

Questionnaire number:
NHS Board:



Paediatric Neurosurgery – National Inpatient Experience Survey

Young Person's Questions

Being in hospital – what do you think?

We would like to know what you think about **your recent stay in hospital**. This will help us to understand what it's like to be in hospital as a young person for a **neurosurgical** procedure. It will help us to see what things we are doing well and what areas we could improve on.

It is up to you if you want to take part – you do not have to if you do not want to. All your answers will be private. You may like to ask an adult to help, that's fine. Please try and answer as many questions as possible. You do not need to tell us your name so please tell us what you really think!

Filling out the questionnaire

For each question, put a tick in the box next to the answer that is right for you. For example, if your answer is yes, write in a tick as below:

Yes

No

Don't worry if you make a mistake. Cross it out and tick the correct box.

If you like you can answer these questions online at:

 <http://www.msn-neuro.scot.nhs.uk/survey>

Questions or help?

Neurosurgery Managed Service Network office on **0131 5372069** from Monday to Friday 9am-5pm.

We need to know which hospital and ward you stayed in

Please tick **ONE** box only.

City	Hospital Name	Ward Name	Ward Number	
Glasgow	Royal Hospital for Children Glasgow	Neurosurgery	3A	<input type="checkbox"/>
	Queen Elizabeth University Hospital Glasgow	Neurosurgery	63	<input type="checkbox"/>
			64	<input type="checkbox"/>
			65	<input type="checkbox"/>
Edinburgh	Royal Hospital for Sick Children Edinburgh	Medical ward	7	<input type="checkbox"/>
	Western General Hospital Edinburgh	Neurosurgery	31	<input type="checkbox"/>
			32	<input type="checkbox"/>
			33	<input type="checkbox"/>
Aberdeen	Royal Aberdeen Children's Hospital	Surgical ward	-	<input type="checkbox"/>
		Medical ward	-	<input type="checkbox"/>
		High Dependency Unit	-	<input type="checkbox"/>
Dundee	Ninewells Hospital	Medical ward	29	<input type="checkbox"/>
		Neurosurgery	23B	<input type="checkbox"/>

Tell us about when you arrived on the ward

1. When you **first** arrived on the ward, did people working on the ward tell you what was going to happen to you while you were there?

- Yes
- Sort of
- No
- Don't know / can't remember



Tell us about the ward

2. Did you feel **safe** on the ward?

- Yes, all of the time
- Yes, some of the time
- No

3. Were there enough things **for someone of your age** to do on the ward (e.g. electronic games, DVDs, computers, books and magazines, televisions)?

- Yes, a lot
- Yes, a little
- No

4. Did you like the hospital **food**?

- Yes
- Sort of
- No
- I did not have hospital food



Tell us about how you were looked after

5. Did ward staff **talk to you** about how they were going to care for you in a way that you could understand?

- Yes
- Sometimes
- No
- Don't know / can't remember

6. Were you involved in decisions about your care and treatment?

- Yes
- A little bit
- No
- I did not want to be involved

7. Were **the people that matter to you** (e.g. Mum and Dad, or your carer / guardian) involved in decisions about your care and treatment as much as you wanted?

- Yes, always
- Yes, sometime
- No, and I would have liked them to be more involved
- No, but they didn't need to be involved
- Don't know / can't remember

8. If you had any worries, did someone on the ward **talk with you** about them?

- Yes
- Sort of
- No
- I did not have any worries
- I did have worries, but I did not tell anyone



9. Did staff talk to each other about you as if you were not there?

- Yes, definitely
- Sort of
- No

10. Were you given enough privacy when you were receiving care and treatment?

- Yes, always
- Sort of
- No

Tell us about your operations / procedures

11. During your time in hospital, did you have an **operation or procedure** on your head or back (such as having drain inserted or taken out)?

