

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:

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

SITE NAME: _____

If you are a child aged 8 years or over please ask the staff for the other version of this survey

AMBULANCE / PARAMEDICS

1. If an ambulance was called for 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, to some extent → 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 your child?

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

WAITING

3. How did you feel about **how long** you had to wait to be seen?

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

4. While you were waiting, did someone keep you informed about **what was happening**?

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

5. Was there **enough for your child to do** when you 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 child's age group
- 4 No
- 5 Can't remember / Did not notice
- 6 They had their own things to do

6. Was there **everything you needed** while you waited (for example food and drink, toilets, baby changing facilities etc.)?

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

7. Was your child looked after while you waited (for example, were they given pain relief, blankets or sick bowls etc if needed)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, they were not
- 4 No, but we didn't need anything
- 5 Don't know / Can't remember

8. In your opinion, **how clean** was the waiting area?

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

CARE AND TREATMENT

9. Did the 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

10. Did the 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

11. Do you think that the doctors and nurses did everything they could to **calm and comfort** you and your child?

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

12. If your child was in pain, do you think the staff did **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

13. Were you and your child given **enough privacy** when they were being examined or treated?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but we didn't mind
- 4 No, but we would have liked this
- 5 Don't know / Can't remember

AFTERCARE

14. After your Emergency visit, what happened?

- 1 My child stayed overnight in hospital
→ GO TO Q18
- 2 We went home
→ GO TO Q15
- 3 We went to stay somewhere else
→ GO TO Q15

15. Did a member of staff tell you when your child could **re-start their usual activities**, such as playing sport or returning to school?

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

16. Did staff tell you what you should **watch out for** at home after your child's visit?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 It was not necessary
- 5 Don't know / can't remember

17. Did staff tell you **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 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

19. Overall, **how well do you think your child was looked after** during their visit?

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

20. Was the main reason for your Emergency visit **dealt with well?**

- 1 Yes, completely
- 2 Yes, to some extent
- 3 No

21. Who was the main person who answered the questions on this survey? **(TICK ONE ONLY)**

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

ABOUT YOUR CHILD

22. Is your child male or female?

- 1 Male
- 2 Female



23. How old is your child?

_____ years old

24. 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

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 thought was **really good** about your child's Emergency Care?

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

Thanks very much for your help!