

**Children in Care**

**Feedback form for Young People**

**10 – 18 years**

We would like to know what you think about your recent health check.

Thank you for taking part in this survey.

Please put a cross (X) in the box next to the most suitable answer option for each question.

**Q1 Where did your health check take place?**

|  |  |  |  |
| --- | --- | --- | --- |
| At home |  | In a clinic |  |
| At school |  |

**Q2 About the appointment:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes definitely | Yes, a little | No | Not sure |
| Were you happy with the location of today’s appointment ? |  |  |  |  |
| Were you happy with the time of today’s appointment? |  |  |  |  |
| Did you get the option to choose where the appointment would take place? |  |  |  |  |

**Q3 About the care you received**:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Yes definitely | Yes, a little | No | Not sure |
| Did the Nurse introduce themselves? |  |  |  |  |
| Was the Nurse friendly? |  |  |  |  |
| Did the Nurse explain things in a way that you could understand? |  |  |  |  |
| Did the Nurse listen to what you had to say? |  |  |  |  |
| Did you have the opportunity to ask the questions you wanted to? |  |  |  |  |
| Were you able to discuss things you were worried about? |  |  |  |  |
| Did the Nurse treat you with respect? |  |  |  |  |
| Did you understand why you saw the Nurse today? |  |  |  |  |

**Q4 Did you get the chance to speak to the Nurse on your own?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | I didn’t want to |  |

**Q5 Do you know how to contact the Nurse if you are worried about anything that was said during this appointment?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Yes |  | No |  | Not sure |  |

**Q6 Who filled in this questionnaire?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Child |  | Foster carer |  | Both |  |

**Q7 How old are you?**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10 – 12 years |  | 13 – 16 years |  | Over 16 |  |

**Q8 What is your gender?**

|  |  |  |  |
| --- | --- | --- | --- |
| Male |  | Female |  |
| Transgender |  | I’d prefer not to say |  |

**Q9 To which ethnic group would you say you belong?**

|  |  |  |  |
| --- | --- | --- | --- |
| White – British |  | Other Mixed background |  |
| White – Irish |  | Asian or Asian British – Indian |  |
| Other White background |  | Asian or Asian British – Pakistani |  |
| Black or Black British – Caribbean |  | Asian or Asian British – Bangladeshi |  |
| Black or Black British – African |  | Other Asian background |  |
| Other Black background |  | Chinese |  |
| Mixed – White and Black Caribbean |  | Other ethnic group |  |
| Mixed – White and Black African |  | I do not wish to disclose my details |  |
| If ‘Other’ – please specify | |  | |

**Your comments**

**Q10 Please tell us what was good about today’s appointment.**

|  |
| --- |
|  |

**Q11What would have made it better?**

|  |
| --- |
|  |