

This section is about your visit to hospital

We want to hear about your most recent experience at 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 to use the helpline number or email address given in the letter enclosed with this questionnaire.

STAYING IN HOSPITAL

- 1 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
- 2 On the hospital ward, were you around people your own age?
 - 1 ☐ Yes
 - 2 ☐ No
 - 3 ☐ I stayed in a private room
 - 4 ☐ Don't know / can't remember
- 3 If you stayed overnight, did anything stop you from sleeping? **Please cross X in all the boxes that apply to you.**
 - 1 ☐ Noise from other people
 - 2 ☐ Noise from medical equipment
 - 3 ☐ Hospital lighting
 - 4 ☐ Room temperature
 - 5 ☐ Something else
 - 6 ☐ I was not stopped from sleeping
 - 7 ☐ I did not stay overnight



- 4 How suitable was the ward for someone your age?
 - 1 ☐ Very
 - 2 ☐ Sort of
 - 3 ☐ Not at all
- 5 Was there enough choice of hospital food?
 - 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ I did not have any hospital food
- 6 Were you able to get hospital food when it wasn't a mealtime?
 - 1 ☐ Yes, always
 - 2 ☐ Yes, sometimes
 - 3 ☐ No
 - 4 ☐ I didn't ask for hospital food

LOOKING AFTER YOU IN HOSPITAL

- 7 Did staff give you any activities to do while you were in hospital? **This includes things you did by yourself, in a group or with staff.**
 - 1 ☐ Yes, as much as I wanted
 - 2 ☐ Not as much as I wanted
 - 3 ☐ No, not at all
 - 4 ☐ I did not want or need them to
- 8 Do you think the staff did everything they could to help with any pain you felt?
 - 1 ☐ Yes, definitely
 - 2 ☐ Yes, sort of
 - 3 ☐ No
 - 4 ☐ I did not feel any pain



9 Were you involved in decisions about your care and treatment as much as you wanted to be?

- 1 ☐ Yes
- 2 ☐ No
- 3 ☐ I did not want to be involved

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

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

11 How friendly were the staff looking after you?

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



TALKING TO HOSPITAL STAFF

12 How well did staff explain your care and treatment to you?

- 1 ☐ Very well
- 2 ☐ Quite well
- 3 ☐ Not at all well
- 4 ☐ Staff did not explain this to me
- 5 ☐ Don't know / can't remember

13 Did staff talk to you in a way you understood?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ Don't know / can't remember

14 Did you feel able to ask staff questions?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not have any questions

15 Did you feel like staff listened to what you had to say?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not speak to staff
- 5 ☐ Don't know / can't remember

16 Were you able to talk to staff without your parent or carer being there?

- 1 ☐ Yes, as much as I wanted
- 2 ☐ Not as much as I wanted
- 3 ☐ No, not at all
- 4 ☐ I did not want to talk to them alone

17 Did staff take the time to listen to your fears or worries?

- 1 ☐ Yes, always ▶ [Go to Question 18](#)
- 2 ☐ Yes, sometimes ▶ [Go to Question 18](#)
- 3 ☐ No ▶ [Go to Question 19](#)
- 4 ☐ I did not have any fears or worries
▶ [Go to Question 19](#)

18 Did staff try to help you with your fears or worries?

- 1 ☐ Yes, always
- 2 ☐ Yes, sometimes
- 3 ☐ No
- 4 ☐ I did not want staff to help with my fears or worries

THE WAITING AREA

19 Did you have to wait in a hospital waiting area?

- 1 ☐ Yes ▶ [Go to Question 20](#)
- 2 ☐ No ▶ [Go to Question 21](#)
- 3 ☐ Don't know / can't remember
▶ [Go to Question 21](#)

20 Did any of the following bother you when you were in the waiting area? **Please cross X in all the boxes that apply to you.**

- 1 ☐ How long you had to wait
- 2 ☐ Noise from other people
- 3 ☐ Not having enough to do
- 4 ☐ Not knowing what was happening
- 5 ☐ Something else
- 6 ☐ Nothing bothered me



OPERATIONS & PROCEDURES

Staff may have used the words *operation* or *procedure* to talk about your treatment. When answering the questions below, please remember that both words mean the same thing.

- 21** In hospital, did you have any operations or procedures? **Please do not include blood tests, scans or x-rays.**

- 1 ☐ Yes ▶ Go to Question 22
2 ☐ No ▶ Go to Question 24

- 22** Before the operations or procedures, how well did staff explain what would be done?

- 1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well
4 ☐ Staff did not explain this

- 23** Afterwards, how well did staff explain how the operations or procedures had gone?

- 1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well
4 ☐ Staff did not explain this

LEAVING HOSPITAL

- 24** When you left hospital, did you know what was going to happen next with your care and treatment?

- 1 ☐ Yes, definitely
2 ☐ Yes, sort of
3 ☐ No

- 25** Did a member of staff tell you who to talk to if you were worried about anything when you got home?

