

Youth Survey

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Where did you receive health care?

Who were your treating team?

During your current visit, how did you feel when you visited..... Please choose one option for each area or NA if you didn't go there

	Unwelcome	Somewhat unwelcome	Neither welcome nor unwelcome	Somewhat welcome	Welcome	NA
The hospital in general	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ward/Unit area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Waiting room(s) or reception area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation, art or education areas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cafe	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Outpatient area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During this visit how would you rate the friendliness of ...

	Unfriendly	Somewhat unfriendly	Neither friendly nor unfriendly	Somewhat friendly	Friendly	NA
Reception/ward clerks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Doctors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nurses	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other hospital staff (therapists, social workers, dieticians etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Technicians (eg. x-rays, blood taking)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cleaners, food staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

You may have had contact with lots of different hospital staff. We'd like to know about your overall experiences with different groups of staff. Please answer these questions about this current visit only.

Overall how did the staff treat you?

With no respect

With full respect



(Place a mark on the scale above)

Have you been treated unfairly (eg. treated differently, kept waiting etc) by a health professional (eg. doctor, nurse, physiotherapist etc) because of your age? Yes No I don't know/unsure

Generally, the way staff explained things was Completely confusing Completely understandable

(Place a mark on the scale above)

How comfortable were you to ask staff questions? Very uncomfortable Very comfortable

(Place a mark on the scale above)

Did anything stop you asking staff questions?
 I was too shy/embarrassed to ask
 I was too scared/afraid to ask
 I didn't get the chance to ask questions
 I was unable to ask questions due to disability, speech problems, language etc
 Nothing stopped me from asking questions
 I didn't need to ask questions
 Other

If other, please explain _____

During this visit, how often did you have contact with

	Not enough	Enough	Too much	NA
Your family (parents, guardians, siblings)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your usual school/course/university staff (teachers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your friends	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your doctor(s)/other health staff	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other patients your own age	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your employer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

How did you have contact with people outside of the hospital?
 Please tick all that apply:
 Personal mobile phone calls
 Hospital telephone
 Online/email/SMS texting/social media
 Personal visits
 No contact

During this visit how well did you feel your cultural needs were met? Not met at all Fully met

(Place a mark on the scale above)

Have you been treated unfairly (eg. treated differently, kept waiting etc) by a health professional (eg. doctor, nurse, physiotherapist etc) because of your ethnicity/ethnic group? Yes No I don't know/unsure

Did you continue your education and learning during this visit?

- NA
 No
 I continued with some of my own school/course/university work
 I received some help from the hospital teacher(s)

Overall, what do you think of the hospital facilities and activities?

- Not at all right for me
 Not really right for me
 Some things were right
 Good for me
 Great for me

Some more general questions now

Was the amount of information you received about your condition, treatments, medications and side effects ...

- Too much
 The right amount
 Not enough
 I didn't get any information

Were you involved in decisions about your healthcare as much as you wanted?

- Yes No

Did you get enough privacy on the ward/unit or clinic during this visit?

- Yes No

During this visit did a doctor or other health professional tell you that what you talked about with them was confidential? (meaning it would not be shared with anyone else)

- Yes No

During this visit did you spend some time alone talking about your health with your doctor(s) or other health professional? (without parents or others around)

- Yes No

What do you believe the current rules about confidentiality are if/when you see a doctor or a member of your treating team alone?

- Only my doctor (or treating team) and I would know what was spoken about in the appointment. Information would not be shared with my parent(s) under any circumstances
 My parent(s) would only be told what was said in the appointment if I agreed to them knowing, or I was at serious risk
 All information would always be shared with my parent(s), but not with anyone else, regardless of my views
 I'm not sure

During this visit have any of your doctors or other health professionals talked to you about any of the following?

	Yes	No
Home/family life	<input type="radio"/>	<input type="radio"/>
School/employment	<input type="radio"/>	<input type="radio"/>
Healthy habits (eating/exercise)	<input type="radio"/>	<input type="radio"/>
Activities/hobbies	<input type="radio"/>	<input type="radio"/>
Accidents/injury/safety (eg. bike helmets/water safety)	<input type="radio"/>	<input type="radio"/>
Cigarette smoking	<input type="radio"/>	<input type="radio"/>
Alcohol, marijuana and other drug use	<input type="radio"/>	<input type="radio"/>
Sexual relationships, safe sex, contraception	<input type="radio"/>	<input type="radio"/>
How you're managing emotionally	<input type="radio"/>	<input type="radio"/>
Fear or abuse in relationships	<input type="radio"/>	<input type="radio"/>

Overall, my doctors and nurses are people I trust to take care of my health

Never
 Almost never
 Sometimes
 Mostly
 Always

During this visit, have any of your doctors or nurses talked with you about taking a more active role in your own healthcare as you grow up?

Yes No

Will you need to continue care with an adult health service for your current condition?

Yes No Don't know

In the last 12 months have any of your treating team talked with you about transitioning to adult health services in the future?

Yes No

How much information did you get about the future healthcare needs of your condition in adult health services?

Too much The right amount
 Not enough Didn't get any

How prepared do you feel about looking after your health in the future?

Completely unprepared Completely prepared

 (Place a mark on the scale above)

We are especially interested in how well the hospital meets the needs of adolescent and young adult patients. Do you have any other comments to share with us?

Now a little bit about you

How old are you?

- 15
- 16
- 17
- 18
- 19
- 20
- 21
- 22
- 23
- 24

Which ethnic group do you most closely relate to?

- Maori
- Pacific
- New Zealand European
- Asian
- Other

Please specify

Which gender do you most closely associate with?

- Male
- Female
- Gender Diverse
- Decline to answer