

## Survey Definition Report

**Client :** Midlands Burn Care Network

**Survey Name** BCH OP Oct 11

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### Survey Start Message :

The Midlands Burn Care Network thanks you for agreeing to complete our 5 minute survey. Your views are important to us and will remain anonymous

### Questions :

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**Q.1 Please pick the box that best describes you**

*(Multiple Choice, select one only)*

- Child
- Parent
- Carer

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**Q.2 Are you being treated following**

*(Multiple Choice, select one only)*

- A Burn injury
- Reconstructive Burn Surgery
- Other injury

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**Q.3 Were you given a choice of appointment times?**

*(Multiple Choice, select one only)*

- Yes
- No, but I did not need or want a choice
- No, but I would have liked a choice
- Do not know

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**Q.4 Which time slot would you prefer to attend**

*(Multiple Choice, select one only)*

- Morning 08.00 - 12.00
- Afternoon 12.00 - 16.00
- Evening 16.00 - 19.00

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**Q.5 Were you seen on time?**

*(Multiple Choice, select one only)*

- Yes
- No

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**Q.6 How long did you have to wait to be seen?**

*(Multiple Choice, select one only)*

- Less than 5 minutes
- Between 6 and 15 minutes
- Between 16 and 30 minutes
- Between 31 and 60 minutes
- More than one hour

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**Q.7 Were you informed of the reason for any delay?**

*(Multiple Choice, select one only)*

- Yes
- No

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**Q.8 How helpful were the clinic team when you first arrived for your appointment?**

*(Multiple Choice, select one only)*

- Very helpful
- Fairly helpful
- Not very helpful
- Not at all helpful

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**Q.9 Who did you expect to see when you came to the clinic?**

**(can answer more than one if needed)**

*(Multiple Choice, multiple answers allowed)*

- Nurse
- Doctor
- Physiotherapist
- Occupational Therapist
- Psychologist
- Dietitian

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**Q.10 Did you see the clinical staff that you expected to see?**

*(Multiple Choice, select one only)*

- Yes
- No

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**Q.11 Did each member of the team introduce themselves to you?**

*(Multiple Choice, select one only)*

- Yes
- No
- Some of the team
- I cannot remember

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**Q.12 Pick the box that best describes how staff have been today in  
- Involving you in making decisions**

*(Tabular, select one only)*

- Very good
- Good
- Poor
- Very poor

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**Q.13 Pick the box that best describes how staff have been today in  
- Giving you enough time**

*(Tabular, select one only)*

- Very good
- Good
- Poor
- Very poor

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**Q.14 Pick the box that best describes how staff have been today in  
- Explaining about your treatment**

*(Tabular, select one only)*

- Very good
- Good
- Poor
- Very poor

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**Q.15 Pick the box that best describes how staff have been today in  
- Listening to you**

*(Tabular, select one only)*

- Very good
- Good
- Poor
- Very poor

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**Q.16 Pick the box that best describes how the staff respected your / your child's privacy and dignity  
- My treatment was interrupted**

*(Tabular, select one only)*

- Not at all
- A little
- Frequently

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**Q.17 Pick the box that best describes how the staff respected your / your child's privacy and dignity - Did the staff talk about you as if you were not there**

*(Tabular, select one only)*

- Not at all
- A little
- Frequently

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**Q.18 Pick the box that best describes how the staff respected your / your child's privacy and dignity - Did you feel embarrassed or vulnerable**

*(Tabular, select one only)*

- Not at all
- A little
- Frequently

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**Q.19 Were the Play Specialist staff in clinic with you / your child today?**

*(Multiple Choice, select one only)*

- Yes
- No
- No, but I would have liked them to have been there

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**Q.20 Cleanliness and Hygiene. Pick the appropriate box - Was the clinic area clean and tidy**

*(Tabular, select one only)*

- Yes
- No

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**Q.21 Cleanliness and Hygiene. Pick the appropriate box - Were there hand gels available**

*(Tabular, select one only)*

- Yes
- No

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**Q.22 Cleanliness and Hygiene. Pick the appropriate box - Did you see the staff use the hand gel?**

*(Tabular, select one only)*

- Yes
- No

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**Q.23 Cleanliness and Hygiene. Pick the appropriate box - Did you use the hand gel?**

*(Tabular, select one only)*

- Yes
- No

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**Q.24 Did your child receive painkillers at clinic today?**

*(Multiple Choice, select one only)*

- Yes
- No

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**Q.25 How would you best describe the level of pain or discomfort that you / your child experienced during your / their treatment?**

*(Multiple Choice, select one only)*

- Did not hurt
- Hurt a little bit
- Hurt a lot
- Worst hurt

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**Q.26 Did you feel safe in our care today**

*(Multiple Choice, select one only)*

- Yes
- No

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**Q.27 Pick the box that best describes the care received from the team**

**- Medical team (doctors)**

*(Tabular, select one only)*

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

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**Q.28 Pick the box that best describes the care received from the team**

**- Nursing team**

*(Tabular, select one only)*

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

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**Q.29 Pick the box that best describes the care received from the team**

**- Physiotherapy team**

*(Tabular, select one only)*

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

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**Q.30 Pick the box that best describes the care received from the team**

**- Occupational therapy team**

*(Tabular, select one only)*

- Excellent
- Good
- Fair
- Poor
- Very Poor
- Did not see

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**Q.31 Were you told about and given information on massaging**

*(Multiple Choice, select one only)*

- Yes
- Yes, just given information
- No, wound not healed
- No

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**Q.32 If seen by a therapist today was the information / advice given to you helpful?**

*(Multiple Choice, select one only)*

- Did not see a therapist
- Yes
- No
- None given

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**Q.33 Were you provided with any written information from the therapist?**

*(Multiple Choice, select one only)*

- Did not see a therapist
- Yes
- No

Therapist said not required

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**Q.34 Did you find it useful being seen by the therapists at the same time as your clinic appointment?**

*(Multiple Choice, select one only)*

- Did not see a therapist
  - Yes
  - No
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**Q.35 Would you prefer to have your therapy appointment in the therapy department - even if this was on a different day?**

*(Multiple Choice, select one only)*

- Did not see a therapist
  - Yes
  - No
- 

**Q.36 Please rate your overall satisfaction with your clinic visit today**

*(Multiple Choice, select one only)*

- Very satisfied
  - Satisfied
  - Dissatisfied
  - Very dissatisfied
- 

**Q.37 About you: Are you / your child ?**

*(Multiple Choice, select one only)*

- Boy / Male
  - Girl / Female
- 

**Q.38 About you: How old are you / your child?**

*(Multiple Choice, select one only)*

- Under 1
  - 1 to 5
  - 6 to 10
  - 11 to 15
  - Over 15
- 

**Q.39 Please add any further comments**

*(Open Ended)*

- Free Format Text
  - No Response
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**Survey End Message :**

Thank you for completing this survey. Your views will help us improve patient care