**About Your Emergency Room Visit**

# SURVEY INSTRUCTIONS

Answer all the questions by checking the box to the left of your answer.

To indicate an answer selected was in error, clearly draw a line through the box and select another box.

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

No → **If No, Go to Question 1**

**You may notice a number on the survey. This number is used to let us know if you returned your survey so we don't have to send you reminders.**

**All of the questions in the survey ask about the emergency room visit named in the cover letter.**

# 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

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# DURING THIS EMERGENCY ROOM VISIT

4. During this emergency room visit, did you get care within 30 minutes of getting to the

emergency room?

Yes

No

5. During this emergency room visit, did the doctors or nurses ask about all of the

medicines you were taking?

Yes

No

6. During this emergency room visit, were you given any medicine?

Yes

Don’t know → **If Don’t know, Go to Question 9**

No → **If No, Go to Question 9**

7. Before giving you medicine, did the doctors or nurses tell you what the medicine was

for?

Yes, definitely

Yes, somewhat

No

8. Before giving you medicine, did the doctors or nurses describe possible side effects

to you in a way you could understand?

Yes, definitely

Yes, somewhat

No

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

Yes, definitely

Yes, somewhat

No → **If No, Go to Question 11**

10. During this emergency room visit, did the doctors or nurses talk with you about how

much pain you had?

Yes, definitely

Yes, somewhat

No

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

Yes

No → **If No, Go to Question 13**

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

Yes, definitely

Yes, somewhat

No

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# PEOPLE WHO TOOK CARE OF YOU

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

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

respect?

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

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

Never

Sometimes

Usually

Always

# LEAVING THE EMERGENCY ROOM

19. Before you left the emergency room, did a doctor or nurse tell you that you should take any medicine at home?

Yes

No → **If No, Go to Question 21**

20. Before you left the emergency room, did a doctor or nurse tell you what the

medicine was for?

Yes, definitely

Yes, somewhat

No

21. Before you left the emergency room, did the doctors or nurses give you as much information as you wanted about how to treat your pain at home?

Yes, definitely

Yes, somewhat

No

I did not need to treat pain after I got home from the emergency room

22. Before you left the emergency room, did the doctors or nurses talk with you about things you could do at home to reduce your pain other than take medicine?

Yes, definitely

Yes, somewhat

No

I did not need to reduce pain after I got home from the emergency room

23. Before you left the emergency room, did staff talk with you about follow-up care?

Yes, definitely

Yes, somewhat

No

I did not need follow-up care → **If No, Go to Question 25**

24. Did emergency room staff give you information about how to get the follow-up care you needed?

Yes

No

I did not need any information about how to get follow-up care

25. Before you left the emergency room, did staff give you information about what symptoms or health problems to look out for at home?

Yes, definitely

Yes, somewhat

No

OVERALL EXPERIENCE

Please answer the following questions about your visit to the emergency room named in the cover letter. Do not include any other emergency room visits in your answers.

26. 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

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

Definitely no

Probably no

Probably yes

Definitely yes

**YOUR HEALTH CARE**

28. 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

29. 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

# ABOUT YOU

There are only a few remaining items left.

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

Excellent

Very good

Good

Fair

Poor

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

Excellent

Very good

Good

Fair

Poor

32. 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

33. Are you of Spanish, Hispanic or Latino origin or descent?

No, not Spanish/Hispanic/Latino

Yes, Puerto Rican

Yes, Mexican, Mexican American, Chicano

Yes, Cuban

Yes, other Spanish/Hispanic/Latino

34. What is your race? Please choose one or more.

White

Black or African American

Asian

Native Hawaiian or other Pacific Islander

American Indian or Alaska Native

35. What language do you mainly speak at home?

English

Spanish

Chinese

Russian

Vietnamese

Portuguese

Some other language (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

36. Did someone help you complete this survey?

Yes

No → **Thank you.**

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

37. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

38. 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.**