



About Your Emergency Room Visit

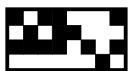
All information that will let someone identify you will be kept private. We will not share your personal information with anyone without your permission, except as required by law. You may choose to answer this survey or not. If you choose not to, this will not affect the health care you get.

Once you complete the survey, place it in the envelope that was provided, seal the envelope, and return the envelope to:

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]
[RETURN ADDRESS OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

If you want to know more about this study, please call [NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL] at (XXX) XXX-XXXX. All calls to that number are free.





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

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

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 → 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 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.

[NAME OF SURVEY VENDOR OR SELF-ADMINISTERING HOSPITAL]

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