Question 9
- 3  I did not have any questions ▶ Go to Question 9

8 Did the hospital staff answer your questions?

- 1  Yes
- 2  Sort of
- 3  No

9 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

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

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

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

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

12 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 didn't want to talk to them alone

## C. PAIN

13 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

14 During your time in hospital, did you have any **operations or procedures** (such as having your tonsils taken out)?

- 1  Yes ▶ Go to Question 15
- 2  No ▶ Go to Question 17

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

- 1  Yes
- 2  Sort of
- 3  No

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

- 1  Yes
- 2  Sort of
- 3  No



## E. LEAVING HOSPITAL

17 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

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

- 1  Yes
- 2  Sort of
- 3  No

19 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...

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

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

21 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

22 Are you male or female?

- 1  Male
- 2  Female

23 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 stay** in hospital.

**24** 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

## THE HOSPITAL WARD

**25** 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

**26** 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

**27** 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

**28** 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

**29** 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

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

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

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

- 1  Yes, definitely [▶ Go to Question 32](#)
- 2  Yes, to some extent [▶ Go to Question 32](#)
- 3  No [▶ Go to Question 32](#)
- 4  I did not want to be involved [▶ Go to Question 33](#)

**32** 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

**33** 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

**34** 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

**35** 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

**36** Did you feel that staff looking after you and 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

**37** Were members of staff available when your child needed attention?

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

**38** 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

## FACILITIES FOR PARENTS & CARERS

**39** 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

**40** 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

**41** Did you ever stay overnight in hospital with your child?

- 1  Yes [▶ Go to Question 42](#)
- 2  No, but I wanted to [▶ Go to Question 43](#)
- 3  No, but I did not want or need to [▶ Go to Question 43](#)
- 4  My child did not stay overnight [▶ Go to Question 43](#)

**42** 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

43 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

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

- 1  Yes ▶ Go to Question 45
- 2  No ▶ Go to Question 49

45 **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

46 **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

47 **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

48 **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

49 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 50
- 2  No ▶ Go to Question 51

50 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

51 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

52 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

53 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

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

- 1  Yes, always  
2  Yes, sometimes  
3  No

55 Overall... (please circle a number)



I felt my child had a very poor experience

I felt that my child had a very good experience

56 Who was the main person who answered the questions in the children's section of the questionnaire?

- 1  My child / **young person**  
2  Me, the **parent or carer**  
3  Both **young person** and **parent or carer** together

## ABOUT YOUR CHILD

57 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

58 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...**

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

- 1  Deafness or severe hearing impairment ▶ **Go to Question 60**
- 2  Blindness or partially sighted ▶ **Go to Question 60**
- 3  Any other long-standing physical disability ▶ **Go to Question 60**
- 4  A learning disability ▶ **Go to Question 60**
- 5  A mental health condition ▶ **Go to Question 60**
- 6  Another long-standing condition eg. cancer, diabetes, epilepsy ▶ **Go to Question 60**
- 7  No long-standing condition ▶ **Go to ANYTHING ELSE TO SAY**

**60** 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

## 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**

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

**Thank  
you!**