- 1 ☐ Yes
2 ☐ No
3 ☐ They told my parent / carer instead
4 ☐ Don't know / can't remember

AND FINALLY...

- 26** Overall, how well were you looked after in hospital?

- 1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well



ABOUT YOU

- 27** How old are you today?
_____ years old

- 28** What best describes your gender?

- 1 ☐ Female
2 ☐ Male
3 ☐ Non-binary
4 ☐ A gender not listed here
5 ☐ Unsure how to describe myself
6 ☐ Prefer not to say

- 29** Is your gender the same as the sex you were given at birth?

- 1 ☐ Yes
2 ☐ No
3 ☐ Prefer not to say

ANYTHING ELSE TO SAY?

Is there anything else you want to share about your time in hospital? For example, anything really good or 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.

THANK YOU!

This section is for the PARENT/ CARER who accompanied the child to hospital

Please note: these questions are about your child's **most recent visit** to hospital.

30 Did your child stay overnight during their most recent visit to hospital?

- 1 ☐ Yes
2 ☐ No

31 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 WAITING AREA

32 If your child had to wait in a hospital waiting area, where was this?

*Please select **all** that apply.*

- 1 ☐ In A&E / Casualty ▶ [Go to Question 33](#)
2 ☐ On the ward ▶ [Go to Question 33](#)
3 ☐ Anywhere else in hospital
▶ [Go to Question 33](#)
4 ☐ My child did not have to wait
▶ [Go to Question 34](#)

33 When you were waiting, was your child able to get help from staff if they needed it?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ My child did not need help while waiting

THE HOSPITAL WARD

34 For most of their stay in hospital, what type of ward did your child stay on?

- 1 ☐ A children's ward
2 ☐ A teenage / adolescent ward
3 ☐ An adult ward
4 ☐ Don't know / can't remember

35 How clean was the hospital room or ward?

- 1 ☐ Very clean
2 ☐ Quite clean
3 ☐ Not very clean
4 ☐ Not at all clean

36 Were you able to be with your child as much as you wanted to?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

TALKING TO STAFF

37 Did staff give you 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

38 Did staff keep you informed about what was happening while your child was in hospital?

- 1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

39 Were you able to ask staff any questions you had about your child's care and treatment?

- 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

40 Did different staff give you conflicting information?

- 1 ☐ Yes, a lot
2 ☐ Yes, a little
3 ☐ No

LOOKING AFTER YOUR CHILD

41 Were staff available when your child needed attention?

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



- 42 Did staff take into account your child's existing individual needs? ***This could include language support (such as translations, large print) or additional equipment / adaptations on the hospital ward.***

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ My child did not need this
5 ☐ Don't know / can't remember

- 43 Did staff caring for and treating your child seem aware of their medical history?

1 ☐ Yes, always
2 ☐ Yes, sometimes
3 ☐ No
4 ☐ Don't know / can't remember

- 44 Were you involved in decisions about your child's care and treatment as much as you wanted to be?

1 ☐ Yes
2 ☐ No
3 ☐ I did not want to be involved

- 45 Did staff agree a plan for your child's care and treatment with you?

1 ☐ Yes
2 ☐ No
3 ☐ Don't know / can't remember

- 46 Did staff caring for and treating your child work well together?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ Don't know / can't remember

- 47 If you raised any concerns about your child's care and treatment, were these taken seriously by staff?

1 ☐ Yes, definitely
2 ☐ Yes, to some extent
3 ☐ No
4 ☐ I had concerns but did not raise them
5 ☐ I did not have any concerns

FACILITIES

- 48 Overall, how would you rate your access to food in hospital? ***This could include staff offering food, being able to prepare food, or using a café / canteen.***

1 ☐ Very good
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
5 ☐ Very poor
6 ☐ I did not want or need food

- 49 Overall, how would you rate your access to hot drinks in hospital? ***This could include staff offering hot drinks, being able to prepare hot drinks, or using a café / canteen.***

1 ☐ Very good
2 ☐ Good
3 ☐ Fair
4 ☐ Poor
5 ☐ Very poor
6 ☐ I did not want or need hot drinks

- 50 Did **you** stay overnight with your child during their most recent visit to hospital?

1 ☐ Yes ▶ [Go to Question 51](#)
2 ☐ No, but I would have liked to ▶ [Go to Question 52](#)
3 ☐ No, I did not want / need to ▶ [Go to Question 52](#)

- 51 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

- 52 If your child felt pain while at hospital, did staff do 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

Staff may have used the words operation or procedure to talk about your child's treatment. When answering the questions below, please remember that both words mean the same thing.

- 53** In hospital, did your child have any operations or procedures? *Please do not include blood tests, scans or x-rays.*

1 ☐ Yes ▶ Go to Question 54
2 ☐ No ▶ Go to Question 57

- 54** Before your child's operations or procedures, how well did staff explain what would be done?

