

Under 16 Cancer Patient Experience Survey

These questions are about the care received for your cancer or tumour

For each question please cross X clearly inside one box using blue or black pen. If you have any questions, please ask your parent or carer, call the helpline number 08000 720 069 or visit the survey website www.under16cancerexperiencesurvey.co.uk.

- You are the expert in what your care is like, so please tell us what you think.
- Your answers will help to make children's cancer and tumour care the best it can be.

CHILDREN'S SECTION

FINDING OUT ABOUT YOUR CANCER OR TUMOUR

Please think about the time your cancer or tumour was confirmed. If you have had cancer or a tumour more than once, please think about the most recent time you were told in the following questions.

1 Were you told you had cancer or a tumour during 2025?

- 1 Yes [Go to Question 2](#)
2 No [Go to Question 5](#)

2 Were you told you had cancer or a tumour at the hospital named in the letter that came with this questionnaire?

- 1 Yes [Go to Question 3](#)
2 No [Go to Question 5](#)

3 When you were told about your cancer or tumour, was information given in a way that you could understand?

- 1  Yes, definitely
2  Yes, sort of
3  No
4  Don't know / can't remember

4 Were you able to have any questions answered by healthcare staff after you were told about your cancer or tumour?

- 1  Yes, definitely
2  Yes, sort of
3  No
4  I did not have any questions
5  Don't know / can't remember

HEALTHCARE STAFF

Please answer the following questions about any healthcare staff you saw for your cancer or tumour during 2025 at the hospital named in the covering letter.

5 Do you feel that staff are friendly?

- 1  Yes, always
2  Yes, sometimes
3  No

6 When staff speak to you, do you understand what they are saying?

- 1  Yes, always
2  Yes, sometimes
3  No
4  Don't know / can't remember

7 Do staff talk to you, not just to your parent or carer?

- 1  Yes, always
2  Yes, sometimes
3  No

8 Do you see the same members of staff for your treatment and care?

- 1  Yes, always or mostly
2  Yes, sometimes
3  No

9 Are you ever told different things by different members of staff, which leaves you feeling confused?

- 1  Yes, always
2  Yes, sometimes
3  No

10 Have hospital staff given you information about any of the following people you can chat to about your cancer or tumour? **Please select all that apply.**

- 1 Charities (such as Young Lives vs Cancer or a local charity)
- 2 A psychologist or counsellor
- 3 Other children with cancer or a tumour
- 4 Other
- 5 No, none of the above
- 6 Don't know / can't remember

YOUR CARE AND TREATMENT

Please answer these questions about care received during 2025 at the hospital named in the covering letter.

11 Do you always know what is happening with your cancer or tumour care?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No
- 4 This is not needed

12 Do you have a say in deciding what happens with your care and treatment?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No
- 4 No, but this is not needed
- 5 No, but this is not possible

CARE IN HOSPITAL

Please answer the following questions about any hospital stays you have had for cancer or tumour care and treatment at the hospital named in the covering letter.

13 Have you stayed in hospital during 2025 (receiving treatment or care in the daytime or for an overnight stay)?

- 1 Yes [Go to Question 14](#)
- 2 No [Go to Question 19](#)

14 Could you get help from staff on the ward when you needed it?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need any help
- 5 Don't know / can't remember

15 Were there enough things for you to do in the hospital?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No
- 4 This was not needed

16 Was there a suitable choice of hospital food?

- 1 Yes, definitely
- 2 Yes, sort of
- 3 No
- 4 I did not have hospital food

17 Were you given somewhere private to talk to staff when you were in hospital?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 This was not needed

18 Was it quiet enough for you to sleep in the hospital?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 I did not need to sleep in the hospital

CARE AT HOME OR SCHOOL

19 Have you been visited at home or school by a nurse during 2025, for care for your cancer or tumour?

- 1 Yes [Go to Question 20](#)
- 2 No [Go to Question 23](#)
- 3 Don't know [Go to Question 23](#)

20 Were the nurses that came to your home or school friendly?

- 1 😊 Yes, always
- 2 😐 Yes, sometimes
- 3 ☹️ No
- 4 😐 Don't know / can't remember

21 When nurses speak to you, do you understand what they are saying?

- 1 😊 Yes, always
- 2 😐 Yes, sometimes
- 3 ☹️ No
- 4 😐 Don't know / can't remember

22 Did the same nurses come to your home or school?

- 1 😊 Yes, always
- 2 😐 Yes, sometimes
- 3 ☹️ No
- 4 😐 Don't know / can't remember
- 5 😐 I have only been visited once

OVERALL

23 Overall, how well are you looked after for your cancer or tumour by the healthcare staff?

- 1 😊 Very well
- 2 😐 Quite well
- 3 😐 OK
- 4 ☹️ Not very well
- 5 ☹️ Not at all well

ABOUT YOU

This question will help to tell us how different people experience care and treatment.

