



Gyermekjogi kérdőív eredményei nemzetközi vonatkozásban

Az OGYEI által a Közös Kincsünk a Gyermek Nemzeti Program keretében elkészített, már nyomdába került, magyar kérdőívre alapozva került kidolgozásra a HPH-CA (Health Promoting Hospital Child and Adolescent Task Force) által elfogadott nemzetközi kérdőív. Ezért bizonyos kérdések –a gyermek kora, fájdalomcsillapítás hatékonysága, gyermekek bevonása a döntésekbe koruknak, értelmüknek megfelelően (kamaszok!), létező fórum a panaszokra, és elismerésre!- sajnálatosan még nem szerepelnek a magyar változatban.

Reméljük, egy esetleges későbbi hasonló kérdőíves vizsgálatban ezek is felfedésre kerülhetnek a jövőben.

Questionnaire on children's and adolescents' rights in hospital

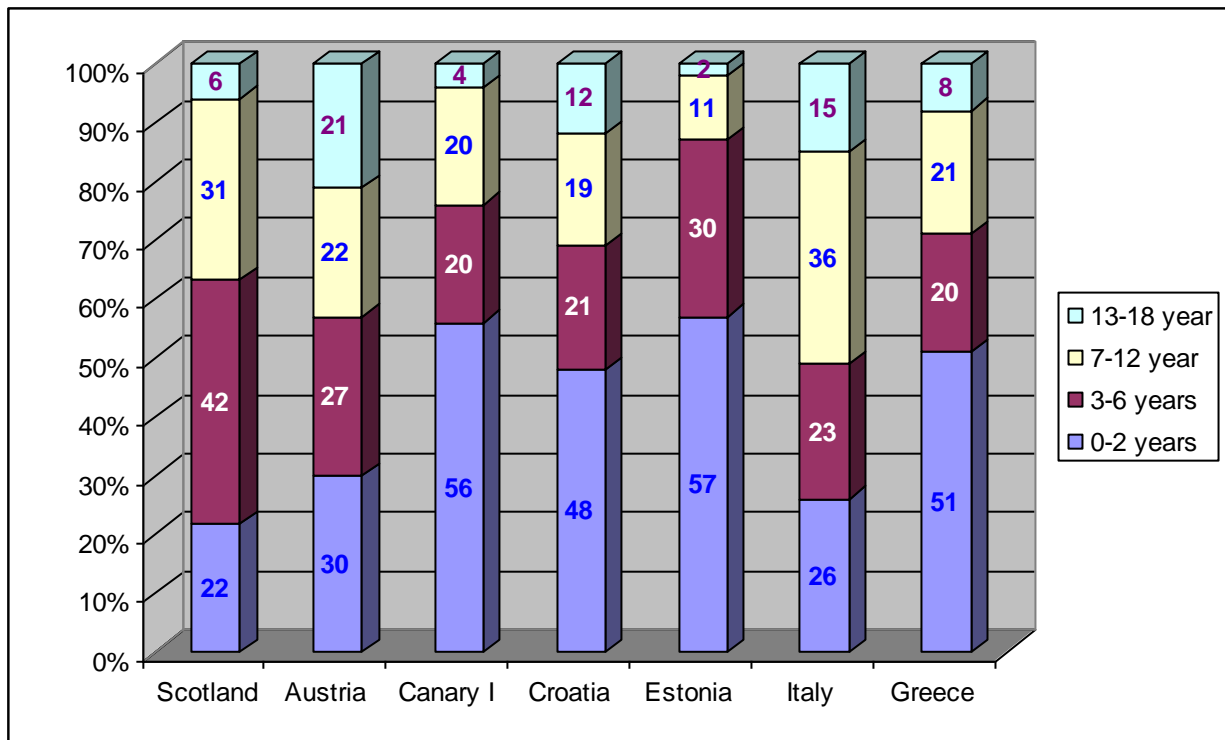
1. Age of child is

0-2 years

3-6 years

7-12 years

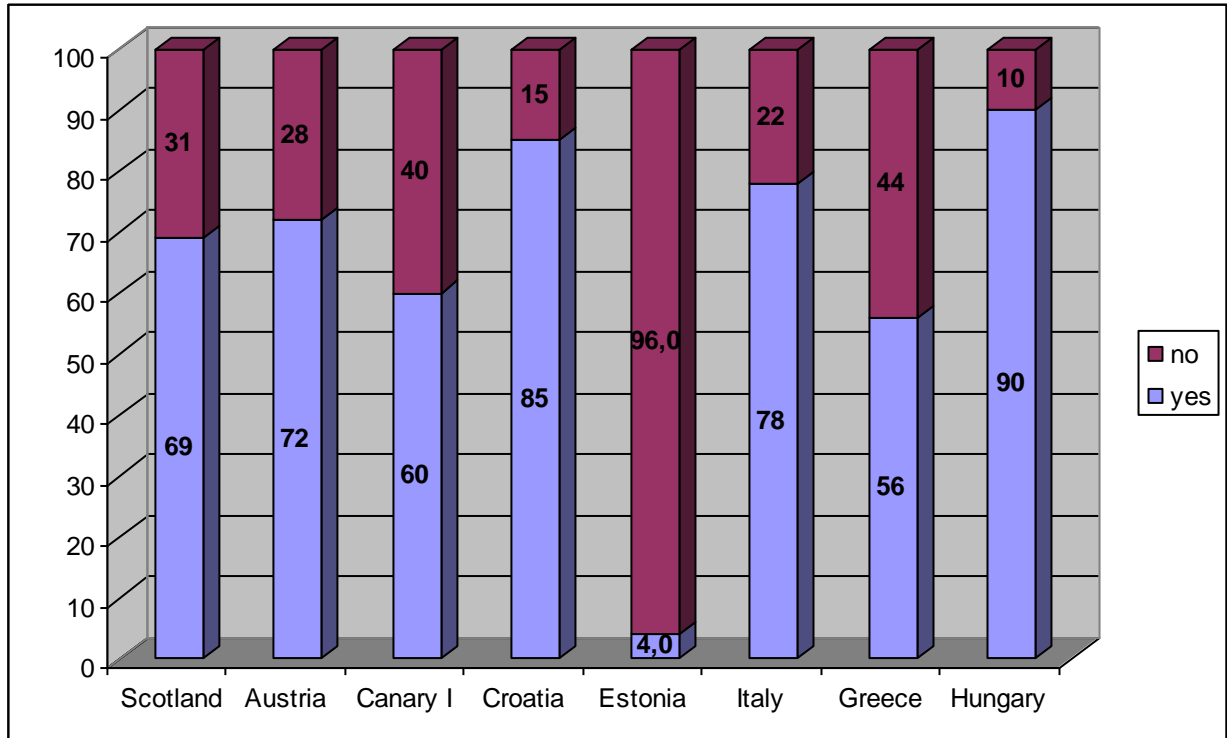
13-18 years





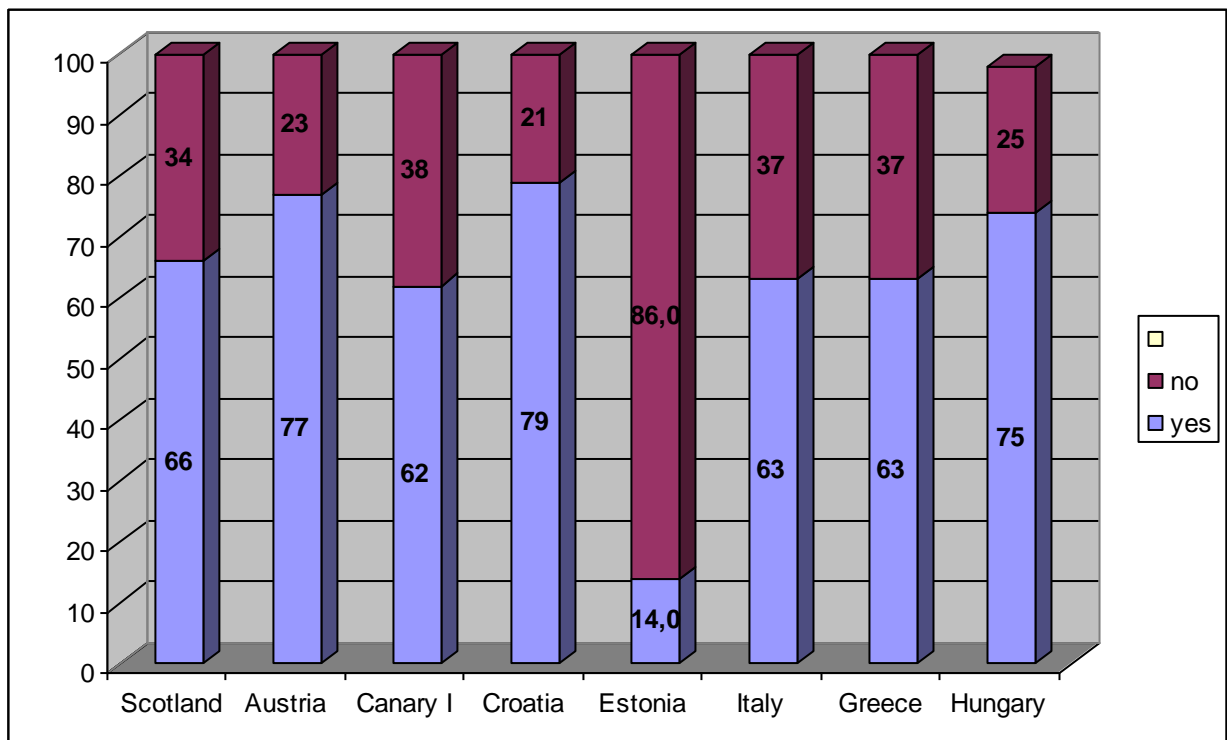
**2. Are you informed that the children and adolescents have
- rights in the hospitals?**

Yes No



- duties in the hospitals?

