

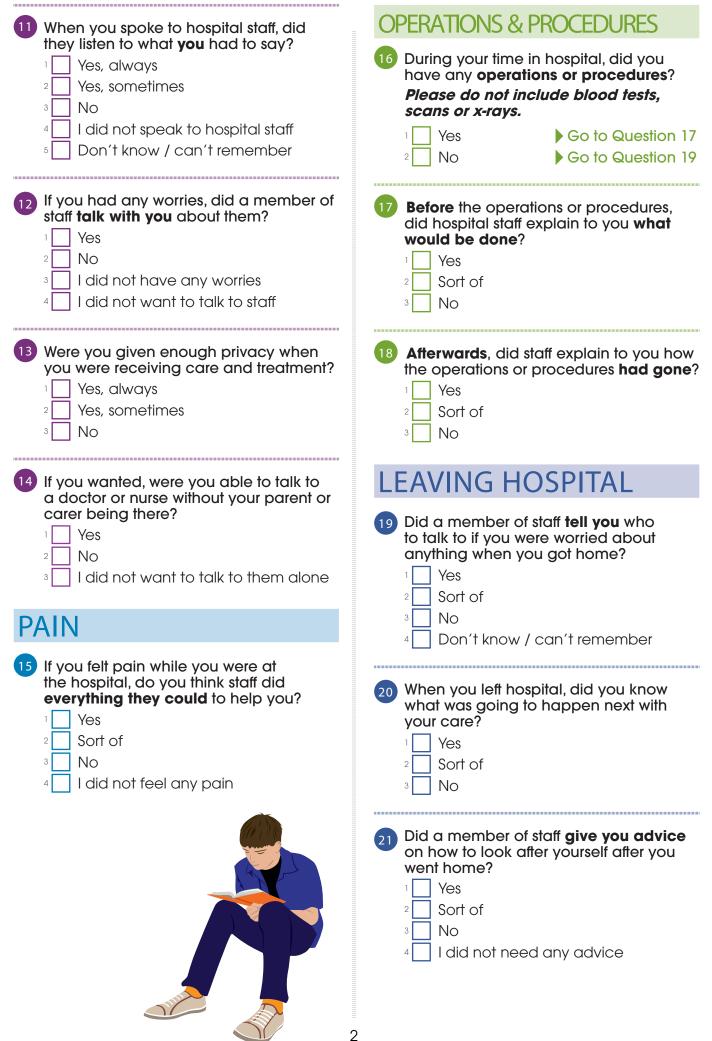
Picker

YOUNG PEOPLE'S SECTION

This section is about your visit to hospital

We want to hear about your most recent experience at hospital. For each question please cross X clearly inside one box using a black or blue pen. If you have any questions, please ask your parent or carer to use the helpline number or email address given in the letter enclosed with this questionnaire.

THE HOSPITAL WARD	LOOKING AFTER YOU IN HOSPITAL
 Was the ward suitable for someone of your age? Yes Sort of No 	 Did hospital staff talk with you about how they were going to care for you? 1 Yes 2 Sort of 3 No
 Were there enough things for you to do in the hospital? 1 Yes 2 Sort of 3 No 	 Don't know / can't remember When the hospital staff spoke with you, did you understand what they said? Yes, always Yes, sometimes
 If you used the hospital Wi-Fi, was it good enough to do what you wanted? 1 Yes, always 2 Yes, sometimes 3 No 4 I did not use Wi-Fi 4 Did you like the hospital food?	 No Don't know / can't remember Did you feel able to ask staff questions? Yes Go to Question 9 No Go to Question 10 I did not have any questions Go to Question 10
 Yes Sort of No I did not have hospital food 5 Was it quiet enough for you to sleep when needed in the hospital?	 Did the hospital staff answer your questions? 1 Yes 2 Sort of 3 No
 Yes, always Yes, sometimes No I did not need to sleep in the hospital 	 Were you involved in decisions about your care and treatment? Yes, a lot Yes, a little No I did not want to be involved



AND FINALLY...



for children and young people that frequently visit hospital for ongoing care. You may not need to answer it.



- Yes
- Sort of
- ³ No

2

4

5

- I'm not moving to adult services
- I don't know if I'm moving to adult services

ABOUT YOU

How old are you today?

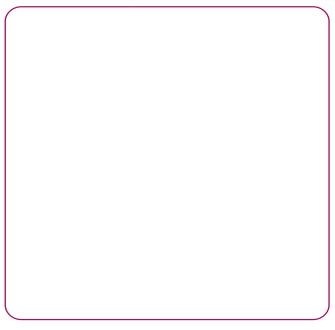
_ years old



 What best describes your gender? Female Male Non-binary A gender not listed here
 5 Unsure how to describe myself 6 Prefer not to say
 Is your gender the same as the sex you were given at birth? Yes No Prefer not to say

ANYTHING ELSE TO SAY?

