**EDPEC Survey 2.0—Discharged to Community Instrument**

Please answer the questions in this survey 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 the 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 Instructions: ***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 you 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 – Worse 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.**