

Paediatric Patient Reported Experience Measure (PREM)

Dear parent or carer,

We are inviting you to complete a survey about your child's care. We are committed to improving our services, and your feedback is valuable. The survey is anonymous. Your answers will not negatively impact your care.

1.	Did the health professionals explain things in a way you could understand?	Please select one box	
		Yes, always	<input type="checkbox"/>
		Yes, sometimes	<input type="checkbox"/>
		No	<input type="checkbox"/>

2.	Were you involved, as much as you wanted to be, in decisions about your child's care and treatment?	Please select one box	
		Yes, definitely	<input type="checkbox"/>
		Yes, to some extent	<input type="checkbox"/>
		No	<input type="checkbox"/>
		I did not want or need to be involved	<input type="checkbox"/>

3.	Did the health professional(s) listen carefully to any views and concerns you had?	Please select one box	
		Yes, definitely	<input type="checkbox"/>
		Yes, to some extent	<input type="checkbox"/>
		No	<input type="checkbox"/>
		I didn't have any views and concerns	<input type="checkbox"/>

4.	Did you have confidence and trust in the health professionals treating your child?	Please select one box	
		Yes, definitely	<input type="checkbox"/>
		Yes, to some extent	<input type="checkbox"/>
		No	<input type="checkbox"/>

5.	Were you given enough information about how to manage your child's care at home?	Please select one box	
		Yes, definitely	<input type="checkbox"/>
		Yes, to some extent	<input type="checkbox"/>
		No, I was not given enough information	<input type="checkbox"/>
		I did not need this type of information	<input type="checkbox"/>

6.	Were you and your child treated with respect and dignity while you were in the hospital?	Please select one box	
		Yes, always	<input type="checkbox"/>
		Yes, sometimes	<input type="checkbox"/>
		No	<input type="checkbox"/>

7.	Overall, how would you rate the care your child received in the hospital? Please select one box
	Very good <input type="checkbox"/>
	Good <input type="checkbox"/>
	Neither good nor poor <input type="checkbox"/>
	Poor <input type="checkbox"/>
	Very poor <input type="checkbox"/>

8.	Which language do you mainly speak at home? Please select one box
	English <input type="checkbox"/>
	A language other than English <input type="checkbox"/>

Thank you for taking the time to provide feedback about your child’s care. The information we receive will be used to continue to improve our services