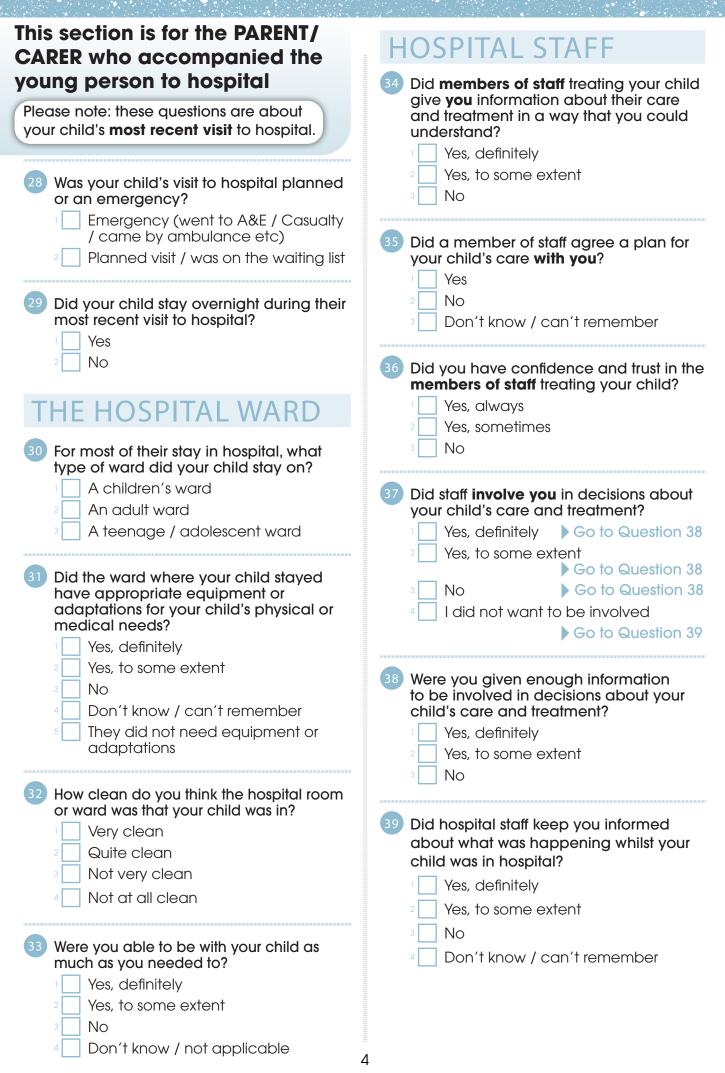
Was there anything else you wanted to tell us about your time in hospital (anything particularly good, or anything that could have been better)?



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.

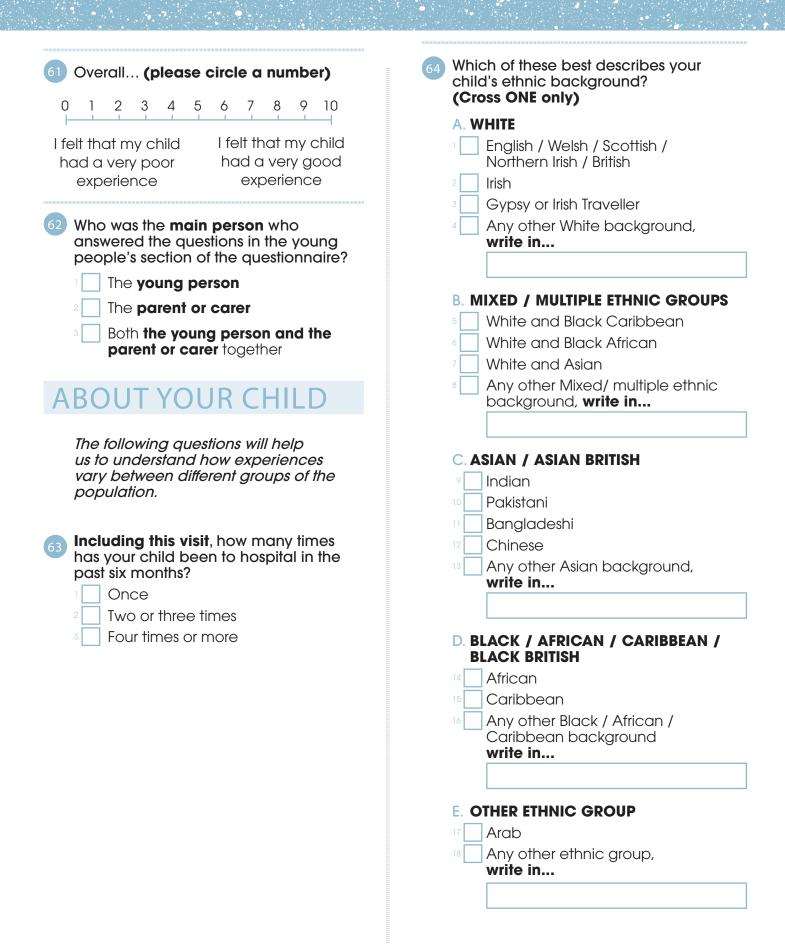
Please now hand this survey to your parent or carer so they can fill out the following questions.





