

ATTACHMENT A

ER Patient Experience Survey – Discharge Version (63 items)

Please answer the questions in this survey about the care you got from the hospital emergency room on or around the date named.

[NAME OF EMERGENCY ROOM / DATE OF VISIT LABEL GOES HERE]

All of the questions in the survey will ask about this emergency room visit.

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 15 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 → **If Yes, go to #1 on page 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 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 → ***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 all 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 → ***If No, go to Question 13***

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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

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

- Yes
- No → ***If No, go to Question 18***

17. 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

18. 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 20***

19. 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.

20. 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

21. During this emergency room visit, were you kept informed about who was in charge of your care?

- Yes, definitely
- Yes, somewhat
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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25. During this emergency room visit, did nurses spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

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

- Never
- Sometimes
- Usually
- Always

29. During this emergency room visit, did doctors spend enough time with you?

- Yes, definitely
- Yes, somewhat
- No

LEAVING THE EMERGENCY ROOM

30. Before you left the emergency room, did you understand what your main health problem was?

Yes

No

31. 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

32. 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 34***

33. Before you left the emergency room, did a doctor or nurse tell you what the new medicines were for?

Yes, definitely

Yes, somewhat

No

34. Before you left the emergency room, did someone tell you to make an appointment with a doctor to follow-up about to your problem?

Yes

No → ***If No, go to Question 36***

35. 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.

36. 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

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

Definitely no

Probably no

Probably yes

Definitely yes

YOUR HEALTH CARE

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

- 1 time
- 2 times
- 3 times
- 4 or more times

39. 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

40. 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 42***

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

- Excellent
- Very good
- Good
- Fair
- Poor

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

- Excellent
- Very good
- Good
- Fair
- Poor

44. In the **last 12 months**, have you seen a doctor or other health provider 3 or more times for the same condition or problem?

- Yes
- No → ***If No, go to Question 46***

45. Is this a condition or problem that has lasted for at least 3 months?

- Yes
- No

46. Do you now need or take medicine prescribed by a doctor?

- Yes
- No → ***If No, go to Question 48***

47. Is this medicine to treat a condition that has lasted for at least 3 months?

- Yes
- No

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48. 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

49. Are you male or female?

- Male
- Female

50. 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

51. 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 53***

52. Which group best describes you?

- Mexican, Mexican American, Chicano/a
- Puerto Rican
- Cuban
- Another Hispanic, Latino/a, or Spanish origin

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53. 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

54. What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Some other language (please print): _____.

55. Are you deaf or do you have serious difficulty hearing?

- Yes
- No

56. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- Yes
- No

57. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- Yes
- No

58. Do you have serious difficulty walking or climbing stairs?

- Yes
- No

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59. Do you have difficulty dressing or bathing?

Yes

No

60. 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

61. Did someone help you complete this survey?

Yes

No →

Thank you.

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

62. 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:

63. 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.