

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:

- **EMERGENCY DEPARTMENT / WALK-IN CENTRE**

SITE NAME: _____

AMBULANCE / PARAMEDICS

1. If an ambulance was called for you/your child, did the ambulance staff/paramedics explain what was happening in a way you could understand?

- 1 Yes, definitely → GO TO Q2
- 2 Yes, sort of → GO TO Q2
- 3 No → GO TO Q2
- 4 An ambulance was not called → GO TO Q3
- 5 I can't remember → GO TO Q2

2. Overall, how well do you think the ambulance staff/paramedics looked after you/your child?

- 1 Very well
- 2 Fairly well
- 3 Not very well
- 4 Not at all well
- 5 Don't know / can't remember



5. Was there enough for you to do when you/your child were waiting to be seen (such as toys, games and books)?

- 1 Yes, lots to do
- 2 Yes, some things, but not enough
- 3 There were things, but not for my age group
- 4 No
- 5 Can't remember / Did not notice
- 6 I had my own things to do



6. Was there everything you/your child needed while you waited (such as food, drink and toilets)?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No
- 4 I did not need anything
- 5 Don't Know / Can't remember

WAITING

3. How did you feel about how long you/your child had to wait to be seen?

- 1 I did not have to wait at all → GO TO Q9
- 2 The wait was shorter than I expected → GO TO Q4
- 3 The wait was about as long as I expected → GO TO Q4
- 4 The wait was longer than I expected → GO TO Q4

4. 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



7. Were you/your child looked after while you/your child waited (for example, were you given pain medicine, blankets or sick bowls if you needed them)?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No, I was not
- 4 No, but I didn't need anything
- 5 Don't know / Can't remember

8. How clean do you think the waiting area was?

- 1 Very clean
- 2 Quite clean
- 3 Not very clean
- 4 Not at all clean
- 5 Can't remember / Did not notice



YOUR CARE AND TREATMENT

9. Did the doctors and nurses that you/your child 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



10. Did the doctors and nurses that you/your child 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

11. Do you think that the doctors and nurses 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



12. If you were in pain, did the doctors and nurses do **everything they could to help** with your/your child's pain?

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



13. Were you/your child examined and treated **in private**?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No, but I didn't mind
- 4 No, but I would have liked this
- 5 Don't know / Can't remember



AFTERCARE

14. **After** your/your child's Emergency visit, what happened?

- 1 I stayed overnight in hospital → [GO TO Q18](#)
- 2 I went home → [GO TO Q15](#)
- 3 I went to stay somewhere else → [GO TO Q15](#)

15. Did someone tell you when you/your child could **re-start your usual activities**, such as playing sport or returning to school?

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



16. Did someone tell you or your parent/carer what you should **watch out for** at home after your/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

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

- 1 Yes
- 2 No
- 3 Don't know / Can't remember

OVERALL

18. 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

19. Overall, **how well do you think you were looked after** during your/your child's visit?

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



20. Was the main reason for your/your child's Emergency visit **dealt with well**?



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

21. 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

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

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

23. How old are you/your child?

_____ years old

24. Which of these best describes your/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

25. 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?

26. Was there anything you/your child thought was **really good** about your Emergency visit?

27. Was there anything that **could have been better**?

Thanks very much for your help!