

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 or with your parents help if you are younger.**

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**

SITE NAME:

WAITING

1. How did you feel about **how long** you/ your child had to wait for the ambulance to arrive?

- 1 I did not have to wait at all → GO TO Q4
2 The wait was shorter than I expected
→ GO TO Q2
3 The wait was about as long as I expected
→ GO TO Q2
4 The wait was longer than I expected
→ GO TO Q2

2. While you were waiting, did someone tell you/ your child **what was happening**?

- 1 Yes, definitely
2 Yes, sort of
3 No, but this was not needed
4 No, but I would have liked to have been told
5 Don't know / Can't remember



3. While you were waiting, did someone tell you **what to do**?

- 1 Yes, definitely
2 Yes, sort of
3 No, but this was not needed
4 No, but I would have liked to have been told
5 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/ your child could understand?

- 1 Yes, completely
2 Yes, sort of
3 No
4 I did not need an explanation
5 Don't know / Can't remember



5. Did the paramedics/ambulance workers that you saw **explain what was wrong with you/ your child** in a way you/your child could understand?

- 1 Yes, completely
2 Yes, sort of
3 No
4 Don't know / Can't remember
5 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/your child?

- 1 Yes, completely
2 Yes, sort of
3 No
4 This was not needed



7. If you were in pain, did the paramedics/ ambulance workers do **everything they could to help** with your (child's) pain?

- 1 Yes, definitely
2 Yes, sort of
3 No
4 I was not in any pain



AFTERCARE

8. **After** your Emergency care, what happened?

- 1 I/we went to hospital → GO TO Q11
2 I/we went home / stayed at home
→ GO TO Q9
3 Other
→ GO TO Q9

9. Did someone tell you or your parent/carer what you should **watch out for** at home after your (child's) 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 (child's) 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/ your child 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



12. Overall, **how well do you think you/your child 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 (child's) 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/YOUR CHILD

15. Are you/your child a girl or a boy?

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

16. How old are you/your child?

_____ years old

17. Which of these best describes your (child's) 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

ANYTHING ELSE TO SAY?

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

20. Was there anything that could have been better?

Thanks very much for your help!