



# Your Urgent Appointment

#### 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.

ne:

#### 5. Were you looked after while you waited (for WAITING example, were you/your child given pain medicine, blankets or sick bowls if you needed 1. How did you feel about how long you/your them)? child had to wait to be seen? 1 ☐ I did not have to wait at all → GO TO Q7 1 L Yes, definitely The wait was shorter than I expected → GO TO Q2 3 ☐ The wait was about as long as I expected ■ No, I was not → GO TO Q2 ■ No, but I didn't need anything 4 La The wait was longer than I expected → GO TO Q2 ☐ Don't know / Can't remember While you were waiting, did someone tell How clean do you think the waiting area was? you/your child what was happening? <sup>1</sup> Yes, definitely Quite clean <sub>2</sub> $\square$ Yes, sort of 3 No, but this was not needed 4 D No, but I would have liked to have been told Not at all clean 5 Don't know / Can't remember Can't remember / Did not notice Was there enough for you/your child to do when you were waiting to be seen (such as toys, YOUR (CHILD'S) CARE AND games and books)? TREATMENT 1 Yes, lots to do Did the doctor (or nurse) that you saw explain what they were doing in a way you/your child <sup>2</sup> Yes, some things, but not enough could understand? 3 ☐ There were things, but not for my age group 1 L Yes, completely 4 LI No <sub>2</sub> Yes, sort of 5 Can't remember / Did not notice 3 **No** <sub>6</sub> I had my own things to do 4 LI did not need an explanation 5 Don't know / Can't remember Was there everything you/your child needed while you waited (such as food and drink and toilets)? Did the doctor (or nurse) that you saw explain what was wrong with you/your child in a way 1 L Yes, definitely you could understand? Yes, sort of <sup>1</sup> Yes, completely Yes, sort of I did not need anything Don't Know / Can't remember ☐ Don't know / Can't remember

Э.	everything they could to calm and comfort you/your child?	you should watch out for at home after your (child's) visit?
1	Yes, completely	1 Yes, definitely
	Yes, sort of	<sub>2</sub> Yes, sort of
3	□No	₃ ☐ No
	☐ This was not needed	<sub>4</sub> This was not needed
4	This was not needed	5 Don't know / Can't remember
10.	If you were in pain, did the doctor (or nurse) do everything they could to help with your (child's) pain?	
1	☐ Yes, definitely	15. Did staff tell you or your parent/carer what to do or who to contact if you were worried about
	Yes, sort of	anything after your (child's) urgent appointment?
	□ No	1 Yes
4	☐ I was not in any pain	<sub>2</sub> No
11.	Were you/your child examined and treated in private?	3 Don't know / Can't remember
1	☐ Yes, definitely	16. Overall, did you or your parent/carer receive
2	Yes, sort of	enough information about what was wrong with you/your child and how to make it better?
3	No, but I didn't mind	1 Yes, enough information
4	No, but I would have liked this	$_{2}$ $\square$ Some, but not enough information
5	Don't know / Can't remember	$_{3}$ $\square$ None, but I would have liked some
12.	After your (child's) urgent appointment, what	<sup>4</sup> None, but I did not need any
	happened?	$_{\scriptscriptstyle 5}$ $\square$ They did not know what was wrong
1	☐ I was sent to hospital → GO TO Q16	
2	☐ I went home → GO TO Q13	17. Overall, how well do you think you were looked after during your (child's) visit?
3	☐ I went somewhere else  → GO TO Q13	_
	AFTERCARE	1 ☐ Very well
13	Did someone tell you when you/your child	<sup>2</sup> Fairly well
13.	could re-start usual activities, such as playing sport or returning to school?	3 ☐ Not very well
1	☐ Yes, definitely	4 Not at all well
2	Yes, sort of	
3	□ No	
4	☐ This was not needed	

<b>18.</b> Was the main Emergency visit <b>c</b>	reason for your (child's) lealt with well?	23.	Which of these is the MAIN language spok home? (Tick ONE only)	en a
1 Yes, complete	ely	1	□ English	
<sub>2</sub> Yes, sort of		2	Other European language	
3 ☐ No 4 ☐ Don't know /	Can't remember	3	Asian language (such as Hindi, Gujarati, Punjabi, Urdu, Bengali, Chinese, Thai)	
questions on this  1 Child (patien  2 Parent / care	t)		African language (such as Swahili, Hausa Yoruba)  Other, including British Sign Language  ANYTHING ELSE TO SAY?  Was there anything you thought was regood about your (child's) urgent appointment.	eally
ABOUT	YOU/YOUR CHILD			
<b>20.</b> Are you/your chil	d a girl or a boy?			
1 A boy (male)	Ť			
<sup>2</sup> A girl (female)				
<b>21.</b> How old are you/	your child?			
_	ears old	25.	i. Was there anything that could have better?	beer
ethnic backgroun	best describes your (child's) ad? (Tick ONE only). Please ask rer if you are not sure			
1 White (e.g. Bri	tish, Irish, European)			
<sup>2</sup> Mixed (e.g. WI	nite and Asian)			
3 Asian / Asian	British (e.g. Indian)			
4 🗖 Black / Black E	British			
<sub>5</sub> Chinese				
<sub>6</sub> Any other ethn	ic group			

Thanks very much for your help!