

# Your Child's Emergency Care

## What is the survey about?

This survey is about the emergency care and treatment that your child received at **the place where you were given the survey.**

Your views are very important to us to help find out how good the service was, and how we can make it 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 parents or carers of children aged under **8 years.**

Please try to answer on behalf of your child, if they are not old enough to answer the questions themselves.

**If you are a child aged 8 or over please ask for the other version of this survey to fill in yourself.**

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 a member of staff or phone:

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 SERVICE**
- **PARENTS VERSION**

**SITE NAME:**

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If you are a child aged 8 years or over 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?

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

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

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

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

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  Don't know / Can't remember
- 5  They did not know what was wrong with my child

6. Do you think that the paramedics/ambulance staff did everything they could to **calm and comfort** your child?

- 1  Yes, completely
- 2  Yes, to some extent
- 3  No
- 4  This was not needed

7. If your child was in pain, did the paramedics/ambulance staff do **everything they could to help** with their pain?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  My child was not in any pain

## CARE AND TREATMENT

4. Did the paramedics/ambulance staff that you saw **explain what they were doing** in a way you could understand?

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

## AFTERCARE

8. **After** your child's Emergency care, what happened?

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

9. Did someone tell you what you should **watch out for** at home after your child's care?

- 1  Yes, definitely
- 2  Yes, to some extent
- 3  No
- 4  This was not needed
- 5  Don't know / Can't remember

10. Did staff tell you **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 **receive enough information** about your child's condition and treatment?

- 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 my child

12. Overall, **how well do you think your child was looked after** by the paramedics/ambulance staff?

- 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, to some extent
- 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 YOUR CHILD

15. Is your child male or female?

- 1  Male
- 2  Female



16. How old is your child?

\_\_\_\_\_ years old

17. Which of these best describes your child's ethnic background? (**Tick ONE only**).

- 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 child's Emergency Care?

20. Was there anything that could have been better?

**Thanks very much for your help!**