



[Hospital / Emergency Department Name]
Patient Experience of Care Survey

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, we may not conduct or sponsor, and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this survey will average 5 minutes. This includes the time it will take to read information provided and gather the necessary facts to fill out the form. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

This Patient Experience of Care Survey is to help the doctor understand your experience in the emergency department on your *last* visit. Thank you for taking the time to complete this survey.

Doctor name (if you remember it): _____

Date of the visit to the emergency department: _____

Mark the circle that best describes your experience.

1. Did this doctor listen carefully to you?
 Yes, definitely Yes, somewhat No
2. Did this doctor explain things in a way that was easy to understand?
 Yes, definitely Yes, somewhat No
3. Did this doctor tell you what your medical problem was?
 Yes, definitely Yes, somewhat No
4. Did this doctor tell you the results of any medical tests or x-rays?
 Yes, definitely Yes, somewhat No I had no tests done
5. Did this doctor tell you how to improve your medical condition?
 Yes, definitely Yes, somewhat No
6. Did this doctor ask about your preferences for treatment choices?
 Yes, definitely Yes, somewhat No Not applicable
7. Did this doctor ask about your known medical conditions, medications, or allergies?
 Yes, definitely Yes, somewhat No
8. Did this doctor spend enough time with you?
 Yes, definitely Yes, somewhat No
9. Did this doctor show you respect and treat you with dignity?
 Yes, definitely Yes, somewhat No
10. Did this doctor ask if you had any questions?
 Yes, definitely Yes, somewhat No
11. Did this doctor ask you about your pain?
 Yes, definitely Yes, somewhat No Not applicable

12. Please provide any additional comments that you would like us to know.