ER Patient Experience Survey – Admitted to Hospital Stand Alone Version (57 items)

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 GOES HERE]

All of the questions in the survey will ask about your emergency room visit only. Please do not think about care you received after you were admitted to the hospital.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **XXX-XXXX**. The time required to complete this information collection is estimated to average 13 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

# **Survey Instructions**

Answer each question by circling your response.

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  $\rightarrow$  If Yes, go to #1 on page 1 No

### **GOING TO THE EMERGENCY ROOM**

1	Thinking	about this	vioit who	t was the	main	roocon wh		wont to	the emer	onav room	_
Ι.	THIIIKIIIQ	about triis	VISIL, WITE	แ พลร เทย	mam	reason wn	y you	went to	me emera	ency 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 someone let you know about how long you would wait before you got care for the first time?

Yes, definitely Yes, somewhat No

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

Yes

No

7. During this emergency room visit, did you have a family member or friend with you?

Yes

 $No \rightarrow If No, go to Question 9$ 

8. During this emergency room visit, was your family member or friend allowed to stay with you when you wanted them with you?

Yes, definitely

Yes, somewhat

No

9. During this emergency room visit, did the doctors or nurses ask about <u>all</u> of the medicines you were taking?

Yes, definitely

Yes, somewhat

No

10. During this emergency room visit, were you given any medicine that you had not taken before?

Yes

Don't Know

 $No \rightarrow If No, go to Question 13$ 

11. Before giving you any new medicine, did the doctors or nurses tell you what the medicine was for?

```
Yes, definitely
Yes, somewhat
No
```

12. 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
```

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

```
Yes, definitely
Yes, somewhat
No → If No, go to Question 16
```

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

```
Yes, definitely
Yes, somewhat
No
```

15. 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
```

16. 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 \rightarrow \textit{If No, go to Question 18}
```

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

```
Yes
No
```

# PEOPLE WHO TOOK CARE OF YOU IN THE EMERGENCY ROOM

Please answer the following questions about the people who took care of you while you were in the emergency room. Do not include doctors, nurses, or hospital staff who took care of you after you were admitted to the hospital and moved to another part of the hospital for more care.

after you were admitted to the hospital and moved to another part of the hospital for more care.
18. During this emergency room visit, how often did doctors, nurses, or emergency room staff introduce themselves to you the first time they came to take care of you?
Never Sometimes Usually Always
19. During this emergency room visit, were you kept informed about who was in charge of your care?
Yes, definitely Yes, somewhat No
20. During this emergency room visit, how often did nurses treat you with <u>courtesy and respect?</u> Never  Sometimes  Usually  Always
21. During this emergency room visit, how often did nurses <u>listen carefully to you?</u> Never  Sometimes  Usually  Always
22. During this emergency room visit, how often did nurses <u>explain things</u> in a way you could understand?  Never  Sometimes Usually
Always

23. During this emergency room visit, did nurses <u>spend enough time</u> with you?  Yes, definitely Yes, somewhat No	
24. During this emergency room visit, how often did doctors treat you with <u>courtesy and respect</u> ?	
Never Sometimes Usually Always	
25. During this emergency room visit, how often did doctors <u>listen carefully to you?</u> Never  Sometimes  Usually  Always	
26. During this emergency room visit, how often did doctors <u>explain things</u> in a way you could understand?	
Never Sometimes Usually Always	
27. During this emergency room visit, did doctors spend enough time with you?	
Yes, definitely Yes, somewhat No	

### **LEAVING THE EMERGENCY ROOM**

28. Once you found out you would have to stay in the hospital, were you kept informed about how long it would be before you went to another part of the hospital?

Yes, definitely Yes, somewhat No

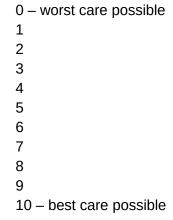
29. Before you left the emergency room, did you understand why you needed to stay in the hospital?

Yes, definitely Yes, somewhat 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 or care you got after you were admitted to the hospital and moved to another part of the hospital for more care.

30. 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?



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

Definitely no Probably no Probably yes Definitely yes

#### **YOUR HEALTH CARE**

32. Thinking about the 30 days before this visit, how many times did you go to this emergence	y
room to get care for yourself for any reason? Please include the emergency room visit you have	е
been answering questions about in this survey.	

- 1 time
- 2 times
- 3 times
- 4 or more times
- 33. In the **last 6 months**, how many times have you visited <u>any</u> 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  $\rightarrow$  If No, go to Question 36

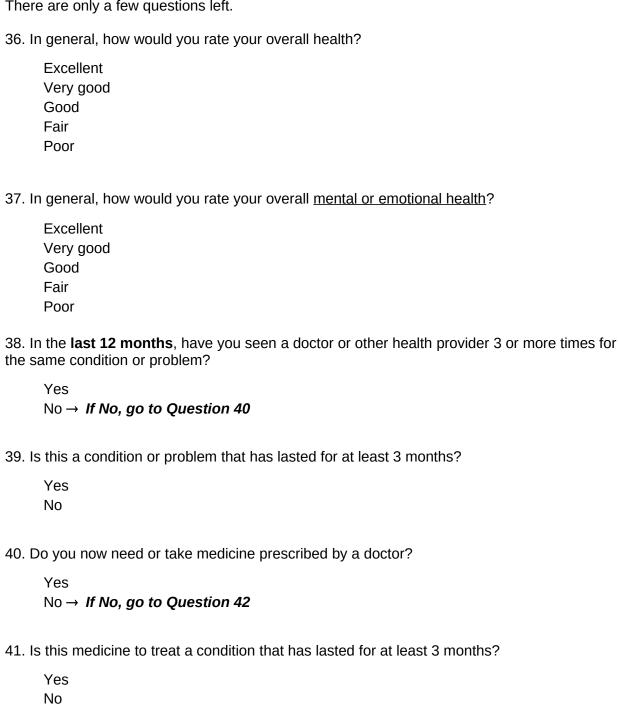
35. How many times in the **last 6 months** did you visit that doctor's office, clinic, health center, or other place to get care or advice about your health?

None

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

### **ABOUT YOU**

There are only a few questions left.



### 42. 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

# 43. Are you male or female?

Male

Female

### 44. 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

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

Yes, Hispanic, Latino/a, or Spanish  $\rightarrow$  *If No, go to Question 47* 

### 46. Which group best describes you?

Mexican, Mexican American, Chicano/a

Puerto Rican

Cuban

Another Hispanic, Latino/a, or Spanish origin

47. 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
48. What language do you mainly speak at home?
English Spanish Chinese Some other language (please print):
49. Are you deaf or do you have serious difficulty hearing?
Yes No
50. Are you blind or do you have serious difficulty seeing, even when wearing glasses?
Yes No
51. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?
Yes No
52. Do you have serious difficulty walking or climbing stairs?
Yes No

53. Do you have difficulty dressing or bathing?

Yes

No

54. 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

55. Did someone help you complete this survey?

Yes

 $No \rightarrow Thank you.$ 

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

56. 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:

57. 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.