

Parent carer participation

Consultation toolkit: Health Survey

About this survey

Contact a family worked with Parents Active, the parent carer forum in Hammersmith & Fulham to develop this survey. It was used to gather evidence for the local clinical commissioning group about the experience of families with a disabled child accessing health services.

Others might want to adapt it for their own area.

In its current form it takes parents approximately two minutes to complete.

Survey contents

We would be grateful if you could assist us by completing this quick survey.

1. About your child - this will help us in identifying which additional needs are not being met by health services

What additional support needs does your child have?

Please tick **all** that apply

	Y/N
Seeing and / or hearing	
Movement and / or coordination	
Communicating with others	
Learning	
Toileting or incontinence	
Feeding and eating	
Challenging behaviour	
Disrupted sleep	
Dental care	
Any other – please add below:	

2. Hospitals

2.1 Which hospitals (if any) does your child attend?

Please tick **all** that apply

	Y/N
Chelsea & Westminster	
Great Ormond street	
Evelina London children's hospital	
Other(s) please state below:	

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2.2 When your child attends hospital, do you experience problems with any of the following?

Please tick **any** that apply

	Y/N
Appointments – getting appointment times that fit in with family life	
Length of time – from being referred to being seen	
Waiting – your child gets stressed while at hospital waiting to be seen	
Attitudes – hospital staff not being helpful in understanding or meeting your child's additional needs	
Toilets/Changing – difficulty in finding suitable toilets or equipment e.g. hoists	
Feeding – difficulties in feeding your child while at hospital	
Information – having to repeatedly explain your child's condition or additional needs to different people	
Inpatient stay – not being able leave your child because of their additional needs	

Would you like to give us more detail? (optional)

What would help? (optional)

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3. Your experience of therapists & community services

Please tick box that **best** applies

Service	Not been able to access	Unhappy with service	Happy with service	Not needed for my child
Health visitor / community nurse				
Speech & Language therapy				
Occupational therapy				
Educational psychologist				
Clinical Psychologist / CAMHS				
Continence service				
Wheelchair & equipment service				
Any other – please add below:				

Would you like to give us more detail? (optional)

What would help? (optional)

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GP services

When your child attends their GP, do you experience any of the following problems?

Please tick **any** that apply

	Y/N
Appointments – getting appointment times that fit in with family life	
Waiting times – your child gets stressed while waiting to be seen	
Attitudes – receptionist staff not being helpful in understanding or meeting your child's additional needs	
Toilets – difficulty finding suitable toilets	
Doctors - being seen by a different doctor every visit who does not know about or understand your child's additional needs	
Prescriptions – getting repeat prescriptions for medicine prescribed by the hospital	

Would you like to give us more detail? (optional)

What would help? (optional)

Thank you for helping us by filling in this survey.

Tip: *Remember to add something here to tell them how you are going to keep them informed about what happens as a result of the survey.*