1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well
4 ☐ Staff did not explain this

- 55** During the operations or procedures, did staff try to distract your child? *This could have been through play or something else.*

1 ☐ Yes, as much as was needed
2 ☐ Not as much as was needed
3 ☐ No, not at all
4 ☐ It was not necessary

- 56** Afterwards, how well did staff explain how the operations or procedures had gone?

1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well
4 ☐ Staff did not explain this

LEAVING HOSPITAL

- 57** Did staff give you any written information about caring for your child to take home with you? *This includes information on paper or online.*

1 ☐ Yes ▶ Go to Question 58
2 ☐ No ▶ Go to Question 59
3 ☐ Don't know / can't remember ▶ Go to Question 59

- 58** To what extent did you understand the information you were given about caring for your child after you left hospital?

1 ☐ Very well
2 ☐ Quite well
3 ☐ Not at all well
4 ☐ Don't know / can't remember

- 59** When you left hospital, did you know what was going to happen next with your child's care and treatment?

1 ☐ Yes, definitely
2 ☐ Yes, sort of
3 ☐ No
4 ☐ It was not necessary

OVERALL

- 60** Overall, do you feel you (the parent / carer) were well looked after by the staff?

1 ☐ Yes, always
2 ☐ Yes, most of the time
3 ☐ Yes, some of the time
4 ☐ No

- 61** Overall, do you feel you (the parent / carer) were treated with dignity and respect by the staff?

1 ☐ Yes, always
2 ☐ Yes, most of the time
3 ☐ Yes, some of the time
4 ☐ No

- 62** Overall, do you feel you (the parent / carer) were treated with kindness and compassion by the staff?

1 ☐ Yes, always
2 ☐ Yes, most of the time
3 ☐ Yes, some of the time
4 ☐ No

63 Overall... **Please select a number.**

- 0 ☐ 0 – I felt that my child had a very poor healthcare experience
- 1 ☐ 1
- 2 ☐ 2
- 3 ☐ 3
- 4 ☐ 4
- 5 ☐ 5
- 6 ☐ 6
- 7 ☐ 7
- 8 ☐ 8
- 9 ☐ 9
- 10 ☐ 10 – I felt that my child had a very good healthcare experience

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

- 1 ☐ The child
- 2 ☐ The parent or carer
- 3 ☐ Both the child and the parent or carer together

ABOUT YOUR CHILD

65 Including this visit, how many times has your child been to hospital in the past six months?

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

66 Does your child have any of the following physical or mental health conditions, disabilities or illnesses that have lasted or are expected to last 12 months or more?

Select ALL conditions that have lasted or are expected to last for 12 months or more.

- 1 ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- 2 ☐ Autism or autism spectrum condition
- 3 ☐ Blindness or partial sight
- 4 ☐ Bowel condition, such as Crohn's disease
- 5 ☐ Breathing problem, such as asthma
- 6 ☐ Cancer in the last 5 years
- 7 ☐ Chromosomal condition, such as Down's syndrome or Prader-Willi
- 8 ☐ Deafness or hearing loss
- 9 ☐ Diabetes
- 10 ☐ Heart problem
- 11 ☐ Joint problem
- 12 ☐ Kidney or liver disease
- 13 ☐ Learning disability
- 14 ☐ Mental health condition
- 15 ☐ Neurological condition, such as epilepsy
- 16 ☐ Physical mobility condition
- 17 ☐ Another long-term condition
- 18 ☐ None of the above [Go to Question 68](#)
- 19 ☐ I would prefer not to say [Go to Question 68](#)

67 Do any of these reduce your child's ability to carry out day-to-day activities?

- 1 ☐ Yes, a lot
- 2 ☐ Yes, a little
- 3 ☐ No, not at all



- 68 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 ☐ Roma
- 5 ☐ Any other White background, **please write in...**

B. MIXED / MULTIPLE ETHNIC GROUPS

- 6 ☐ White and Black Caribbean
- 7 ☐ White and Black African
- 8 ☐ White and Asian
- 9 ☐ Any other Mixed / multiple ethnic background, **please write in...**

C. ASIAN / ASIAN BRITISH

- 10 ☐ Indian
- 11 ☐ Pakistani
- 12 ☐ Bangladeshi
- 13 ☐ Chinese
- 14 ☐ Any other Asian background, **please write in...**

D. BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH

- 15 ☐ African
- 16 ☐ Caribbean
- 17 ☐ Any other Black / African / Caribbean background, **please write in...**

E. OTHER ETHNIC GROUP

- 18 ☐ Arab
- 19 ☐ Any other ethnic group, **please write in...**

- 20 ☐ I would prefer not to say

ANYTHING ELSE TO SAY?

Is there anything else you want to share about your child's time in hospital? For example, anything really good or that could have been better.

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.

