

CODE:

FOR THE ED NURSE / DOCTOR:

PLEASE COMPLETE THIS SHEET,
DETACH FROM FRONT OF QUESTIONNAIRE
& PLACE IN RESPONSE BOX

TODAY'S DATE: _ _ / _ _ / 2012

CHILD'S MAIN PRESENTING SYMPTOM: _____

INITIAL TRIAGE CATEGORY: P1 P2 P3 P4 P5 P6

****If allocated P1 OR P2:**

PLACE THIS SHEET & BLANK QUESTIONNAIRE IN RESPONSE BOX

****If allocated P3, P4, P5 OR P6:**

READ SCRIPT TO PARENT/CARER & GIVE THEM THE QUESTIONNAIRE

Can I give you a questionnaire about your decision to come to ED today? Everything you need to know is explained on the front of the questionnaire. You don't have to complete it if you don't want to. It takes about 10 mins & will not cause any delay in your child being seen or treated.

PLEASE COMPLETE FOLLOWING:

HAVE READ SCRIPT TO PARENT/CARER - YES NO

a) PARENT/CARER ACCEPTED QUESTIONNAIRE
(LEAVE PARENT TO COMPLETE QUESTIONNAIRE AND PLACE THIS SHEET IN RESPONSE BOX)

b) PARENT/CARER DECLINED QUESTIONNAIRE
(PLACE QUESTIONNAIRE AND THIS SHEET IN RESPONSE BOX)

c) PARENT/CARER NOT ABLE TO COMPLETE QUESTIONNAIRE
(e.g. left before could be completed, language barrier,
too distressed) (PLACE QUESTIONNAIRE AND THIS SHEET IN RESPONSE BOX)

CODE:



Derriford Emergency Department Questionnaire for Parents and Caregivers

We would like to find out more about the parents/caregivers and children who come along and see us at the Emergency Department in Derriford.

To do this, we are working with the Public Health Team at NHS Plymouth to explore how people in Plymouth make use of emergency services when a child is unwell or injured.

The following questionnaire asks you about:

- You
- The child who needs to be seen
- Your visit to the Emergency Department today

It takes around 10 minutes to complete while you are waiting. We have placed colouring-in and puzzle sheets for your children in the waiting area. Please help yourselves.

If you decide to complete the questionnaire, this will not cause any delay in your child being seen or treated and all information provided will be completely anonymous.

Please place your questionnaire (**completed or uncompleted**) in the sealed response box in the children's waiting area.

Your responses will help us to improve the service we are able to offer to children in the future.

If you have any questions about the study, please contact the organisers, Katie Hopgood (Tel: 01752 315779) or Sarah Tickner (Tel: 01752 315774) at Public Health Plymouth.

Thank you for your help.

Section 1. About You (please answer these questions about you):

1. Are you: Male Female

2. What is your date of birth? _ _ / _ _ / _ _ _ _ (DD/MM/YYYY)

3. What is your **relationship** to the child who needs to be seen in the Emergency Department today?

Parent/legal guardian <input type="checkbox"/>	Neighbour <input type="checkbox"/>	Friend <input type="checkbox"/>
Grandparent <input type="checkbox"/>	Sister/brother <input type="checkbox"/>	Child-minder <input type="checkbox"/>
Other _____ (please state)		

4. Please provide your postcode: _____

5. Which of the following best describes your **ethnic group**?

White <input type="checkbox"/> (Inc. Irish, British, Gypsy, Irish Traveller)	Black/African/Caribbean/ Black British <input type="checkbox"/>	Other _____ (please state)
Mixed/multiple ethnic groups <input type="checkbox"/>	Asian or Asian British <input type="checkbox"/> (Inc. Indian, Pakistani, Bangladeshi, Chinese)	

6. Which of the following best describes your **current situation**?

Married/Living with partner Single

7. Which of the following applies to you?

Working full-time <input type="checkbox"/>	Full-time caring for home/family <input type="checkbox"/>	Unemployed <input type="checkbox"/>
Working part-time <input type="checkbox"/>	In full-time education <input type="checkbox"/>	Other _____ (please state)

8. Do you have any of the following qualifications? (please tick all that apply)

GCSE/'O' Level(s) <input type="checkbox"/>	NVQ(s) or similar <input type="checkbox"/>	A-Level(s) <input type="checkbox"/>
Degree/equivalent <input type="checkbox"/>	Other _____ (please state)	No qualifications <input type="checkbox"/>

9. Do you know how to contact a GP **outside normal surgery hours?**

(normal hours: 8.00am-6.00pm)

No Yes

10. Have you ever contacted a GP **outside normal surgery hours?**

(normal hours: 8.00am-6.00pm)

No Yes (If no, please go to Question 12)

11. If yes, how easy is it to make contact with a GP **outside of normal surgery hours?** (normal hours: 8.00am-6.00pm)

(Please circle one number from 1-10).