• · · · · · · · · · · · · · · · · · · ·	FACILITIES
40 Were you able to ask staff any questions you had about your child's care?	IACILITILS
Yes, definitely	46) Did you have access to hot drinks
² Yes, to some extent	facilities in the hospital?
	(Cross ALL that apply)
I did not want / need to ask any	Yes, I used a kitchen area/parents room attached to the wards
questions	
5 Don't know / can't remember	² Yes, I used a hospital café/ vending machine
	³ I was allowed to use the staff room
41 Were the different members of staff caring for and treating your child aware of their medical history?	 I was offered drinks by members of staff No
Yes, definitely	
² Yes, to some extent	
	47 Were you able to prepare food in the hospital if you wanted to?
Don't know / not applicable	
	Yes, definitely
	² Yes, to some extent
42 Did you feel that staff looking after your child knew how to care for their needs?	
	I did not want to prepare food
Yes, definitely	
	48 Did you stay overnight with your child
	during their most recent visit to hospital?
⁴ Don't know / not applicable	Yes Go to Question 49
	² No Go to Question 50
43 Were members of staff available when	 My child did not stay overnight Go to Question 50
your child needed attention?	
Yes, always	
² Yes, sometimes	49 How would you rate the facilities for
	parents or carers staying overnight?
⁴ Don't know / not applicable	Very good
44 Did the members of staff caring for your	
child work well together?	⁴ Poor
Yes, definitely	5 Very poor
² Yes, to some extent	
3 No	PAIN
Don't know / not applicable	
	50 If your child felt pain while they were
45 If you had been unhappy with your	at the hospital, do you think staff did
child's care and treatment, do you feel	everything they could to help them?
that you could have told hospital staff?	Yes, definitely
Yes, always	² Yes, to some extent
² Yes, sometimes	3 No
3 📃 No	My child did not feel any pain

OPERATIONS & PROCEDURES	LEAVING HOSPITAL
 During their stay in hospital, did your child have any operations or procedures? Please do not include blood tests, scans or x-rays. Yes Go to Question 52 No 	 Did a staff member give you advice about caring for your child after you went home? Yes, definitely Yes, to some extent No
 Before your child had any operations or procedures, did a member of staff explain to you what would be done? Yes, completely Yes, to some extent No I did not want an explanation 	 It was not necessary Don't know / can't remember When you left hospital, did you know what was going to happen next with your child's care? Yes, definitely Yes, to some extent No
 53 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 54 During any operations or procedures, did staff play with your child or do	 It was not necessary Were you given any written information (such as leaflets) about your child's condition or treatment to take home with you? Yes No, but I would have liked it No, but I did not need it
 anything to distract them? Yes, definitely Yes, to some extent No It was not necessary 55 Afterwards, did staff explain to you how the operations or procedures had gone? Yes, completely Yes, to some extent No I did not want an explanation 	 OVERALL 59 Do you feel that you (the parent/carer) were well looked after by hospital staff? 1 Yes, always 2 Yes, sometimes 3 No 60 Were you treated with dignity and respect by the people looking after your child? 1 Yes, always 2 Yes, sometimes 3 No



 Does your child have any period Does your child have any period or illnesses that have lasted expected to last 12 months 1 Yes a Got a No Coto ANYTHING 	ohvsical or
 Does your child have any of following? (Select ALL compared or are expected and the second of the second	Crohn's disease ch as asthma ht ears on, such as lity, such as der (ASD)
67 Do any of these reduce yo ability to carry out day-to-o 1 Yes, a lot 2 Yes, a little	ur child's

No, not at all

Please note that the comments you provide will be looked at in full by the NHS Trust, CQC and researchers analysing the data. We will remove any information that could identify you before publishing any of your feedback. Your details will only be passed back to the NHS Trust if your comments in this section raise concerns for your own or others' safety and wellbeing.

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.



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: