

Paediatric Anaesthetic Department Children and Families Questionnaire

The paediatric anaesthetists are reviewing their service and are looking for ways to improve. We would be very grateful if parents and children would together fill in this form and give it to a member of staff before you leave. This is totally voluntary and we will not be upset if you would rather not complete the form.

Thank you very much

Please do not put your name or your child's name on the form.

My child's age is:

My child's surgery/procedure is:

1. Pre-admission					Yes	No	Does not apply/ do not know
Did you receive information about your child's anaesthetic before admission?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, was this by?	Telephone	Written letter/leaflet	Website	Pre-admission visit			
<i>Tick all that apply</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
If yes, was this information helpful?					Yes	No	Does not apply/ do not know
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please comment. Could this be improved?

2. Pre-operative preparation					Yes	No	Does not apply/ do not know
Did your anaesthetist come and see you before the procedure?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the anaesthetic room							
Were you able to be with your child in the anaesthetic room?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the staff introduce themselves?					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How would you rate the following?	Poor	Less than satisfactory	Satisfactory	Good	Very good	Excellent	Does not apply/ do not know
a) Were you made to feel welcome and at ease?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Did someone explain to you and your child what was going on?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Was the experience as stress-free as possible for your child?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Was the experience as stress-free as possible for you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Were you satisfied with the way your child was looked after as the anaesthetic began	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to comment on?

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4. Recovery	Yes	No	Does not apply/ do not know
Were you able to visit you child in recovery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did the anaesthetist visit you after the operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Did you get clear instructions about how to manage any pain or other problems at home?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How would you rate your Anaesthetist? Were/did they:	Poor	Less than satisfactory	Satisfactory	Good	Very good	Excellent	Does not apply/ do not know
a) Friendly and made me/my child feel at ease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Listen to what I/my child had to say	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Provide useful information and answered any questions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Spoke clearly in terms that I/my child could understand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) If I needed it, offered me/my child reassurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Include my opinions in the decisions made	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Made me/my child feel well looked after	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Gave my child good care before, during and after their operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How strongly do you agree or disagree with the following statements	Strongly disagree	Disagree	Mildly disagree	Mildly agree	Agree	Strongly agree	Does not apply/ do not know
a) I was satisfied with the Anaesthetist and would be happy for my child or myself to see them again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) The anaesthetist treated me/us with dignity and respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) I/we were given enough privacy by the anaesthetist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Is there anything else you would like to comment on?