Not at all easy	1	2	3	4	5	6	7	8	9	10	Very easy
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Section 2. The child who has come to the Emergency Department today:

12. Is this child: Male Female

13. What is the child's age? ___ yrs / ___ months / ___ weeks

14. How many brothers and/or sisters does this child have?

Don't know None 1 2 3+

15. Does the child have any chronic (long-standing) conditions? (Please tick all that apply)

None <input type="checkbox"/>	Asthma <input type="checkbox"/>	Cystic fibrosis <input type="checkbox"/>
Epilepsy <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Cancer (e.g. ALL) <input type="checkbox"/>
Cerebral palsy <input type="checkbox"/>	Learning disability <input type="checkbox"/>	Behavioural difficulties <input type="checkbox"/>
Autism/Asperger's <input type="checkbox"/>	Don't know <input type="checkbox"/>	Other _____ (please specify)

16. Is this child registered with a General Practitioner (GP)?

Don't know No Yes (If don't know/no, please go to Question 20)

17. How many times has this child been to see a GP in the last year? (2012)

Don't know <input type="checkbox"/>	Hasn't been <input type="checkbox"/>	Once <input type="checkbox"/>
Twice <input type="checkbox"/>	Three times <input type="checkbox"/>	More than three times <input type="checkbox"/>

18. How easy do you find it to arrange a non-urgent appointment with a GP for this child? (Please circle one number from 1-10)

Not at all easy	1	2	3	4	5	6	7	8	9	10	Very easy
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****Please tick this box if you have never needed to:**

19. How easy do you find it to arrange an urgent appointment with a GP for this child? (Please circle one number from 1-10)

Not at all easy	1	2	3	4	5	6	7	8	9	10	Very easy
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****Please tick this box if you have never needed to:**

Section 3. Your visit to the Emergency Department today:

20. Approximately **what time** did you arrive at the Emergency Department today?

_____:____ AM / PM (please delete)

21. What day is it?

Mon Tues Wed Thurs Fri Sat Sun

22. How did you **travel** to the Emergency Department?

Ambulance <input type="checkbox"/>	Own car <input type="checkbox"/>	Lift in another car <input type="checkbox"/>
Bus <input type="checkbox"/>	Taxi <input type="checkbox"/>	Walked <input type="checkbox"/>
Other _____ (please state)		

23. Are you at the Emergency Department because the child has:

An illness (e.g. fever, cough, diarrhoea, vomiting) An injury (e.g. bump, cut, broken bone) I'm not sure

In one or two words, please describe this injury or illness:

24. Approximately **how long has** the child had this injury or illness?

Less than 4 hours <input type="checkbox"/>	4-24 hours <input type="checkbox"/>	2-7 days <input type="checkbox"/>
More than 7 days <input type="checkbox"/> (please specify) _____		

25. Do you think that the injury or illness needs to be assessed:

Immediately <input type="checkbox"/>	Today <input type="checkbox"/>	Within a few days <input type="checkbox"/>
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26. Has this child been to the Emergency Department before with this injury or illness?

Don't know No Yes (If yes, how many times? times)

27. How serious do you think this illness or injury is? (Please circle one number from 1 to 10)

Not at all serious	1	2	3	4	5	6	7	8	9	10	Very serious
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28. For each of the following, indicate how you feel about taking care of this child while they have this illness or injury? (please circle one number from 1 to 10)

Not at all confident	1	2	3	4	5	6	7	8	9	10	Very confident
Very helpless	1	2	3	4	5	6	7	8	9	10	Not at all helpless
Very stressed	1	2	3	4	5	6	7	8	9	10	Not at all stressed
Very worried	1	2	3	4	5	6	7	8	9	10	Not at all worried
Very upset	1	2	3	4	5	6	7	8	9	10	Not at all upset

29. In general, how **confident** do you feel when you have to look after a child who is unwell? (Please circle one number between 1 and 10)

Not at all confident	1	2	3	4	5	6	7	8	9	10	Very confident
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30. Thinking about this illness or injury, have you sought **advice** from any of the following prior to coming to the hospital today? (please tick all that apply)