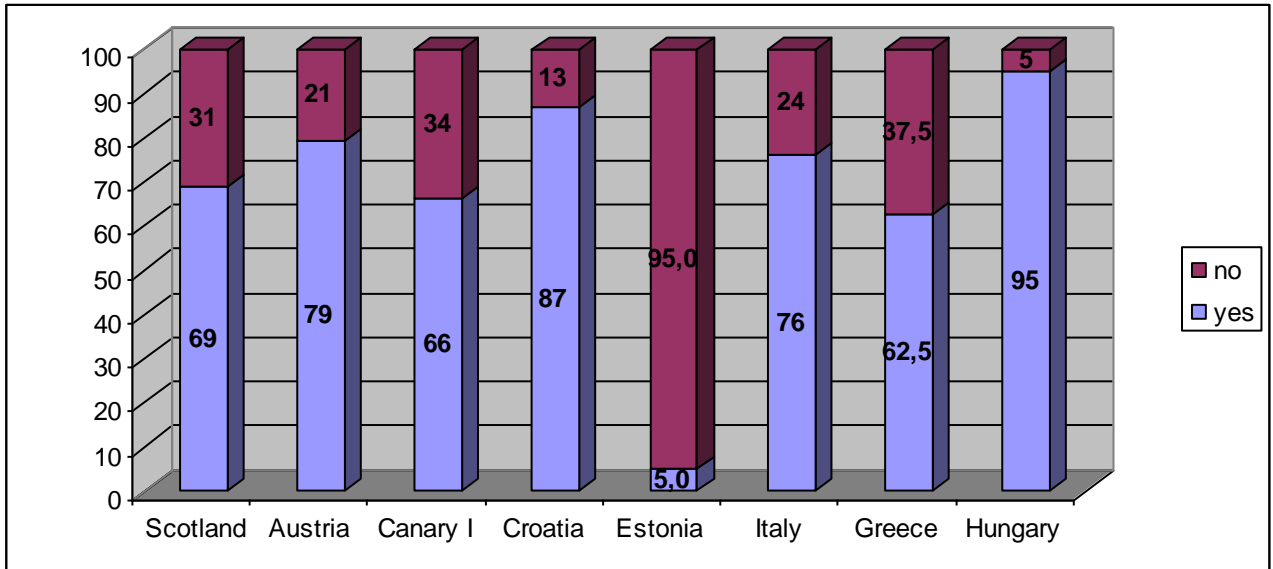
Yes No





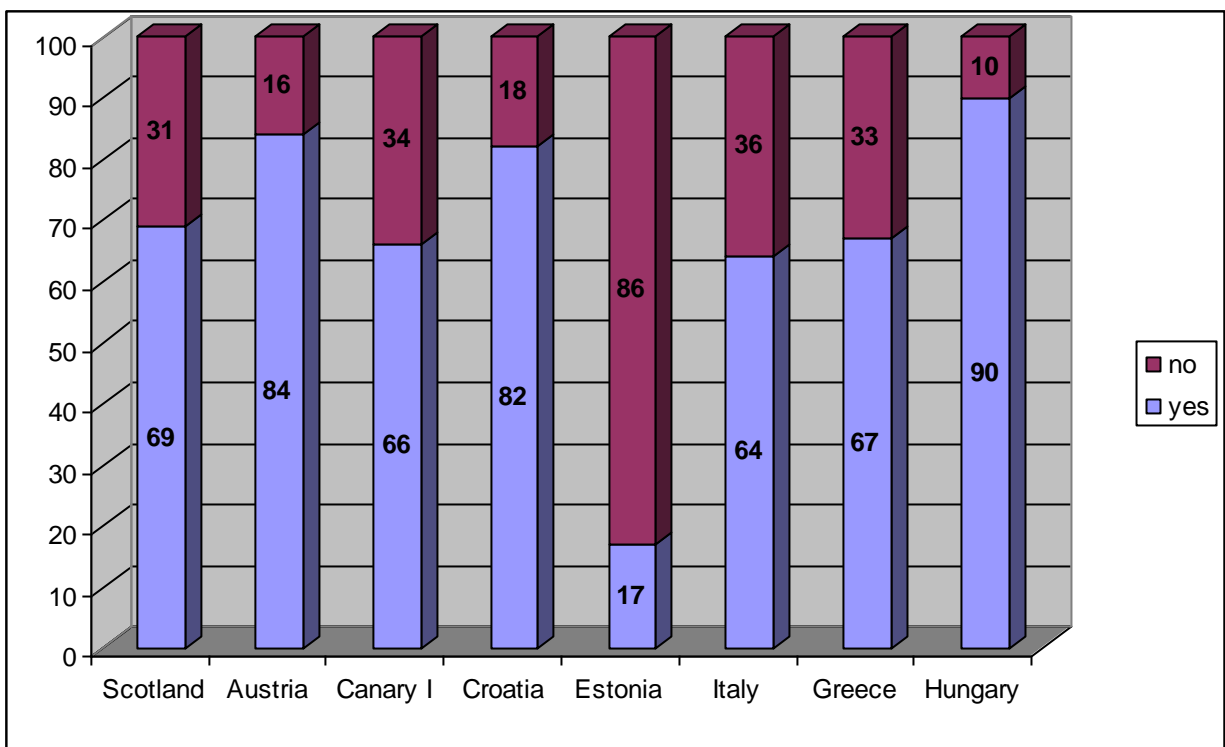
**3. Are you informed that the parents of the children and adolescents have
- rights in the hospitals?**

Yes No



- duties in the hospitals?

Yes No





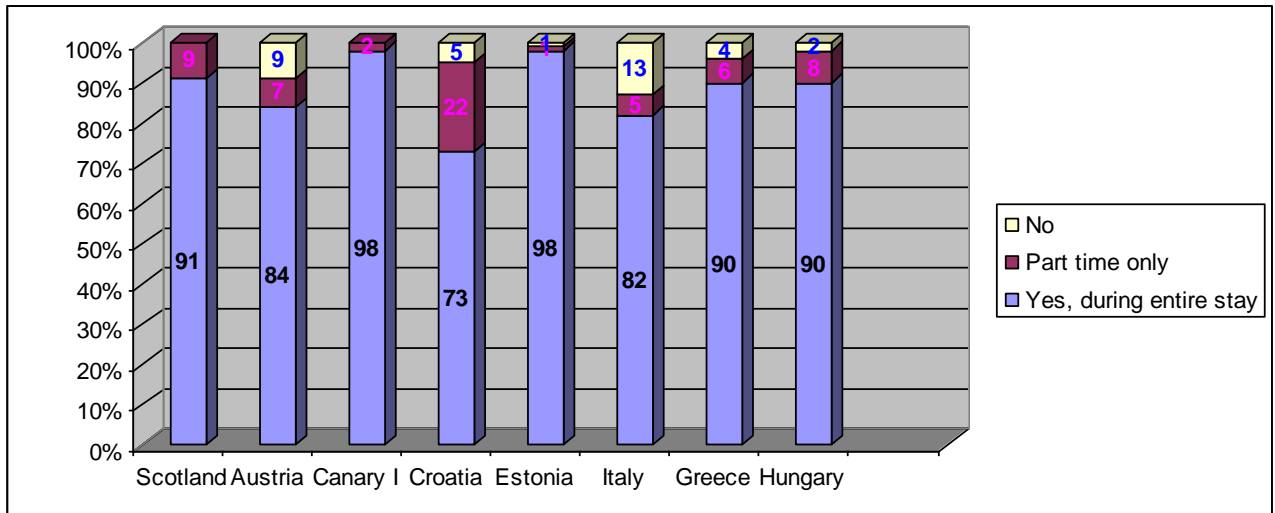
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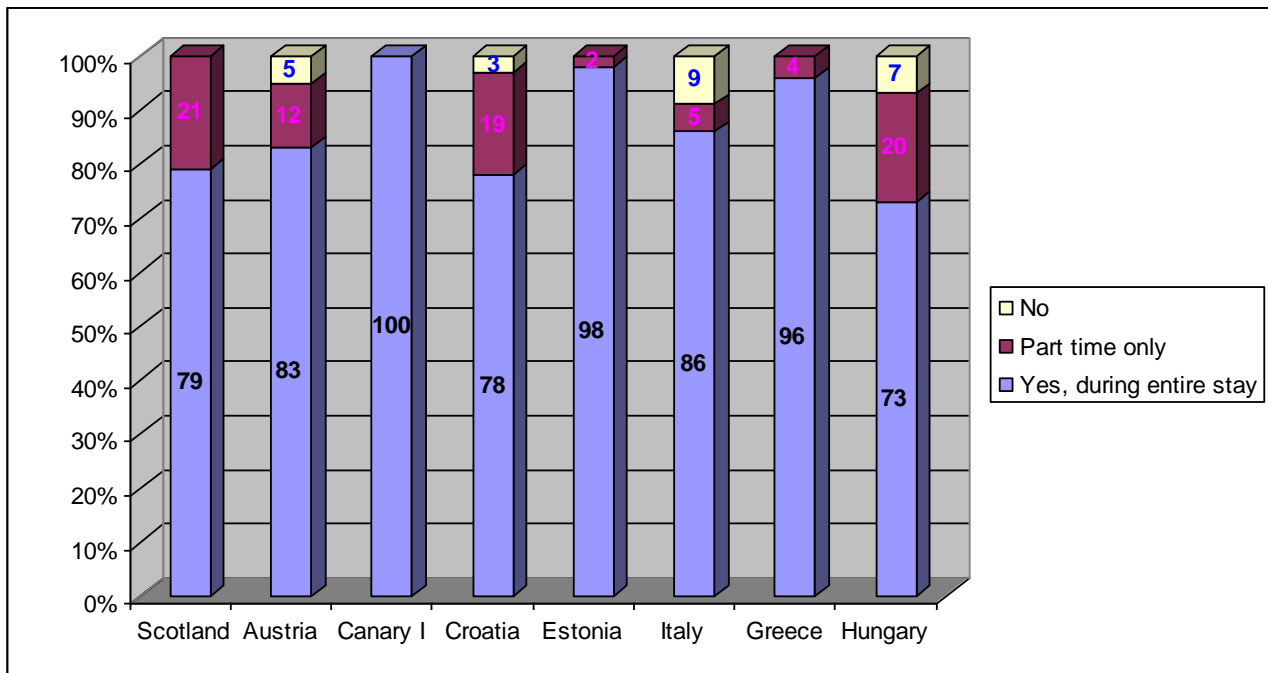
4. Was it offered you to stay with your child in the hospital?

