
EDPEC Survey 2.0—Discharged to Community Instrument

Please answer the questions about the care you got from the hospital emergency room on or around the date named below.

[NAME OF EMERGENCY ROOM/DATE OF VISIT LABEL]



**ALL OF THE QUESTIONS IN THIS SURVEY WILL ASK ABOUT THIS
EMERGENCY ROOM VISIT ONLY.**

If you want to know more about this survey, please call [TOLL FREE NUMBER].
All calls to that number are free.

SURVEY INSTRUCTIONS

- Use a dark colored pen to fill out the survey.
- Please print your answers to write in questions.
- Place an X directly inside the inside the square indicating a response, like in the sample below.

Yes

No

- To indicate an answer selected in error clearly draw a line through the square and select another square with an X like this:

Yes

~~No~~

- You are sometimes told to skip over some questions in this survey. When this happens you will see an arrow with a note that tells you what question to answer next, like this:

Yes → *If Yes, go to Question 1*

No

GOING TO THE EMERGENCY ROOM

1. Thinking about this visit, what was the main reason why you went to the emergency room?
 - An accident or injury
 - A new health problem
 - An ongoing health condition or concern
2. For this visit, did you go to the emergency room in an ambulance?
 - Yes
 - No
3. When you first arrived at the emergency room, how long was it before someone talked to you about the reason why you were there?
 - Less than 5 minutes
 - 5 to 15 minutes
 - More than 15 minutes
4. Using any number from 0 to 10, where 0 is not at all important and 10 is extremely important, when you first arrived at the emergency room, how important was it for you to get care right away?
 - 0 Not at all important
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
 - 10 Extremely important

DURING YOUR EMERGENCY ROOM VISIT

5. During this emergency room visit, did you get care within 30 minutes of getting to the emergency room?
 - Yes
 - No
6. During this emergency room visit, did the doctors or nurses ask about all of the medicines you were taking?
 - Yes, definitely
 - Yes, somewhat
 - No
7. During this emergency room visit, were you given any medicine that you had not taken before?
 - Yes
 - Don't know
 - No → *If No, go to Question 10*
8. Before giving you any new medicine, did the doctors or nurses tell you what the medicine was for?
 - Yes, definitely
 - Yes, somewhat
 - No
9. Before giving you any new medicine, did the doctors or nurses describe possible side effects to you in a way you could understand?
 - Yes, definitely
 - Yes, somewhat
 - No

10. During this emergency room visit, did you have any pain?

- Yes, definitely
- Yes, somewhat
- No → *If No, go to Question 13*

11. During this emergency room visit, did you get medicine for pain?

- Yes, definitely
- Yes, somewhat
- No

12. During this emergency room visit, did the doctors and nurses do everything they could to help you with your pain?

- Yes, definitely
- Yes, somewhat
- No

13. During this emergency room visit, did you have a blood test, x-ray, or any other test?

- Yes
- No → *If No, go to Question 15*

14. During this emergency room visit, did doctors and nurses give you as much information as you wanted about the results of these tests?

- Yes, definitely
- Yes, somewhat
- No

15. An interpreter is someone who helps you talk with others who do not speak your language. During this emergency room visit, did you need an interpreter?

- Yes
- No → *If No, go to Question 17*

16. During this emergency room visit, when you needed an interpreter did you get one?

- Yes
- No

PEOPLE WHO TOOK CARE OF YOU

Please answer the following questions about the people who took care of you during your emergency room visit.

17. During this emergency room visit, how often did nurses treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

18. During this emergency room visit, how often did nurses listen carefully to you?

- Never
- Sometimes
- Usually
- Always

19. During this emergency room visit, how often did nurses explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

20. During this emergency room visit, did nurses spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

21. During this emergency room visit, how often did doctors treat you with courtesy and respect?

- Never
- Sometimes
- Usually
- Always

22. During this emergency room visit, how often did doctors listen carefully to you?

- Never
- Sometimes
- Usually
- Always

23. During this emergency room visit, how often did doctors explain things in a way you could understand?

- Never
- Sometimes
- Usually
- Always

24. During this emergency room visit, did doctors spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

LEAVING THE EMERGENCY ROOM

25. Before you left the emergency room, did you understand what your main health problem was?

- Yes
- No

26. Before you left the emergency room, did you understand what symptoms or health problems to look out for when you left the emergency room?

- Yes
- No

27. Before you left the emergency room, did a doctor or nurse tell you that you should take any new medicines that you had not taken before?

- Yes
- No → *If No, go to Question 29*

28. Before you left the emergency room, did a doctor or nurse tell you what the new medicines were for?

- Yes, definitely
- Yes, somewhat
- No

29. Before you left the emergency room, did someone tell you to make an appointment with a doctor to follow-up about your problem?

- Yes
- No → *If No, go to Question 31*

30. Before you left the emergency room, did someone ask if you would be able to get this follow-up care?

- Yes
- No

OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room named on the front of the survey. Do not include any other emergency room visits in your answers.

31. Using any number from 0 to 10, where 0 is the worst care possible and 10 is the best care possible, what number would you use to rate your care during this emergency room visit?

- 0 Worst care possible
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10 Best care possible

32. Would you recommend this emergency room to your friends and family?

- Definitely no
- Probably no
- Probably yes
- Definitely yes

YOUR HEALTH CARE

33. In the last 6 months, how many times have you visited any emergency room to get care for yourself? Please include the emergency room visit you have been answering questions about in this survey.

- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

34. Not counting the emergency room, is there a doctor's office, clinic, or other place you usually go if you need a check-up, want advice about a health problem, or get sick or hurt?

- Yes
- No → *If No, go to Question 36*

35. How many times in the last 6 months did you visit that doctor's office, clinic, health center, or other place to get care or advice about your health?

- None
- 1 time
- 2 times
- 3 times
- 4 times
- 5 to 9 times
- 10 or more times

ABOUT YOU

There are only a few questions left.

36. In general, how would you rate your overall health?

- Excellent
- Very good
- Good
- Fair
- Poor

37. In general, how would you rate your overall mental or emotional health?

- Excellent
- Very good
- Good
- Fair
- Poor

38. What is your age?

- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

39. Are you male or female?

- Male
- Female

40. What is the highest grade or level of school that you have completed?

- 8th grade or less
- Some high school but did not graduate
- High school graduate or GED
- Some college or 2-year degree
- 4-year college graduate
- More than 4-year college degree

41. Are you of Hispanic, Latino/a, or Spanish origin?

- Yes, Hispanic, Latino/a, or Spanish
- No, not Hispanic, Latino/a, or Spanish → *If No, go to Question 43*

42. Which group best describes you?

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Other Spanish/Hispanic/Latino

43. What is your race? Mark one or more.

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander

44. What language do you mainly speak at home?

- English
 - Spanish
 - Chinese
 - Russian
 - Vietnamese
 - Portuguese
 - Some other language (please print)
-

45. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

46. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

47. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

48. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

49. Do you have difficulty dressing or bathing?

- Yes
- No

50. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- Yes
- No

51. Did someone help you complete this survey?

- Yes
- No → **Thank you.**

Please return the completed survey in the postage-paid envelope.

52. How did that person help you? Mark one or more.

- Read the questions to me
 - Wrote down the answers I gave
 - Answered the questions for me
 - Translated the questions into my language
 - Helped in some other way (please print)
-

53. Was the person who helped you with you at any time during this emergency room visit?

- Yes
- No

Thank you.

Please return the completed survey in the postage-paid envelope.