24 Which of the following best describes you?

- 1 Boy
- 2 Girl
- 3 I describe myself in another way

(Please write in)

- 4 Prefer not to say
- 5 Don't know

ANYTHING ELSE TO SAY?

25 Is there anything else you wanted to tell us about your cancer or tumour care?

Was there anything good?

Was there anything that could be better?

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

Please now hand this survey to your parent or carer to fill out the following questions.

PARENT/CARER SECTION

Please note that these questions are about your child's cancer or tumour care.

FINDING OUT ABOUT YOUR CHILD'S CANCER OR TUMOUR

Please think about the time your child's cancer or tumour was confirmed. If your child has had cancer or a tumour more than once, please think about the most recent time you were told in the following questions.

- 26 Were you told about your child's cancer or tumour during 2025?
- Yes [Go to Question 27](#)
 - No [Go to Question 33](#)
- 27 Before you were told your child needed to go to hospital about their cancer or tumour, how many times did they see a GP (family doctor) about the health problem(s) caused by the cancer or tumour?
- None - they went straight to hospital
 - They saw the GP once
 - They saw the GP twice
 - They saw the GP three times
 - They saw the GP four times
 - They saw the GP 5 or more times
 - Don't know / can't remember
- 28 Were you told about your child's cancer or tumour at the hospital named in the letter that came with this questionnaire?
- Yes [Go to Question 29](#)
 - No [Go to Question 33](#)
- 29 Were you told about your child's cancer or tumour in a sensitive way?
- Yes, definitely
 - Yes, to some extent
 - No
 - Don't know / can't remember
- 30 Did your child receive the mental health or psychological support they needed when they were diagnosed?
- Yes
 - No
 - They did not need this
 - Don't know / can't remember

- 31 Have you been able to find the information that you need about your child's diagnosis?
- Yes, definitely
 - Yes, to some extent
 - No
 - This was not needed

- 32 Did hospital staff give you details for who to contact if you wanted more information after you were told about your child's cancer or tumour?
- Yes
 - No
 - Don't know / can't remember

HEALTHCARE STAFF

Please answer the following questions about any healthcare staff you have seen for your child's cancer or tumour during 2025 at the hospital named in the covering letter.

- 33 Have you had the chance to ask staff questions about your child's care and treatment?
- Yes, definitely
 - Yes, to some extent
 - No
 - I have not had any questions

- 34 Are you and your child treated with respect and dignity by staff?
- Yes, always
 - Yes, sometimes
 - No

- 35 Do you have confidence and trust in the members of staff caring for your child?
- Yes, always
 - Yes, sometimes
 - No

- 36 Do members of staff caring for your child treat you with empathy and understanding?
- Yes, always
 - Yes, sometimes
 - No

- 37 Are staff sensitive to the information they share with you when your child is in the room?
- Yes, always
 - Yes, sometimes
 - No
 - This is not needed

38 Do healthcare staff share information with your child in a way that is appropriate for them?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 This is not needed

39 Have hospital staff given you information about any of the following people you can chat to about your child's cancer or tumour? **Please select all that apply.**

- 1 Charities (such as Young Lives vs Cancer or a local charity)
- 2 A psychologist or counsellor
- 3 Other parents of children with cancer or a tumour
- 4 Other
- 5 No, none of the above
- 6 Don't know / can't remember

40 Do you have enough information about how to get financial help or any benefits you might be entitled to?

- 1 Yes, I have enough information
- 2 Some, but not enough information
- 3 No, but I would like this information
- 4 This was not needed
- 5 Don't know / can't remember

YOUR CHILD'S CARE AND TREATMENT

Please answer these questions about care received during 2025 at the hospital named in the covering letter.

41 Do the staff caring for your child at this hospital work well together?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 Don't know

42 Are hospital staff caring for your child aware of your child's medical history?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Don't know / not applicable

43 Has your child's schooling and education been impacted in any of the following ways by their treatment and care? **Please select all that apply.**

- 1 My child's schooling or education has not been impacted
- 2 Being too unwell to attend school or home education
- 3 Missing school or home education due to timings of treatment and care
- 4 Poor concentration due to ill health or worries
- 5 Tiredness or fatigue
- 6 Other

44 Did you have a main person in the team looking after your child (such as a specialist nurse or key worker) who you could contact about their care and treatment?

