

Questionnaire number:
NHS Board:



# Paediatric Neurosurgery – National Inpatient Experience Survey



## Children's Questions

### Being in hospital – what do you think?

We would like to know what you think about staying in **hospital**. This will let us know what things we are good at and what things we could change to make them better.

It is up to you if you want to take part – you do not have to if you do not want to. It's OK for a grown up to help if you need them to, please try and answer as many questions as possible. All answers are private – nobody will know who said what, so 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. Did ward staff **play with you** or do any activities with you while you were in hospital?

- Yes, a lot
- Yes, a little
- No
- I did not want or need them to

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. 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

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

- Yes, always
- Sort of
- No

## Tell us about your operations / procedures



8. 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 9*

No    *Go to Question 10*

9. **Before** the operation or procedure, did someone from the hospital tell you what **would be done**?

Yes

Sort of

No

If someone did, do you remember who it was? (You can tell us their name and/or the job they do.)

---

10. **After your operation**, did someone from the hospital explain to you how the operation or procedure had gone in a way you could understand?

Yes

Sort of

No

If someone did, do you remember who it was? (You can tell us their name and/or the job they do.)

---



## Leaving hospital

11. Did someone from the hospital 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

If someone did, do you remember who it was? (You can tell us their name and/or the job they do.)



## Tell us how you would sum things up

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

Yes, always

Yes, sometimes

No

13. Do you feel that people looking after you were friendly?

Yes, always

Yes, sometimes

No

14. 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

15. How old are you?

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

16. Are you a girl or a boy?

Girl

Boy

## Anything else to say?

17. 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.