# Question ID code and questions

**ID codes for the Children’s sections of the questionnaires for 8 – 11 year olds and 12 to 15 year olds**

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| --- | --- | --- |
| **ID Code** | **Question text** | ***Question number*** |
| ***8 - 11 Questionnaire*** | ***12 - 15 Questionnaire*** |
| CYP\_A1 | When you first arrived at hospital, did people working at the hospital tell you what was going to happen to you while you were there? | 1 | 1 |
| CYP\_B1 | Did you feel safe on the hospital ward? | 2 | 2 |
| CYP\_B2 | Did hospital staff play with you or do any activities with you while you were in hospital? | 3 | Not applicable |
| CYP\_B3 | Were there enough things for someone of your age to do on the ward? | Not applicable | 3 |
| CYP\_B4 | Did you like the hospital food? | 4 | 4 |
| CYP\_C1 | Did hospital staff talk to you about how they were going to care for you in a way that you could understand? | 5 | 5 |
| CYP\_C2 | Were you involved in decisions about your care and treatment? | Not applicable | 6 |
| CYP\_C3 | If you had any worries, did someone at the hospital talk with you about them? | 6 | 7 |
| CYP\_C4 | Did staff talk to each other about you as if you weren’t there? | Not applicable | 8 |
| CYP\_C5 | Were you given enough privacy when you were receiving care and treatment? | 7 | 9 |
| CYP\_D1 | Did your condition ever cause you pain while you were in hospital? | 8 | 10 |
| CYP\_D2 | Do you think the hospital staff did everything they could to help your pain? | 9 | 11 |
| CYP\_E1 | During your time in hospital, did you have an operation or procedure (such as having your tonsils taken out)? | 10 | 12 |
| CYP\_E2 | Before the operation or procedure, did someone tell you what would be done? | 11 | 13 |
| CYP\_E3 | Afterwards, did someone from the hospital explain to you how the operation or procedure had gone in a way you could understand? | 12 | 14 |
| CYP\_F1 | 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? | 13 | 15 |
| CYP\_F2 | Did a member of staff tell you what would happen after you left hospital? | Not applicable | 16 |
| CYP\_F3 | Did a member of staff give you advice on how to look after yourself after you went home? | Not applicable | 17 |
| CYP\_G1 | Do you feel that the people looking after you listened to you? | 14 | 18 |
| CYP\_G2 | Do you feel that the people looking after you were friendly? | 15 | 19 |
| CYP\_G3 | Overall... (please circle a number) | 16 | 20 |
| Gender | Are you a girl or a boy/ are you male or female? | 17 | 21 |
| Age | How old are you/ what is your year of birth? | 18 | 22 |