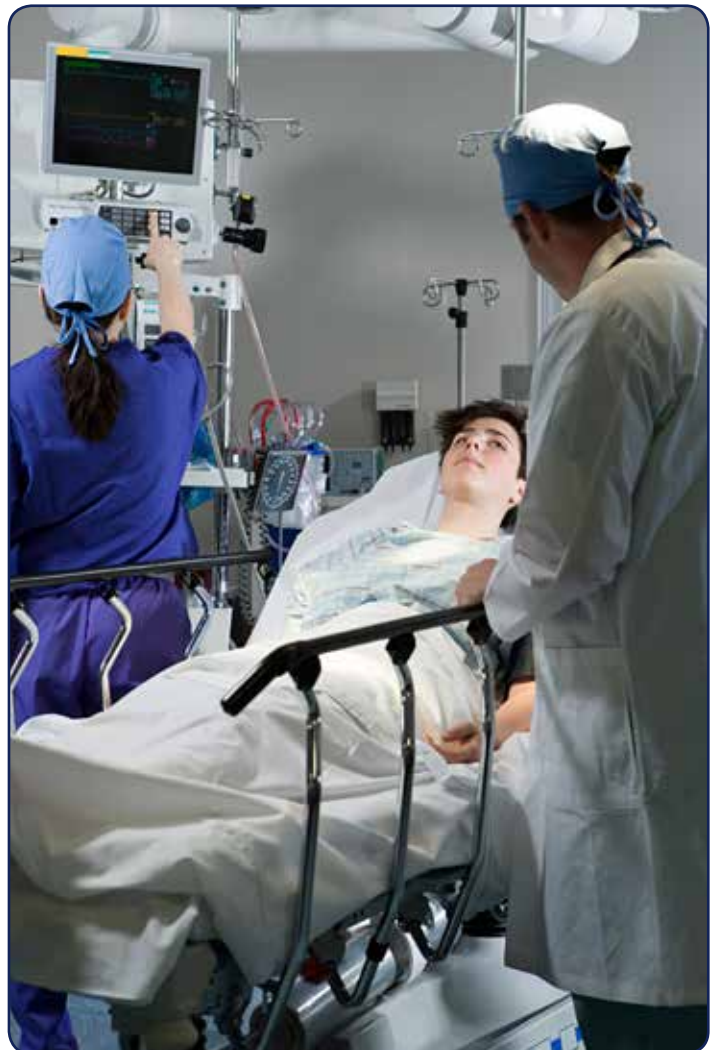
- Yes *Go to Question 12*
- No *Go to Question 14*

12. **Before** the operation or procedure, did staff tell you what **would be done**?

- Yes
- Sort of
- No
- Can't remember

13. **Afterwards**, did someone from the ward explain to you how the operation or procedure had gone in a way you could understand?

- Yes
- Sort of
- No



Leaving hospital

14. Did someone from the ward tell you what to do or who to talk to if you were worried about anything when you got home?

- Yes
- Sort of
- No
- Don't know / can't remember



15. Did a member of staff tell you what would happen after you left hospital?

- Yes, completely
- Sort of
- No

16. Did a member of staff give you advice on how to look after yourself after you went home?

- Yes, definitely
- Sort of
- No
- Don't know / can't remember

17. Were you given any age appropriate written information (such as leaflets) about your condition or treatment to take home with you?

- Yes, definitely
- No, but I would have liked it
- No, but I did not need it

Tell us how you would sum things up

18. Do you feel that the people looking after you **listened** to you?

- Yes, always
- Yes, sometimes
- No

19. Do you feel that the people looking after you were friendly?

- Yes, always
- Yes, sometimes
- No

20. Overall.....(please circle a number)

0 1 2 3 4 5 6 7 8 9 10



I had a very poor
experience



I had a very
good experience

Tell us about you

21. How old are you?

_____ years old

22. Are you female (girl) or male (boy)?

- Female (girl)
- Male (boy)

Anything else to say?

23. Was there anything else you would like to tell us about **your time in the ward** (anything particularly good, or anything that could have been better)?

PLEASE WRITE YOUR COMMENTS BELOW.

Thank you very much!

Please use envelope provided to return your completed questionnaire and put the envelope in the BOX at the

NURSING STATION/RECEPTION

Or you can return this survey FREEPOST in the envelope provided.