Yes, during entire stay Part time only No



5. Have you had the possibility to stay with your daughter/son?

Yes Partially No



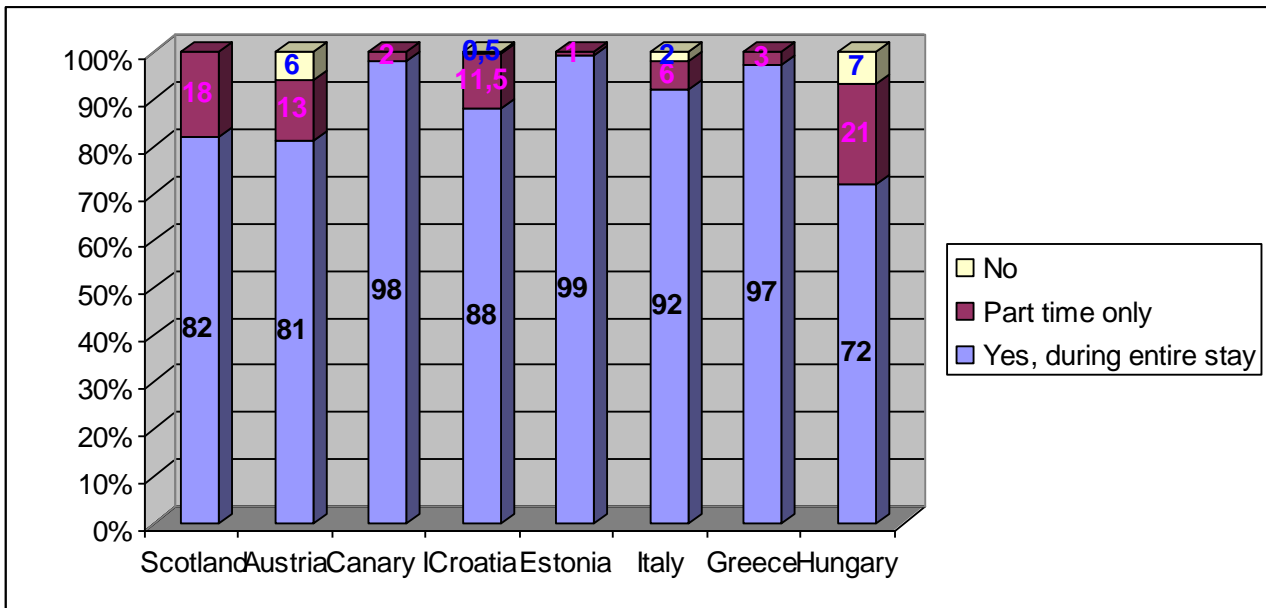
6. Have you been ready for assisting in the nursing/care of your daughter/son?

Yes, all day Part time No



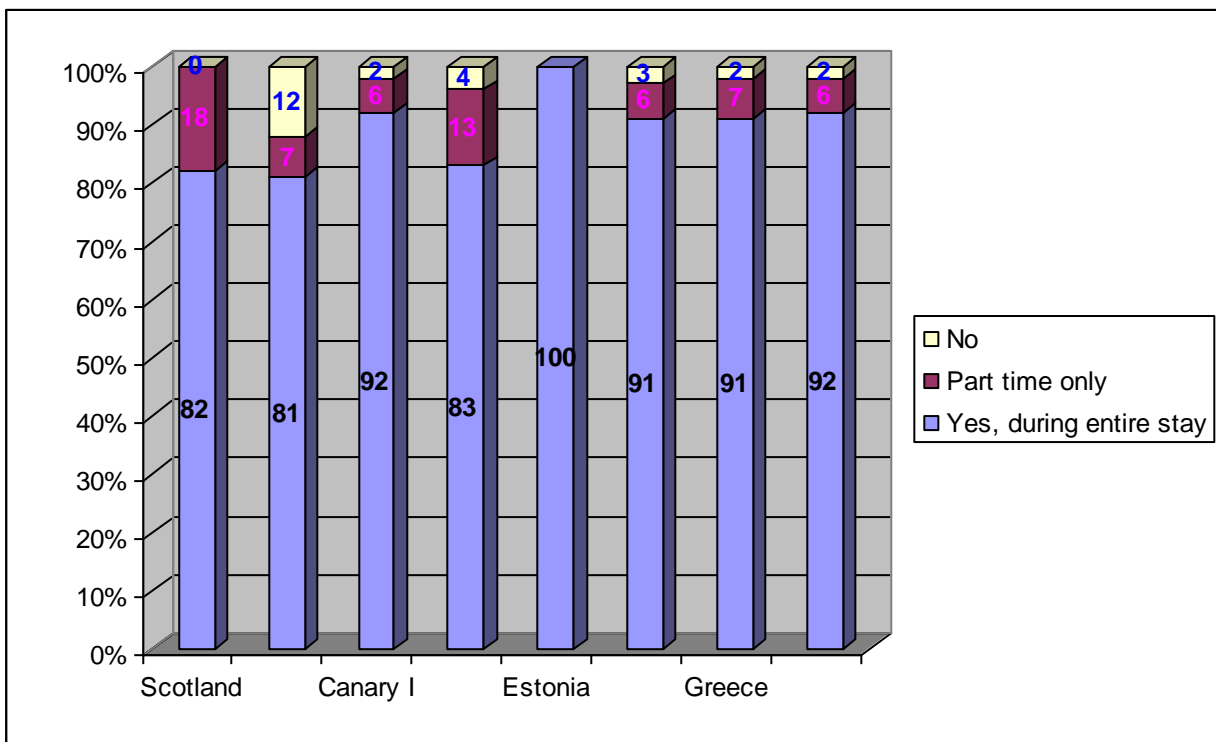
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7. Was the opportunity offered to do so?

