

# Family/Whanau Survey

Family/Whanau Survey

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Where did your young person receive healthcare?

\_\_\_\_\_

Who were the 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 and your young person?

With no respect With full respect

=====

(Place a mark on the scale above)

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

\_\_\_\_\_

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

Whilst your young person was in hospital, how well did you feel your cultural needs were met?

Not met at all Fully met

=====

(Place a mark on the scale above)

Did your young person continue their education and learning during this visit?

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

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

- Not at all right for my young person  
 Not really right for my young person  
 Some things were right  
 Good for my young person  
 Great for my young person

### Some more general questions now ....

Was the amount of information you received about your young person's 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 young person's 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 talk to you about confidentiality?

- Yes  No

During this visit did your young person spend some time alone talking about their health with a 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 your young person sees a doctor or a member of the treating team alone?

Only the doctor (or treating team) and young person would know what was spoken about in the appointment. Information would not be shared with parent(s) under any circumstances

Parent(s) would only be told what was said in the appointment if the young person agreed to them knowing, or they were at serious risk

All information would always be shared with parent(s), but not with anyone else, regardless of the young person's views

I'm not sure

**During this visit have any of your young person's 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 young person's doctors and nurses are people I trust to take care of their health

Never

Almost never

Sometimes

Mostly

Always

During this visit, have any of your doctors or nurses talked with you about your young person taking a more active role in their own healthcare as they grow up?  Yes  No

Will your young person need to continue care with an adult health service for their current condition?  Yes  No  Don't know

In the last 12 months have any of your young person's treating team talked with you about transitioning them to adult health services in the future?  Yes  No

