



### 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!

QUESTIONNAIRE TYPE:

## WAITING

1. 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 **ÆGO TO Q7**
- 2 † The wait was shorter than I expected  
**ÆGO TO Q2**
- 3 † The wait was about as long as I expected  
**ÆGO TO Q2**
- 4 † The wait was longer than I expected  
**ÆGO TO Q2**

2. 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

3. Was there enough for you/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 age group
- 4 † No
- 5 † Can't remember / Did not notice
- 6 † I had my own things to do

4. Was there everything you/your child needed while you waited (such as food and 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

5. Were you looked after while you waited (for example, were you/your child 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

6. 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

9. Do you think that the doctor (or nurse) 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

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

11. 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

12. After your (child's) urgent appointment, what happened?

- 1 †

18. Was the main reason for your (child's) Emergency visit dealt with well ?

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

19. 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/YOUR CHILD

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

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

21. How old are you/your child?

\_\_\_\_\_ years old

22. Which of these best describes your (child's) ethnic background? (Tick ONE only). Please ask your parent or carer if you are not sure

- 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

23. 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, Beng ali, Chinese, Thai)
- 4  African language (such as Swahili, Hausa, Yoruba)
- 5  Other, including British Sign Language

### ANYTHING ELSE TO SAY?

24. Was there anything you thought was really good about your (child's) urgent appointment?

25. Was there anything that could have been better?

Thankvery much for your help!