



**[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.