Yes Partially No

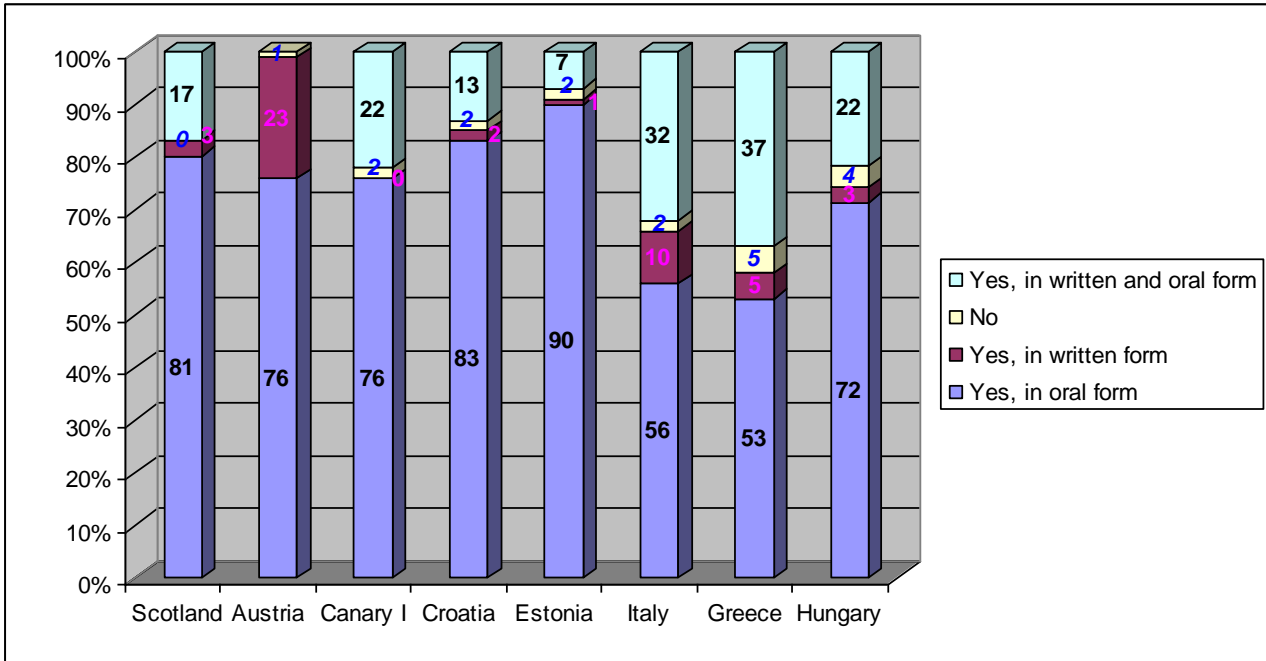




8. Have you been informed

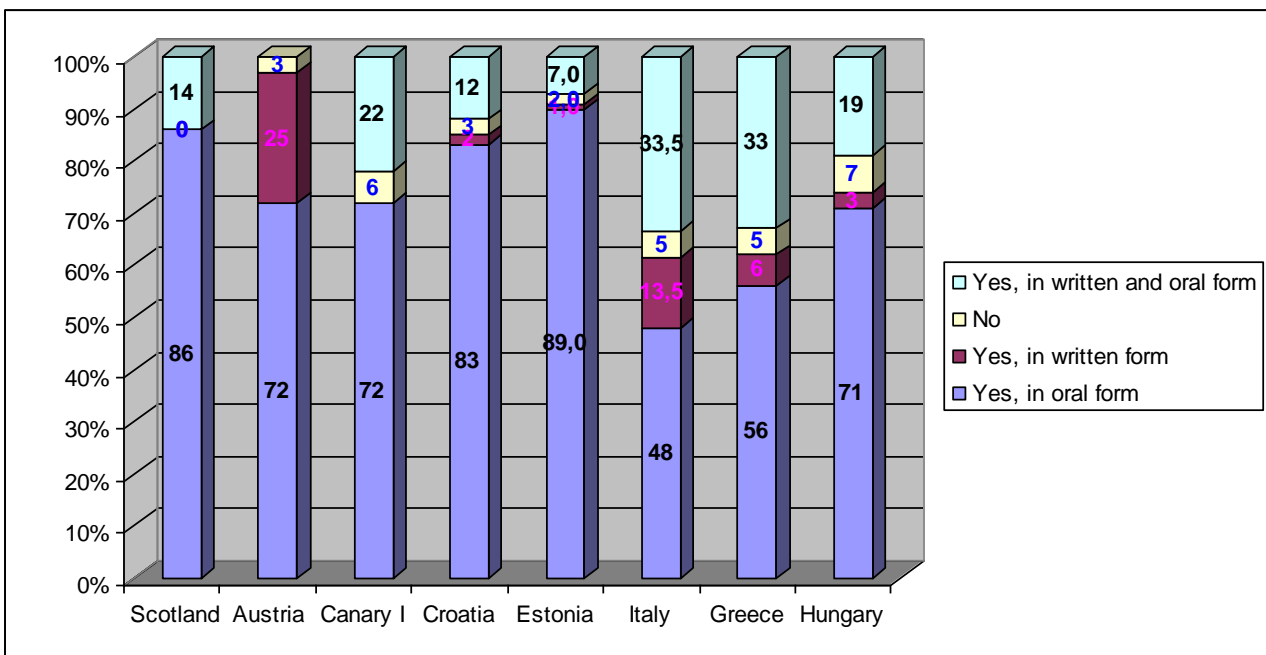
- about the child's illness? (more answer accepted)

Yes, in oral form Yes, in written form No



- about the treatment? (more answer accepted)

Yes, in oral form Yes, in written form No





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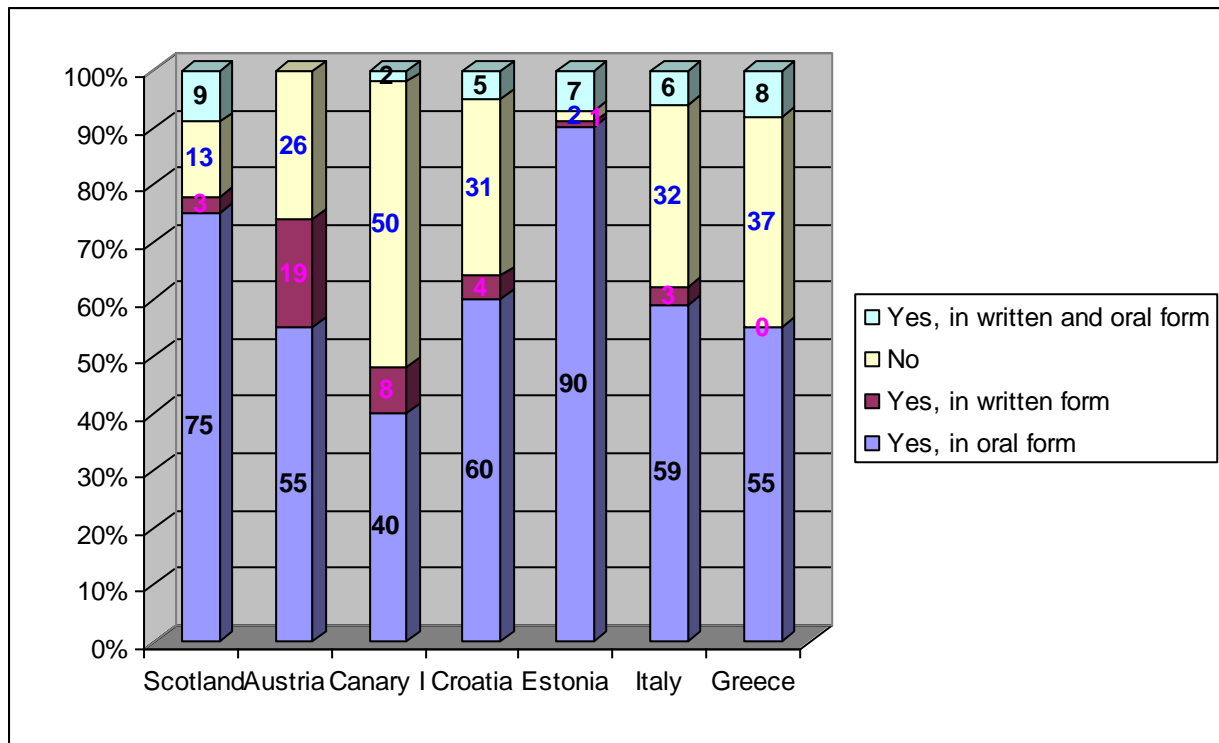
9. Has your child been informed

- about his/her illness?

Yes, in oral form

Yes, in written form

No





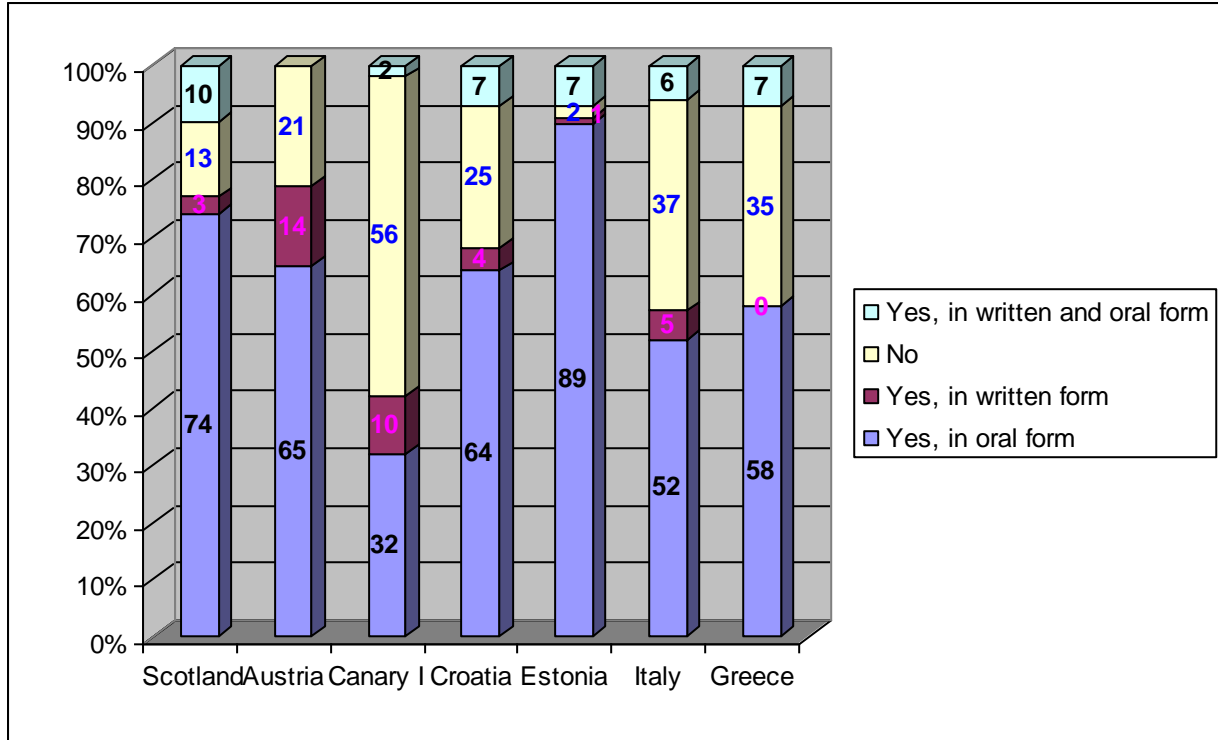
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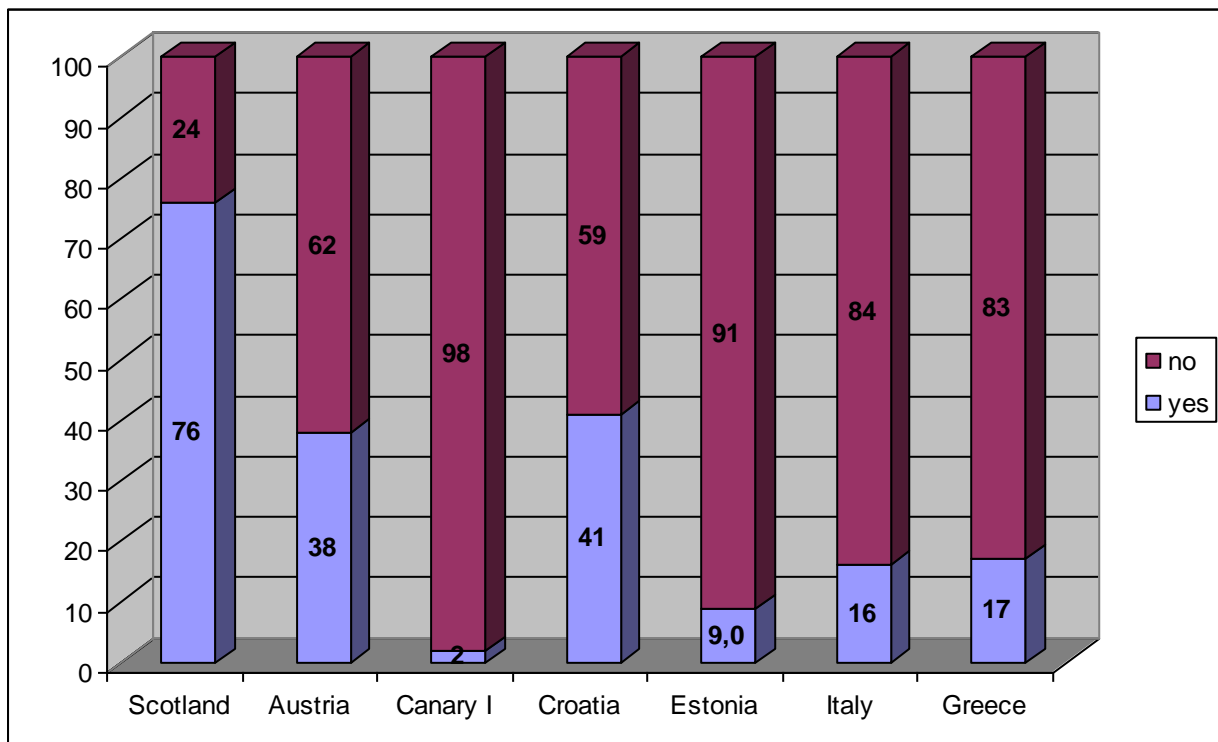
- about his/her treatment?