- 1 Yes [Go to Question 45](#)
- 2 No [Go to Question 46](#)

45 How easy was it for you to contact this person?

- 1 Very easy
- 2 Quite easy
- 3 Neither easy nor difficult
- 4 Quite difficult
- 5 Very difficult
- 6 I have not tried to contact them

46 Do you have access to reliable help and support 7 days a week from the hospital?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 This is not needed

47 Did staff do what they could to make the timing of your child's care and treatment suitable for you and your family (e.g. to fit in with education, employment or other needs)?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked this
- 4 No, but this was not needed
- 5 No, but this was not possible

TREATMENT

48 Has your child received treatment for their cancer or tumour during 2025?

- 1 Yes [Go to Question 49](#)
- 2 No [Go to Question 53](#)

49 Were you offered clear information about your child's treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 This was not needed

50 Did staff offer you enough time to make decisions about your child's treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No, but I would have liked this
- 4 No, but this was not needed
- 5 No, but this was not possible

51 Did staff offer support to help manage side effects from your child's treatment?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 This was not needed

52 If your child's treatment has finished, did you receive enough ongoing support from the hospital after it ended?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 Not applicable / this was not needed
- 5 My child is still receiving treatment

CARE IN HOSPITAL

Please answer the following questions about any hospital stays your child has had for cancer or tumour care and treatment at the hospital named in the covering letter.

53 Has your child stayed in hospital during 2025 (receiving treatment or care in the daytime, or for an overnight stay)?

- 1 Yes [Go to Question 54](#)
- 2 No [Go to Question 60](#)

54 If your child stayed overnight, did you stay overnight with them?

- 1 Yes [Go to Question 55](#)
- 2 No [Go to Question 56](#)
- 3 My child did not stay overnight
[Go to Question 56](#)

55 How would you rate the facilities for parents or carers staying overnight?

- 1 Very good
- 2 Good
- 3 Fair
- 4 Poor
- 5 Very poor

56 Were you able to prepare food in the hospital if you wanted to?

- 1 Yes, definitely
- 2 Yes, to some extent
- 3 No
- 4 I did not want to prepare food

57 Did the hospital Wi-Fi meet your and your child's needs?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 This was not needed

58 Was play support available in hospital when your child needed it (i.e. from a Health Play Specialist who uses play and activities to support patients and/or prepare them for treatments)?

- 1 Yes, always
- 2 Yes, sometimes
- 3 No
- 4 My child did not need this

59 Did your child have access to hospital school services during their stay in hospital?

- 1 Yes
- 2 No
- 3 This was not needed

OVERALL

- 60 Do different hospitals providing your child's cancer or tumour care work well together?
- Yes, always
 - Yes, sometimes
 - No
 - My child does not receive care at different hospitals
- 61 How long does it take to get to the hospital where your child receives most of their cancer or tumour care?
- About an hour or under
 - Over an hour
- 62 Since your child's diagnosis, has anyone **offered** you the opportunity to take part in a clinical trial or other research (for example, testing new treatments, diagnostic techniques, or sharing data)?
- Yes
 - No
 - Don't know / can't remember
- 63 Overall ... (please circle a number)
- 0 1 2 3 4 5 6 7 8 9 10
- My child's cancer or tumour care is very poor
- My child's cancer or tumour care is very good
- 64 Who was the main person who answered the questions in the **children's section** of the questionnaire?
- The child / young person
 - The parent or carer
 - Both the child / young person and the parent or carer together

ABOUT YOUR CHILD

The next questions will help tell us more about your child, and how experiences might vary between different groups.

- 65 What sex was your child registered at birth?
- Male
 - Female
 - Prefer not to say

- 66 Which of the following best describes the current care or treatment relating to your child's cancer or tumour? **Please select all that apply.**
- They have recently been diagnosed and are waiting for further information about next steps
 - They are in watch and wait
 - They are currently receiving treatment (e.g. to reduce or get rid of their cancer)
 - They have finished treatment within the last one month
 - They are in remission / long-term follow up
 - They are receiving palliative or end of life care
 - Other
- 67 Which of these best describes your child's ethnic background? (**Circle ONE only**)
- A. **WHITE**
- English, Welsh, Scottish, Northern Irish or British
 - Irish
 - Gypsy or Irish Traveller
 - Roma
 - Any other White background
- B. **MIXED / MULTIPLE ETHNIC GROUPS**
- White and Black Caribbean
 - White and Black African
 - White and Asian
 - Any other mixed or multiple ethnic background
- C. **ASIAN / ASIAN BRITISH**
- Indian
 - Pakistani
 - Bangladeshi
 - Chinese
 - Any other Asian background
- D. **BLACK / AFRICAN / CARIBBEAN / BLACK BRITISH**
- African
 - Caribbean
 - Any other Black / African / Caribbean background
- E. **OTHER ETHNIC GROUP**
- Arab
 - Any other ethnic group

ANYTHING ELSE TO SAY?

68 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 Prader-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 Other - my child has another long-term condition (other than cancer or a tumour)
- 16 No - my child does not have a long-term condition (other than cancer or a tumour)

69 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 shared with and looked at in full by the hospital, NHS England, NHS Cancer Operational Delivery Networks and researchers working with the data. NHS England 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.

70 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?