We want to make our hospital better: can YOU help us?

Please start by telling us which part of the hospital you are in

I am in............................................................................................................

Child-Friendly Hospital Evaluation Tool for Children’s Inpatients
http://www.cscy.group.shef.ac.uk/research/spacetocare.htm
Draw a face to tell us what you think. Tell us what would make each thing better.

Does the place look nice and friendly?

Has anyone shown you around the ward?

Are there good things for you to do here?

Does this place feel right for you?

Do the people who work here chat to you?

Is there somewhere to be quiet and on your own if you feel like it?

What would make it better?
<table>
<thead>
<tr>
<th>Question</th>
<th>Circle Options</th>
<th>Notes/Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can you choose what you watch on TV?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there somewhere to play with other children if you want to?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there enough space for your family and friends?</td>
<td></td>
<td></td>
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<tr>
<td>Can you choose whether you have your light on or off?</td>
<td></td>
<td></td>
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<tr>
<td>Can you go to the play area when you want to?</td>
<td></td>
<td></td>
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<tr>
<td>Is this place ok for you at night?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What do you like best about this place?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>What would make it better?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Is there anything else you would like to tell us about this place?

Thanks for your help!

How old are you? ____________

Please circle the answers that apply to you

Are you a girl or boy? girl / boy

How would you describe yourself?

a) White  
b) Pakistani  
c) Chinese  
d) Indian  
e) Bangladeshi  
f) Black  
g) Mixed (please write in) ____________________________

h) Other (please write in) ____________________________
i) I do not understand this question

Which language do you speak most often at home? _______________________

This sheet has been filled in by me ____________

Or,

this sheet has been filled in by someone in my family ____________