Yes, in oral form Yes, in written form No



10. Has your child been given the opportunity to take any decisions regarding his/her treatment?

Yes No



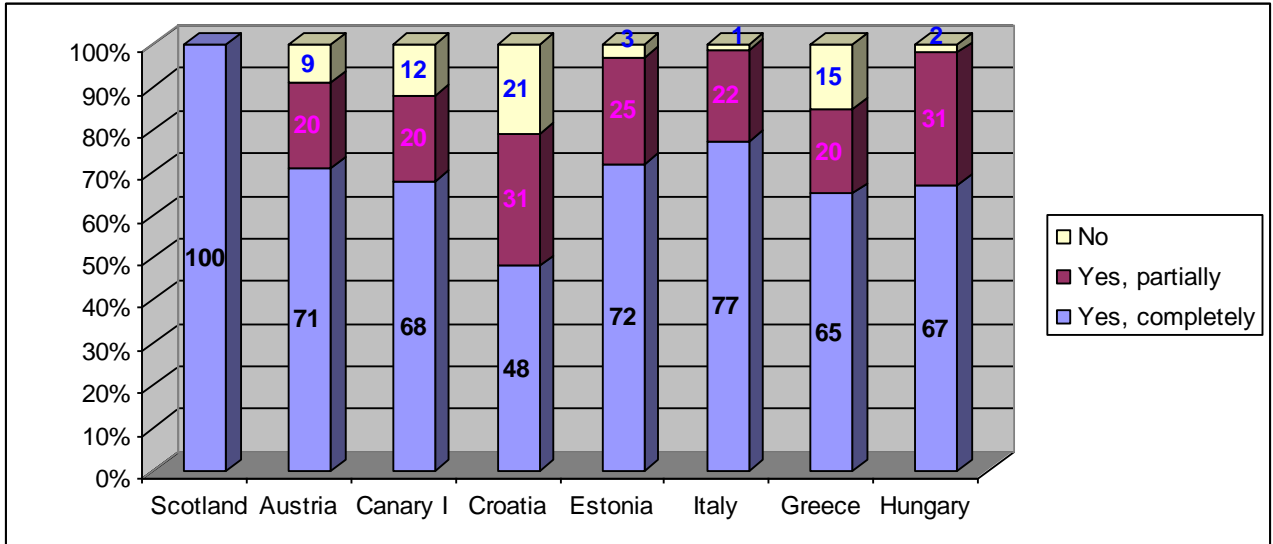


11. Was the given information comprehensive?

Yes, completely

Yes, partly

No

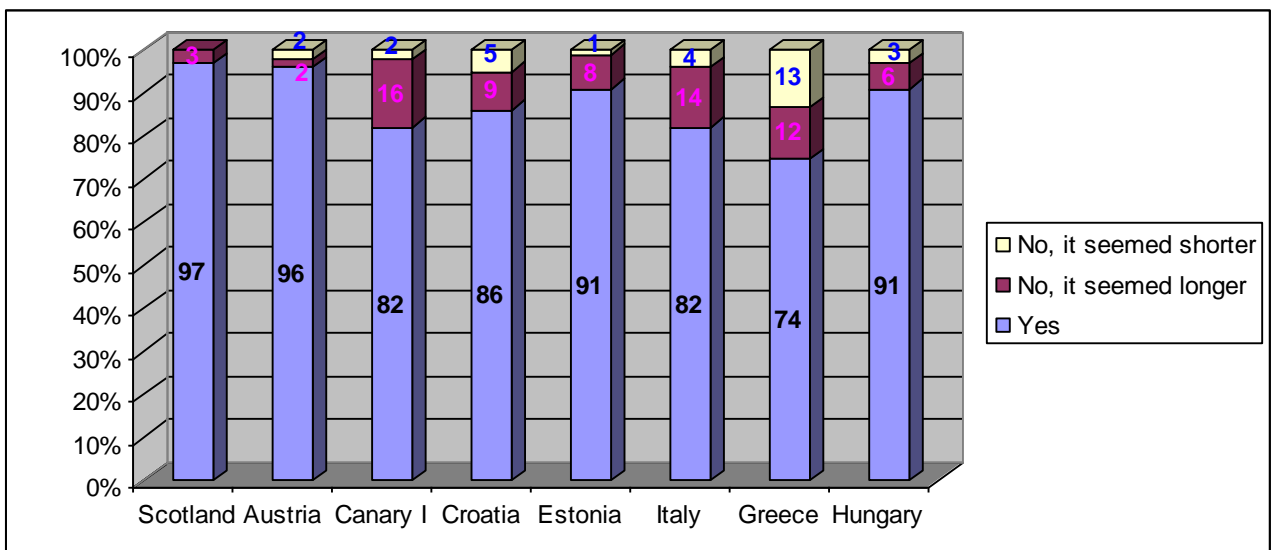


12. According to your knowledge, was the duration of the hospital stay optimal?

Yes

No, it seemed longer

No, it seemed shorter





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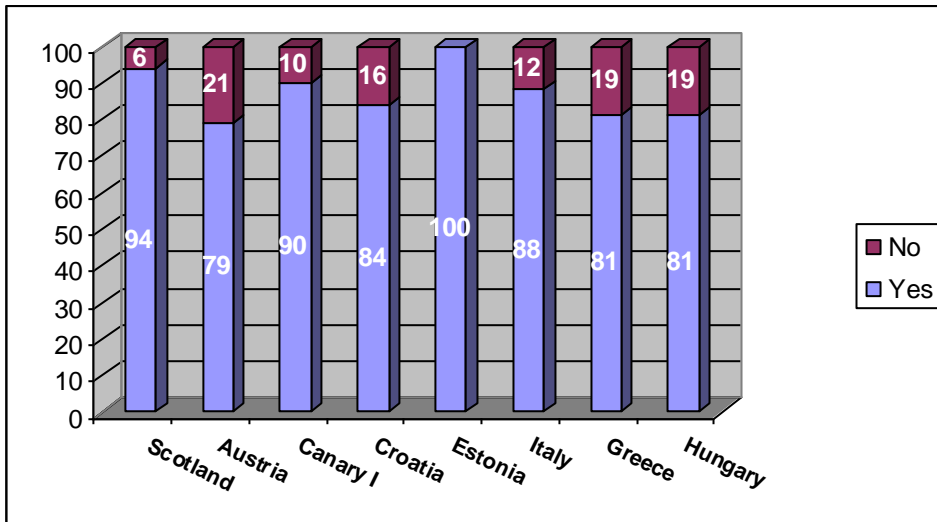
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13. Do you have the adequate means to continue the treatment of the child as an outpatient?

