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, 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 (30-60 minutes)
   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 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? Yes/No/I don’t know
   Go to a quiet room? Yes/No/I don’t know
   Go where you wanted? Yes/No/I don’t know

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!