

## **SURVEY (NOW CLOSED)**

### **Child-friendly Healthcare -**

#### **Children and Young People: tell us what you think!**

The Council of Europe is an international organisation with 47 member countries. Its work affects 150 million children and young people.

The Council of Europe would like its member countries to improve their health services for children. Your ideas are very important for the countries to be able to make healthcare more child-friendly. The questionnaire you have in front of you has been written so that a group of Council of Europe experts can find out which areas could be improved. Can you help them understand what child-friendly healthcare means for you by answering some questions?

#### **The Rules**

Anything you wish to say will not be shared with anyone else. The Council of Europe will make sure that all answers received are put together in such a way that the group of experts writing about child friendly healthcare will not know which answers are yours.

You don't have to answer every question. Just answer the questions you think apply to you and the ones that you feel happy to answer.

You don't have to answer the questions on your own. If you would prefer to ask the help of a friend or an adult please do that.

If you're upset by any of the questions, **please** tell an adult you trust why you're upset.

If you want to send your views to us in a different way (such as a with a drawing, a photograph or a report) please do this, by emailing or posting it to the following address: [health.division@coe.int](mailto:health.division@coe.int), Health Division, A6.47.C, Council of Europe/ Conseil de l'Europe, Agora Building, 1 quai Jacoutot, F-67075 Strasbourg Cedex – France.

*Click here if you would like to find out more about your human rights before you fill in this questionnaire.*

## ABOUT YOU

1. Which country do you live in? \_\_\_\_\_
2. How old are you ? less than 10, 10-12 13-15 16-18
3. Are you Male Female
4. Do you have a condition which limits your everyday activities? Yes/No
5. How do you rate your happiness?  
(scale of 1-10 where 1 = very unhappy and 10 = very happy))

## YOUR HEALTHCARE VISITS

6. How often have you been to see the following people in the last year:
  1. Doctor 1-3 times 4-6 times 7-10 times more
  2. Nurse 1-3 times 4-6 times 7-10 times more
  3. Dentist 1-3 times 4-6 times 7-10 times more
  4. Therapist 1-3 times 4-6 times 7-10 times more  
(eg physiotherapist, speech therapist or occupational therapist)
  5. Psychologist/Psychiatrist or mental health counsellor  
1-3 times 4-6 times 7-10 times more
  6. Other (please state)\_\_\_\_\_ 1-3 times 4-6 times 7-10 times more
7. Who would normally go with you to your appointments?  
Parents/family member Friend No-one Other \_\_\_\_\_

## YOUR EXPERIENCE

Please answer the following questions about your last visit/appointment:

8. Who did you see (tick one)?  
Doctor Dentist Hospital Therapist Psychologist or Counsellor  
Other \_\_\_\_\_
9. How long did it take to get to your appointment?  
Not long(up to 30 mins) Medium distance (30-60minutes)  
A long distance (more than one hour)
10. How long was your wait?  
None, I was seen straightaway  
Short, I was seen in a few minutes  
Medium, I had to wait but not too long  
Long time, I had to wait a long time.
11. Was the waiting area a good place for you to wait?  
Yes/No/I don't know
12. How did you feel while you were waiting?  
Happy Sad Relaxed  
Nervous In pain Bored

- 13. At your appointment:**
1. **Did you have time alone with the person you were seeing?** Yes/No/I don't know
  2. **Were you given the information you wanted?** Yes/No/ I don't know
  3. **Did you understand the information?** Yes/No/I don't know
  4. **Were you given the opportunity to ask questions?** Yes/No/I don't know
  5. **Did you feel respected ?** Yes/No/I don't know
- 14. Did the doctor/nurse/therapist/dentist speak to you directly?**  
Yes/No/I don't know
- 15. Did you understand what he/she was saying?**  
All/ Most of it/Some of it/None
- 16. When the appointment was over, did you know what was going to happen next?** Yes/No/Not sure
- 17. How important are these to you in healthcare (scale 1-10 where 1= not at all important and 10 is very important)?**
1. Having your parent/family with you
  2. Knowing (the name of) your doctor/nurse/therapist
  3. Having treatment explained to you in advance/being prepared
  4. Being able to understand what the doctor is saying
  5. Being able to ask questions
  6. Being listened to
  7. Not being afraid
  8. Not feeling rushed
  9. Not being in pain
  10. Other (tell us what \_\_\_\_\_)
- 18. Did you feel the appointment was too long or too short?** Long/Short/I don't know

#### **YOUR EXPERIENCE IN HOSPITAL**

**Please answer the following questions if you have stayed in hospital in the last year. If not, go straight to question 38.**

- 19. How many times have you stayed overnight in hospital in the last year?**  
Once            2-3 times            more than 3 times
- 20. How long was your last stay in hospital?**  
1 Night            2-3 nights            4-6 nights            7-10 nights            Longer
- 21. Did you stay in a children's hospital?** Yes/No/I don't know
- 22. If not, did you stay in a children's ward?** Yes/No/I don't know
- 23. Did you share a room with another child?** Yes/No/I don't know

24. Was the room a friendly place to be? Yes/No/I don't know
25. Was the bed comfortable? Yes/No/I don't know
26. Did you have parents/family stay overnight with you? Yes/No/I don't know
27. If not, would you have liked a parent/family stay overnight? Yes/No/I don't know
28. Were your parents/family with you when you were having treatment? Yes/No/I don't know
29. If not, would you have liked to have a parent/family with you during treatment? Yes/No/I don't know
30. Did you see a teacher while you were in hospital? Yes/No/I don't know
31. Did you get to have your own things around you? Yes/No/I don't know
32. Were there things to do for a person of your age? Yes/No/I don't know
33. Was there enough space around your bed? Yes/No/I don't know
34. Could you:  
Go outside?                      Go to a quiet room ?                      Go where you wanted?
35. Did you like the food ? Yes/No/I don't know
36. Did you feel safe when you were in hospital ? Yes/No/I don't know

#### FEEDBACK

37. After you visited the hospital or the doctor/nurse/therapist, did anyone ask you about your experiences? Yes/No/I don't know
38. If you have seen more than one person about your health, how well do you think the different people work together?  
(Scale 1-10 where 1 is bad and 10 is very good.)
39. What would you like to change:
1. The doctors/nurses/therapists should be more friendly Yes/No/I don't know
  2. The doctors/nurses/therapists should talk to children more Yes/No/I don't know

3. The doctors/nurses/therapists should listen to children more Yes/No/I don't know
4. Children should always be given information about what is going to happen to them Yes/No/I don't know
5. Do you have any other things you'd like to point out ?

### HEALTH CARE POLICY

**40. Would you like to have a say about children's healthcare in your area?**  
Yes/No/I don't know

**41. How would you like to have your say?**

With others, in School                      With a person face to face      Using the internet

Indirectly (your parents could do this on your behalf)

**42. Tell us whether you think these are True or False:**

1. Children have the right to information about their healthcare and what is going to happen to them                      True/False/Not sure
2. Children should be asked their views by their doctor/nurse/dentist                      True/False/Not sure
3. Hospitals and health centres should always be child-friendly                      True/False/Not sure
4. Those who run hospitals and health centres should ask children what they think about them                      True/False/Not sure

### FINALLY

**43. Is there anything else you would like to tell us?**

**44. Did you find this survey (tick as many as you wish)?**

Difficult to understand      Easy to understand      OK

Too long                      Not too long

**45. Would you have liked to talk to someone about your healthcare instead of completing a survey?** Yes/No/Not sure

**MANY THANKS FOR TAKING THE TIME TO COMPLETE THE SURVEY !**