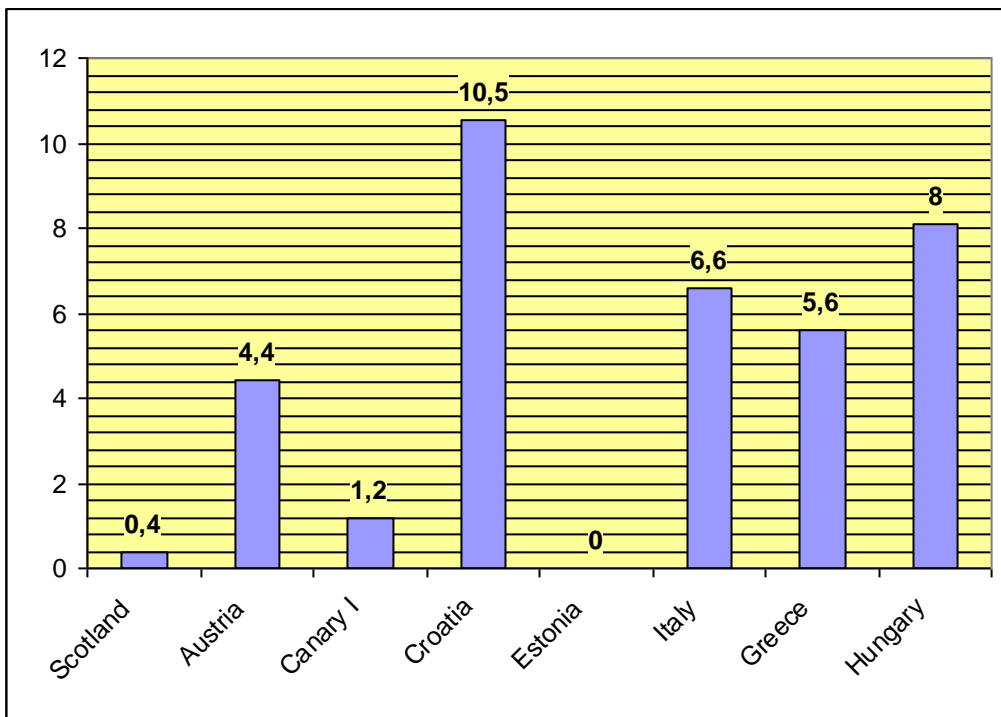
Yes

No



If the answer is no what was the reason? (more answer accepted)

The distance between permanent residency of the child and hospital or absence of the convenient public transportation



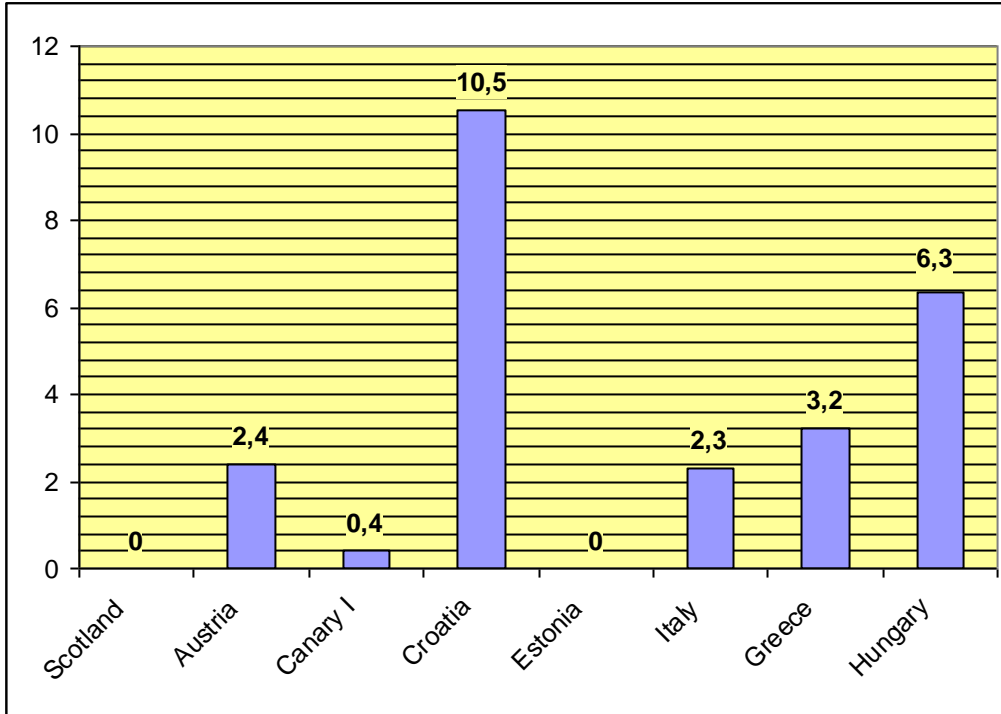


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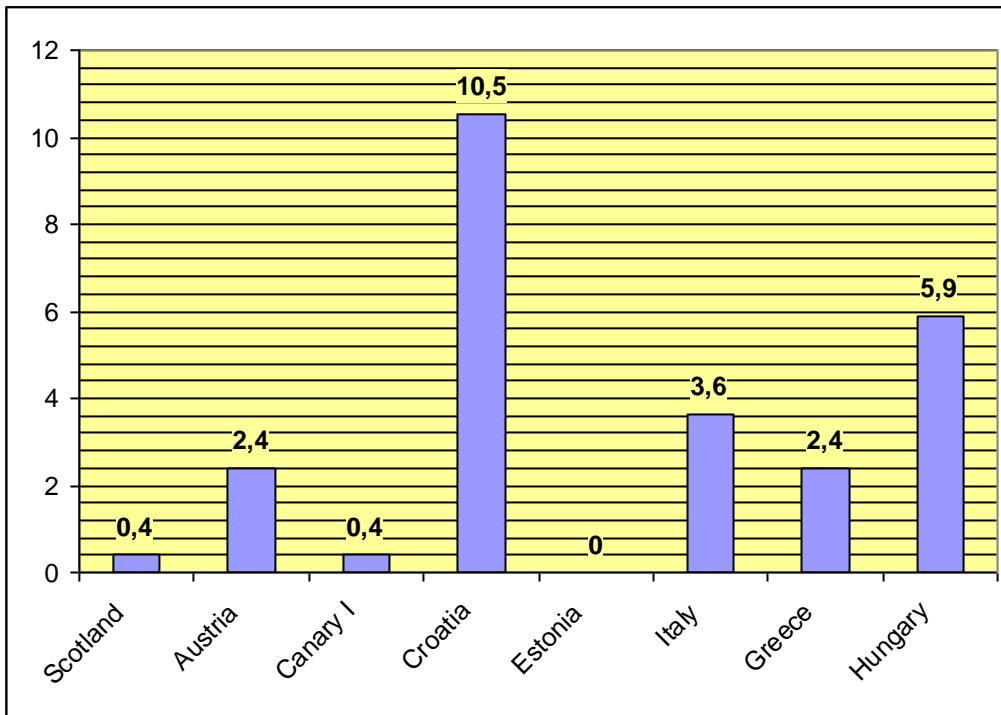
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Employment of the parents/guard



