RCPCH
Royal College of Paediatrics and Child Health
Leading the way in Children's Health

If you wish to complete this online please type this link into your web browser

Paediatric Carers of Children Feedback form (PaedCCF)

Doctor's surname

Doctor's initials

Doctor's GMC number

Unique form number

Please **use black ink and put a cross** to indicate your choice(s) for each question e.g ☒ or write within the spaces provided. **Please base your answers on the consultation you have had today**.

	Not at all / least I would expect 1	Less than I would expect 2	Same as most doctors 3	More than I would expect 4	Best / most I would expect 5	N/A
1. **How much chance** were you given to discuss or do the things you wanted during the consultation?	☐	☐	☐	☐	☐	☐

	Not at all / least I would expect 1	Less/worse than I would expect 2	About as much as average 3	More/better than I would expect 4	Completely / most I would expect 5	N/A
2. How well do you **understand your child's condition(s)** now you have seen the doctor?	☐	☐	☐	☐	☐	☐
3. How well do you **understand your child's treatment(s)** now you have seen the doctor?	☐	☐	☐	☐	☐	☐
4. How well did the doctor explain the **risks of your child's condition**?	☐	☐	☐	☐	☐	☐
5. How well did the doctor explain the **risks of the treatment** of your child's condition?	☐	☐	☐	☐	☐	☐
6. **How confident** do you feel in looking after your child's medical condition(s) now you have seen the doctor?	☐	☐	☐	☐	☐	☐

	Worst / least I would expect 1	Less/worse than I would expect 2	Same as most doctors 3	More/better than I would expect 4	Best / most I would expect 5	N/A
7. How **good with your child** is this doctor?	☐	☐	☐	☐	☐	☐
8. How **good with you** is this doctor?	☐	☐	☐	☐	☐	☐
9. How much was the doctor interested in **your point of view** when he/she was asking questions?	☐	☐	☐	☐	☐	☐
10. How much was the doctor interested in **your point of view** when he/she was planning and explaining things?	☐	☐	☐	☐	☐	☐
11. How much was the doctor interested in **your child's point of view**?	☐	☐	☐	☐	☐	☐
12. How well do you feel the doctor **listened** to you?	☐	☐	☐	☐	☐	☐

Modified from SHEFFPAT – Crossley et al (2005) Children and their parents assessing the doctor–patient interaction: a rating system for doctors' communication skills. Medical Education 39: 820–828

PTO

RCPCH
Royal College of
Paediatrics and Child Health
Leading the way in Children's Health

	Worst / least I would expect	Less/worse than I would expect	Same as most doctors	More/better than I would expect	Best / most I would expect	
	1	*2*	*3*	*4*	*5*	*N/A*
13. How well do you think the doctor **understood** you?	☐	☐	☐	☐	☐	☐
14. How well did the doctor **explain** things?	☐	☐	☐	☐	☐	☐
15. How much information did this **doctor give you on where you can find further information or support** available for you and your child?	☐	☐	☐	☐	☐	☐
16. How well did the doctor **respect** your child's right to privacy, dignity and confidentiality?	☐	☐	☐	☐	☐	☐
17. Overall, **how satisfied** are you with the doctor in this consultation?	☐	☐	☐	☐	☐	☐

Please write in the space below if there is anything else you want to say on this consultation. Please print your feedback clearly.

Your Gender ☐ *Male* ☐ *Female*

Your ethnic group

☐ *British*	☐ *Other White background*	☐ *African*	☐ *Chinese*
☐ *White and Caribbean*	☐ *White and Asian*	☐ *Other Black background*	☐ *Middle Eastern*
☐ *Indian*	☐ *White and African*	☐ *Bangladeshi*	☐ *Any other ethnic group*
☐ *Other Asian Background*	☐ *Caribbean*	☐ *Pakistani*	☐ *I do not wish to answer*

Who is filling out this form? ☐ *Parent/Carer* ☐ *Child/Young Person* ☐ *Interpreter/Helper (e.g. clinic staff/nurse/other)*

How many times have you seen the doctor before? ☐ *0* ☐ *1-4* ☐ *5-9* ☐ *10+*

What age is the child/young person?

Completed Years: ☐

Completed Weeks: ☐ (enter weeks ***only*** if less than 1 year old)

If your child helped to complete this form, please check the box ☐

It is really important for doctors to receive feedback on the care that they provide so that they can ensure that they are giving the care that families need. We are therefore grateful to you for taking the time to fill in this short form.

The information is entirely confidential and the doctor will not see the form. Your responses are combined with many other people's responses by the Royal College of Paediatrics and Child Health and fed back to the doctor anonymously.

Thank you again for your help.

Modified from SHEFFPAT – Crossley et al (2005) Children and their parents assessing the doctor–patient interaction: a rating system for doctors' communication skills. Medical Education 39: 820–828