**ID codes for the Parents and Carers’ sections of all questionnaires**

| **ID Code** | **Question text** | **0-7 Questionnaire** | **8-11 Questionnaire** | **12-15 Questionnaire** |
| --- | --- | --- | --- | --- |
| P\_A1 | Was your child’s visit to hospital planned or an emergency? | 1 | 19 | 23 |
| P\_A2 | Did the hospital give you a choice of admission dates? | 2 | Not applicable |
| P\_A3 | Did the hospital change your child’s admission date at all? | 3 | Not applicable |
| P\_A4 | Did hospital staff tell you what was going to happen to your child while they were in hospital? | 4 | 20 | 24 |
| P\_B1 | Did the ward where your child stayed have appropriate equipment or adaptions for your child? | 5 | 21 | 25 |
| P\_B2 | How clean do you think the hospital room or ward was that your child was in? | 6 | 22 | 26 |
| P\_B3 | Did you feel that your child was safe on the hospital ward? | 7 | Not applicable |
| P\_B4 | Was your child given enough privacy when receiving care and treatment? | 8 | Not applicable |
| P\_B5 | Did you think there were appropriate things for your child to play with on the ward? | 9 | Not applicable |
| P\_B6 | Did staff play with your child at all while they were in hospital? | 10 | Not applicable |
| P\_C1 | Did new members of staff treating your child introduce themselves? | 11 | Not applicable |
| P\_C2 | Did members of staff treating your child, give you information about their care and treatment in a way that you could understand? | 12 | 23 | 27 |
| P\_C3 | Did members of staff treating your child communicate with them in a way that your child could understand? | 13 | Not applicable |
| P\_C4 | Did a member of staff agree a plan for your child’s care with you? | 14 | 24 | 28 |
| P\_C5 | Did you have confidence and trust in the members of staff treating your child? | 15 | 25 | 29 |
| P\_C6 | Were you encouraged to be involved in decisions about your child’s care and treatment? | 16 | 26 | 30 |
| P\_C7 | Did hospital staff keep you informed about what was happening whilst your child was in hospital? | 17 | 27 | 31 |
| P\_C8 | Did staff ask you if you had any questions about your child’s care? | 18 | 28 | 32 |
| P\_C9 | Were you told different things by different people, which left you feeling confused? | 19 | Not applicable |
| P\_C10 | Were the different members of staff caring for and treating your child aware of their medical history? | 20 | 29 | 33 |
| P\_C11 | Did you feel that staff looking after your child knew how to care for their individual or special needs? | 21 | 30 | 34 |
| P\_C12 | Were members of staff available when you or your child needed attention? | 22 | 31 | 35 |
| P\_C13 | Did the members of staff caring for your child work well together? | 23 | 32 | 36 |
| P\_D1 | Did your child like the hospital food provided? | 24 | Not applicable |
| P\_E1 | Did you have access to hot drinks facilities in the hospital? | 25 | 33 | 37 |
| P\_E2 | Did you ever stay overnight in hospital with your child? | 26 | 34 | 38 |
| P\_E3 | How would you rate the facilities for parents or carers staying overnight? | 27 | 35 | 39 |
| P\_F1 | Did you child’s condition cause them pain while they were in hospital? | 28 | 36 | 40 |
| P\_F2 | Do you think the hospital staff did everything they could to help ease your child’s pain? | 29 | 37 | 41 |
| P\_G1 | During their stay in hospital, did your child have an operation or procedure? | 30 | 38 | 42 |
| P\_G2 | Before the operation or procedure did a member of staff explain to you what would be done during the operation or procedure? | 31 | 39 | 43 |
| P\_G3 | Before the operation or procedure, did a member of staff answer your questions about the operation or procedure in a way you could understand? | 32 | 40 | 44 |
| P\_G4 | After the operation or procedure, did someone explain to you how the operation or procedure had gone in a way you could understand? | 33 | 41 | 45 |
| P\_H1 | Were you given any new medicines to take home with you for your child that they had not had before (including tablets and creams)? | 34 | 42 | 46 |
| P\_H2 | Were you given enough information about how your child should use the medicine(s) (e.g. when to take it, or whether it should be taken with food)? | 35 | 43 | 47 |
| P\_I1 | Did a member of staff give you advice about caring for your child after you went home? | 36 | 44 | 48 |
| P\_I2 | Did a member of staff tell you what to do or who to talk to if you were worried about your child when you got home? | 37 | Not applicable |
| P\_I3 | Did a member of staff tell you what would happen next after your child left hospital? | 38 | 45 | 49 |
| P\_I4 | Were you given any written information (such as leaflets) about your child’s condition or treatment to take home with you? | 39 | 46 | 50 |
| P\_J1 | Do you feel that the people looking after your child listened to you? | 40 | Not applicable |
| P\_J2 | Do you feel that the people looking after your child were friendly? | 41 | Not applicable |
| P\_J3 | Do you feel that your child was well looked after by the hospital staff? | 42 | Not applicable |
| P\_J4 | Were you treated with dignity and respect by the people looking after your child? | 43 | Not applicable |
| P\_J5 | Overall... I felt my child had…(please circle a number)  | 44 | 47 | 51 |
| Child gender | Is your child male or female? | 45 | Not applicable |
| P\_J6 | Who was the main person who answered the questions in the children’s section of the questionnaire? | Not applicable | 48 | 52 |
| P\_K1 | For most of their stay in hospital what type of ward did your child stay on? | 46 | 49 | 53 |
| P\_K2 | Including this visit, how many times has your child stayed in hospital on a ward in the past six months? | 48 | 50 | 54 |
| P\_K3 | Does your child have any of the following long-standing conditions? | 49 | 52 | 56 |
| P\_K4 | Does this condition(s) cause your child difficulty with any of the following? | 50 | 53 | 57 |
| Child ethnicity | Which of these best describes your child’s ethnic background? | 47 | 51 | 55 |