Restricted family budget



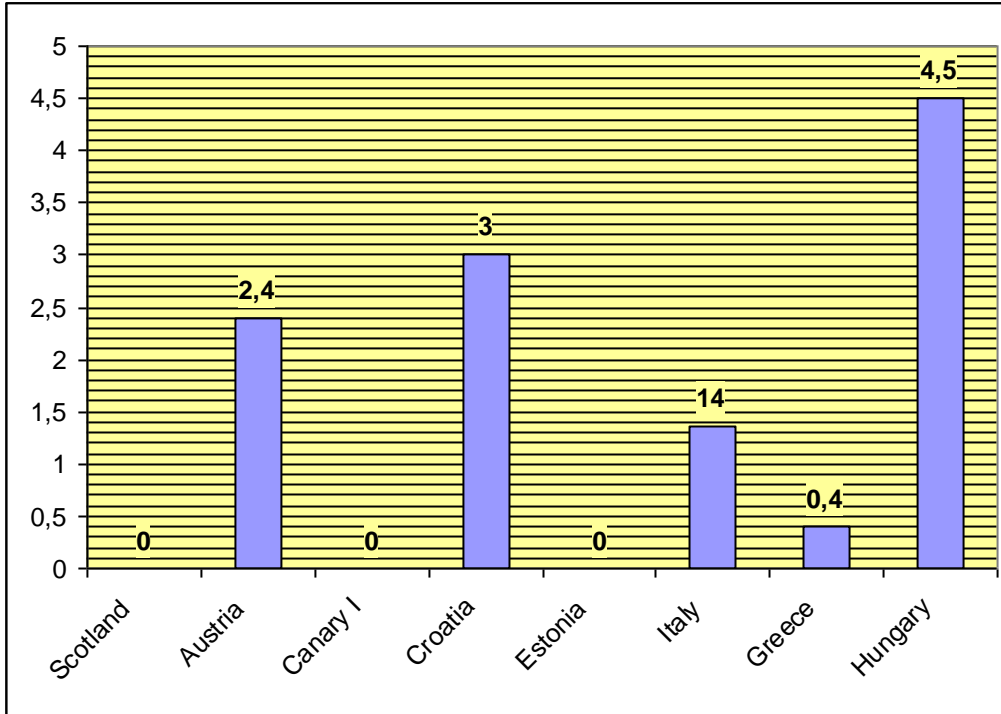


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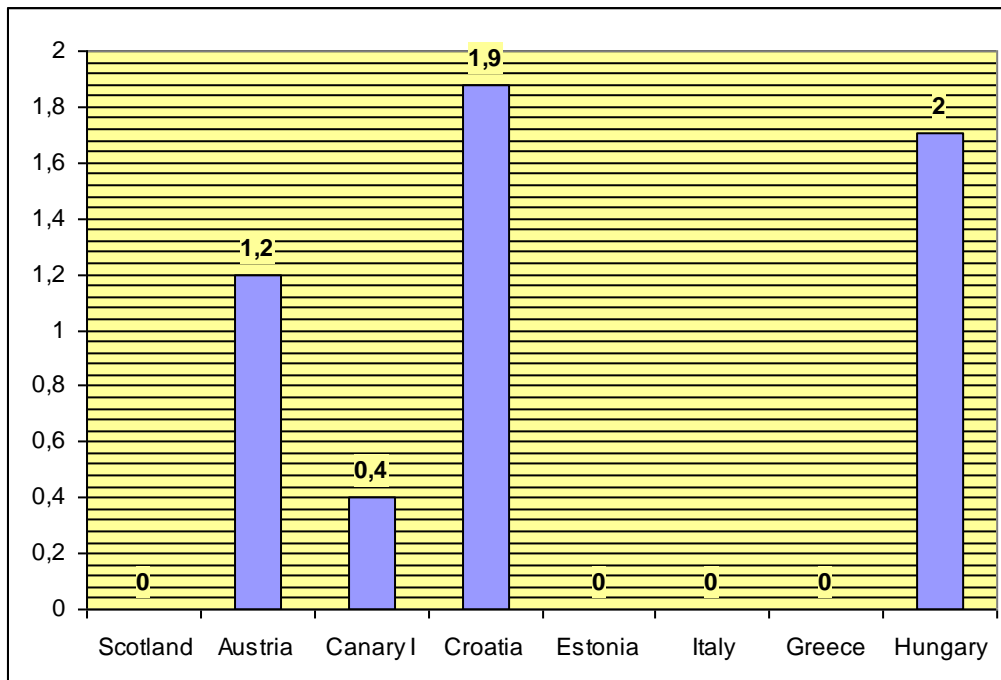
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The hospital has not offered this opportunity



Others Please describe:.....



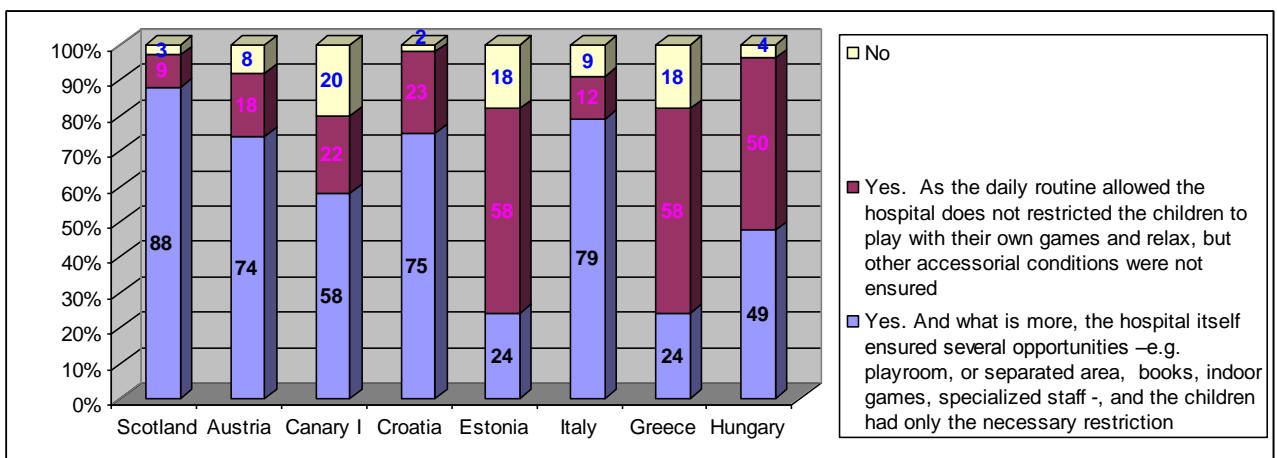


14. If the child's health condition was good enough to play/relax/study in the hospital were opportunities offered for? (What description is the most correct?)

Yes. And what is more, the hospital itself ensured several opportunities –e.g. playroom, or separated area, books, indoor games, specialized staff -, and the children had only the necessary restriction

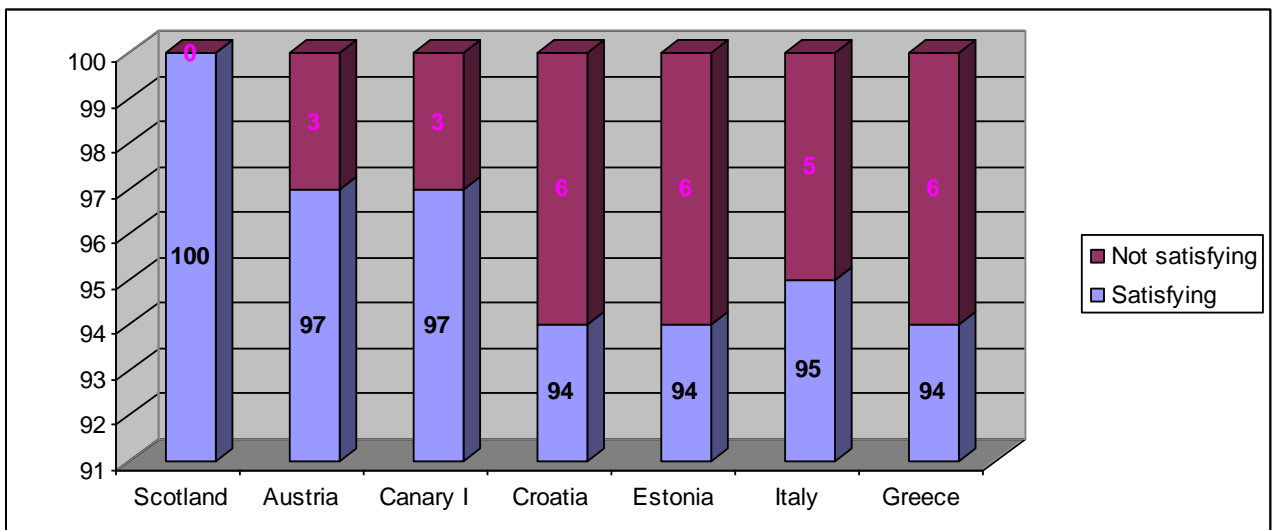
Yes. As the daily routine allowed the hospital does not restricted the children to play with their own games and relax, but other accessorial conditions were not ensured

No because.....



