

ANYTHING ELSE TO SAY

67 Does your child have any of the following long-term conditions or illnesses? (Select ALL conditions that have lasted or are expected to last for 12 months or more)

- 1 Attention deficit hyperactivity disorder (ADHD)
- 2 Autism or autism spectrum condition
- 3 Bowel condition, such as Crohn's disease
- 4 Breathing problem, such as asthma
- 5 Blindness or partial sight
- 6 Chromosomal condition, such as Down's syndrome or Turner-Willi
- 7 Deafness or hearing loss
- 8 Diabetes
- 9 Heart problem
- 10 Joint problem
- 11 Kidney or liver disease
- 12 Learning disability
- 13 Mental health condition
- 14 Neurological condition, such as epilepsy
- 15 My child has another long-term condition (other than cancer or a tumour)
- 16 My child does not have a long-term condition (other than cancer or a tumour)

68 Thinking about your child's cancer or tumour, and other long-term conditions or illnesses, do any of these reduce your child's ability to carry out their day-to-day activities?

- 1 Yes, a lot
- 2 Yes, a little
- 3 No, not at all

Please note that the comments you provide in the box to the right will be looked at in full by the hospital, NHS England, NHS Cancer Operational Delivery Networks and researchers working with the data. We will remove any information that could identify you before publishing any of your feedback.

If you would like to make a complaint about your child's care, please contact your hospital directly.

Further advice and support for children with cancer, and their family members, can be found here:

www.under16cancerexperiencesurvey.co.uk/help-support.

69 Is there anything else you would like to tell us about your child's cancer or tumour care?

Was there anything particularly good?

Was there anything that could be improved on?