No advice sought <input type="checkbox"/>	Child's GP <input type="checkbox"/>	Other GP <input type="checkbox"/>
GP receptionist <input type="checkbox"/>	Walk-in Centre or Minor Injuries Unit <input type="checkbox"/>	A&E or Emergency Department <u>via phone</u> <input type="checkbox"/>
Health visitor or Midwife <input type="checkbox"/>	Pharmacist or Pharmacy <input type="checkbox"/>	Devon Doctors <input type="checkbox"/>
NHS Direct <input type="checkbox"/>	Friend or Neighbour <input type="checkbox"/>	School or Nursery <input type="checkbox"/>
Family or Relative <input type="checkbox"/>	Television <input type="checkbox"/>	Internet <input type="checkbox"/>
Books <input type="checkbox"/>	Other (please state) _____	

31. When you spoke to a **general practitioner (GP)** prior to coming here, what advice were you given? (please tick all that apply)

I did not speak to a GP (Go to Question 33) <input type="checkbox"/>
I was told how I might treat problem myself and advised to wait and see if things got better <input type="checkbox"/>
I was advised to make a non-urgent GP appointment <input type="checkbox"/>
I was advised to make an urgent GP appointment <input type="checkbox"/>
I was advised to take the child to Derriford Emergency Department <input type="checkbox"/>
Other (please state).....

32. When you spoke to a **GP**, how satisfied were you with the advice/treatment given? (Please circle one number from 1 to 10)

Not at satisfied	1	2	3	4	5	6	7	8	9	10	Very satisfied
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33. Do you have any comments, positive or negative, you would like to make about GP services?

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34. Have you given the child any of the following **prior** to coming to the Emergency Department for this illness/injury?

Medicine <input type="checkbox"/> e.g. Paracetamol, ibuprofen	First aid <input type="checkbox"/> e.g. bandage, plaster	Other	None given <input type="checkbox"/>
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35. Would you find any of the following helpful in looking after a child who has an injury or illness (please tick all that apply)?

Leaflets on childhood illness/injury to keep at home	<input type="checkbox"/>
Television adverts	<input type="checkbox"/>
Information on child health in newspapers/magazines	<input type="checkbox"/>
Information on the Internet	<input type="checkbox"/>
Easier access to a GP during working hours	<input type="checkbox"/>
Easier access to a GP during non-working hours	<input type="checkbox"/>
Easier access to the Emergency Department	<input type="checkbox"/>
Access to a GP at the Emergency Department	<input type="checkbox"/>
Other (please state)	

36. Which of the following **influenced your decision** to come to the Emergency Department today? (please tick all that apply)

1. I was advised to come here by a GP (within normal hours 8.00am - 6.00pm)	<input type="checkbox"/>
2. I was advised to come here by an out-of-hours GP service (outside 8.00am - 6.00pm)	<input type="checkbox"/>
3. I was advised to come here by someone other than a GP (please state)	<input type="checkbox"/>
4. I was unable to contact a GP / get a GP appointment	<input type="checkbox"/>
5. I did not contact the GP as I knew he/she would advise me to come to ED	<input type="checkbox"/>
6. I prefer to use the Emergency Department than elsewhere	<input type="checkbox"/>
7. It is easier to come here because of my working hours	<input type="checkbox"/>
8. It is easier to come here because of childcare arrangements	<input type="checkbox"/>
9. I wanted a second opinion on the child's problem	<input type="checkbox"/>
10. The child's problem is more appropriate for here	<input type="checkbox"/>
11. The child needed to be seen quickly	<input type="checkbox"/>
12. The child was not getting any better	<input type="checkbox"/>
13. The child has already been seen here with the same problem	<input type="checkbox"/>
14. I wanted reassurance	<input type="checkbox"/>
15. Emergency Department Doctors are more experienced	<input type="checkbox"/>
16. You get better treatment here	<input type="checkbox"/>
17. You get all tests and treatments in one place	<input type="checkbox"/>
18. Any other reasons? (please state).....	

PLEASE COMPLETE THE FOLLOWING QUESTION:

37. Looking at the list above (Question 36) and the boxes you have ticked, which numbered reason was the **most important** in terms of influencing your decision to come here today?

Reason number: _____

END OF QUESTIONNAIRE

**Thank you for taking the time to complete this
questionnaire.**

**Please place your questionnaire
(completed or uncompleted)
in the sealed response box
in the children's waiting area.**