



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: _____

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!