15. What is your personal impression on the efficiency of pain management?

Satisfying Not satisfying Not applicable

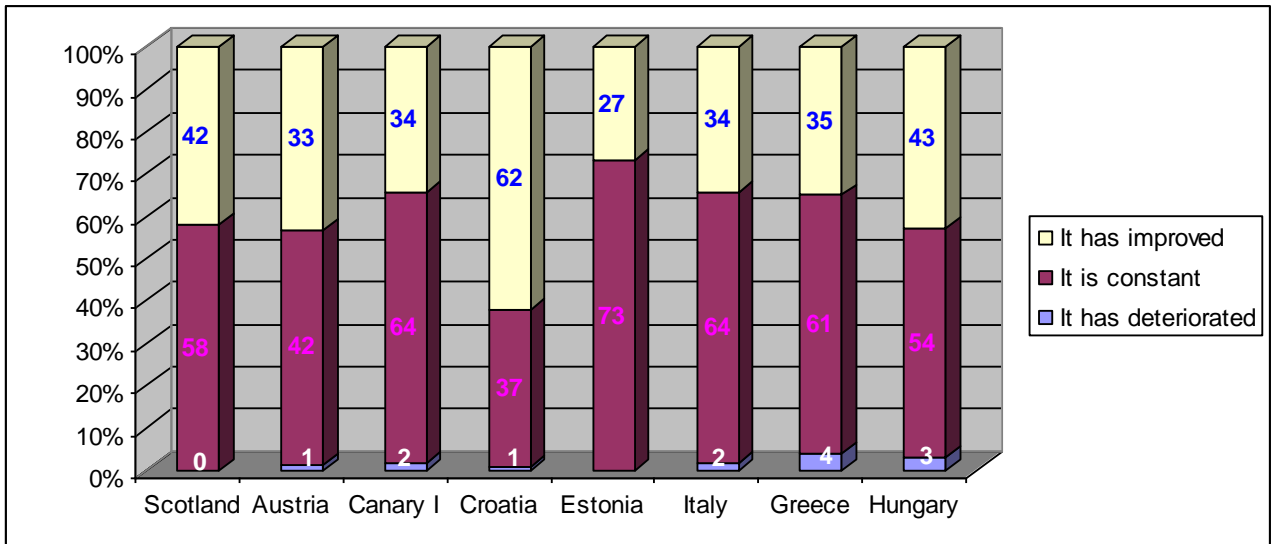




16. If your child stayed here before do you see any improvement compared to the former stay in this hospital?

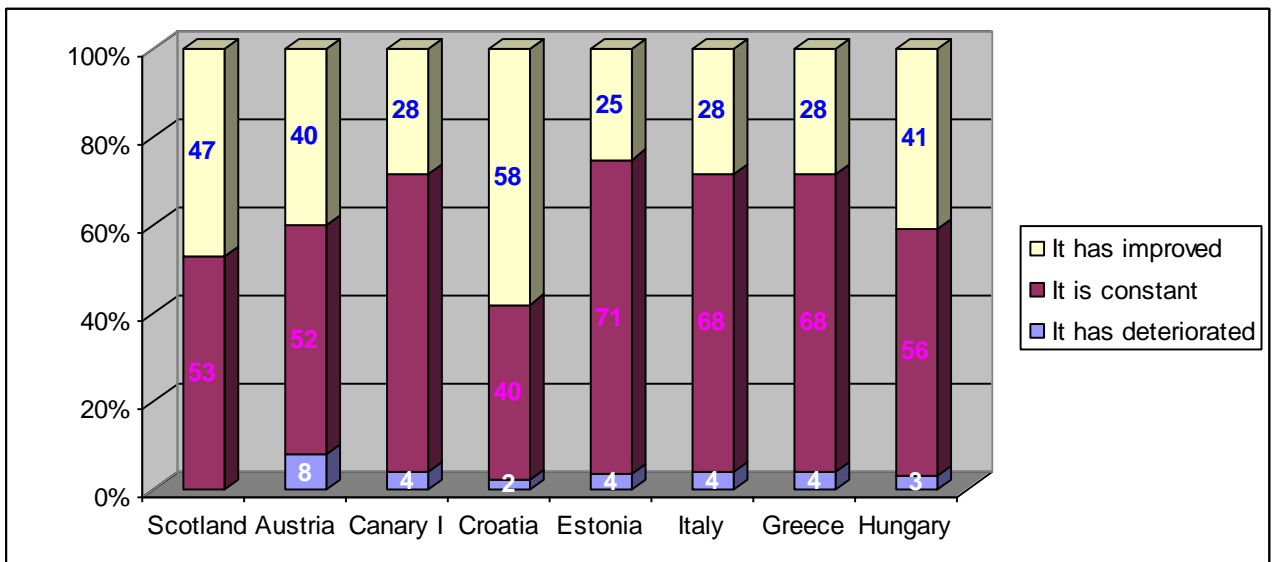
- the opportunity to stay together with the children

It has improved It has deteriorated It is constant



- the information

It has improved It has deteriorated It is constant





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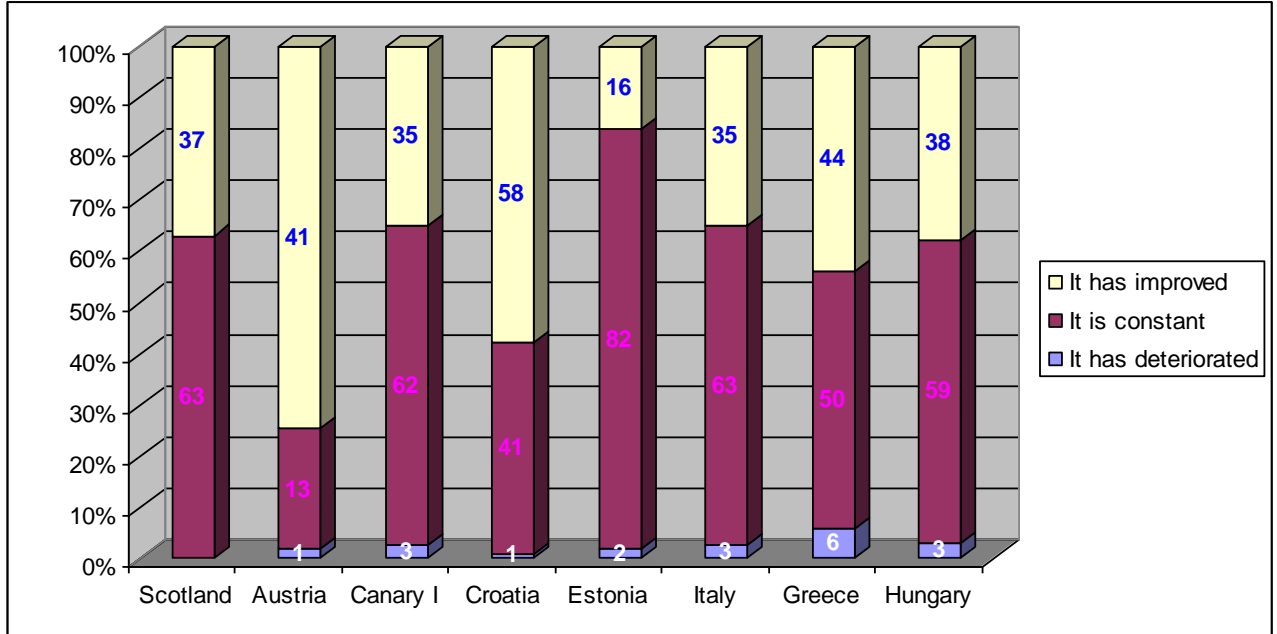


- the opportunity to have outpatient treatment/care

It has improved

It has deteriorated

It is constant

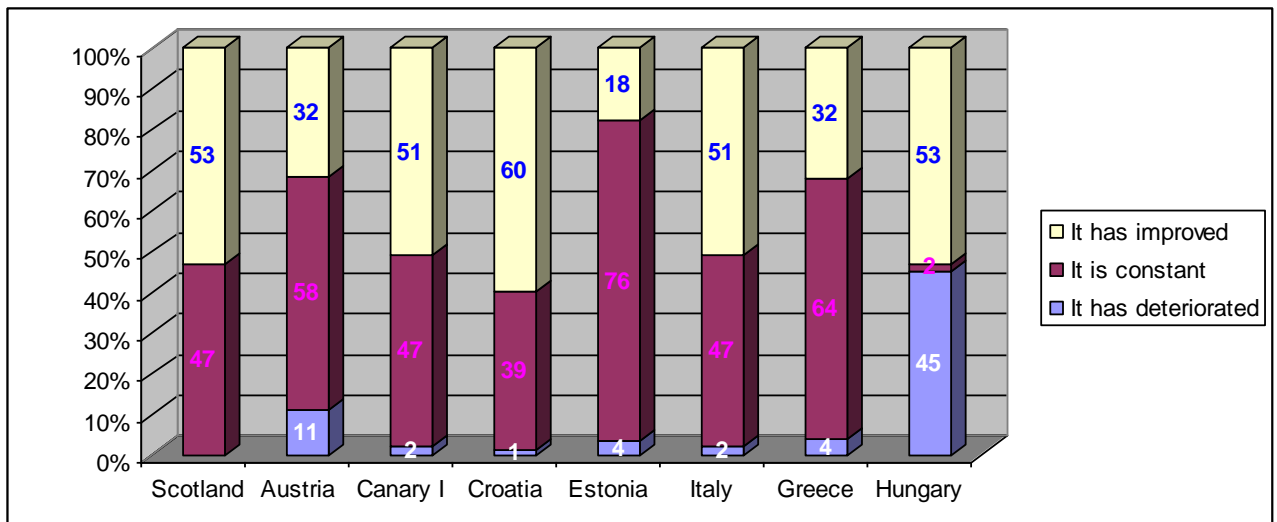


- the surroundings to play/relax/study

It has improved

It has deteriorated

It is constant





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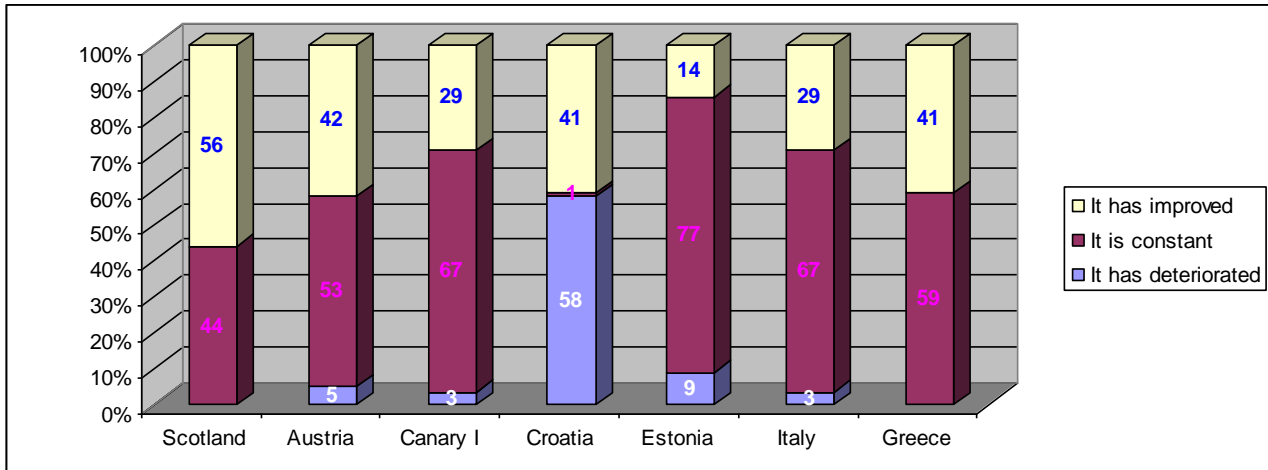


- the efficiency of pain management

It has improved

It has deteriorated

It is constant



17. Have you made any complaint regarding the services provided by the hospital or in relation to any other aspect of your child's hospitalisation experience?

Yes

No

If yes, what was the complaint about?.....
.....
.....

18. Are you satisfied about the overall hospitalisation experience (i.e. services provided, hospital environment, doctor-patient relation, etc)?

Very satisfied

Satisfied

Not satisfied

Please explain briefly your answer.....
.....

19. If your child would like to write her/his own opinion about this topic, we ask her/him to do so:

.....
.....

20. What would YOU propose or offer to achieve the above mentioned aims? Please write it here:

.....
.....
.....

Thank you for your collaboration!