Your Emergency Care

What is the survey about?
This survey is about the emergency care and treatment that you received at the place where you were given the survey.
Your views are very important to us to help find out how good the services are and how we can make them better.
It is up to you whether you want to take part in this survey - you do not have to.

Who is the survey for?
The questions are for you to fill in if you are 8 years or older. You may need your mum or dad or another adults help. That’s fine.
If you are under 8 years old please ask the staff for the other version of this survey.
You do not need to say your name so please be honest. The answers you give us will help us improve our service.

Filling out the survey
For each question please tick clearly inside one box. For some questions you will be instructed that you may tick more than one box. Do not worry if you make a mistake; simply cross out the mistake and put a tick in the correct box. For some questions you will see a Go to Q instruction next to a response. Where you see this, please follow the instructions and skip to that question.

Questions or help?
If you have any questions or need help please ask your parent or carer to telephone:

It is up to you whether you want to take part in this survey - you do not have to.
All answers are confidential - nobody will know who said what!

SURVEY TYPE:
• AMBULANCE
• CHILD VERSION
If you/your child are under 8 years old please ask the staff for the other version of this survey

**WAITING**

1. How did you feel about **how long** you had to wait for the ambulance to arrive?
   - [ ] I did not have to wait at all → GO TO Q4
   - [ ] The wait was shorter than I expected → GO TO Q2
   - [ ] The wait was about as long as I expected → GO TO Q2
   - [ ] The wait was longer than I expected → GO TO Q2

2. While you were waiting, did someone tell you **what was happening**?
   - [ ] Yes, definitely
   - [ ] Yes, sort of
   - [ ] No, but this was not needed
   - [ ] No, but I would have liked to have been told
   - [ ] Don’t know / Can’t remember

3. While you were waiting, did someone tell you **what to do**?
   - [ ] Yes, definitely
   - [ ] Yes, sort of
   - [ ] No, but this was not needed
   - [ ] No, but I would have liked to have been told
   - [ ] Don’t know / Can’t remember

**YOUR CARE AND TREATMENT**

4. Did the paramedics/ambulance workers that you saw **explain what they were doing** in a way you could understand?
   - [ ] Yes, completely
   - [ ] Yes, sort of
   - [ ] No
   - [ ] I did not need an explanation
   - [ ] Don’t know / Can’t remember

5. Did the paramedics/ambulance workers that you saw **explain what was wrong with you** in a way you could understand?
   - [ ] Yes, completely
   - [ ] Yes, sort of
   - [ ] No
   - [ ] Don’t know / Can’t remember
   - [ ] They did not know what was wrong with me

6. Do you think that the paramedics/ambulance workers did everything they could to **calm and comfort** you?
   - [ ] Yes, completely
   - [ ] Yes, sort of
   - [ ] No
   - [ ] This was not needed

7. If you were in pain, did the paramedics/ambulance workers do **everything they could to help** with your pain?
   - [ ] Yes, definitely
   - [ ] Yes, sort of
   - [ ] No
   - [ ] I was not in any pain

**AFTERCARE**

8. **After** your Emergency care, what happened?
   - [ ] I went to hospital → GO TO Q11
   - [ ] I went home / stayed at home → GO TO Q9
   - [ ] Other → GO TO Q9
9. Did someone tell you or your parent/carer what you should **watch out for** at home after your Emergency care?

1. Yes, definitely
2. Yes, sort of
3. No
4. This was not needed
5. Don’t know / Can’t remember

10. Did staff tell you or your parent/carer **what to do or who to contact** if you were worried about anything after your Emergency care?

1. Yes
2. No
3. Don’t know / Can’t remember

### OVERALL

11. Overall, did you or your parent/carer **receive enough information** about what was wrong with you and how to make it better?

1. Yes, enough information
2. Some, but not enough information
3. None, but I would have liked some
4. None, but I did not need any
5. They did not know what was wrong with me

12. Overall, **how well do you think you were looked after** by the paramedics/ambulance workers?

1. Very well
2. Fairly well
3. Not very well
4. Not at all well

13. Was the main reason for your Emergency care **dealt with well**?

1. Yes, completely
2. Yes, sort of
3. No

14. Who was the main person who answered the questions on this survey?

1. Child (patient)
2. Parent / carer
3. Both child and parent/ carer together

### ABOUT YOU

15. Are you a girl or a boy?

1. A boy (male)  
2. A girl (female)

16. How old are you?

______________ years old

17. Which of these best describes your ethnic background? **(Tick ONE only).** Please ask your parent or carer if you are not sure

1. White (e.g. British, Irish, European)
2. Mixed (e.g. White and Asian)
3. Asian / Asian British (e.g. Indian)
4. Black / Black British
5. Chinese
6. Any other ethnic group
18. Which of these is the MAIN language spoken at home? (Tick ONE only)

1. ☐ English
2. ☐ Other European language
3. ☐ Asian language (such as Hindi, Gujarati, Punjabi, Urdu, Bengali, Chinese, Thai)
4. ☐ African language (such as Swahili, Hausa, Yoruba)
5. ☐ Other, including British Sign Language

20. Was there anything that could have been better?

ANYTHING ELSE TO SAY?

19. Was there anything you thought was really good about your Emergency Care?

Thanks very much for your help!